



MIDDLE-EARTH  
SHADOW OF WARRIORS

**OCV**  
Official Community Visitors

# Annual Report 2020-2021



## Contact us

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# Annual Report 2020–2021





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\*All names used in the report have been changed to protect the identity of residents and staff, unless otherwise stated.

# Tabling letter

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The Hon Matthew Mason-Cox 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 2020-21**

I am pleased to present the Annual Report for the Official Community Visitor Scheme for 2020-21, 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  
**Ageing and Disability Commissioner**



Janet Schorer PSM  
**Children’s Guardian**

# Message from the Minister

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Despite the challenges of the last year, the Official Community Visitors (OCVs) have continued their vital work in ensuring children, young people and people with disability are better supported while living in residential services across NSW.

I want to thank the OCVs for the role they play in promoting the rights of vulnerable people, helping to resolve complaints and complex issues and facilitating access to advocacy services.

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 12 months, OCVs have conducted over 2,604 visits and raising more than 5,552 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.

Stories from people like Karen show the importance of the connections OCVs make with residents in monitoring and responding to risks and issues. Thank you to Karen and all the OCVs who have started in the past 12 months.

The life experiences of many OCVs provide vital insights to the issues and matters that affect vulnerable people in residential settings with OCVs like Karyn drawing on prior experience to “put themselves in their shoes” and take the appropriate steps to refer and investigate matters.

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.

A handwritten signature in black ink that reads "Alister Henskens".

The Hon. Alister Henskens MP  
**Minister for Families, Communities  
and Disability Services**

# Message from the Ageing and Disability Commissioner



As we complete another year of uncertainty, I have had the opportunity to reflect on the value of the OCV role in these unusual times and the benefit it provides to those members of our community who receive OCV visits.

The past year has been a productive one for the OCV scheme, even in the midst of COVID-19 restrictions. Visitors have continued to visit using electronic means such as video-calls and phone calls, and through their usual physical visits to services, whenever public health orders permitted.

This year, OCVs visited services that provide care to over 9,400 residents in varied accommodation settings throughout NSW – disability supported accommodation for adults with disability, residential OOHc for children and young people, and assisted boarding houses. OCVs visited over 1,280 locations, conducting 2,604 individual visits.

Visitors play an important role in residents' lives, ensuring that the issues affecting them are identified and raised to enable speedy resolution. Through their visiting, continued monitoring of the quality of service provision, and resolution of issues, Visitors ensure that residents remain represented and heard.

A number of OCVs have reflected in the report on some of the challenges and highlights from this year – including how they have built connections with residents and staff; built trust in sometimes difficult circumstances; made a difference in the lives of residents; and helped them to raise their concerns and talk about their successes. I often hear Visitors talk about how privileged they feel to be able to visit people in their homes, be welcomed into their lives, and to support them to make changes – big or small.

It reminds me of when I was first connected to the OCV scheme, over 20 years ago. While there have been substantial changes to the residential care landscape and delivery of accommodation supports

over that time, the core role of OCVs has not changed. Visitors continue to have an unwavering focus on the residents and the critical issues affecting them in residential care, including highlighting key areas where actions are needed to uphold their rights – such as involvement in decision-making, support to reach their goals and aspirations, and being treated with dignity and respect. Further, their insights and reports inform systemic and policy issues, and have the potential to drive service wide improvements

However, while the value of the OCV role is widely recognised, and the number of visitable services has markedly increased, the budget remains unsustainable, leading to a reduction in the percentage of services that can be visited. I have called on the Government to address this critical issue. Additionally, following representation from Visitors I have, together with the Visitors, urged the Government to review and increase the remuneration rate for Visitors. There has been no appreciable change to their remuneration rate since 2010. The then Minister initiated a review by DCJ in late 2020, however at the time of writing we have received no advice as to the outcome of the review. Given the importance of the role and work of OCVs, timely resolution of this issue will be a priority for my office in 2021-22.

I would like to extend my sincere thanks to all of the Visitors for their work throughout the year. Like so many others during the pandemic, they have needed to be flexible, resilient, and productive. They have managed to accomplish this while remaining connected to, and achieving positive outcomes for residents.

A handwritten signature in black ink, appearing to read 'R Fitzgerald'.

Robert Fitzgerald AM

**NSW Ageing and Disability Commissioner**



# Message from the Children's Guardian

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This Annual Report marks the first full year that 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. Across the past year, I have been pleased to witness the strengthening relationship between the Office of the Children's Guardian and the Official Community Visitors.

Underpinned by a commitment to the interests of children and young people in out-of-home care, information sharing processes have been agreed and consolidated. As a result of streamlined sharing, the work of the Official Community Visitors has been integrated into our broader regulation of agencies providing out-of-home care. This critical safeguard is an important element in our work to keep children safe in organisations in NSW.

The past year has been challenging. We know there are increased risks to children and young people during periods of lockdown, with disruptions to school attendance and reduced adult involvement outside of the home. During these challenging times, the independent oversight role of Official Community Visitors is more important than ever. However, the

pandemic has meant that at times, in-person visits to young people in supported living have not been possible. I've been impressed to see how they have adapted to the changing circumstances of the pandemic and have continued to support, and to advocate for children and young people in flexible, new ways.

I continue to be inspired by the commitment, dedication and resilience of the Official Community Visitors. The COVID-19 pandemic has made working difficult, but they have managed to adapt to continue to advocate for the children and young people in NSW.

Finally, I would like to welcome the 11 new Official Community Visitors who have joined the team in the past year and thank those who have left. Your service in this important role is appreciated.

A handwritten signature in black ink that reads "Janet Schorer".

Janet Schorer PSM  
**Children's Guardian**

# Who we are

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)
- 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 2020-21



**7,018**

hours spent visiting residents,  
and raising and monitoring issues  
affecting residents



**2,604**

visits conducted



**1,281**

services visited



**FIVE**

complaints made about  
residential OOHC providers to  
the NSW Ombudsman



**5,552**

issues raised and  
monitored, including:

**4,245**

issues for residents of disability  
supported accommodation services

**1,174**

issues for children and young people  
in residential OOHC services

**133**

issues for residents of assisted  
boarding houses

**OCVs  
have:**



**5**

matters referred to the Children's  
Guardian in relation to concerns about  
individual young people in care and/  
or the quality of care being provided by  
residential OOHC service providers



**12**

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



# Being an OCV

## How do you engage with residents and service providers to achieve outcomes?

There are a number of challenges when seeking to achieve outcomes for residents, with a common assumption being that the service provider may not be willing to deal with the issue. While this does occur, as an OCV my view is that most service providers are willing to work towards a positive outcome and are appreciative of the feedback received from OCV visit reports. Often, when attempting to bring resolution to an issue, it may be necessary to refer to other bodies such as the NSW Ombudsman, the NDIS Quality and Safeguards Commission or the Office of the Children's Guardian.

As an OCV, it is important to raise concerns with service providers promptly, determining whether an issue is better discussed by contacting service management at the time of the visit, or raising the issue with the staff working at the house and expanding on the issue in your OCV visit report. It is important that the information provided in the OCV visit report clearly identifies the matters impacting on the resident and actions and responses sought from the service provider.

Building rapport with residents and understanding what is important to them helps me to ensure that I am responding to their concerns in a way that is actively promoting their individual rights.

*Having a genuine interest in seeing every resident treated in a fair and respectful way is at the forefront of all my OCV visits.*

## Highlights from the past year of visits

I have recently been reappointed into the OCV role; this has been a definite highlight for me. Coming back into the OCV scheme and experiencing some of the changes that have occurred in the visitable sectors, particularly around NDIS supports, has been interesting.

*But, without doubt, having the chance to meet again with residents and get to know them and gain insight into their lives has been the highlight.*

As an OCV, I don't often get to see the longer term outcomes of the dreams and goals of residents, so having the opportunity to come back for another term as an OCV and see some of these achieved and continuing to be built upon has been very uplifting.

Another highlight has been feedback from staff about service providers' commitment to encouraging further education and skill development for staff. It is promising to hear that staff are provided the opportunity to 'think outside of the box' and are encouraged to show initiative in the provision of support.

Finally, it is wonderful to be back in the OCV team – the support that we receive from our small but very dedicated management team is outstanding and my OCV colleagues hold a wealth of experience; so whether it is a tricky technical issue or a more complex concern arising from a visit, there is always someone within the OCV scheme who can bring expertise to the problem.

## What was a challenge from visiting over the past year?

I think that most people would agree that COVID-19 has presented us all with a variety of challenges over the past year. Residents and service providers have certainly had many hurdles to jump over and navigating through some of these has required a united front to ensure that everyone is kept safe during these times. As an OCV, the restrictions have required a lot of reconsideration to my work practice and how visits may be conducted.

*It was great that the work that OCVs do has been recognised as an integral role in safeguarding vulnerable persons and that there have been no barriers to OCVs undertaking their legislative duties by continuing to visit.*



## What are you most proud of from your visiting?

The OCV role and visiting residents in their homes is an extremely humbling experience. Being able to visit unannounced is such an important aspect of the role, but it can be easy to forget that this is someone's home and a safe and personal place for that person.

*When I consider what I am most proud of from visiting, it would definitely be the building of connections with individual residents. The connection, while often direct and personal with the resident, can also be through the indirect insight into their lives.*

This may come from speaking with staff and family, reviewing files, understanding plans, and identifying concerns with a person's care and support provisions.

Having the opportunity to address issues and break down some of the challenges that a resident may be facing, is a primary reason I am proud to be an OCV.

*Having the satisfaction in knowing that the role is having an impact on a resident's life and that it's not always the 'big' things that make a difference.*



## Case study

### Attending school

The OCV had been visiting young person Aaron for more than a year. Aaron had always been engaging and often raised concerns about the level of support being provided to him. One of the concerns Aaron had raised a number of times was his desire to attend school. Aaron would tell the OCV how he used to enjoy attending school and how he wished he could go back there.

***The OCV had raised this issue a number of times in his OCV visit reports, with the service provider responding that due to Aaron being expelled from school, there was not much they could do about his situation.***

During a recent visit, Aaron raised the issue about wanting to attend school again with the OCV. Before raising the issue once more in his visit report, the OCV made contact with Aaron's caseworker who he had met at previous visits. The OCV asked about what other educational options had been explored for Aaron. The caseworker acknowledged Aaron's lack of school attendance and indicated that she was going to follow up with service management about possible next steps.

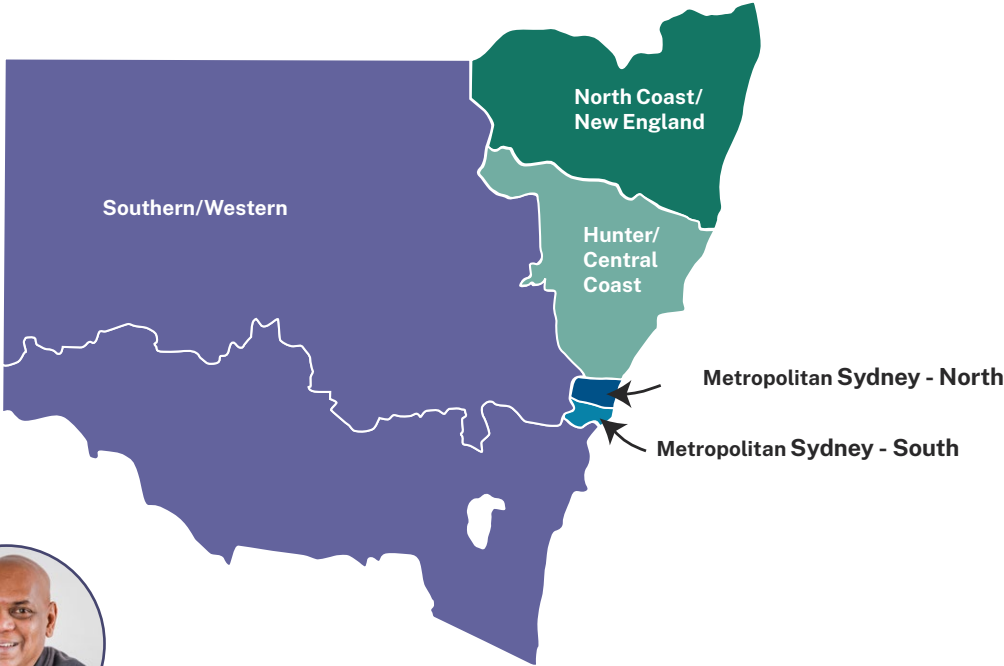
The OCV met Aaron and his caseworker on his next visit to the house. Both were excited to let the OCV know that a referral had been made to an alternative option to mainstream schooling for Aaron and he had an initial interview scheduled the following day.

On the OCV's most recent visit to the house, he spoke with Aaron. Aaron was excited to tell the OCV about having been accepted into the school and how much he was enjoying it. He thanked the OCV for continuing to raise his concerns with service management. He said he felt this really helped him get back to school and be more focused.

***The OCV also spoke with staff who advised that Aaron had settled into school well and had a 100% attendance rate since his enrolment four months earlier. The OCV was pleased to see the positive outcome this had for Aaron and that, with a little perseverance, good outcomes are possible.***

# Meet the OCVs

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



## Metro South



Dennis Bryant



Stephen Lord



Palani Subramanian

## Metro North



Yvette Franks



Sally Garman



Susan Hayes



Diana Lo Cascio



Melanie Oxenham



Therese Peters



Lyn Porter



Elizabeth Rhodes



Rhonda Santi



## Hunter/Central Coast



Linda Evans



Kath Hayes



Carmel Hanlon



Mary-Ellen Kuiters



Kara Lackmann



Peta Lowe



Peta Meyerink



Karyn Pyle



Amanda Reitsma



Renata Wilczek

## Southern/Western



Amy Bain



Mick Herbertson



James Lightfoot



Jan Lang



Cathy Scarlett



Margaret Stevens



Karen Zelinsky

## North Coast/New England



Cathrine Napier



Rhonda Tuck



Sabine Whittle



### OCVs who ended their appointment in 2020-2021:

Dennis Bryant	Carmel Hanlon
Maree Crosbie	Amanda Reitsma
Diana Lo Cascio	Anne Harrison
Melanie Oxenham	Rhonda Tuck
Rhonda Santi	Rebecca Thompson
James Lightfoot	Wanda Thompson
Margaret Stevens	Sabine Whittle

# Being an OCV

## How do you engage with residents and service providers to achieve outcomes?

When engaging with service providers I work with them in the manner in which I would like to be treated if our roles were reversed. I ask questions rather than make assumptions, I negotiate rather than demand, and I thank them for anything they contribute that helps me undertake my role. I believe that staff on the ground usually want to do a good job, but sometimes that's not possible due to red tape, financial restrictions, or the limitations of their role.

Understanding the roadblocks that exist is key to overcoming them, and to do that, relationship-building skills are vital. If I walk into a house and just point out all the failings, I'm not going to have staff who will be receptive to me as an OCV, and thus change may be more difficult to achieve. There are always positives in any situation and I think it's important to highlight that, while also addressing areas that may need improvement. When I take this approach, people are much more likely to want to work with me to improve the lives of people in their care.

While engaging with residents, I try to put myself in their shoes. I often wonder how many well-meaning adults have encroached upon their space and demanded information from them.

***I try to find something they are interested in and ask them about it, it may be artwork, a video game, or a pop-star poster on their wall. Sometimes this provides clues to some other unmet need in their environment, so it has a twofold benefit.***

## Highlights from the past year of visits

The highlights from my first year as an OCV have been about building relationships with the young people I visit and watching them grow to trust me. As a new OCV, my initial conversations were sometimes met with suspicion, disinterest, or total disdain. In subsequent visits residents were more pleased to see me, and some showed me recent artworks they had created or talked about things they had achieved.

***Most importantly, they were more willing to disclose their frustrations or concerns, which is why I am there in the first place.***

One highlight for me was with a young girl, Emily\*. Her young life was full of pain, sorrow and loss, and there was very little to feel hopeful about when taking the situation at face value. At our first meeting, Emily was quiet and withdrawn, and chose to sit in a darkened room with a full face covering on. On my second visit, she was still covered up, however she spoke to me in a whispered voice and I was surprised at how articulate she was. She advocated for herself, telling me of her frustrations. Over my following visits, Emily appeared to have less anger and fewer complaints.

***On my most recent visit, I walked into the house and for the first time she had no face covering on and her eyes sparkled!***

She chatted with me about pop culture and showed me photos. We had a great time talking about the positive changes that had occurred in her life. I reflected on how, in a short period of time with a dedicated team of therapeutic professionals, a young person who was ready and willing to commit to the process, could achieve so much. It was really heartening.



I let them know they are not obligated to talk to me if they don't want to, but I'm there to help. I feel like this approach gives them a little bit of their power back. So much about their lives is out of their control, so feel like this approach sets the standard that they are in control of the conversation when I visit. This often inspires them to talk to me because they realise I am there to support their needs in the ways that I can as an OCV.

## What was a challenge from visiting over the past year?

My career has been focused on working with young people, so my challenge this year has been working with people with disability, some of who communicate non-verbally. I have to be more resourceful in finding alternative ways to communicate, and to let them know I am there to support them as an OCV. An example of this challenge was a young man, Emir\*, who is non-verbal and very territorial around his home.

He was suspicious of my visits to start with, but over the course of the year I have smiled and talked to him as I do with the other residents. One afternoon after I had spent some time talking to Emir's support staff, he came up to me and gave me a knuckle bump (high five-style). I was thrilled as it was the first interaction he had ever instigated with me. I thanked him for his greeting and chatted to him a little about a recent sports game he had attended.

***He then promptly took me by the hand and led me to the front door, gently pushed me out the door and closed it behind me. I had clearly misread that situation!***

Emir had not been trying to interact with me wanting to tell me more about himself, rather he had been politely saying he'd had enough of my presence in his home and it was time for me to leave. It was a real example of how he uses non-verbal communication, and was able to express his wishes in that moment. I was impressed at how he had advocated for himself and I did not take the interaction personally.

***I am learning to use some creative thinking to further my communication skills in this area, as well as building good rapport with staff who know the residents well. Staff can offer tips and suggestions on how to read facial expressions, body language, or how to use communication devices to interact with residents.***

## What are you most proud of from your visiting?

I am definitely most proud of the relationships I have been able to build with residents over a relatively short period of time. To meet a young person for an hour or two every few months and expect them to trust you and disclose their concerns, is an incredibly difficult thing to ask of them, especially when so many have a history of adults failing them. Despite this, so many of the young people have given me the chance to hear their stories and have trusted me to raise issues of concern on their behalf. It's truly remarkable.



## Case study

### Supporting peer relationships

The OCV was visiting Samara a young person living in OOHC. Samara complained to the OCV that her laptop storage capacity wasn't able to keep up with the gaming she liked to do with her friends after school and on the weekends. The OCV knew that Samara had a history of struggling with healthy relationships with her peers, along with a condition that caused her to have difficulty engaging one-on-one.

**Online gaming was an outlet and an opportunity for her to relate to her peers in a low-stress environment and was assisting her to keep good mental health. The OCV considered that not being able to use her laptop in this way was putting Samara at a social disadvantage and was causing her distress.**

The OCV raised the issue in her visit report. The service provider responded, advising that the laptop Samara was using was at capacity due to full storage. Samara had a lot of videos stored on the hard disk, and if she were to delete these videos this would free up space and the laptop would work faster and allow her to play the online games.

On the next visit, the OCV talked with Samara about the storage issue with her laptop. She told the OCV she had deleted all the videos she could, but she wanted to keep some that were important to her. The USB stick she was given by the service provider for storage wasn't large enough to hold all of the excess videos. The OCV raised this issue once again and asked if there were other options for external storage with greater capacity that they could provide Samara. The OCV explained why this issue was so important to Samara and the social and mental health benefits of socialising online with school friends.

**In response, the service provider agreed to purchase an external hard drive and, if this didn't resolve the problem, they agreed to have her laptop upgraded, or to purchase a new laptop that would meet Samara's needs.**

The OCV thought this was a great outcome, as it would allow Samara to stay in contact with her peers outside of school, and for her to continue to build relationships. This was an important step in Samara's developmental progress and to support her mental health and wellbeing.

# What we do

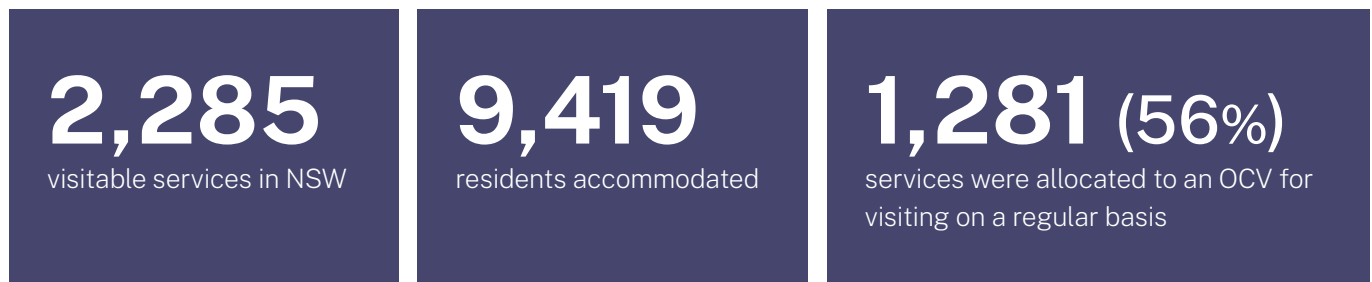


## Visitable services

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 2021, there were:



## Visits conducted



### Residential OOHC services

There were 286 visitable OOHC services, accommodating 696 children and young people in statutory and voluntary OOHC. In 2020-21, 166 services (58%) were allocated an OCV, and they made **533 visits** to these services.

### Disability accommodation services

There were 1,982 visitable disability accommodation services, accommodating 8,463 adults with disability. In 2020-21, 1,097 services (55%) were allocated an OCV, and they made **2,015 visits** to these services.

### Assisted boarding houses

There were 17 assisted boarding houses, accommodating 256 people with additional needs. In 2020-21, 16 services (94%) were allocated an OCV, and they made **56 visits** to these services.

## Main issues raised in 2020-2021

During the year, OCVs raised and monitored **5,552 issues** about visitable services and support for residents. Of these, OCVs reported that 2,843 (51%) issues were resolved. At the end of the financial year, OCVs identified that 315 issues (6%) 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/or development needs were not addressed

**398 (7%)**

2

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

**356 (6%)**

3

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

**341 (6%)**

4

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

**320 (6%)**

5

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

**292 (5%)**



## 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 2020-21, OCVs raised, monitored and worked on 5,552 issues about the conduct of visitable services in NSW. This is a decrease on the previous year (5,844), due to a smaller number of visitable locations being allocated for visiting. Service providers resolved 51% of all identified concerns to the satisfaction of the OCV and/or the resident (2,843 issues). Services were unable to resolve 7% (414 issues) of the concerns reported by OCVs.

**Table 1: Issues reported by OCVs by service type, 2020-2021**

Service type	Total no. of visitable services	No. of allocated visitable services	No. of issues raised
<b>Disability supported accommodation</b>	1,982	1,097	4,245
<b>Residential OOHC</b>	286	168	1,174
<b>Assisted boarding houses</b>	17**	16	133
<b>Total</b>	2,285	1,281	5,552*

\*NOTE: This figure includes new issues and issues carried over from 2019-2020

\*\*NOTE: This figure is indicative of one assisted boarding house closing and one new assisted boarding house opening during the reporting year.





**Table 2: Outcome of issues reported by OCVs, 2020-2021**

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 (%)
<b>Disability supported accommodation</b>	2,376	48	1,297	234	290	4,245 (77%)
<b>Residential OOHC</b>	436	20	545	77	96	1,174 (21%)
<b>Assisted boarding houses</b>	31	0	70	4	28	133 (2%)
<b>Total (% of total issues)</b>	<b>2,843 (51%)</b>	<b>68 (1%)</b>	<b>1,912 (34%)</b>	<b>315 (6%)</b>	<b>414 (7%)</b>	<b>5,552 (100%)</b>

\*NOTE: Ongoing issues (closed) relates to issues that were brought over from the previous reporting year (2019-20) and were worked on and closed by OCVs in 2020-21.

\*\*NOTE: Ongoing issues (open) relates to issues that were brought over from the previous reporting year (2019-20) 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 five matters to the NSW Ombudsman
- refer 12 matters of concern to the NDIS Quality and Safeguards Commission
- refer five matters of concern to the Children’s Guardian
- attend meetings with OCVs and senior managers of services to assist in resolving issues
- manage and resolve complaints made about individual OCVs.



## Actions to address the misuse of an OCV's visit report by a provider

In January 2020, an OCV conducted a visit to a voluntary out-of-home care (VOOHC) service, to find a young person living with an adult with disability. The OCV raised a number of concerns in their visit report to management, in relation to the care and support of the young person, including:

- the placement of a young person with an adult
- the adequacy of the provider's actions to assess risks prior to the placement
- not informing the OCG and DCJ of the decision to place a young person with an adult, as required
- the adequacy of the care and support provided to the young person
- a lack of evident action prior to the OCV raising their concerns in the OCV visit report.

Following the visit, the OCV followed up by making a risk of significant harm (ROSH) report to the DCJ Helpline, a notification to the OCG, a complaint to the NDIS Commission, and bringing the matter to the attention of the ADC.

During a visit to the service location, OCG staff met with service management who provided a copy of the OCV visit report for the OCG's reference. When OCG staff examined the visit report provided by the service, they noted that it appeared to have been altered. It appeared that key information had been changed in the OCV visit report provided by the service, including the name of the OCV and the details of their visit and discussions with staff.

The OCG liaised with the ADC in relation to potential fraud in relation to the OCV visit report, and sought relevant documentation from the OCV to help inform its further actions in relation to the provider. The OCG referred the alleged fraud to NSW Police, who conducted an investigation and subsequently laid charges and secured a conviction against a staff member of the service. The OCG later withdrew the provider's accreditation as a VOOHC provider in NSW.

The cooperative work of the OCV, OCG and ADC helped to ensure that the situation of the young person was addressed; the risks to other young people and adults with disability were mitigated; and appropriate action was taken to hold relevant parties to account for the fraudulent use of an OCV's visit report.

## Visiting and allocating services

Since 2012-13, there has been a 60% increase in the number of visitable services in NSW – increasing from 1,424 visitable services in 2012-13 to 2,285 visitable services this year. On average, the number of visitable services has increased by 5% per year, mainly associated with a steady increase in the number of disability supported accommodation locations, as well as a smaller increase in residential OOH locations.

This year, the number of visitable locations increased by 6%, up from 2,160 the previous year to 2,285 this year. At the same time, budget restrictions resulted in a 9% reduction in the number of services allocated to be visited (1,281) in comparison to last year (1,401).

**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
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%
2020-2021	2,285	1,281	56%

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.

This year, the number of allocated services was low, at 56% of all visitable services. This was due to a range of factors, including resource constraints, and an increasing number of visitable services. The 56% allocation of visitable services was the lowest allocation since 2011-12.

**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		
	18/19	19/20	20/21	18/19	19/20	20/21	18/19	19/20	20/21	18/19	19/20	20/21
<b>Disability supported accommodation</b>	1,764	1,863	1,982	7,771	8,141	8,463	6,415	5,935	5,422	2,468	2,337	2,015
<b>Residential OOHC</b>	270	280	286	703	674	698	1,935	1,640	1,432	741	643	533
<b>Assisted boarding houses</b>	17	17	17	260	256	258	133	167	164	47	60	56
<b>Total</b>	<b>2,051</b>	<b>2,160</b>	<b>2,285</b>	<b>8,734</b>	<b>9,071</b>	<b>9,419</b>	<b>8,483</b>	<b>7,742</b>	<b>7,018</b>	<b>3,256</b>	<b>3,040</b>	<b>2,604</b>

## Number of visits and visit hours

In 2020-21:



OCVs conducted 2,604 visits, a decrease of 17% on visits undertaken in the previous year (3,040). This is due to fewer service locations allocated for visiting due to budget restrictions, and an increase in the number of visitable services.

## Visitor numbers

At the beginning of the financial year, there were 32 OCVs. During the year, 10 OCVs completed their second three-year term, and four OCVs left before completing their full-term.

In 2020-21, the OCV team conducted recruitment in six areas across NSW. Eleven candidates were recommended for appointment following interview and employment checks, and were appointed by the Minister in August 2021. The new OCVs commenced visiting in September 2021.





# We helped to improve outcomes

## Case studies

### *Listening to Angie*

An OCV visited a newly allocated house, and met with 10-year-old, Angie. Angie was new to living in residential OOHC. The OCV had previously been advised by Angie's care team that she had frequent physical outbursts that often resulted in damage around the house and, at times, injury to staff. When the OCV first met Angie, she was reluctant to engage. The OCV provided her with a copy of the OCV booklet, and briefly explained her role. The OCV spent some time talking with staff and looking at files in the staff office. As the OCV was leaving, Angie asked if she could talk to her.

***Angie stated that she did not like her house, as it was quite bare and boring, and she really wished she could have some pictures on the wall.***

The OCV asked staff about what had been done to make the house more homely for Angie and whether she had been involved in those discussions. Staff indicated that they were not sure what had happened in this respect.

Following her visit, the OCV raised the issues in her OCV visit report. Within a month, she received a response from the service provider letting her know that some funds had been made available for Angie to go shopping with staff, and choose some items to make her house more homelike.

***At a following visit, the OCV met with Angie once again. She was very excited to show the OCV the new pictures she had bought and placed on the walls.***

Angie showed each of the pictures and explained why she had chosen them. Speaking to staff, the OCV was advised that since Angie had been allowed to have the pictures, the damage to the walls had decreased. It was great to see this small change making such an impact on Angie and her wellbeing.





## Creating a safe home

On arrival at a house that an OCV had been visiting for some time, a young person who the OCV had not met before, came up to say hello. She introduced herself as Shelly and explained she was new to the house. Shelly said that she was aware of the OCV role and had been hoping that a visit would happen soon, as she had a number of concerns to raise. Shelly expressed concern about the overall state of the house.

***She talked about the house being without hot water and no electricity to the stove for several weeks. She also said that lights were not working in the downstairs laundry, and there had been an infestation of bugs in the kitchen pantry.***

While on the visit, the OCV was able to observe some of these issues for herself, and raised them with staff on duty. The staff advised that maintenance requests had been lodged with service management but nothing had occurred. The OCV raised the issues reported by Shelly in her OCV visit report.

A few days later, the OCV was contacted by the house supervisor. She advised that she had received the OCV's visit report and was working on her response. She wanted to let the OCV know that the concerns were being promptly addressed. The house supervisor advised that there had been some previous delays as the house was privately owned and the property owner was not willing to do some of the repairs. When the OCV's report was received by service management, they contacted tradesmen immediately to do the work.

***The house supervisor advised that both the hot water and electricity had been rectified that same afternoon. The OCV was also advised that pest control had been contacted and would be at the house in the coming days to address the bug problem.***

The OCV was really pleased at how responsive the service was to her OCV visit report, but would be following up with service management to discuss why the matters were not addressed earlier, when they received the initial notification.

## Feeling isolated

When the OCV visited a house she spoke with each of the residents individually, and asked whether they had any issues or concerns they wanted to talk with her about. One resident, a quietly spoken gentleman, Sidney, described how he felt isolated and lonely and said that 'no-one talks to me', including staff and the other residents. He felt that he was being treated differently to his other housemates.

Sidney suggested that more group activities with his housemates would be a good idea. The OCV discussed this and Sidney's distress with staff on duty. The staff were not aware that this was how Sidney was feeling.

***The OCV raised the issue with senior management in her OCV visit report, and outlined the concern that Sidney's health and wellbeing were being affected, and that it appeared that the situation had not been noted by staff.***

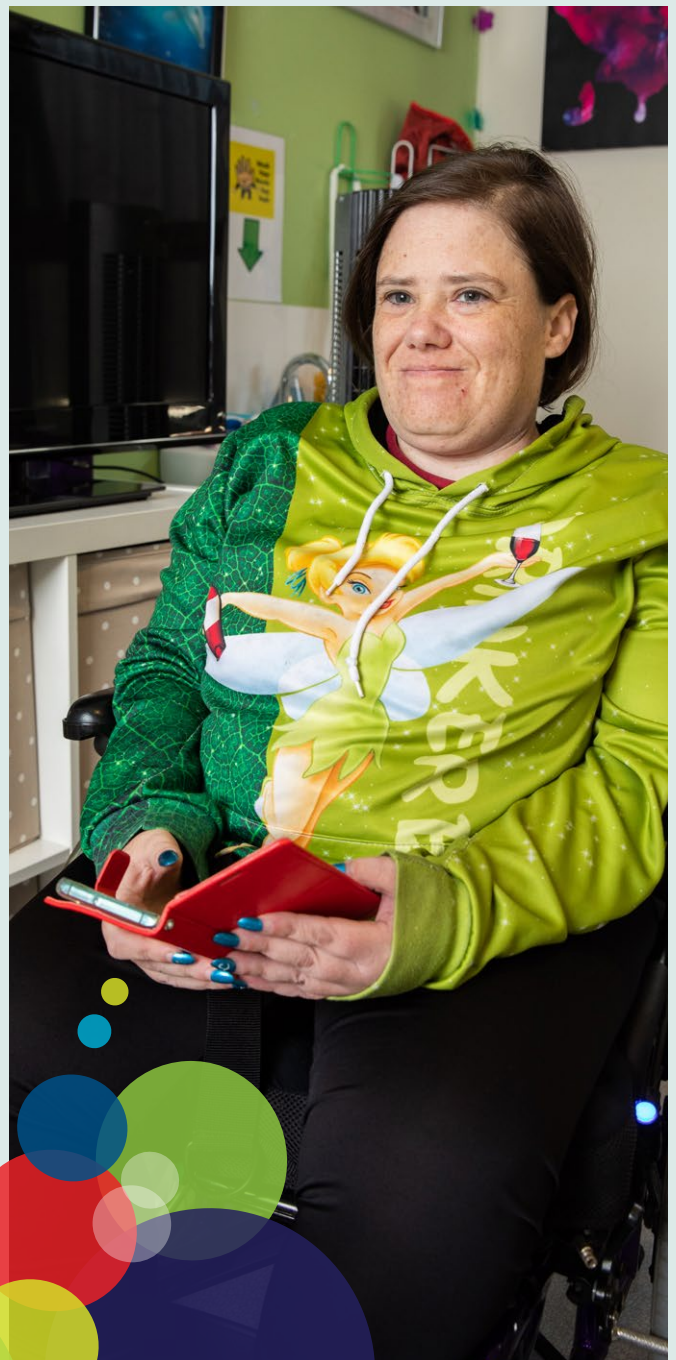
The OCV asked how the service provider consulted with residents to understand their emotional and social needs, and how any issues arising from the consultations were being addressed. The OCV asked how Sidney's experience of loneliness and isolation would be followed up and acted on.

***In response to the OCV's questions, the service provider outlined residents' current supports, activities, and family contact. Additionally, the service put in place measures to better support Sidney following consultation with him.***

This included staff spending one-on-one time every second Wednesday with him working on his art program. The team leader and staff were also checking in regularly to offer support to Sidney and work through any concerns he had. They also reported that Sidney was spending more time in the common room with his fellow housemates.

***On a subsequent visit to the house, Sidney informed the OCV that he was happier and felt more included and less isolated in his home.***

The service provider expressed surprise when they heard of Sidney's experience. They advised that more effort would be made to develop relationships that foster discussion and openness. The OCV was pleased that Sidney was able to raise his concerns with her and that the service provider responded in an appropriate and timely way.







## Considering alternative options

When visiting a young man with disability, Benson, the OCV noticed that his bedroom had a strong odour of urine. When talking with staff about the smell in Benson's bedroom, they explained Benson's issue with bed wetting. They told the OCV that the carpets in Benson's room were shampooed regularly and the windows left open every day. However, due to Benson's daily bed-wetting they felt like they were fighting a losing battle. In winter or when it rained, staff explained that they were not able to open the windows for hours at a time to air the room out, and thus the odour persisted.

The OCV was concerned about Benson's general health and wellbeing, and that living in the ammonia smell for hours while he slept could also present a significant health issue.



**The OCV asked questions in her visit report about the cause and diagnosis of Benson's bed wetting. It became clear from the service provider's response that there had been no medical intervention sought in relation to this issue.**

The service provider undertook to set up a medical consultation for Benson with his GP. His GP referred him to a urologist, who conducted extensive testing and concluded that there was no medical reason for the bed wetting, ruling out any medical interventions that could be done to resolve the situation.

**Following this advice, the OCV sought information from the service provider about other options they had considered to support Benson with this issue, such as psychological support.**

An investigation into the cause of Benson's bed wetting was initiated. The service trialed a specially covered mattress, but found that Benson did not like to sleep on it, and would sleep on the floor instead. As a further interim measure, the service increased the carpet shampooing in the room. Unfortunately, on the OCV's next visit to the house the urine smell remained. The OCV asked the service provider whether any consideration had been given to alternative floor coverings in the bedroom, to reduce retention of the odour.

After considering options, the service provider subsequently advised the OCV that they would be replacing the carpets with linoleum, which was hoped would reduce any residual smell and also help with cleaning the area. Most importantly, it would allow Benson to retain his dignity and stay healthy by sleeping in an odour-free bedroom at night.

**The OCV continues to follow-up on actions to assist Benson with psychological support to identify and address the cause of the issue for him.**



## Better use of the backyard

An OCV visits four young siblings living together in residential OOH. The OCV observed that the siblings did not appear to be going out into the backyard and there seemed to be no encouragement of outdoor activities. The OCV took a walk in the backyard; although it was of a reasonable size, there did not appear to be anything that would encourage a young person to spend time in it. There was a large covered veranda that was relatively empty, besides a couple of old chairs and a cobweb-covered BBQ. The garden was mostly grassed over with a small concrete patch, and there was no colour or interest in the space.

**On reviewing the siblings' case plans, the OCV noted that there were strategies in place to encourage outdoor activity and backyard play, but these did not appear to be put into action.**

Knowing the benefits that physical exercise has on the physical, emotional and cognitive wellbeing of young people, the OCV asked the service provider in her visit report how they were promoting outdoor activity, and what considerations had been made toward the design of the backyard to incorporate age-appropriate activities and opportunities.

The service provider responded by explaining that available resources for a redesign of the backyard were limited, but that other avenues would be explored. This included support staff initiating simple projects and improvements that could be completed in stages with the consultation, input and involvement of the young people.

**When the OCV next visited the service, she was pleased to see that a transformation of the backyard was in progress. There were raised garden beds in the veranda area, set up for growing vegetables and fruit of the siblings' choice. In the garden, flower beds had been created, presenting a future opportunity for the young people to attend the local nursery and choose plants they wanted to grow.**

Plans for the purchase of outdoor play equipment, including a trampoline and basketball hoop were also in progress, and the BBQ had been cleaned. Staff had used their individual talents in making the changes happen. One staff member helped the young people to sand and then paint the outdoor chairs in bright colours and another staff member created a chalkboard wall which could be used to draw, graffiti and create other artistic expressions.

Although the transformation is still ongoing, the OCV is happy to see the service and staff responding to the issues raised in a positive way and providing the siblings with an outdoor space they can enjoy. Staff also told the OCV that there had been a reduction in disruptive behaviours as the young people now had a relaxing space to be in when they needed some 'alone time', and they had taken pride in the projects they had worked on.



haha  
do what you love  
BEST DAY EVER  
SHINE  
Dream to  
omg  
yeah  
BE SOMEBODY THAT MAKES EVERYBODY FEEL LIKE YOU  
haha  
omg  
yeah  
BE SOMEBODY THAT MAKES EVERYBODY FEEL LIKE YOU

# Being an OCV

## How do you engage with residents and service providers to achieve outcomes?

When visiting a house, my priority is always to speak with the residents who are living there. Sometimes they may wish to talk with me and sometimes they don't. I am always conscious of the fact that I am a visitor in their home and I respect their wishes. It may be that I simply say 'hi' and leave some information about my role until they are ready to talk. During these times, I might talk with staff who are present and review client files. I like to learn about the residents that I am visiting and am always interested in what their hobbies and interests may be and this can sometimes be a good way to help establish a relationship.

***I don't always have to talk about issues or concerns, sometimes the young people just enjoy teaching me a card game or showing me a new PlayStation game. This is often a great way to find some common ground and helps build rapport.***

During my visits, I always speak with staff to see if a concern or issue raised can be resolved before I leave the visit. On occasion this can occur and it is great to see an outcome straight away. Sometimes an issue or concern requires more information to be gathered and I raise these in my OCV visit report. If a concern is raised that is of a complex nature or significant, I always try to contact the caseworker or service management to discuss this directly with them.

## Highlights from the past year of visits

The past year has certainly been a tough one, but there have been quite a few highlights that have occurred in my OCV role. I have been visiting a lot of the same young people for the past three years and have been privileged to watch them grow and flourish into independent young adults.

I have seen one young man, Henry\*, transition successfully from the ITC model into disability supported accommodation when he turned 18.

***Visiting Henry had come with many challenges over the years, including a period where it had become unsafe for me to visit. But things changed and it was so positive to see him become independent.***

When I first started visiting Henry, my visits were scheduled with the caseworker present. This was due to the distress he could experience with new people in his home. Over the past year, I worked with Henry's care team to help develop a social story about me and my role as an OCV.

I provided information and a picture of myself and took the time to allow Henry to get to know me. This process has been a success, as my most recent visits have not needed to be announced or to have the caseworker present.

***Henry has become comfortable with me visiting and invites me happily into his home to show me his latest creation or tell me about his most recent adventure.***

## What was a challenge from visiting over the past year?

Some of the challenges that come with being an OCV is where the resident may not be living their best life or being adequately supported to reach their potential. It can be frustrating to raise concerns following a visit and see little or no change occur. I acknowledge that change can often be slow, particularly if a service does not have a focus on resolving issues in a timely way. In these circumstances, my concerns can be escalated to a formal complaint. This can be a difficult path, and patience and perseverance is key. At times, services can see the concerns raised as being negative or unfair, which can also be difficult because at the end of the day we both have the same goal, to ensure the residents are best supported and to improve their outcomes.

Working alone in the role can come with its own challenges. It can feel isolating on the drive home from a challenging visit with no-one to debrief with. Peer support from colleagues and the OCV team are important during these times and is always readily available.

*Even though there are challenges with the OCV role, there are times when you visit a house and things are going well, previous issues have been addressed, and the residents are happy. It is these situations that far outweigh the difficult times and remind me why the OCV role is so important.*

## What are you most proud of from your visiting?

I am most proud of being able to give a voice to the people who might otherwise not have one. Being an OCV allows me to make a difference in the lives of people who may be having a difficult time.

*Getting to know the residents I visit, I am in awe of their strength, resilience and courage.*

I am often humbled by their experiences and have great joy in seeing the improvements both big and small that come because of my visits and the issues I have raised on their behalf.



# Case study

## Owning a pet in care

During a visit to an OOHC service, 14-year-old Claudia told the OCV that she would like to work with animals and would love to have a pet at home. Claudia had never owned a pet, but explained how she found animals to be a comfort to her. She often found speaking to people difficult, but speaking to animals was something she could do more freely. Claudia told the OCV that she felt having the responsibility of a pet would assist her with her trauma, reduce her episodes of self-harm, and provide an opportunity to feel needed and valued.

The OCV was aware that Claudia found school challenging, with few subjects holding her interest, although the one subject she enjoyed was Animal Studies. Claudia's interest in animals saw her spending much of her spare time researching different animal species, their environments, their care needs and unusual facts.

Claudia asked the OCV to approach the service provider on her behalf as she felt that she couldn't handle being told no again.

***She felt that she had not been listened to when she had brought the subject up in the past, and did not feel comfortable having formal 'meetings' with service staff.***

The OCV raised the issue in her visit report, asking the service how they were providing Claudia with the opportunity to feel safe to raise questions relating to her care, and on this particular occasion her goal to own a pet.

The service responded outlining that meetings were organised with Claudia, but that she never wished to engage. They also indicated that there was a policy of no pets at the home, as the risks to the animal were considered too great. This included consideration of other residents and their wellbeing, allergies, and the fear of other young people in the house wanting their own pets.

The OCV raised the issue again, acknowledging the challenges, and asking what could be done to provide an environment in which Claudia could feel safe to speak, make decisions and gain some control in her life. The service acknowledged that they had not been providing adequate opportunities for Claudia to be able to talk openly and indicated that they were reviewing how they could better engage with her. Following conversations with Claudia, it was agreed that the meetings would be held outside, which was more comfortable for Claudia, and the first item on the agenda would be to give her the opportunity to talk about her ideas around pet ownership.

At the meeting, it was reported that Claudia acknowledged the service's concerns about dog or cat ownership, and put forward the suggestion of a goldfish as a pet.

***Claudia was able to provide considered responses to staff after she had done some research. She talked about how a glass fish tank could be replaced with a plastic tank, how she would manage her budget to include the purchase of fish food, and outlined a schedule for cleaning the tank and feeding the fish.***

Claudia was able to strongly advocate for herself, including the benefits that she felt pet ownership would have on her journey through care. The service agreed with Claudia, impressed with her self-advocacy, and she now has two fish, which she is very fond of. Most importantly, Claudia feels empowered to advocate for herself on other matters that affect her life.

# We helped residents to be heard

## Disability supported accommodation services

In 2020-2021, there were 1,982 visitable supported accommodation services for adults with disability, accommodating 8,463 residents.

OCVs made 2,015 visits to 1,097 allocated disability services and worked on 4,245 issues of concern. They reported that 2,376 issues (56%) had been resolved. OCVs are continuing to monitor the action taken by services to resolve 234 (6%) ongoing issues of concern with service providers.

**Table 5: Data for allocated visitable disability services**

	2020 - 2021
No. of services allocated	1,097
No. of visits	2,015
No. of issues worked on	4,245
Average no. of issues per service	3.9

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

	2020 - 2021
No. resolved (%)	2,376 (56%)
No. outcome unknown (%)	48 (1%)
No. of issues unable to be resolved (%)	290 (7%)
No. ongoing (open) (%)	234 (6%)
No. ongoing (closed) (%)	1,297 (31%)
<b>TOTAL</b>	<b>4,245 (100%)</b>

**Table 7: Classification type of issues raised with disability services, 2020-2021**

Issues classification category	No. of issues
Health	1,047 (25%)
Individual development	1,035 (24%)
Safe and supportive environment	920 (22%)
Homelike environment	557 (13%)
Activities of choice and participating in the community	339 (8%)
Governance	176 (4%)
Complaints and feedback	67 (2%)
Finances	52 (1%)
Abuse and neglect	35 (1%)
Contact with Police	17 (0.5%)
<b>TOTAL</b>	<b>4,245 (100%)</b>





## Main issues raised in 2020-2021

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/or development needs were not addressed

352 (8%)

3

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

265 (6%)

5

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

241 (6%)





## Assisted boarding houses

In 2020-2021, there were 17 assisted boarding houses in NSW, accommodating 256 residents.

This year, OCVs made 56 visits to 16 allocated assisted boarding houses, and raised 133 issues of concern affecting residents.

OCVs reported that assisted boarding houses resolved 23% (31) of the issues they identified. Another 3% of issues were ongoing and continue to be monitored by OCVs.

**Table 8: Data for allocated assisted boarding houses**

	2020 - 2021
<b>No. of allocated assisted boarding houses</b>	16
<b>No. of visits</b>	56
<b>No. of issues reported</b>	133
<b>Average no. of issues per service</b>	8.3



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

	2020 - 2021
No. resolved (%)	31 (23%)
No. outcome unknown (%)	0 (0%)
No. ongoing (closed) (%)	70 (53%)
No. ongoing (open) (%)	4 (3%)
No. of issues unable to be resolved (%)	28 (21%)
<b>Total</b>	<b>133</b>

**Table 10: Type of issues raised by OCVs with assisted boarding houses, 2020-2021**

Issues classification	No. of issues
Individual development	31 (23%)
Health	29 (22%)
Homelike environment	23 (17%)
Activities of choice and participating in the community	21 (16%)
Safe and supportive environment	17 (13%)
Complaints and feedback	7 (5%)
Abuse and neglect	2 (1.5%)
Finances	2 (1.5%)
Governance	1 (0.7%)
Contact with Police	0
<b>TOTAL</b>	<b>133 (100%)</b>

## Main issues raised in 2020-2021

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

1

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

**17 (13%)**

2

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

**16 (12%)**

3

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

**15 (11%)**

4

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

**11 (8%)**

5

Residents and people important to them were not actively involved in planning and decision-making about their lives

**9 (7%)**

## Residential out-of-home care services

In 2020-2021, there were 286 residential out-of-home care (OOHC) services, accommodating 696 children and young people. OCVs made 533 visits to 168 allocated residential OOHC services.

OCVs worked on 1,174 issues of concern in relation to these residential OOHC services. Services resolved 436 (37%) of the issues, with 8% of issues unable to be resolved. A further 7% of issues remain ongoing, with OCVs monitoring the action being taken by services to address them.

**Table 11: Data for allocated residential OOHC services**

	2020 - 2021
No. of services allocated	168
No. of visits	533
No. of issues worked on	1,174
Average no. of issues per service	7

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

	2020 - 2021
No. of issues resolved (%)	436 (37%)
No. of issues outcome unknown (%)	20 (2%)
No. of ongoing issues (closed) (%)	545 (46%)
No. of ongoing issues (open) (%)	77 (7%)
No. of issues unresolved (%)	96 (8%)
<b>Total issues (%)</b>	<b>1,174 (100%)</b>

**Table 13: Type of issues raised by OCVs about residential OOHC services, 2020-2021**

Issues classification	No. of issues
Individual development	402 (34%)
Safe and supportive environment	322 (27%)
Health	128 (11%)
Activities of choice and participating in the community	102 (9%)
Homelike environment	101 (9%)
Abuse and neglect	43 (4%)
Governance	39 (3%)
Contact with Police	24 (2%)
Finances	7 (0.5%)
Complaints and feedback	6 (0.5%)
<b>Total</b>	<b>1,174 (100%)</b>



## Main issues raised in 2020-2021

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

1

Incidents were not recorded, appropriately managed, recommendations followed up and residents informed of outcomes

104 (9%)

2

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

97 (8%)

3

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

91 (8%)

4

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

79 (7%)

5

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

61 (5%)



# Being an OCV

## How do you engage with residents and service providers to achieve outcomes?

As an OCV, I generally only visit a house twice a year. This can present challenges when establishing and maintaining rapport with residents. For my initial visit, I often ask staff for tips on best ways to engage with an individual and what I might need to avoid. Tips may include the best place and time to have a chat, any rituals that need to be observed, and any communication supports that may be required. I take my time, having a relaxed manner and avoiding jargon, while following the lead of the person I am engaging with. During my time with a resident, they have my full attention.

***I am often pleasantly surprised when a resident remembers me from a previous visit and introduces me to staff, and picks up previous conversations we have had.***

In some cases, a resident may not wish to speak to me, and that is their right. However, over time, some familiarity develops and barriers can be broken down. I will note the person's likes, and this can be a conversation starter for my next visit. We may have some activities, TV shows, or music preferences in common which can be a good reference point to build on for future conversations. In regards to staff, I will answer any questions about my role and my responsibilities as often as needed. As my visits often occur late in the afternoon or on weekends, it is the direct care staff with whom I interact most frequently. I emphasise that we are all working towards better outcomes for the residents.

## Highlights from the past year of visits

One of the highlights over the past 12 months has been recognising the resilience of both residents and staff during difficult times. In my geographic area, many services have been greatly impacted by the 2020 bushfires, and several months later they were confronted by the very different challenges associated with COVID 19, which required a unique set of responses.

In these challenging times, many houses that I visit received regular support, information and resources from their senior management, and creative rostering has ensured not only sufficient staffing for home based activities, but also considered those staff not working in residential services and provided opportunities for their continued employment within the residences.

***Consequently both residential and community participation staff could share knowledge and experiences, and thus enhance the supports provided to residents.***

There was also time for fun, which is important. Many services made good use of video call platforms, not only to maintain contact with family and friends, but also to maintain an active lifestyle through activities such as Zumba dancing, and online cooking and craft classes.

***I also noted the increased attention to more appropriate housing models that consider the specific needs of individual residents, particularly as they age.***



## What was a challenge from visiting over the past year?

Obviously COVID-19 has presented major challenges for me as an OCV. There was a long period when face-to-face visits were not able to occur. Instead, I maintained contact with residents and staff virtually. I generally pre-arranged my calls to ensure we had sufficient time to discuss what was happening.

***My main focus was on the health and wellbeing of residents and what strategies were in place to ensure residents remained engaged and had meaningful activities in their everyday routines. It was great to hear of some innovative practices that were introduced and how successful they were.***

As an OCV, I need to be mindful of the best times to visit, and when residents are most likely to be at home. Many of my visits occur late in the afternoon, when residents have returned home from their day activities or work. However, that can also be considered a peak time when some residents may need a period to wind down. Consequently, I schedule many visits on weekends, when the atmosphere may be more relaxed.

***I have found the increased use of casual or agency staff across some services a challenge, particularly when some do not have an understanding of the OCV role, yet seem eager to allow me access to resident information.***

While I often suggest they contact the Team Leader to confirm who I am, very few do. Despite the challenges, I have found the past 12 months rewarding and look forward to the year ahead.

## What are you most proud of from your visiting?

I'm pleased with the relationships I have developed over the past few years. This applies to my relationships with residents, support staff and management. The majority of staff understand that I provide an opportunity for residents to voice any concerns and successes, and that I have a role in monitoring their safety and wellbeing. There were a number of difficult issues that were identified in my visits of the past 12 months, including abuse and neglect.

***It is my role to ask questions, sometimes uncomfortable ones. Such issues are distressing for all involved, but each matter was addressed promptly and the necessary supports put in place.***

In such instances, I am very open with service providers about my concerns, and support them to resolve the issues in as timely a way as possible.







# Case study

## Too incompatible

An OCV spoke with a resident in disability supported accommodation, Bradley, who had been experiencing conflict with one of his housemates. This was particularly difficult as they shared a two bedroom unit together. The incompatibility between them had been an issue previously and both men had been separated and placed in different houses. However, a new resident moved into the complex of units and, after the time apart, the two men were once again placed in the same unit together.

The OCV noted from reviewing incident reports that conflict had commenced almost immediately once they had begun living together once again and had escalated to aggressive physical altercations between the two of them.

Speaking with Bradley, he said that he would be happy to stay in his present accommodation if the situation was different and he wasn't sharing with his current housemate. The OCV was aware that the service provider had been attempting to find alternative accommodation for Bradley, but nothing suitable had been found.

***Bradley agreed to the OCV raising the issue on his behalf, but had no confidence that anything would be done. The OCV was concerned to hear this was how Bradley felt, and raised her concerns with senior management in her visit report.***

The OCV stated that while she could only get a sense of how it may feel living with a person not of her choosing, and with whom there was significant incompatibility, anger and aggression, she was sure that this was not the only current option for Bradley.

***In response to the OCV's report, the service provider outlined the strategy of giving both gentlemen some space and time away from each other while alternative accommodation was being found.***

For example, Bradley had indicated that he was happy to spend five days at a local motel at the service provider's expense. In the meantime, the service increased the number of staff in the unit, to provide more one-on-one support for the men, and to minimise the time the two were spending together. Following these interim measures being put in place, the second resident was found new accommodation to move to. The OCV caught up with Bradley and he was very happy with the outcome that the OCV had helped facilitate.

***He said that he had initially felt that nothing would be done, as no one seemed to be listening to him, but was pleased that he spoke with the OCV and that she had listened and acted on his behalf.***

# We helped to improve outcomes



## Case studies

### *Maintaining his independence*

When the OCV arrived at the house, she noticed straight away that Jeremy wasn't his usual self. The OCV had been visiting Jeremy and his housemates for three years and had always found Jeremy to be cheerful and happy to speak with her. However, on this occasion Jeremy was quiet and withdrawn. At first he said that he didn't want to talk, but after a while he approached the OCV and said he wanted to tell her something.

***Jeremy's main concern was about his meals. Jeremy is diabetic and he has to be careful with his diet. There are times that he finds it hard to stick to a healthy meal plan.***

Until recently, Jeremy had done his meal planning himself, with some assistance from his support workers. He would then use the house laptop to order the groceries that he needed to make his meals. Jeremy told the OCV that the new team leader would no longer let him use the laptop to order his groceries, and had implemented a system where Jeremy would give the team leader a list of what he wanted and the team leader would do the ordering for him.

Jeremy was upset that he was no longer permitted to do his own food order. He told the OCV that he really enjoyed the process of online shopping and he didn't know why he was no longer allowed to do it. He was especially upset that the new team leader often didn't buy exactly what was on the list. Jeremy told the OCV that the team leader would leave some items

out, and would order other things that Jeremy didn't want. Jeremy said that he had tried to talk to the team leader about the changes and his distress, but the team leader wouldn't listen to him. Jeremy said that he would like the OCV to raise the issue on his behalf.

In her visit report, the OCV asked why the decision had been made to change Jeremy's previous system of meal planning and buying groceries. She also asked what the obstacles were to returning to Jeremy's preferred way of doing things and what could be done to ensure that his choices were respected. She asked the service to outline what strategies could be used to support Jeremy to stick more closely to his healthy eating plan if this was a concern.

***After several weeks, senior management responded to the OCV's visit report. Management advised that the decision had been made by the 'previous manager', and that Jeremy was once again ordering his grocery items himself, with the assistance of support workers.***

They advised that with the support of his dietician, Jeremy was now ordering ready-made meals for dinner that were designed by nutritionists and suitable for people with diabetes. He was once again enjoying the process of ordering off the website and choosing different meals to try.



## Providing a hygienic environment

The OCV visited a disability supported accommodation house. There was a NSW Health visitor screening protocol in place for any visitors to these settings. This included infection control, outbreak preparedness and prevention management protocols. On arrival, the OCV was met by a staff member who was on his first shift at the house. He allowed the OCV into the house without any COVID-19 screening undertaken. The OCV was not asked for any information to decide whether it was appropriate for them to enter, or any record made for tracing purposes. There was no temperature monitoring or hand sanitiser available for use.

While in the house, the OCV observed that the toilet adjoining the laundry area had an empty toilet roll dispenser and there was no hand wash basin. The nearest hand washing facility was the laundry tub. On this occasion, the tub was filled with dirty laundry and a bucket. The OCV could not see any soap or hand drying facilities. The other nearest hand washing area was the kitchen sink. She noted that there was a roll of kitchen towel available, but there was no wall mounted dispenser for this.

Reviewing the staff communications book, the OCV noted an entry indicating that faeces had been found on the soap dispenser in the kitchen. The OCV was concerned that the use of the kitchen sink for hand washing following use of the toilet and the lack of infection control and cross contamination practices at this house may be the cause of poor health and illness.

***The OCV was also concerned that the service was not implementing the guidelines issued by NSW Health to prevent the spread of COVID-19. All of these issues were outlined in the OCV's visit report.***

The service provider responded to the report by forwarding a copy of a list of guidelines emailed to staff for COVID-19 infection control. The issue of the lack of hand washing facilities was not responded to. There was also no response to how the service provider was monitoring compliance by staff to the COVID-19 guidelines.

Following the inadequate response from service management, the OCV contacted the service provider again advising that a return visit would be made to the house, and senior staff were invited to meet the OCV to discuss the issues.

***Arriving at the follow up visit, the OCV found that the COVID-19 visitor screening practices were now in place. The laundry tub had been cleared, and hand soap and a wall mounted paper hand towel dispenser was now available in the laundry area.***

Service management informed the OCV that new measures had been put in place to improve and monitor compliance with policies and procedures in all their houses. A new house manager had been appointed and an additional manager recruited to share the responsibilities of the operational manager role.

## Keeping up routines during lockdowns

The OCV visits Michael, who is a man with an intellectual disability and a sensitive nature. He lives in a house with two other men and two women, in a regional town. Michael did not adjust well to the circumstances that COVID-19 restrictions brought, with his day program being suspended. Despite his usually friendly attitude with his housemates, he became withdrawn and reclusive, to the point where his housemates were expressing concern about him, both to staff and the OCV during his visits.

The OCV discussed Michael's situation with him, and his support staff. The OCV had developed a good relationship with Michael and this allowed him to discuss his anxieties in an open way and to accept words of encouragement from the OCV. Following the discussion, the OCV raised concerns on behalf of Michael in his visit report.

**The OCV asked about psychological supports and what other activities and options had been considered to keep Michael active and involved during the COVID lockdown.**

The service responded by seeking the advice of specialists, and house staff who knew Michael well. The OCV was able to observe during a subsequent visit that Michael had returned to his personality of old.

**He was enjoying his daily routines, including his habit of serving afternoon tea for everyone and resuming his winter ritual of watching footy each week on the television with his mate Dave, one of the other residents.**

The OCV considered the value of his role in giving Michael a voice in raising his concerns on his behalf, and getting the service to think more creatively about how best to support him.





## Safe to use the bathroom

While visiting a disability group home the OCV observed a shower trolley in a resident bathroom that appeared to be being used as a storage shelf for bathroom supplies. The OCV asked the staff member on shift about the shower trolley, with the response being that it belonged to one of the residents, Brian, but was not currently being used by him. The staff member explained that the shower hose did not adequately reach the shower trolley, so staff just used another resident's shower chair to support Brian in his personal care routines.

The OCV reviewed Brian's client file to gain a better understanding of his personal care needs. The OCV read that Brian had fragile skin, fixed joint deformities, and major skin integrity issues, making manual handling and the use of the shower trolley an integral part of his personal hygiene supports.

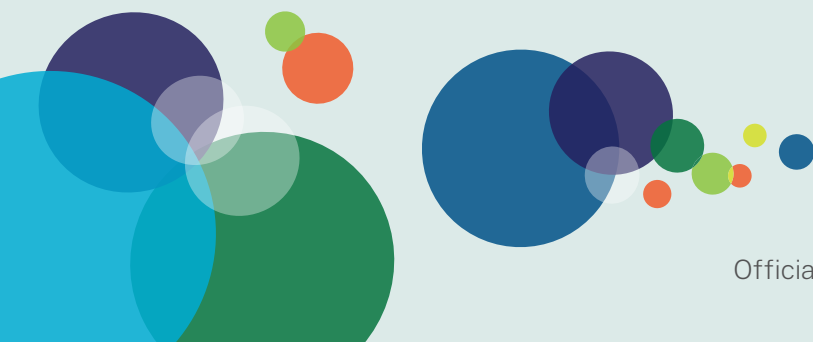
Recommendations from an Occupational Therapist and protocols in Brian's manual handling plan both identified the requirement for the use of the shower trolley to support him in a supine position, minimising the impact on his skin integrity while also maintaining water safety. There were no assessments or recommendations for the use of the other resident's shower chair that was currently being used for Brian.

***The OCV raised a number of concerns in their visit report, including why the service was not following recommendations for the use of the shower trolley, and how Brian's health needs were being adequately supported.***

The OCV also raised concerns about the potential deterioration of the shower trolley due to storing bathroom supplies on top of it, why the shower hose had not been replaced for a longer more suitable one once the issue was identified, and why consent had not been sought by the service from the other resident for Brian to use his shower chair.

As a result of raising these concerns, the shower hose was replaced with a longer shower hose that could adequately reach the full length of the shower trolley.

***Staff were retrained and are now following the Occupational Therapist's recommendations and manual handling protocols when supporting Brian with his personal care needs.***





Renata  
Wilczek

## Being an OCV

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### How do you engage with residents and service providers to achieve outcomes?

I learned very early on that the better the quality of engagement with both residents and service providers, the better chance there is for a positive outcome to be achieved.

*While some of the residents that I visit have been very friendly and keen to engage with me from my very first visit, it is also the case for residents to be cautious around me. This has required time, gentle perseverance and patience to form a bond with some residents, and it is only now that they have started to trust me and confide in me.*

I always try to find out what their hobbies and interests are and having some knowledge of football, cricket, pop music and television shows really helps to break the ice.

Residents can sometimes feel a bit threatened by my presence in their home and can be concerned that I have come to check up on their behaviour. In these situations I reassure them that I am not there to check up on them, but to make sure that they are happy and safe in their homes. This has been a really useful way to increase rapport. There are a few residents who still don't want to speak with me and I am always respectful of their choice.



Engaging effectively with staff can be challenging at times and this is something that I put a lot of energy into. While there have been a couple of occasions where staff have been hostile, in general they have been quite welcoming of me. It is common for staff to have concerns about the residents and it is not unusual for staff to direct my attention to issues that they are concerned about.

Sometimes I don't have all the information about an issue, so I am careful to keep an open mind when I am asking managers for information, whether in person or through my visit report.

***I try to be curious rather than accusatory in how I pose my questions and I have found this gives the best chance of a positive outcome.***

There are still times when it is clear that a service provider is resistant to facilitating change for residents, and in those situations I am persistent in repeatedly raising the issue if it continues to be a concern. There have been several occasions when this persistent approach has resulted in a good outcome.

## What was a challenge from visiting over the past year?

The OCV role is probably the most difficult job that I have held in almost 40 years in the workforce. To do the job well I have to use all my skills, as well as developing a few more that I didn't have before! Luckily I enjoy a challenge and there are certainly plenty of those in this job.

The most challenging part of the role in the last 12 months has been managing my emotions and my responses to things I see and hear when visiting. While I do sometimes leave a visit with a smile on my face, or feel a deep sense of satisfaction, it is common for me to experience frustration, anger, distress and sometimes even a sense of helplessness. It is important that I manage my emotions well, and that I conduct myself in a professional manner at all times during visits.

## Highlights from the past year of visits

One of the highlights for me this year is that after three and a half years in the role I have been able to develop a real rapport with many of the residents I visit. It has taken quite a long time and a lot of persistence to develop these relationships, and the fact that many of the residents now trust me and speak freely with me about their lives and their concerns is incredibly fulfilling.

Another highlight for me has been the part I have played in assisting some of the residents to have access to amenities and opportunities that people without disability often take for granted.

***One example of this was that residents at a number of houses that I visit did not have access to the internet and after raising this in a number of my OCV visit reports, they now have internet access. Having access to online movies and TV programs has been a big part of coping with the COVID 19 pandemic restrictions.***

Another example was when I started to ask residents whether they had used their NSW 'Dine and Discover' vouchers. I was concerned to hear that many residents had not heard of them, let alone used them. When I asked service staff about this it seemed that they had assumed that residents couldn't access the vouchers because they didn't have identification documents, but had not actually researched if this was the case.

As a result of my raising the issue, staff made inquiries and found that it was not necessary for the residents to have a driver's licence and that they could attend Service NSW in person and obtain the vouchers that way. It has been gratifying to know that as a result of me raising the issue that many residents are now having the same opportunities as others in the community.

*No matter how I feel on the inside, I always keep at the front of my mind that I am there to be a voice for the residents and that to do the best that I can for them it is important that I am calm, friendly and respectful, no matter the circumstances.*

This can be challenging, but to ensure the best possible outcomes for residents it is a crucial part of the OCV role.

As an OCV I have lost sleep over some of the things I have seen happening to the people that I visit. This job would not be doable without the support of other OCVs, as well as the OCV team at the ADC, and I am extremely grateful for that support.

## **What are you most proud of from your visiting?**

The thing I am most proud about of is that despite all of the challenges and obstacles, the work that I do makes a real difference to the lives of the residents that I visit. One of the reasons that the NDIS was developed was to empower people with disability, and to give them choices in how, where and by whom they are supported. However, the unfortunate reality is that many of the residents I visit do not know that they have choices about who their service providers are, or that they are entitled to make complaints or raise concerns about their accommodation and the quality of their support.

*Even when they do know their rights, they are often too scared of repercussions to raise issues, let alone look at asking for changes. Having an OCV visiting gives residents the opportunity to speak to someone who may be able to help them, and who will raise issues that are important to them.*

While this does not always result in positive outcomes for residents, I am really proud that there have been a lot of times that by my making inquiries, or raising an issue in my OCV visit report, a meaningful and positive change occurs for a resident.







## Case study

### *Loretta feeling understood*

Loretta lives with three other women in disability supported accommodation. Her original spoken language is not English, and although in the OCV's view she has demonstrated a gradually increasing ability to communicate with staff and the other residents, there were still some barriers to her communicating freely. Loretta was initially reluctant to engage with the OCV, but over time some rapport has been established.

During previous visits, the OCV had raised issues relating to Loretta, including supporting better communication for her and her willingness to access medical services.


***The OCV observed that the two issues were interrelated, in that her limited English was a barrier to Loretta's confidence in engaging with health professionals and seeking appropriate treatment for a number of medical conditions.***

The OCV raised his concerns in his visit report. The service provider responded promptly to the issues raised by engaging a staff member with the same language and cultural background as Loretta to work directly with her in building her skills and her trust in both the service provider and health professionals she needed to access. The service provider also improved the standard of all residents' client files and progress notes by incorporating references to personal goals and the extent of progress towards their achievement.

***The OCV reports that Loretta now attends medical appointments willingly and is receptive to treatment and advice. This has resulted in a marked improvement to her general health and wellbeing.***

The service is also better able to work with Loretta and articulate its strategies in assisting her to achieve her personal goals, and track their progress over time. Loretta's communication skills are improving, as are her confidence levels.

# 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, and must hold 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, the ADC's OCV team:**

- recruited 11 new OCVs, who commenced visiting in August 2021
- provided training to OCVs as part of maintaining up-to-date skills and knowledge of the visitable sector areas
- organised regular meetings between the Australian Childhood Foundation and a representative group of OCVs to discuss OCV concerns arising from visits in the residential OOHC sector
- facilitated and supported OCVs with complaints and referrals of matters of concern to the NDIS Quality and Safeguards Commission, the NDIA, the Children's Guardian, and the NSW Ombudsman
- assisted an OCV and the OCG in relation to a police investigation into the fraudulent use of an OCV report by a service provider
- arranged access to professional supervision sessions on a regular basis for OCVs visiting residential OOHC, to support Visitor wellbeing
- responded to and addressed complaints made by service providers about individual OCVs
- held regular OCV consultation group meetings with a representative group of OCVs from across the five Visitor regions
- facilitated meetings between the ADC and the Children's Guardian on operational and issue-related matters.



## Being an OCV

### Challenges from the past year of visiting

I have been an OCV for three years, visiting almost 150 residents each year. I found the visits I have conducted during the past year some of the most challenging. One of the significant issues from my visits has been overcoming the many challenges of conducting visits during COVID-19 restrictions. It has not been easy to plan or make arrangements to conduct my regular face-to-face visits. The uncertainty of the COVID-19 pandemic has raised serious health concerns for residents, service providers and OCVs.

***We have all had to be vigilant in keeping ourselves and our communities safe, as well as being responsive to people's vulnerabilities due to their disability, health condition or age.***

During the lockdown, OCVs shifted to conducting virtual visits to keep in touch with residents. However, there have been a wide range of challenges with virtual visits, including issues with technology, lack of a personal connection when talking via a computer screen, and not being able to respond with an appropriate level of empathy, to name but a few.

Additionally, I found that a number of residents found it uncomfortable to speak via camera due to their anxieties. Some residents I visit are non-verbal and while I could say hello, it was often difficult to engage with them via video-call.

However, I still managed to raise concerns on residents' behalf and to check in to see how people were going.



## Highlights from my OCV role

My duties as an OCV are very important to me. The role is aligned with my values of enabling those who are disadvantaged to uphold their dignity and rights. The role has allowed me to bring positive change, and to improve the quality of care being provided to residents while working collaboratively with service providers.

***I have managed to build trust with residents, which has enabled me to provide them with a voice, by raising their concerns.***

Most of the issues raised with me are around matters that had a direct impact on a resident's freedom, and their rights to a safe and supported life. It is the role of service providers to maximise the choice and control for residents to lead meaningful and properly supported lives.

***However, as an OCV I have found that decisions are often made with minimal input from the resident, and little consultation.***

In my role as an OCV, I am able to speak with residents about their choices and raise issues on their behalf. For example, choices about housemates, daily meals, and social activities. Although many service providers are becoming increasingly receptive to designing services and programs to suit individual residents, the role of an OCV provides an opportunity to work towards a more inclusive and positive outcome, aligned to the goals of the individual resident.

***In my OCV role I have learned it is important to have open and transparent discussions with service providers on matters relating to residents.***

After identifying an issue or a concern raised by a resident, I follow up with the service provider through my visit report. I often request access to relevant documents and ask questions to gain a better understanding of how the issue may affect other residents in the house, and how staff have tried to deal with the situation.

***I have found it beneficial to follow up with a phone call to a manager within the service to discuss the issues raised in my OCV visit report, especially if they are serious and significant, as it can help to clarify the issue and why it is being raised.***

My role as an OCV is an important part in the process of improving the quality of care provided to residents in visitable services. The OCV scheme provides an ideal platform to ensure that resident perspectives are taken into consideration in the decision making process and the service sector is moving towards a framework of continuous improvement.

# 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.

Due to the COVID-19 pandemic, between the months of July to November 2020, and again at the end of June 2021, 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, 2020-2021**

	2019 2020	2020 2021
<b>Payroll expenses</b>		
Salaries and wages	648,481	639,464
Superannuation	75,822	56,320
Payroll tax	37,156	23,501
Payroll tax on superannuation	270	-
<b>Subtotal</b>	<b>761,730</b>	<b>719,285</b>
<b>Other operating expenses</b>		
Advertising – recruitment	5,997	4,656
Fees – conferences, meetings and staff development	11,479	1,237
Fees – other	-	-
Publications and subscriptions	-	-
Postage and freight	1,207	-
Maintenance – equipment	-	-
Stores	70	-
Travel – petrol allowance	129,125	113,366
Travel and accommodation	19,840	2,367
Efficiency dividend	-38,000	-54,000
<b>Subtotal</b>	<b>205,718</b>	<b>121,626</b>
<b>TOTAL</b>	<b>967,448</b>	<b>840,911</b>





## Contact us

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Official Community Visitor scheme  
Manager OCV Scheme

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

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

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Email: [OCV@adc.nsw.gov.au](mailto:OCV@adc.nsw.gov.au)

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

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[www.adc.nsw.gov.au](http://www.adc.nsw.gov.au)