



OCV
Official Community Visitors

**Annual Report
2022–2023**

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ISBN: 978-1-925885-18-7
ISSN: 1832-1666

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October 2023
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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

23 October 2023

The Hon Benjamin Franklin MLC
President
Legislative Council
Parliament House
Sydney NSW 2000

The Hon Greg Piper MP
Speaker
Legislative Assembly
Parliament House
Sydney NSW 2000

Dear Mr President and Mr Speaker

NSW Official Community Visitor Annual Report 2022-23

We are pleased to present the 2022-23 annual report for the Official Community Visitor scheme, which covers the period of 12 months ending 30 June 2023.

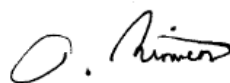
This report is presented to the Parliament in accordance with section 25 of the *Ageing and Disability Commissioner Act 2019* and sections 138(2)(f) and 138(3) of the *Children's Guardian Act 2019*.

In accordance with section 28 of the *Ageing and Disability Commissioner Act 2019* and section 141 of the *Children's Guardian Act 2019* we recommend that this report be made public immediately.

Yours sincerely



Robert Fitzgerald AM
Ageing and Disability Commissioner



Steve Kinmond OAM
Children's Guardian

Message from the Minister

As a new Minister, I have been relieved and heartened to hear of the important work undertaken by our Official Community Visitors over the past year.

OCVs play a critical role in the safeguarding of vulnerable people throughout our community, and I am comforted to know that we have such dedicated individuals whose purpose it is to visit, connect and support.

I have often thought of OCVs as my 'eyes and ears' in residential settings, but I know for many people with disability, children and young people, OCVs are a lifeline.

The scheme ensures that children and young people in residential out-of-home care, people with disability in supported accommodation, and people in assisted boarding houses, have someone listening, observing and caring about their wellbeing.

I know that – for more than 25 years – these vulnerable residents and their loved ones have relied on OCVs to provide an additional layer of safety, security and peace of mind.

The scheme is effective and necessary, and is ably led by the Ageing and Disability Commissioner who continues to promote its impact and importance.

The NSW Government is grateful for the knowledge, support and advice offered by OCVs, and is determined to support the scheme as the number of visitable services in NSW continues to grow.

Earlier this year, I ensured one of my first meetings as Minister was with a dedicated group of OCVs. Since then, I have been so appreciative of the thoughtful and careful role they play in the lives of our most vulnerable.

I look forward to continuing to work with our OCVs, and I offer my sincere thanks for their meaningful work.



The Hon Kate
Washington MP

**Minister for Families and
Communities, Minister
for Disability Inclusion**



Message from the Ageing and Disability Commissioner

I remain extremely proud of the OCV scheme and the positive outcomes that Visitors help to achieve. This report highlights the important work OCVs undertake to identify and raise issues affecting people living in residential care in NSW at individual, service and systemic levels.

This year, OCVs visited 1,305 visitable services throughout NSW, including 1,052 disability supported accommodation and 16 assisted boarding houses in relation to adults, and 237 residential out-of-home care in relation to children and young people. Visitors conducted 2,856 individual visits and raised and monitored 5,683 issues affecting residents.

To increase the number of visits with our existing Visitor pool, this year the scheme undertook a trial of 100 'one-off' visits, focused on services that had never been visited or had not been visited for some time. These were additional to the services allocated for regular visiting. While one-off visits do not provide the same relationship-building opportunities as regular visits, they proved to be an important complement to the scheme's usual approach, and an effective way to enable more residents to have contact with an independent Visitor.

This report is full of wonderful case studies that amply demonstrate the vital role OCVs play in connecting with residents and raising key issues for local resolution. They show the type of positive outcomes that are facilitated on a regular basis by the OCV scheme for individuals and, at times, across services.

This year, the OCV scheme also concentrated on impact at a systemic level. Throughout the year, the OCVs had a focus in their visits on three longstanding systemic issues affecting people in residential care – compatibility, involvement in skills development and other meaningful activities, and leaving care planning.

This report includes a summary of what OCVs are seeing on the ground in relation to these issues, including examples of positive practice and areas for greater attention and improvement. The summary will be discussed with key agencies to inform actions to drive change.

Notwithstanding the positive work of OCVs and demonstrated outcomes for residents, the sustainability of the scheme remains a serious issue. The number of visitable services has continued to increase, including by 19% this year, while the recurrent budget has remained unchanged for many years. As a consequence, the rate of allocation of services for visiting remains unacceptably low, especially for disability supported accommodation services. I am continuing to have discussions with the Government to address the situation as a matter of priority.

I would like to thank all of the Visitors for their continued dedication to achieving better outcomes for residents and their excellent work throughout the year. Your concerted efforts make a tangible difference to the lives of children and young people and people with disability in residential care.



Robert Fitzgerald AM
**NSW Ageing and
Disability Commissioner**



Message from the Children's Guardian

Official Community Visitors are a critical safeguard for children and young people living in residential care in NSW. They perform an invaluable role that is not replicated or matched by any other service, program or agency. In particular, OCVs regularly connect with, hear directly from, and amplify the voices and experiences of the children and young people at the centre of our work.

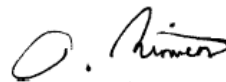
I am grateful to the OCVs for the important role they have continued to play this year in informing the work of my office. As highlighted in this report, matters raised by Visitors have informed our accreditation and other regulatory activities, as well as our actions in relation to the safety and welfare of individual children and young people. The actions demonstrate that, while OCVs are independent, we have a complementary role and productive relationship that can help to facilitate improvements across services and for the young people in their care.

From my previous experience with the OCV scheme, I know the significant contribution it can also make in informing systemic improvements and reform. In this context, I welcome the work OCVs have undertaken this year to have a focus on some of the systemic issues affecting young people in residential care, including leaving care planning, compatibility, and their involvement in meaningful activities. The key themes and issues outlined by OCVs, including the identified impacts on the involved young people, reinforce the need for increased attention on these areas, and my office will be keen to discuss these matters with the ADC and OCVs as an important first step.

In relation to these systemic issues, I am heartened that the OCVs also identified areas of positive practice, and that a number of the case studies highlight better outcomes for individual young people as a result of OCV involvement, including improved leaving care planning. More broadly, the case studies in this report appropriately spotlight the experience of young people in care and the fundamental actions linked to OCVs that have resulted in positive change.

In addition to recognising and applauding the work of OCVs visiting residential OOHC this year, I want to thank the Commissioner and staff at the ADC for their coordination of the OCV scheme on behalf of both of our agencies, and their collaborative approach.

I note the Commissioner's concerns regarding the ongoing growth in the numbers of visitable services, including a 27% increase in the number of visitable OOHC services in the last three years. I am supportive of the Commissioner's continued efforts to highlight and seek resolution of this issue to sustain the scheme.



Steve Kinmond OAM
Children's Guardian



Official Community Visitors

Official Community Visitors (OCVs) are independent statutory appointees of the Minister for Families and Communities and the Minister for Disability Inclusion. They carry out their role under the *Ageing and Disability Commissioner Act 2019* and the *Children's Guardian Act 2019*.

Where OCVs visit

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.

The authority of OCVs

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

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.

Main areas of focus for OCVs

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 2022-23

OCVs have:



2,636

visits conducted



1,305

services visited



7,101

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



9

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



18

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



8

matters referred to the Ageing and Disability Abuse Helpline in relation to concerns about possible abuse, neglect or exploitation of a person with disability in their family, home or community



2

matters of concern referred to the Department of Communities and Justice about young people in the care of the Minister with support being provided by residential OOHC service providers



5,683

issues raised and monitored, including:



2

matters of concern referred to DCJ Assisted Boarding Houses Team

3,819

issues for residents of disability supported accommodation services



4

complaints made about residential OOHC providers to the NSW Ombudsman

1,751

issues for children and young people in residential OOHC services

113

issues for residents of assisted boarding houses

OCVs in 2022-23

OCVs attend visitable services across NSW. They form the following five regional groups:



OCVs at their annual conference in May 2023

Metro South

Visitors in 2022-23

Stephen Lord
Robyn Monro-Miller
Catherine Mulcahy
Donna Patterson
Tayyab Shoukat
Palani Subramanian

Ceased visiting in 2022-23

Lyn Cobb
Sue Findlay

Metro North

Visitors in 2022-23

Sally Garman
Susan Hayes
Merilyn McClung
Elizabeth Rhodes
Vicki Godkin
Shanna Foster

Ceased visiting in 2022-23

Tamara Wright

Southern/Western

Visitors in 2022-23

Rebecca Agentas
Amy Bain
Michael Evans
Jan Lang
Cathy Scarlett
Carol Scherret
Karen Zelinsky
Helen Swan

Hunter/Central Coast

Visitors in 2022-23

Linda Evans
Kara Lackmann
Peta Lowe
Chris O'Hara
Karyn Pyle
Carmel Hanlon

Ceased visiting in 2022-23

Renata Wilczek
Mary-Ellen Kuiters
Allison Armstrong
Linda Fraser

North Coast/New England

Visitors in 2022-23

Margaret Bigelow
Gabriela Cammas
Heather Croft
Cathrine Napier

As of 30 June 2023, there were 27 active OCVs, and three inactive OCVs. Following further recruitment in 2022-23, a further nine Visitors commenced in July 2023.

Voice of a resident in care

Veronica

Sally has been visiting me for three years, both where I live now and at my previous home.

I moved into my current accommodation about two years ago. My previous service provider was unable to meet my needs, so I had a long chat with Sally about that. I told her that I often felt unsafe at night because of lack of funding for overnight support, and the attitude of staff when I called out for help. I was, and still am, unable to get out of bed or change my position in bed, except with assistance.

Sally was able to raise some questions on my behalf. This improved my overnight support, made me feel safer and eventually helped me gain extra NDIS funding. Sally also asked questions that helped me explore alternative living options, leading to my decision to move.

For most of my life, I have lived independently. Until I experienced a sudden decline in my health, I worked with people experiencing mental health issues and Huntington's disease. It has always been important to me that people with disability are treated with respect and dignity.

Before living in SIL accommodation, I was living by myself in a housing commission house and was actively engaged in the community. Prior to that I was homeless for about six months, moving between crisis accommodation in hostels and motel rooms.

My experience of living in SIL accommodation has not always been great. To be honest, people with disability often have little choice and control over the timing of daily routines like showering and mealtimes. Staff changes happen frequently, and I rarely have much choice about who supports me, although I have been assisted by some fantastic workers.

I hear a lot of "No" in answer to requests for things most other people take for granted in their lives. In my experience, people who live in supported accommodation and group homes do not always have access to healthy and tasty meals to eat. These are all things that the OCV has been able to raise on my behalf.

There are few viable housing options, leaving very little choice about where someone like myself can live, let alone choose the people who I share my home with. It can be very lonely living like this, and I miss the comfort of hugs and physical touch.

Recently my health has deteriorated further, and my current accommodation is no longer ideal or able to meet my complex healthcare needs. Sally has spoken with the house manager and raised questions in her reports that have been part of prompting the service provider, my support coordinator, and me to seek a Change in Circumstances Review of my NDIS plan. I have recently received funding for a new wheelchair and other adaptive equipment, although the funding has taken months to come through and my wheelchair is coming from America.

Currently I have no way of accessing the community, although I have various therapists who visit me at home, and I am really enjoying my twice a week art therapy sessions that include sketching and craft work.

My long-standing GP has left their practice, and I am experiencing major difficulties in finding another GP who does home visits. Even tele-health appointments can only be given by a GP who has already met you face-to-face. Again, Sally has asked questions to help prompt steps to find a solution to this. I may be able to hire an appropriate wheelchair as an interim measure

Unfortunately, my current house cannot accommodate an electronic overhead hoist or track system that would make transfers to my wheelchair and shower chair safer and easier. I have found an alternative living arrangement and am planning to relocate there as soon as a place is available. I hope that Sally will be able to visit me there.

Written with the assistance of Sally Garman, OCV

*Story used with the permission of the resident.

Case study

A nice place for weekend activities

When the OCV first visited Wendy, Frank and John, who were living in disability supported accommodation, she was not able to find information on weekly programs of activities, or engagement in the community for either Frank or John.

The OCV raised this with the provider and, as a result, the Manager advised the OCV of the introduction of a new form that would record Wendy, Frank and John's weekly program. On a weekly basis, a client meeting would be held where clients would be engaged and asked about the activities they wanted to try. The Manager also advised that the form would be implemented across all supported accommodation operated by the provider, and it would be included and reviewed in team meetings.

Six months later, when the OCV returned for her next visit, she found that the forms were in use and were accessible at the two locations she visited. During the week, all residents were going on outings daily and were participating in indoor activities such as painting, singing and karaoke, and board games.

However, the OCV noted that Wendy, Frank and John had limited activities on the weekend, and while the house was well set up with an outdoor area, including a BBQ and outdoor furniture, the area wasn't used. The OCV observed on the day of her visit that lunch was served indoors, where there was no natural light, despite it being a beautiful 18-degree sunny day outside.

In her visit report, the OCV sought information about the planning by the provider to ensure that residents have a variety of activities as options on the weekend for mental stimulation and social development. She also asked how the outdoor space at the home could be better used to accommodate more variety in activities and meal planning and build up residents' natural supplies of vitamin D.

The provider advised the OCV that they have implemented a more structured routine for the weekend, including a BBQ every fortnight in the outdoor space. They committed to putting a notification in the communication book to prompt staff.

The manager identified that the garden used to be used daily, and that following a discussion with staff, it seemed that it was no longer being used as a few repairs were needed. As a result, the manager had a tree removed and the pergola fixed to ensure residents could fully enjoy the garden and beautiful spring weather.

In addition, the manager stated she would be monitoring and supporting staff to implement activities on a regular basis, and a visual board was implemented to enable Wendy, Frank and John to use visuals to determine their activity of choice for the day/weekend.

Visiting in 2022-23

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)
- b) assisted boarding houses.

At 30 June 2023, there were:

2,856

visitable services in NSW known to the OCV scheme

10,309

residents accommodated

1,305 (46%)

were allocated to an OCV in 2022-23

1,205 services were allocated to an OCV for visiting on a regular basis

100 services were allocated for a one-off visit – in areas of NSW where there were a number of services unallocated, some of which had never been visited

Visiting and allocating services

The OCV team prioritises and allocates visitable services to OCVs, with most services allocated 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, services with residents with complex or high medical needs, and assisted boarding houses.

The number of services allocated for visiting is dependent on factors including the OCV scheme budget; the number of appointed OCVs and their geographic coverage; the length of time since a service was last visited; and other information received by the OCV team about risks in particular visitable services.

As shown below, **over the past decade there has been a 91% increase in the number of visitable services in NSW** – increasing from 1,495 visitable services in 2013-14 to 2,856 visitable services this year. On average, the number of visitable services has increased by 8% per year, associated primarily with a higher rate of growth in the number of disability visitable services since the introduction of the NDIS, and a smaller increase in residential OOHC locations.

In 2022-23, the number of visitable locations increased by 19%. This was mainly due to an additional 445 disability visitable services (a 22% increase) that were primarily identified by the OCV team through a manual process of checking new NDIS services registered to provide Supported Independent Living (SIL) supports, to determine if they operate any visitable services.

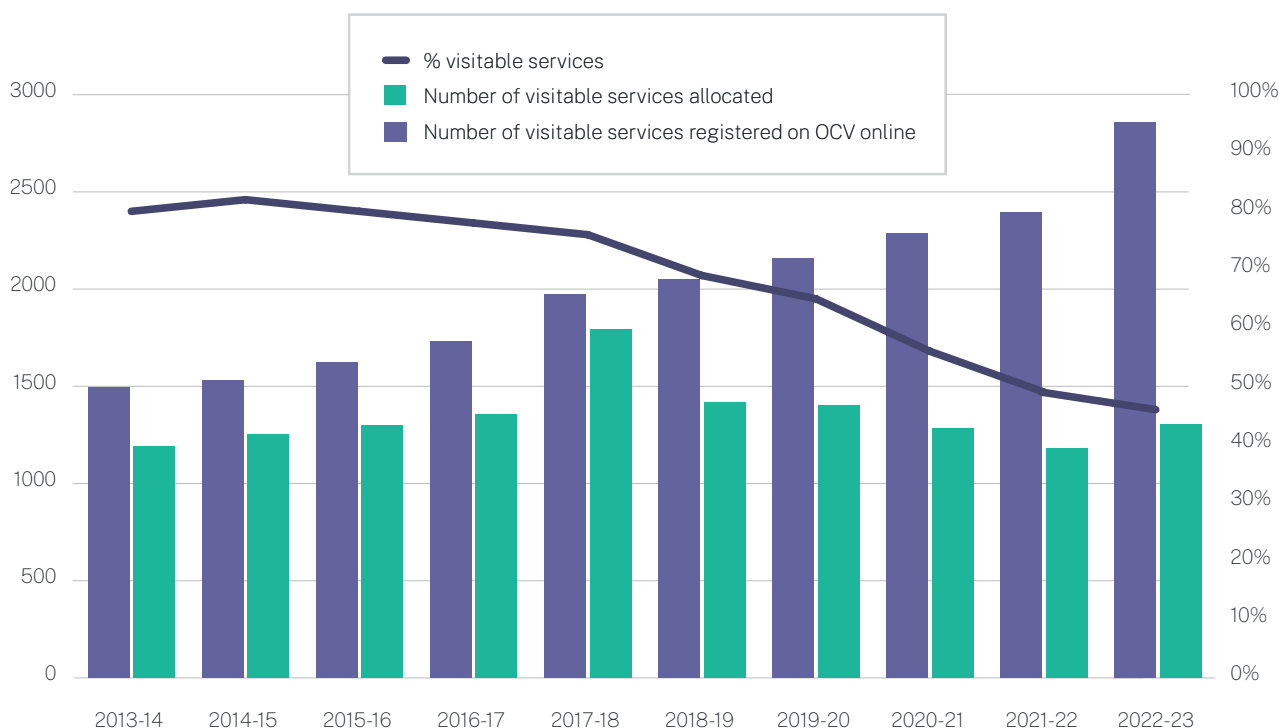
At the same time, there was a reduction in the number of Visitors to whom services could be allocated. While six new OCVs started in August 2022, more than seven OCVs were not able to continue visiting in 2022-23 for a range of reasons, including resignation and factors affecting their visiting practice, including family or health issues, other work commitments, or not being fully vaccinated against COVID-19.

While the number of services allocated to a Visitor increased this year, through the addition of a trial of 100 one-off visits, the significant growth in the number of visitable services meant that the overall proportion of visitable services allocated to an OCV reduced by 3% (46%).

Table 1: Number of services allocated for visiting – 10-year comparison, 2013-14 – 2022-23

Year	Number of visitable services registered on OCV Online	Number of visitable services allocated	% visitable services allocated
2013-14	1,495	1,192	80%
2014-15	1,532	1,251	82%
2015-16	1,625	1,297	80%
2016-17	1,729	1,356	78%
2017-18	1,975	1,492	76%
2018-19	2,051	1,419	69%
2019-20	2,160	1,401	65%
2020-21	2,285	1,281	56%
2021-22	2,394	1,180	49%
2022-23	2,856	1,305	46%

Figure 1: Number and percentage of visitable services allocated for visiting, 2013-14 – 2022-23



Number of visits and visit hours

In 2022-23:

- OCVs completed **7,101 visit hours**
- OCVs conducted **2,636 visits**, an increase of 17% on visits undertaken in the previous year (2,245).

Table 2: Number and hours of visits made by OCVs – three year comparison, 2020-21 - 2022-23

Service type	No. of services			No. of residents			No. of service hours			No. of visits		
	20-21	21-22	22-23	20-21	21-22	22-23	20-21	21-22	22-23	20-21	21-22	22-23
Disability supported accommodation	1,982	2,030	2,475	8,463	8,369	9,288	5,422	4,518	4,914	2,015	1,661	1,789
Residential OOHC	286	346	363	698	786	786	1,432	1,439	2,017	533	522	789
Assisted boarding houses	17	18	18	258	254	235	164	167	170	56	62	58
Total	2,285	2,394	2,856	9,419	9,409	10,309	7,018	6,124	7,101	2,604	2,245	2,636

OCV Systemic Issues Project

This year, OCVs conducted a 'systemic issues project' to highlight and gain improvements on longstanding systemic issues affecting people living in residential care in NSW. Throughout 2022-23, OCV visits included a focus on three key systemic issues:

- 1 Compatibility** (all service types)
- 2 Involvement in meaningful activities, including skills development** (all service types)
- 3 Leaving care planning** (residential OOHC only).

The project is intended to provide a better understanding of what Visitors are seeing in relation to these issues and the impact on residents, and to highlight positive practice and areas for improvement. The details and results of the project are provided later in this report, in the 'Visits to disability services', 'Visits to assisted boarding houses', and 'Visits to residential OOHC services' sections.

Case study

A new phone for Maggie

Maggie spoke to the OCV during a visit and described how frustrated she was that her application to her financial manager for a new mobile phone had been rejected.

The OCV discussed with Maggie her daily routine of travelling to the shops on the bus and how she enjoys walking around the town, chatting with locals, and browsing through op-shops. This was important to Maggie, but following some recent medical concerns, she had a reduction in her confidence about doing this independently and wanted a phone in case of emergency.

Maggie was resigned to the view that since her request had not been approved by her financial manager, she would not be able to request a phone again. The OCV asked Maggie if she would like support from staff to discuss this further with the financial manager.

Maggie agreed and the OCV spoke with the accommodation Team Leader who advised that they had not supported Maggie in her requests as she had not asked them, and she appeared to be independent in this area.

The OCV asked whether the provider could speak further with Maggie about her concerns and assist her to provide the financial manager with relevant information that would support her application. The provider assisted Maggie in identifying and gathering quotes for a suitable phone that could also have a protective case installed. The provider gave feedback to the financial manager to support Maggie's application and Maggie had her application approved.

On a following visit to Maggie's home, she explained to the OCV that she continues to go to town most days and loves the security of having her own mobile phone for emergencies. Maggie has now joined Facebook and is beginning to take photos during her trips to town.

A new resident moving in

Nakita, Jeremy and Ali have resided together in their home for several years. Overall, the three of them enjoy living together and like that the home is quiet.

During a recent OCV visit, Nakita, Jeremy and Ali raised concerns with the OCV about information they had received from their service provider that another person would be moving into the house.

They were troubled about the suitability of the new housemate, wondering whether the person would complete household chores, play loud music, or start arguments. They were disappointed with the communication by the provider, and that they had not been given an opportunity to be involved in the decision about who they would live with.

The OCV raised the residents' concerns in her visit report to the provider and sought further information. The provider acknowledged the concerns of Nakita, Jeremy and Ali, and provided advice on how they were communicating the information, and the improvements that could be made, including increasing opportunities for discussion and feedback throughout the process.

The provider has since established an accommodation panel and defined processes for managing compatibility assessments, referral/intake, and resident supports throughout any changes within their accommodation.

At a follow-up visit to the service, the OCV met with the new resident, Paul, who was settling in well. Nakita, Jeremy, and Ali expressed thanks to the OCV for her involvement in this issue and felt that it had empowered them to speak up and be involved in the decisions on who they would be sharing a home with.

Being an OCV

Michael Evans

When you are embarking on a visit, what are you hoping to achieve?

I approach each visit with the purpose of openly engaging separately (where possible) with each individual person living in the accommodation, as well as the staff working on that day.

I provide opportunities to hear from each resident about how they feel about where they are living and listen to their thoughts on what they need or want to do, both now and in the future. In addition to listening, I observe interaction between residents and between staff and residents, while observing the surrounds such as personalised bedroom walls and places for residents to enjoy the gardens and living areas.

What is a highlight from your visits over the past year?

A highlight over the past 12 months has been to note several residents from different services, and in various locations, being given the opportunity to choose their own homes and co-residents. Examples have included a resident who, when I first met her 18 months ago, expressed her long held wish to move from the four co-resident community household where she had been living for some time, into a one-bedroom townhouse with 24/7 support and no co-resident. After highlighting this advice in several of my six-monthly visit reports, I learned on my most recent visit that the agreed move was scheduled within the next three months.

I had also highlighted in several of my reports to a different service a situation where an older resident living in a one-bedroom apartment in a complex of four apartments was expressing loneliness and was looking to move to live in a community house with residents of a similar age and with similar interests. On my last visit to this organisation, I met with the resident who was enthusiastic about her recent transition into a community house that she now shares with two other women.

What are you most proud of from your visiting?

I take pride in the trusting interaction and open communication I have developed with each resident I visit across my area. For instance, I have on recent occasions met and had conversations with a young Aboriginal man who on our initial contact was feeling apprehensive about his accommodation not being his concept of homelike living, and who also expressed a concern about his lack of cultural knowledge. After a lengthy conversation, the young man could see how he might use computers and social media to maintain family contact and learn about his cultural heritage, while at the same time providing feedback to his carers about his needs and concerns.

On my last visit, the young man had made family contact, was learning more about his heritage, and advised me he was now feeling more comfortable living in his supported accommodation that now enabled him to regularly access his community with support from culturally appropriate and age/gender appropriate support workers.

Cathrine Napier

What is a highlight from your visits over the past year?

Visiting an OOHC residence over two years, I was particularly concerned about one traumatised 12-year-old, whose physical and mental health was not improving in care but had deteriorated. She was exposed to sexual exploitation and drug misuse in the community, and by the time she turned 14 was exhibiting acute signs of further trauma, self-harm and mental illness. Through my discussions with staff, reading file documents, witnessing her behaviour, talking with her over time, and writing and following up reports, I escalated my concerns which were then followed up by the OCV team and DCJ.

Within two weeks of my last report, the girl had been moved to the intensive therapeutic care residence for more specialised ongoing care. The residence I had been visiting had been asking for this placement for 12 months. After six months at the intensive therapeutic

care residence, I heard from the OOHC staff that she had progressed well and was now living at another therapeutic residential care placement. An added bonus to this story is that procedures and standards of care at the original residence improved, and two new residents appear well supported and settled.

What are you most proud of from your visiting?

Being an OCV has given me the satisfaction of knowing that by being present in a residence, I have the opportunity to identify issues which may have been hidden or simply not noticed. I can then raise these issues and bring about awareness and hopefully, change. I also gain a great deal of satisfaction from being a deep listener to people who, due to their vulnerability, have often had little chance to be heard and to have their concerns seriously considered and addressed.

Merilyn McClung

When you are embarking on a visit, what are you hoping to achieve?

When visiting, I am looking for an opportunity to speak with the residents and staff to gain an overview of what has been happening in the residents' lives since my last visit. I want to provide an opportunity for the residents to speak with me and raise any concerns or areas that they may wish to have raised with the service to help them achieve what they want out of life. This may include access to education, social outings and other organisations and agencies to help them build on the skills they have.

I seek to access relevant documentation to ensure that everything that needs to be done for the residents to have a happy, healthy life in a safe environment is being done in a timely and thorough manner, and that the residents have input into those decisions.

Why do you believe the work of OCVs is important?

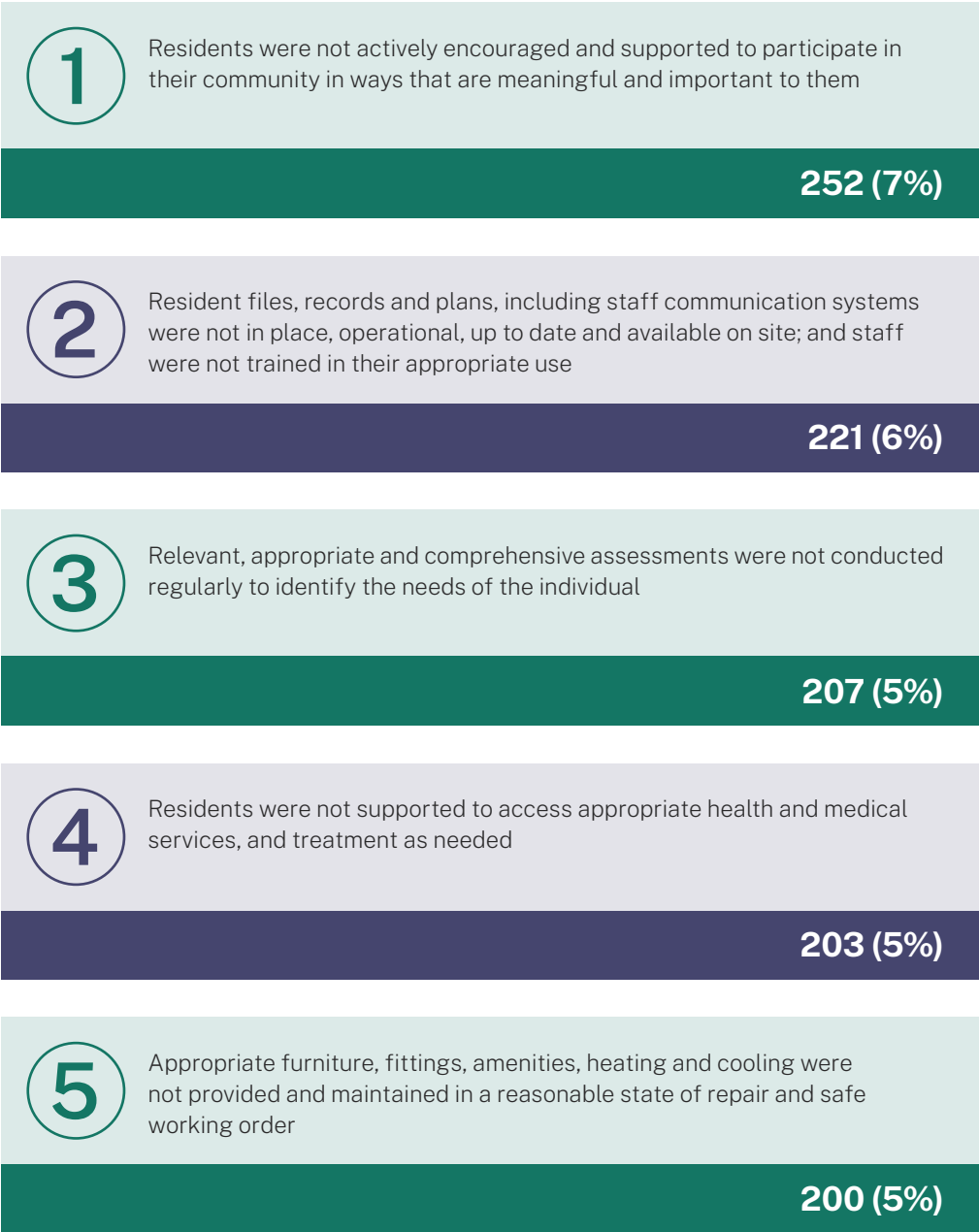
OCVs provide an independent view of how care is provided by service providers and staff for vulnerable young people, or people with disabilities, who may not be able, or feel safe, to ask for what they need or want themselves and raise issues of concern with the service.

Raising and resolving issues

Main issues raised by OCVs

During the year, OCVs raised and monitored **5,683 issues** about visitable services and support for residents.

In 2022-23, the main issues raised by Visitors across all visitable services related to:



How do OCVs help to resolve service issues?

The Visitor's role in the first instance is generally one of local resolution, 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.

If they are not able to facilitate resolution at the local level, or if the issues are particularly serious or significant, OCVs refer the concerns to other agencies. This may include, for example, 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 2022-23, OCVs raised, monitored and worked on 5,683 issues about the conduct of visitable services in NSW. This is a 30% increase on the previous year (4,365), reflecting the increased number of visitable locations that were allocated for visiting.

Service providers resolved 49% of all identified issues to the satisfaction of the OCV and/or the resident (2,772 issues). At the end of the financial year, OCVs identified that 580 issues (10%) 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. Services were unable to resolve 7% (367 issues) of the concerns reported by OCVs.

Residential OOHC services had the highest proportion of issues identified as resolved in 2022-23 (51%). Assisted boarding houses had the lowest proportion of issues resolved (20%).

Table 3: Issues reported by OCVs by service type, 2022-23

Service type	Total no. of visitable services	No. of allocated visitable services	No. of issues raised*
Disability supported accommodation	2,475	1,052	3,819
Residential OOHC	363	237	1,751
Assisted boarding houses	18	16	113
Total	2,856	1,305	5,683

* NOTE: This figure includes new issues and issues carried over from 2021-22

Escalating issues to appropriate bodies to resolve

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

This year, the ADC supported OCVs to refer matters of concern to:

- the NDIS Quality and Safeguards Commission (18)
- the Office of the Children's Guardian (9)
- The ADC's Ageing and Disability Abuse Helpline (8)
- the NSW Ombudsman (4)
- the Assisted Boarding Houses Team in DCJ (2).

OCVs informing actions by the Children's Guardian

Accreditation assessments

OCVs can share information with the OCG under the *Children's Guardian Act 2019*. The OCG can use the shared information to inform accreditation and monitoring assessments of designated agencies (agencies accredited to provide statutory OOH services) and its regulation of specialised substitute residential care (SSRC) agencies.

The OCG also proactively seeks information from OCVs to assist with its accreditation assessments. In addition to quarterly data provided by the OCV scheme to the OCG, information gathered by OCVs during their visits provides valuable insight to the OCG on factors such as:

- the consistency and turnover of staff
- use of casual or labour hire staff
- the adequacy and timeliness of actions by the provider to resolve issues raised by the OCV
- positive or negative changes in the service over the time the OCV has been visiting
- understanding and implementation by the provider of the Joint Protocol to reduce the contact of young people in residential care with the criminal justice system
- the adequacy of staff actions to manage critical incidents and mitigate risks
- staff access to information about each young person, and implementation of behaviour management strategies.

This year, OCVs provided information to the OCG in relation to nine providers where the above information was sought.

OCG actions in response to OCV referrals

In response to OCV referrals, the OCG can also make inquiries with agencies about the information or refer the Visitor's concerns to other relevant agencies, such as DCJ, the NSW Ombudsman and the NDIS Commission. The ADC facilitates the exchange of information between OCVs and the OCG.

The below matters highlight actions taken by the OCG in response to some of the referrals by OCVs in 2022-23.

Provider registration concerns

An OCV raised concerns with the OCG about a young person potentially being placed with a service not registered to provide SSRC. The young person was staying with the service a few nights a week for respite and was sharing a villa with adult males. The OCG's SSRC team followed up with the agency, which decided to cease provision of overnight services for children and young people. A referral was made to the OCG's compliance team, which resulted in penalties being issued.

Child safety

An OCV made a referral to the OCG in relation to concerns about a young person's exposure to sexual abuse and exploitation in the residence. The 13-year-old girl was reported to be in a sexual relationship with an older male (18) and had also disclosed that she had been exposed to online child sexual exploitation material. The OCG wrote to DCJ and the agency to communicate the OCV's concerns about the young person's safety, and the ongoing suitability of the placement. The agency subsequently informed the OCG that a more suitable placement had been secured for the young person.

Compatibility issues

A referral was made to the OCG by an OCV in relation to ongoing compatibility issues that appeared to be having a significant impact on the wellbeing and mental health of two young people in a service. The OCV had noted a long history of conflict in the house, and increased incidents between the young people. At the next scheduled onsite assessment of the agency, OCG assessors focused on placement matching and decisions in the agency's residential care programs, for both newly placed children and young people as well as children and young people moving from one residence to another.

At the end of the assessment, feedback was provided to the agency about inconsistent matching practice, including a lack of matching and risk assessments, and placements proceeding despite matching assessments identifying concerns. The OCG will monitor placement matching and decisions in subsequent assessments of the agency, to ensure that practice has improved.

Leaving care planning

An OCV raised concerns with the OCG about a lack of transition planning by an agency for a young person nearing adulthood who had significant health issues. OCG assessors reviewed the young person's file at the next scheduled assessment of the agency and sought further information from the agency about its casework and planning in preparation for the young person to exit statutory OOH.

Safe engagement in activities

A referral was made to the OCG following a visit an OCV made where they noted that DCJ had approved a young person being involved in a program of her choice but had not included accurate information in the application form about relevant risks to herself and others. The OCG wrote to DCJ and requested a review of the young person's circumstances. DCJ advised the OCG that the young person's caseworker had spoken to the program and had received details of the program's arrangements to ensure safety, including where there are specific risk concerns relating to an individual. The caseworker remains in communication with the supervisor of the young person's group to monitor that the young person remains positively and safely engaged in the program.

Being a new OCV

Vicki Godkin

Why did you want to become an OCV?

As a manager in disability services, I received many reports from OCVs over the years. I always viewed OCV reports as opportunities for service improvement and valued the oversight and input that OCVs provided. I saw the role of the OCV and the importance of the work they do in relation to advocacy for people in visitable services, and even back then (some 30 years ago) I thought that it would be something that I would like to do one day.

Years later, after a considerable amount of experience working in disability services, and with a keen interest in person-centred active support, I had the opportunity to apply for a position as an OCV. I was absolutely thrilled to be successful in my application to be an OCV. I see OCVs as having a pivotal role in identifying issues in visitable services and value the unique opportunity we have to improve the everyday lives of people receiving services.

What are you most looking forward to as an OCV?

I am looking forward to the continuous improvement in my skills as an OCV. I have seen the wealth of knowledge and experience that each OCV brings to the role, and I look forward to getting to know my fellow OCVs better, sharing ideas and experience, and learning from each other.

I am looking forward to the many opportunities I have as an OCV to making a difference in the service provision to people with disability, people residing in assisted boarding houses, and children and young people in out-of-home care.

Helen Swan

Has anything surprised you about the OCV role?

I've been so surprised and pleased by the amount of training and support offered by the OCV scheme. The initial training, for five days, allows you to get a lot of information, to bond with your fellow trainees, and to meet the management team. I'm out-posted, so very happy to have a thorough induction and then a second smaller one for a few days. There is a lot to learn. The support given via a mentor with paid hours, your peers, monthly practice forums via Teams, regional meetings, and invaluable management and IT assistance on hand is greatly appreciated.

In addition, I've been the beneficiary of two days resilience training, professional supervision, and there's an annual OCV conference! Your learning is expanded and built upon and reinforced by your experience. It's a win/win and you get paid for these hours as well as your travel, visits and report writing.

What are you most looking forward to as an OCV?

I've not had much experience with people with disability, but the scheme and visits are teaching me so much. I am surprised by the complexity of issues, legislation and regulation. I am looking forward to learning more, becoming more assertive in my role, and seeing this result in better outcomes for our most vulnerable people. I am keen to foster further good relationships with Aboriginal services, and those that cater to Aboriginal people.

This role is a fabulous learning opportunity for people committed to equity and justice that can be done flexibly in your home workplace with an excellent supportive framework. We need more people in rural and remote areas.

Case study

A quick fix with a big impact

During a visit to an OOHC service, the OCV was told that Daniel was regularly leaving the house. When reading case notes, the OCV saw that Daniel was not engaging with staff.

During the visit, the OCV noticed that the table-tennis table was broken and unused. Daniel told the OCV that he had told staff that it was broken but it hadn't been repaired for over 12 months. Daniel said that if it was fixed, he would enjoy using it and would play with staff. He told the OCV he had found table-tennis to be relaxing.

The OCV raised this issue in their visit report and the provider responded promptly, stating they had identified that the maintenance report had been incorrectly logged and not responded to.

A new table was purchased within the week. On their next visit, the OCV noted that the table was well used with a scoreboard erected, and signs of many tough competitions being played between staff and Daniel every week.

Making good use of space

Thomas, Richard, James and Harold live in disability supported accommodation, comprising a modern townhouse in an outer metropolitan suburb. At his first visit to the home, the OCV immediately noticed that the available physical space on the premises was inadequate for four adults. In particular, the living area was cramped and could not adequately accommodate all four housemates should they wish to watch the same television program or otherwise use the space together.

During his first visit, the OCV noted that the house's double garage was only being used to store a few small items. Staff told the OCV that there was no plan to accommodate motor vehicles at any stage in the garage.

In his visit report, the OCV asked the service provider how they could allow for a more comprehensive use of the property's facilities, enabling the residents to have wider choice of recreational activities and more space in which to pursue them.

The provider's response acknowledged the issue and committed to enhancing the space in the garage by means of wall lining, carpeted floor, insulated ceiling and heating/cooling capabilities. The provider further committed to providing extra furniture, television, sound equipment and more active inclusions such as table tennis and a dart board.

The intended enhancements to the property will improve its homeliness for Thomas, Richard, James and Harold, and allow for a wider variety of recreational options. The OCV is looking forward to seeing the changes made at a future visit.

Visits to disability services

In 2022-23, there were 2,475 visitable supported accommodation services for adults with disability known to the OCV scheme, accommodating 9,288 residents. Of the 2,475 services, 1,052 (43%) were allocated for visiting.

OCVs made **1,789 visits** to disability accommodation services and worked on **3,819 issues** of concern. They reported that 1,853 issues had been resolved. At the end of June 2023, OCVs were continuing to monitor the action taken by providers to resolve 337 ongoing issues of concern.

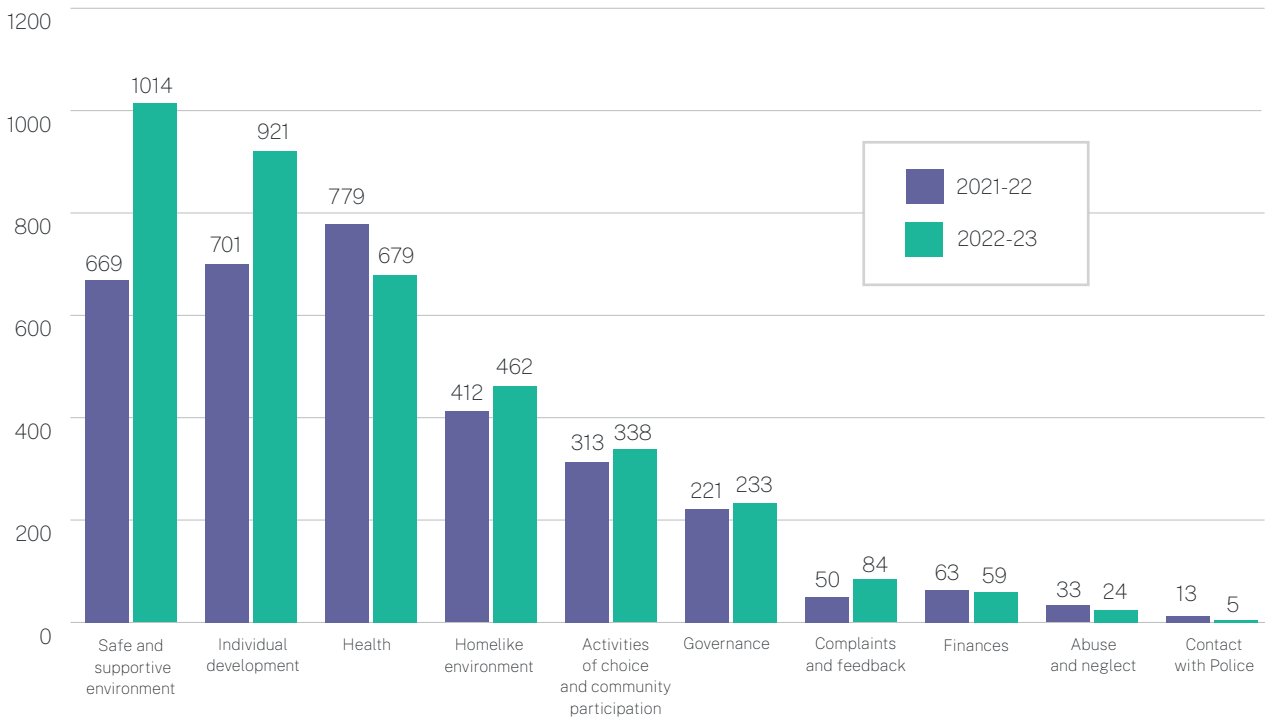
Table 4: Data for allocated disability services, 2022-23

	2022-23
No. of services allocated	1,052
No. of visits	1,789
No. of issues worked on	3,819
Average no. of issues per service	3.6

Table 5: Outcome of issues raised by OCVs about disability services, 2022-23

	No. of issues	Percentage
No. resolved (%)	1,853	48
No. outcome unknown (%)	187	5
No. of issues unable to be resolved (%)	252	7
No. ongoing (open) (%)	337	9
No. ongoing (closed) (%)	1,190	31
TOTAL	3,819	100

Figure 2: Number of issues by classification category, disability services, 2021-22 – 2022-23



In 2022-23, the majority of issues raised by OCVs in disability supported accommodation services were under the classification of ‘safe and supportive environment’ (1,014), followed by ‘individual development’ (921). This is a change from 2021-22 where the majority of issues raised related to ‘health’ (779).

Main issues raised with disability services in 2022-23

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

- 1

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

252 (7%)

- 2

Resident files, records and plans, including staff communication systems are not in place, up to date or available on site; and staff are not trained in their appropriate use

221 (6%)

- 3

Relevant, appropriate and comprehensive assessments were not conducted regularly to identify the needs of the individual

207 (5%)

- 4

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

203 (5%)

- 5

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

200 (5%)

Systemic issues project – disability services

1. Compatibility

Compatibility issues in visitable services can have a significant impact on residents. Historically, OCVs have seen many issues relating to compatibility across services – including situations in which no assessment had been done prior to placement; residents had not been involved in the decision-making; and/or no action had been taken in response to compatibility issues.

Aspects considered by OCVs in relation to this area included:

- assessment prior to placement
- transition planning
- actions to address poor compatibility
- impact on residents.

In 2022-23, OCVs raised 288 issues about compatibility in the allocated disability accommodation services.

Table 6: Issues raised by OCVs about compatibility in disability accommodation in 2022-23

Issues raised	No. of issues	Percentage ¹
Unclear whether compatibility assessments/transition planning conducted	99	34
Unclear intentions in relation to vacant bed	63	22
Compatibility concerns due to the conduct of others	60	21
Incidents between residents	31	11
Resident wishes to reside somewhere else	21	7
Changing needs of residents	12	4
Young person placed with adults with disability	1	<1
Total issues	287	100

What did OCVs find?

There are some positive practices

OCVs identified good practices in relation to the assessment and management of compatibility issues by some providers, including:

- some placements were clearly informed and guided by resident wishes
- comprehensive transition planning actions
- providers developing agreements between residents about their contact and conduct.

In one case, an OCV noted that comprehensive assessments had been undertaken prior to a final decision being made about a resident moving into the residence. The assessments included allied health reports, a customer profile, a behaviour assessment and support plan, and data on food intolerances. Staff kept notes during the resident's stays at the house and had regular meetings with the family. The OCV noted that management and staff of the service acted to accommodate the resident's dietary requirements, and the other residents were given the opportunity to spend time with them and provide their input prior to any decisions being made.

OCVs noted that in a range of cases, providers had declined applications for vacancies (sometimes multiple applications) in the interests of the existing residents. The providers had assessed that the applicants would not be a good fit with the other residents.

However, the compatibility of residents is not consistently considered prior to placement

One-third of the issues (99) raised by OCVs about compatibility in disability accommodation related to the OCV being unable to locate information relating to any compatibility assessments or transition planning that had been undertaken.

In a range of cases, it was not clear whether a compatibility assessment was conducted, and it was not evident what had informed the decisions about placement suitability. Overall, it was difficult to see the involvement or consultation of residents, aside from 'meet and greet' events.

OCVs particularly identified that compatibility assessments were not being undertaken for short-term or emergency placements, or for moves within a service, notwithstanding the significant impact these placements can have on residents.

1. Percentage total may not equal 100 due to rounding.

There is wide variability in the compatibility assessments/matching processes that are used

Where OCVs did see information relating to a compatibility or matching process, they noted that there was no consistent approach. There was wide variability in the tools and processes used by providers, including:

- SIL matching tool, risk profiles and transition plans
- individual matching process with the use of a specialist placement and transition team
- intensive referral form and assessments
- intake review panel and compatibility matching grid
- 'meet and greet' sessions and/or overnight stays
- meetings between residents, stakeholders and support coordinators
- social stories.

Impact on individuals

In 32% of the issues (91) raised by OCVs in relation to compatibility, there were incidents between residents involving violence or abuse, and/or the conduct of one or more of the residents was adversely affecting the others. This included:

- incidents of verbal and physical aggression, assaults, bullying and intimidation (often ongoing)
- increased administration of PRN medications due to aggression since new resident moved in
- loud vocalisations or other conduct affecting others
- impact of restrictive practices on other residents.

OCVs noted adverse impacts on individuals associated with compatibility issues or placement decisions, including residents:

- advising OCVs that they were scared or distressed due to the conduct of others
- isolating themselves in their bedrooms to avoid confrontations
- having to wear headphones to avoid the noise of others
- not sleeping due to another resident crying at night
- indicating that they wanted to move due to not liking living with men and feeling depressed living away from their family and friends.

OCVs raised issues in relation to the impacts on residents associated with screaming, abuse, invasion of their personal space, and self-imposed isolation.

Actions to address the issues were not always evident, tended to be slow, and focused on 'behaviour'

Notwithstanding the evident negative impacts on residents of the compatibility issues, OCVs noted that it was not always clear what, if any action was being taken to prevent the incidents or abuse.

Where OCVs did identify actions in relation to emerging or evident compatibility issues, the practice was highly variable, including moving residents out, using strategies to try to separate residents within the home, changing staffing levels and, more often, taking a behaviour management approach. OCVs noted that actions tended to focus on addressing the 'behaviour' of individual residents, rather than looking at the underlying compatibility issues.

Actions tended to be reactive, and at a slow pace. OCVs noted that the impact on the individuals was not always adequately recognised, with some providers and staff appearing to downplay the issues and treat the situation as routine.

2. Involvement in meaningful activities (including skill development)

Aspects considered by OCVs in relation to this area included:

- whether and how residents are given opportunities to develop and retain skills (e.g., daily living skills, and skills to help them to become more independent)
- whether staff use Active Support to involve residents as much as possible in day-to-day activities
- whether and how residents are involved in activities that are meaningful for them.

In 2022-23, OCVs raised 401 issues about the involvement of residents in disability accommodation in meaningful activities (including skill development).

Table 7: Issues raised by OCVs about involvement in meaningful activities in disability accommodation, 2022-23

Issues raised	No. of issues	Percentage ²
Need for meaningful activities	107	27
Lack of involvement in activities/skill development	83	21
Resident involvement in decision-making	80	20
Lack of documentation on how residents are supported to meet their goals	27	7
Support required (employment/education/activities/relationships)	25	6
Positive observations about residents' activities	25	6
Insufficient access to vehicles/transport issues to attend activities	17	4
Lack of funding for community access	14	3
Need for cultural support plan	13	3
Questions about restrictive practices	10	2
Total issues	401	100

What did OCVs find?

There are positive actions by some providers to engage residents in meaningful activities

OCVs identified a range of positive practices by some providers to identify and connect residents with meaningful activities, including skill development activities. This included:

- providers seeking paid and volunteer employment opportunities, and TAFE and other training options, such as supporting a resident to gain their forklift licence
- photos of different activities on an iPad or similar device to assist resident decision-making and choice
- 1:1 support with skill development
- active support provided with cooking and household tasks.

However, overall, residents are inadequately involved in skills development and meaningful activities at home

OCVs found that residents were seldom involved in any skills development activities, such as cooking, shopping and other household tasks. They noted that this was the case even when:

- residents expressed a wish to develop particular skills
- there were recommendations in their behaviour support plan relating to skills development.

2. Percentage total may not equal 100 due to rounding.

While 'Active Support' has been promoted across disability services for many years, OCVs rarely identified this in practice. In a range of cases, providers told OCVs that Active Support was occurring, but this did not match staff actions within the service. This included:

- visitors observing staff cooking dinner with residents excluded from the process, despite the provider stating that residents are actively supported in meal preparation
- varying levels of knowledge, experience and commitment by staff to Active Support, despite providers outlining the training that is provided
- services where OCVs noted little engagement between residents and staff.

Activities do not tend to be creative, individualised, or informed by resident choice

Notwithstanding the focus in the NDIS on choice and control, including a shift to more individualised support approaches, OCVs noted that many of the same activities featured across services, there tended to be a lack of creativity in the options, and a range of activities were only provided to residents as a group.

In this regard, OCV visit reports identified that:

- residents had disclosed that they were bored, and talked about their interests that were not being met
- a range of outings across different providers were limited to a drive and a meal as a group – including going through drive-thru and eating in the car, or eating at a park
- in some cases, all outings appeared to be either appointments or grocery shopping
- opportunities for community engagement had been limited by activities being done 'in-house', including haircuts and online shopping
- all residents in a house were attending the same activities
- activities had been the same for some residents for many years, with staff not actively seeking or identifying new opportunities.

OCVs noted that it tended to be difficult to see how residents had been involved in decisions about activities, and they questioned the guidance and support staff had received to enable them to identify alternative and more creative options.

Issues affecting greater engagement in meaningful activities

OCVs identified a range of issues that need to be addressed to enable greater engagement of residents in meaningful activities, including skills development. They included:

- inadequate access to vehicles, in some cases reported to be related to individual resident funding
- the limiting views of staff – including comments to OCVs that residents are not capable of doing things for themselves, or could get hurt
- generic or vague goals – such as 'live my best life'
- funding reported to be insufficient to provide 1:1 time for preferred activities
- providers waiting on assessments to identify modified aids to support resident engagement in activities
- delays in equipment and wheelchair repairs.

In a smaller number of cases, OCVs found that residents were reluctant to engage in skill building or other activities.

Case Study

Finding joy for Jenny

When the OCV met Jenny for the first time, she had recently moved into the service and appeared quite distressed. The OCV obtained the assistance of a staff member in communicating with Jenny, who indicated that she was very unhappy with her move to the house.

While visiting Jenny, the OCV noted that she was lying in bed. When asked, she said she was “in bed a lot and would like to go out more”. The OCV was concerned by Jenny’s distress and unhappiness with the placement. With no established routine of enjoyable activities and community access, new and unfamiliar staff and health care supports, recent hospitalisations, and her father’s ailing health, it was a particularly tough time for Jenny.

In following up on the visit, and with Jenny’s agreement, the OCV arranged her next visit when the senior accommodation manager and newly appointed house manager would be at the house. Jenny was able to raise her

concerns, which included computer training, future employment, face-to-face counselling, and some control in paying her own bills. Jenny had some clear and concise goals. The service agreed to progress Jenny’s requests with the relevant parties.

In her visit report, the OCV sought information on any progress that had been made with Jenny’s requests. The provider advised the OCV that Jenny was now paying her own chemist bills, in agreement with her financial manager. They advised that they were following up on Jenny accessing counselling sessions through her GP, and were working with her behaviour clinician. Jenny was now assisting the house with some light administrative duties and had been looking at a few training options after being linked into TAFE.

The OCV is looking forward to seeing Jenny at her next visit to see how she is progressing with her goals.

It’s OK to complain

The OCV visited a disability accommodation service and was asked by a resident, Rachel, to have a chat about some things that were bothering her. Rachel requested to meet privately in the office and sought permission from the support worker present at the time to do so.

Rachel continued to speak in hushed tones, and it was soon brought to the attention of the OCV that the resident knew the office was not being monitored by cameras. Rachel told the OCV that the service provider had installed CCTV in the common area of the home, in the open plan kitchen/dining room, and in the entrance.

Through this discussion, Rachel felt comfortable and trusted the OCV further by stating that she felt like she was being constantly monitored, and she was concerned that there were other cameras she was not aware of. Rachel also said that she was concerned that if she raised the issue with the provider she would be treated negatively.

The OCV asked about the use of CCTV in her visit report to the provider. In response, they told the OCV that the cameras were used as a safety measure for residents and staff. The OCV had concerns about whether consent had been obtained from the residents and wanted to better understand the residents’ access to a complaint mechanism, and the awareness of their right to make a complaint without retribution. The OCV raised these matters with the provider.

At the OCV’s recent visit to the house, she noticed that there was no longer CCTV in place in the home, and Rachel appeared more relaxed. The OCV was informed through discussions with staff that the provider had deemed the use of CCTV unnecessary and had removed them all. Rachel told the OCV that she also feels more comfortable to raise issues with staff.

Visits to assisted boarding houses

In 2022-23, there were 18 assisted boarding houses in NSW known to the OCV scheme, accommodating 235 residents. Of the 18 assisted boarding houses, 16 (89%) were allocated for regular visiting.

OCVs made **58 visits** to assisted boarding houses and raised **113 issues** of concern affecting residents. OCVs reported that 22 issues were resolved by the assisted boarding houses; a further 23 issues were open and continuing to be monitored by OCVs at the end of June 2023.

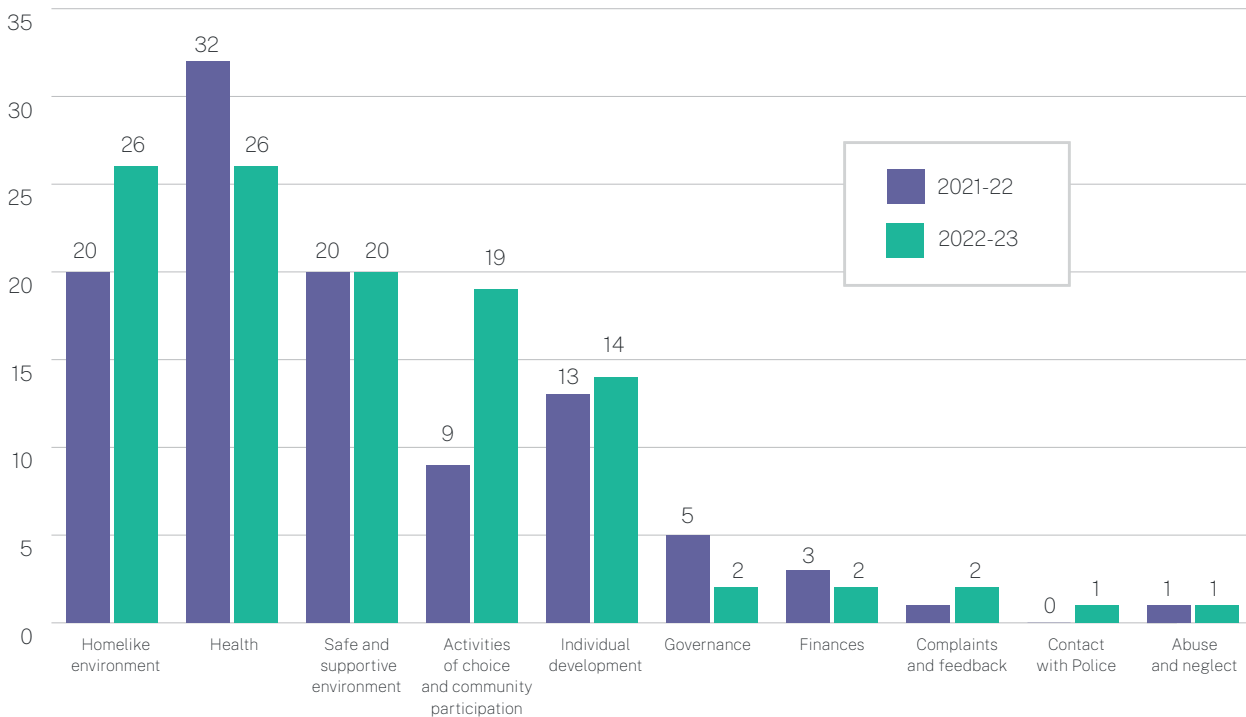
Table 8: Data for allocated assisted boarding houses, 2022-23

	2022-23
No. of allocated assisted boarding houses	16
No. of visits	58
No. of issues reported	113
Average no. of issues per service	7

Table 9: Outcome of issues raised by OCVs about assisted boarding houses, 2022-23

	No. of issues	Percentage
No. resolved (%)	22	20
No. outcome unknown (%)	0	0
No. ongoing (closed) (%)	19	17
No. ongoing (open) (%)	23	20
No. of issues unable to be resolved (%)	49	43
Total	113	100

Figure 3: Number of issues by classification category, assisted boarding houses, 2021-22 – 2022-23



In 2022-23, the majority of issues raised by OCVs with assisted boarding houses were under the classification of ‘homelike environment’ (26) and ‘health’ (26). This was largely consistent with 2021-22.

Main issues raised with assisted boarding houses in 2022-23

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

<p>1 Residents were not actively encouraged and supported to participate in their community in ways that are meaningful and important to them</p> <p>15 (13%)</p>	<p>2 Appropriate furniture, fittings, amenities, heating and cooling were not provided and maintained in a reasonable state of repair and safe working order</p> <p>12 (11%)</p>
<p>3 Residents were not supported to access appropriate health and medical services, and treatment as needed</p> <p>9 (8%)</p>	<p>4 Identified health, medical, dental, optical, auditory, nutritional, psychological and development needs are not addressed</p> <p>8 (7%)</p>
<p>5 Lack of quantity, quality, variety and choice of meals, including individual access to snacks between meals, water and other beverages</p> <p>6 (5%)</p>	

Systemic issues project – assisted boarding houses

1. Compatibility

Compatibility issues in visitable services can have a significant impact on residents. Aspects considered by OCVs in relation to this area included:

- assessment prior to placement
- transition planning
- actions to address poor compatibility
- impact on residents.

In 2022-23, OCVs raised three issues about compatibility in assisted boarding houses, relating to:

- concerns by some residents that they are not involved in the process of selecting new residents
- concern by some residents that the boarding house will close, and they will lose their home
- inadequate actions by management following an incident between residents.

The low number of issues precluded further observations or commentary.

2. Involvement in meaningful activities (including skill development)

Aspects considered by OCVs in relation to this area included:

- whether and how residents are given opportunities to develop and retain skills (e.g., daily living skills, and skills to help them to become more independent)
- whether staff use Active Support to involve residents as much as possible in day-to-day activities
- whether and how residents are involved in activities that are meaningful for them.

In 2022-23, OCVs raised 18 issues about the involvement of residents in assisted boarding houses in meaningful activities (including skill development).

Table 10: Issues raised by OCVs about involvement in meaningful activities in assisted boarding houses, 2022-23

Issues raised	No. of issues	Percentage
Support required (employment/education/activities/relationships)	6	33
Need for meaningful activities	5	28
Resident involvement in decision-making	4	22
Lack of involvement in activities/skill development	2	11
Insufficient access to vehicles/ transport issues to attend activities	1	6
Total issues	18	100

What did OCVs find?

There are limited opportunities for residents to engage in skill development activities

OCVs found that, given how assisted boarding houses tend to operate (including payment for board and lodging), there are limited opportunities for residents to engage in skill development activities onsite. For example, an onsite cook preparing meals limits options to be involved in meal preparation. In response to OCV questions to some assisted boarding houses about the potential involvement of residents in meal preparation, proprietors and staff queried why they should be involved.

Involvement in meaningful activities tends to rely on NDIS providers

OCV visit reports noted information received from some residents that they only have access to very low paying jobs

and have low job satisfaction. OCVs found that actions to assist residents to seek education or work opportunities and access meaningful activities tended to rely on NDIS providers, and not all residents are NDIS participants.

OCVs identified that residents tended to receive little support to seek education or work opportunities, and there was inadequate action by some external NDIS providers to offer and deliver access to meaningful activities. In a number of cases, OCVs noted a lack of action or contact by support coordinators with residents.

While OCVs identified positive actions by some proprietors and staff to assist residents to change their NDIS provider due to poor quality or inadequate service, they found that this assistance was not common.

Case study

Perseverance pays off

Cheryl is a young person who lives in residential OOH in a semi-rural setting. She shares the house with another female resident, and they both attend school.

Over several visits, the OCV expressed concern to the provider about Cheryl's lack of preparedness for life beyond the care environment. This had not been due to lack of effort on the part of her support workers or her case manager, all of whom had contributed to the preparation of a thorough and comprehensive leaving care plan.

Despite this endeavour, Cheryl had resisted being part of the development and implementation of the plan. Consequently, her demonstrated ability to live independently was in question.

Over time, the OCV established an evolving relationship with Cheryl, encouraging her to play a more active role in the development and implementation of her leaving care plan.

With perseverance, the OCV has noted from the service's visit report responses that Cheryl has begun to willingly attend review meetings of her leaving care plan and is taking more initiative in daily household routines.

Respectful engagement and language

Four female residents, Stella, Margaret, Louise and Audrey, reside in disability supported accommodation in a suburban house situated in a quiet street. They enjoy each other's company and participate in a variety of community-based activities. On the surface, they appear to be well supported and cared for by staff.

The OCV had been visiting the house for some time and had become familiar with all the residents, enjoying their conversations and updates on their experiences.

However, when reviewing the house meeting minutes, some of the entries began to cause concern. There were remarks entered by staff such as, "When we are naughty, we get punished; when we are good, we get rewards." There were further remarks of a similar nature that the OCV found patronising and undignified. The OCV raised this as an issue of concern in his OCV visit report.

The service responded to the visit report, acknowledging that the entries in the house meeting minutes were incongruous with the ethos of the organisation and the atmosphere in the house. Senior management undertook to liaise with house staff and provide guidance on establishing and maintaining more positive and mutually respectful relationships with residents.

The OCV has reviewed subsequent house meeting minutes, which reflected the input of senior management and presented a more positive regard and respect for the residents. In conversations with Stella, Margaret, Louise and Audrey, the OCV noted an increased sense of self-worth and higher value placed on their contributions to decision-making and involvement in daily routines.

Visits to residential OOHC services

In 2022-23, there were 363 residential OOHC services known to the OCV scheme, accommodating 786 children and young people in statutory care and Specialist Substitute Residential Care. Of the 363 services, 237 (65%) were allocated for regular visiting.

OCVs made **789 visits** to residential OOHC services and worked on **1,751 issues** of concern. Services resolved 897 issues. At the end of June 2023, OCVs were continuing to monitor the action by services to resolve 220 ongoing issues of concern.

Table 11: Data for allocated residential OOHC services, 2022-23

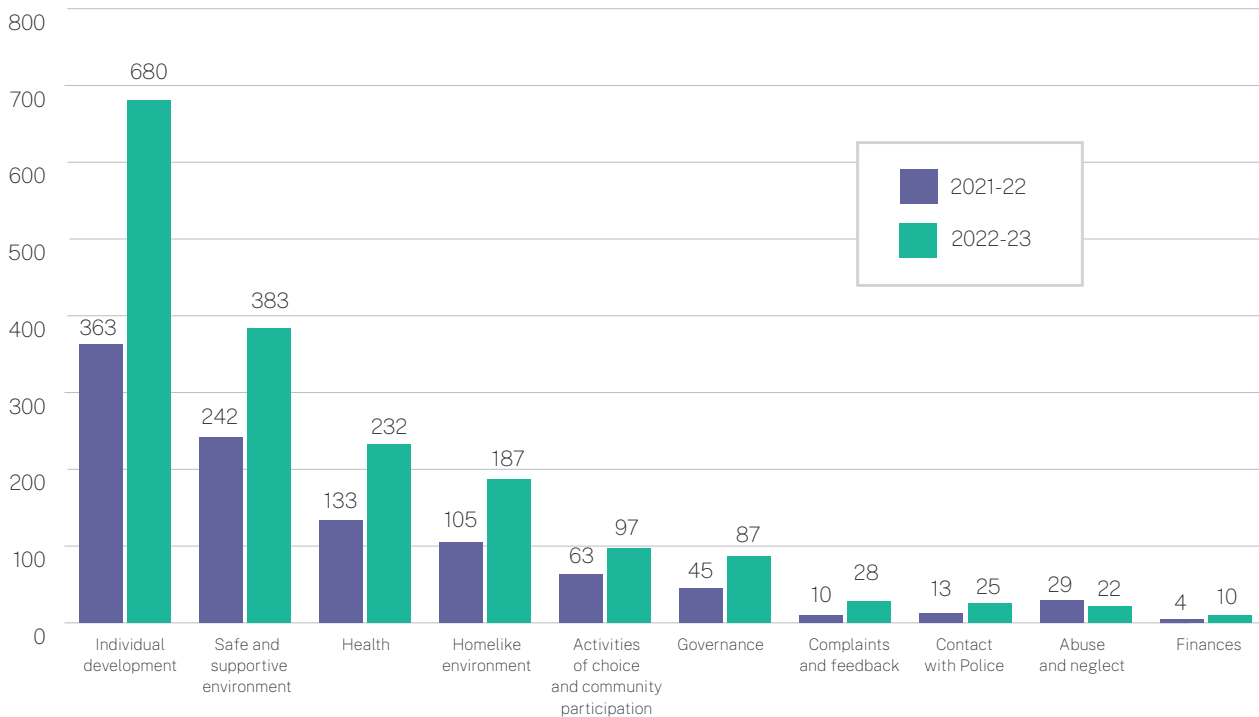
	2022-23
No. of services allocated	237
No. of visits	789
No. of issues worked on	1,751
Average no. of issues per service	7.4

Table 12: Outcome of issues raised by OCVs about residential OOHC services, 2022-23

	No. of issues	Percentage ³
No. of issues resolved (%)	897	51
No. of issues outcome unknown (%)	49	3
No. of ongoing issues (closed) (%)	96	6
No. of ongoing issues (open) (%)	220	13
No. of issues unresolved (%)	489	28
Total issues (%)	1,751	100

3. Percentage total may not equal 100 due to rounding.

Figure 4: Number of issues by classification category, residential OOHC services, 2021-22 – 2022-23



In 2022-23, the most common issues raised by OCVs with residential OOHC services were under the classification category of ‘individual development’ (680), followed by ‘safe and supportive environment’ (383). This was consistent with 2021-22.

Main issues raised with residential OOHC services

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

<p>1 Leaving care and transition plans were not developed early, implemented and clearly documented</p> <p>168 (10%)</p>	<p>2 Individuals were not supported and encouraged to participate in appropriate educational or vocational activities</p> <p>115 (7%)</p>
<p>3 Initial placement and changes of placement were not based on comprehensive assessments of the needs of the individual resident and the shared needs of the other residents in the house</p> <p>93 (5%)</p>	<p>4 Relevant, appropriate and comprehensive assessments were not conducted regularly to identify the needs of the individual</p> <p>87 (5%)</p>
<p>5 Identified health, medical, dental, optical, auditory, nutritional, psychological and development needs were not addressed</p> <p>85 (5%)</p>	

Systemic issues project – residential OOHC services

1. Leaving care planning

Leaving care plans are required to be in place for young people that include support for accessing accommodation and financial assistance, with planning to begin when the young person turns 15. OCVs had a look at what leaving care planning was happening for young people aged 15+ in the residential OOHC services they visited this year.

In 2022-23, OCVs raised 147 issues about leaving care planning in the allocated residential OOHC services.

Table 13: Issues raised by OCVs about leaving care planning in residential OOHC, 2022-23

Issues raised	No. of issues	Percentage ⁴
Leaving care plan not in place	78	53
Copy of leaving care plan provided on request	37	25
No evidence of leaving care plan implementation	21	14
Lack of resident involvement in decision-making/ transition planning	9	6
Delays in transition planning	2	1
Total issues	147	100

What did OCVs find?

Leaving care plans are not consistently in place

The main issue identified by OCVs in relation to leaving care planning was that leaving care plans were not consistently in place for relevant young people in residential OOHC.

Over three-quarters of the issues (115) related to the OCV not finding any evidence at the time of their visit that a leaving care plan was in place for the young person. In most of these cases (78), it was because the service did not have a leaving care plan available.

Of particular concern to OCVs was that, in a range of cases, the young person was close to turning 18 and there was not an evident leaving care plan for them.

The development of some leaving care plans is affected by factors external to the provider

OCVs identified that some of the service providers were keen to have a clear leaving care plan for the young person but had been unable to do so due to factors outside of their control. In particular:

- A range of providers advised that they were waiting for the plan to be provided or endorsed by DCJ as primary case management responsibility sat with the department. OCVs tended to receive advice about the steps the providers had taken to follow-up.
- OCVs noted that some plans were adversely affected by NDIS processes. Providers documented delays in receiving advice from the NDIA about whether Supported Independent Living (SIL) funding would be approved in the NDIS plans of relevant young people. Information from providers identified that:

- decisions about SIL funding are not occurring until the young person is close to turning 18, and
- the situation makes it difficult to develop a comprehensive leaving care plan and provide clarity to the young person about what will happen when they turn 18.

Young people are not always engaged in the leaving care planning process

OCVs identified positive examples of young people being actively involved in their leaving care planning, including staff having regular discussions with them, and plans being updated in line with the young person’s wishes and progress. In a number of cases, the young person relayed to the OCV how they had been involved and the views and preferences they had fed in.

However, the involvement of the young person was not always evident. In their discussions with the young people, OCVs identified instances where the young person did not have any awareness or understanding of their leaving care plan (or leaving care planning).

In some cases, the involvement of the young person was not evident because they were not engaging in the process, including where they were:

- regularly away from their placement, and/or
- refusing to engage in discussions about leaving care or planning for their future.

4. Percentage total may not equal 100 due to rounding.

Notwithstanding these challenges, it was not always evident to the OCVs that all reasonable options had been explored to engage the young person in leaving care planning.

Implementation is inconsistent

In a range of cases, OCVs identified that providers were actively working with young people to prepare for their future after care. This included helping them to build independent living skills (such as meal planning and preparation, shopping, travel skills), talking with them about what they would need to do to be able to move to a Therapeutic Supported Independent Living (TSIL) placement, and supporting them to connect with vocational training and employment. OCVs noted that this activity was occurring in some of the cases where the young person did not have a leaving care plan.

However, this was not consistently the case. At least 14% of the issues identified by OCVs about leaving care planning related to a lack of evidence of implementation. In some cases, there was a documented plan on file, but no indication from the records or discussions with the young people and staff as to whether, and how, the plan was being implemented in practice.

2. Compatibility

Compatibility issues in visitable services can have a significant impact on residents. Historically, OCVs have seen many issues relating to compatibility across services – including situations in which no assessment had been done prior to placement; residents had not been involved in the decision-making; and/or no action had been taken in response to compatibility issues.

Aspects considered by OCVs in relation to this area included:

- assessment prior to placement
- transition planning
- actions to address poor compatibility
- impact on residents.

In 2022-23, OCVs raised 111 issues about compatibility in the allocated residential OOHC services.

Table 14: Issues raised by OCVs about compatibility in residential OOHC, 2022-23

	No. of issues	Percentage ⁵
Unclear whether compatibility assessments/transition planning conducted	52	47
Compatibility concerns due to the conduct of others	29	26
Incidents between residents	19	17
Intentions in relation to vacant bed	7	6
Resident wishes to reside somewhere else	4	4
Total issues	111	100

OCVs typically only considered and identified issues relating to compatibility during their visits when there was a reason to do so, such as there was resident-to-resident abuse, a new resident had moved in or was about to, or a young person or other information identified that residents may be incompatible.

5. Percentage total may not equal 100 due to rounding.

In some cases, providers conveyed to OCVs difficulties they were having implementing the plans due to:

- the young person not engaging in the process
- delays in NDIS processes (noted on multiple occasions)
- delays in TSIL referrals being accepted.

OCVs noted that some providers were extending the young person's placement beyond the age of 18 in order to identify a suitable longer-term placement; enable them to continue at school; or while waiting for an updated NDIS plan for the young person to move into supported accommodation.

Impact on the young people

OCVs noted that problems with leaving care planning had a significant impact on the young people. This included young people who communicated that they were highly anxious about what would happen once they turn 18, including:

- a young person close to turning 18 who expressed to the OCV that they were anxious and concerned that they wouldn't cope without the same level of support currently being provided
- a young person who said they were scared and distressed that they would become homeless when they leave care, as they have friends who had been in care and were now homeless.

What did OCVs find?

The compatibility of young people is not consistently considered prior to placement

Almost half (46%) of the issues raised by OCVs about compatibility in residential OOHC related to the OCV being unable to locate information relating to any compatibility assessments or transition planning that had been undertaken.

In a range of cases, it was not clear whether a compatibility assessment was conducted, and it was not evident what had informed the decisions about placement suitability.

There is wide variability in the compatibility assessments/matching processes that are used

Where OCVs did see information relating to a compatibility or matching process, they noted that there was no consistent approach.

There was wide variability in the tools and processes used by providers, including:

- sustainability grids
- placement panel reviews
- matching tools and safety plans
- client mix documentation
- mix and match procedures
- matching reports approved by therapeutic specialist prior to the placement being accepted and a risk assessment conducted
- full assessment by an external agency.

One provider noted that a matching tool is not a guaranteed predictor of compatibility, as information is often limited and can lack accuracy.

OCVs noted some positive practices in relation to providers assessing and managing compatibility, including:

- some providers had comprehensive matching processes
- some young people were supported as solo residents due to assessments identifying that it was not suitable for them to reside with other young people
- transition planning that included site visits and 'meet and greets' with staff and other residents.

Impact on the young people

In almost half (43%) of the issues raised by OCVs in relation to compatibility, there were incidents between residents involving violence or abuse, and/or the conduct of one or more of the young people was adversely affecting the other residents. This ranged from impressionable young people copying the behaviour of other residents, including criminal behaviour, through to repeated episodes of bullying and physical violence and AVOs being taken out between young people.

OCVs noted adverse impacts on young people associated with compatibility issues, including young people:

- expressing their unhappiness due to property damage at the home by others
- being anxious and withdrawn due to outbursts of violence by other young people
- being anxious about new residents moving in, or their own move to another premises
- having to spend time away from placement due to conflict with others
- threatening self-harm due to moves to new premises
- having regressive behaviours, such as bed-wetting, due to the behaviour of others.

It was not always evident that action was being taken to address the issues

OCVs noted some actions by providers to address the issues that were primarily reactive, including moving young people to alternative placements.

However, notwithstanding the evident negative impacts on residents of the compatibility issues, OCVs noted that it was not always clear what, if any action was being taken to prevent the incidents or abuse.

3. Involvement in meaningful activities (including skill development)

Aspects considered by OCVs in relation to this area included whether and how young people are:

- being given opportunities to develop and retain skills (e.g., daily living skills, and skills to help them to become more independent), and
- involved in activities that are meaningful for them.

In 2022-23, OCVs raised 202 issues about the involvement of young people in residential OOHC in meaningful activities (including skill development).

Table 15: Issues raised by OCVs about involvement in meaningful activities in residential OOHC, 2022-23

	No. of issues	Percentage ⁶
Need for meaningful activities	47	23
Young people not attending school	43	21
Support required (employment/education/activities/ relationships)	38	19
Lack of involvement in activities/skill development	26	13
Resident involvement in decision-making	17	8
Need for cultural support plan	12	6
Lack of documentation on how residents are supported to meet their goals	6	3
Questions about restrictive practices	5	2
Positive observation by OCV on residents' activities	4	2
Insufficient access to vehicles/ transport issues to attend activities	2	1
Lack of funding for community access	2	1
Total issues	202	100

What did OCVs find?

There is positive work by some providers to engage young people in meaningful activities

OCVs identified a range of positive practices by some providers to identify and connect young people with meaningful activities, including skill development activities in relevant cases. This included:

- dedicated multidisciplinary teams that were actively engaged in all areas of the young person's development
- provision of support in the classroom
- proactive support to build independent living skills, including helping young people work on transition to TSIL
- engaging the young person in educational pathways and programs, including onsite and alternative education options
- supporting a young person to get their driver's licence
- engaging Indigenous mentors.

However, overall, there is a need for greater attention on identifying and connecting young people to meaningful activities

While OCVs identified positive practice in this area, this was not consistent across providers and there were substantial gaps for young people. In particular, OCVs identified a range of young people who did not appear to be engaged in any meaningful activities.

Visitors raised issues relating to:

- young people spending substantial amounts of time away from placement and not engaged in meaningful activities
- young people not attending school or other educational options, and not engaged in skills development or household activities
- a lack of after school activities
- inadequate action to connect young people to cultural activities
- a lack of information on files about how young people were meeting their goals.

6. Percentage total may not equal 100 due to rounding.

Providers identified a number of barriers to engaging young people in meaningful activities, including young people refusing to engage, refusing to leave the house, or being away from placement, and a lack of funding for activities or transport.

It was clear from the information obtained by OCVs that there are substantial challenges for service providers associated with young people not wanting to engage. However, it was not always evident that providers were making all reasonable efforts to identify and develop strategies to engage young people in meaningful activities.

Access to education is a significant issue

A significant area identified by OCVs was young people not attending school. The identified reasons for non-attendance varied, but primarily related to:

- the young person having social anxiety and/or complex health or mental health concerns
- problems experienced by the young person at school, including bullying, being reluctant or embarrassed to seek support for literacy issues, being suspended, or being expelled
- the young person staying up late and being unable to function to attend school
- the young person refusing to attend school.

In some cases, the young person identified a preference to look for a trade as an alternative to education. OCVs noted a range of cases where this had been pursued and the young person was attending TAFE; however, this follow-up action did not always occur.

OCVs noted that some young people were attending school, and they also received advice from some providers about a range of actions they had taken or were working on to support and encourage young people to engage in education. Strategies included providing an alternative education model within the service; preventing access to wi-fi during school hours; providing structured morning routines; and implementing incentive programs. However, it was evident across OCVs that:

- many of the young people were not attending school or an alternative education option
- young people refusing to engage was a significant factor
- staff practice in this area did not always align to the guidance and expectations of service providers, resulting in an inconsistent approach.

Case study

Safe gaming

During a visit to an OOHC service, the OCV noticed Noah, an 11-year-old boy, engaging in a video game that was not age appropriate. While talking to the OCV, Noah confirmed he did not know the other players personally, just online. The staff at the service advised that a caseworker had identified Fortnite as a game Noah enjoyed playing and was connecting with friends on.

The OCV raised the issue with management in her visit report. They reviewed the situation and advised the OCV that they had since advised caseworkers and staff that children were not allowed to play Fortnite or other games that were not age appropriate. In addition, staff had been advised that all interactions during gaming were to be supervised.

Management approved the purchase of new games, and Noah went with staff to select them. In addition, the OCV was told that a policy on safe gaming was being developed and would be introduced across the organisation.

Lani and Evie

When the OCV first visited 17-year-old Lani, she and her younger sister, Evie, had just been removed from an unsafe family situation and placed in OOHC.

On subsequent visits, the OCV built up a rapport with Lani, and to a lesser extent, Evie. On a recent visit, Lani told the OCV that she had some issues at school, and that she was feeling very sad after the recent death of a favourite family member. Lani also told the OCV about her anxiety about having turned 18 and not knowing what would be happening for her at the end of the year when she finished school.

Lani was concerned because she wanted to remain living with Evie, and wanted more contact with her youngest sibling, Jamie, who had been placed with a family member interstate.

The provider advised the OCV that a stakeholder meeting had been organised between their staff, DCJ case workers and Lani, to discuss the questions raised in the OCV visit reports.

As a result, Lani's leaving care plan was finalised by the service providers, and work was being undertaken to obtain occupational therapy assessments and explore housing options. Lani's wish to live with Evie remained at the forefront of the considerations. Negotiations for regular contact with Jamie were also underway.

The OCV raised these issues with the provider and, over further visits and reports, sought more information about Lani's leaving care plan, including support for Lani to access accommodation and financial assistance, and to remain connected to her sister.

The house manager met with Lani's teacher to resolve issues at school, and organised regular communication between house staff and the school. Things improved so much that Lani received a Principal's Award at school recently and appeared to be feeling much more settled and confident about her future.

Health screening

In reviewing the health records for Val, the OCV noted that she had a family history of breast cancer but was not participating in mammogram cancer screening. Service documentation stated that the process would be too distressing for her.

The OCV identified that Val did not have breast checks by her GP and was informed that Val often became distressed when having medical procedures. Records indicated that Val's GP was male.

In her visit report, the OCV sought information from the provider as to whether a female GP had been considered to carry out breast checks for Val, what other considerations had been discussed to support Val to participate in breast checks, and whether any consideration had been given to contacting Breast Screen Australia to discuss other options to support people with disability

In response, the provider advised the OCV that they had made contact with Val's family, who agreed that an examination by a female GP should be tried. Subsequently, an appointment was made for Val. To offer encouragement and support to Val, and in collaboration with her family, the service prepared Val for her appointment with information about the procedure and explained to her why it was necessary.

The OCV will follow up on the outcome of the appointment at her next visit.

Thank you and bye

The OCV had been visiting Marco for three years in the disability supported accommodation he shares with two other young men. Marco wears bilateral hearing aids, has an intellectual disability and is on the autism spectrum. When the OCV first met Marco, he was using limited speech and a few signs and gestures. He had a Go Talk communication device, but there were issues with the programming of this device, and he was unable to use it. The OCV was concerned about this as Marco's human rights did not appear to be being met.

It became clear to the OCV that there were many situations in which Marco could not adequately describe or communicate what he needed or wanted, where pain was located, or what might be wrong about some aspect of his day-to-day life. He would often scream at staff, lash out at whoever was close to him, refuse medications, and cry.

In her visit reports, the OCV repeatedly raised the issue of Marco's communication needs. How do staff communicate with Marco and he with them? What assessments and recommendations have happened to increase Marco's level and consistency of communication? The OCV also asked questions about the programming of Marco's communication device and staff training in using it and key word sign.

Subsequently, a speech pathologist and a signing coach were engaged, and are now playing an essential role in assisting Marco to develop his fluency in key word sign. They have been able to focus on Marco's capacity for language, speech, comprehension and expression, and help him develop further. Marco's Go Talk device is working and he is showing interest in learning to use it.

The service has organised training for staff in key word sign and using Go Talk. There are now key word sign posters around the house. Marco's behaviour is more settled and the OCV observed that he seems much happier.

On a recent visit, for the first time, Marco greeted the OCV with her name, and clearly enunciated the words "sit down", pointing to where he wanted her to sit and talk with him. Marco said "thank you" and "bye" when the OCV left.

Coordination of the OCV scheme

The ADC has a general oversight and coordination role in relation to the OCV scheme and supports OCVs on a day-to-day basis. Under the Ageing and Disability Commissioner Act and the Children's Guardian Act, and by way of agreement with the Children's Guardian, the ADC:

- recommends eligible people to the Minister for appointment as a Visitor
- determines priorities for the services to be provided by OCVs
- convenes meetings of OCVs
- looks into matters arising from OCV reports and refers them to appropriate bodies on a Visitor's behalf, as required.

Key actions by the ADC in 2022-23

Recruitment

- recruited 15 new OCVs, with six commencing visiting this year.

Escalating and communicating issues

- shared trend and pattern data relating to issues identified in OCV visits with the Minister, the OCG, and NDIS Quality and Safeguards Commission
- facilitated OCV complaints and referrals to appropriate bodies
- convened meetings between the ADC and the OCG on operational and issue-related matters
- held quarterly meetings with the NDIS Commission to discuss information sharing arrangements and issues raised by OCVs about disability providers.

Supporting OCVs

- facilitated regular access to clinical supervision for OCVs visiting residential OOHC services, to support Visitor wellbeing
- held regular OCV consultation group meetings with a representative group of OCVs from across the Visitor regions.

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

- runs the day-to-day operation and administration of the scheme, including management of the electronic database (OCV Online)
- determines the prioritisation of services for visiting
- provides induction, information and support, and professional development to OCVs to assist them in their work
- supports OCVs to respond to concerns about people living in visitable services
- coordinates the responses of OCVs and the ADC to individual and systemic concerns affecting residents
- promotes the scheme and the work of OCVs as a safeguard for people in care.

Enabling OCV networking, development and training

- ran the annual OCV conference, which involved sessions with the Children's Guardian, NDIS Commission, and Ageing and Disability Commissioner; and topics that included increasing the impact of the OCV scheme; privacy and confidentiality; escalating issues; the systemic issues project; and assistive technology
- held monthly OCV practice forums with both internal and external facilitators on topics such as:
 - the Victims Support Scheme
 - changes to the voluntary OOHC sector
 - systemic and individual advocacy
 - Active Support
 - OOHC requirements when young people are out of placement
- facilitated a two-day workshop for all OCVs on vicarious trauma and resilience.

Financial

The OCV scheme forms part of the ADC'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 table 16 below). Costs not included here are items incurred by the ADC in facilitating the scheme, including administration costs.

There was an increase in the petrol allowance in 2022-23 (to \$0.78 per km), and the introduction of a series of one-off visits, involving OCVs travelling to areas of NSW where there was no OCV coverage. This resulted in an increase in travel costs in 2022-23.

Table 16: Visitor related expenses, 2022-23

	2020-21	2022-23
Payroll expenses		
Salaries and wages	618,408	763,987
Superannuation	59,067	70,355
Payroll tax	20,647	41,248
Payroll tax on superannuation		
Subtotal	698,122	875,590
Other operating expenses		
Advertising – recruitment	7,000	830
Fees – conferences, meetings and staff development	47,768	59,083
Fees – other		
Publications and subscriptions	5,481	3,752
Postage and freight	450	
Maintenance – equipment		
Stores		
Travel – petrol allowance	72,627	132,530
Travel and accommodation	4,078	22,098
Efficiency dividend		
Subtotal	137,404	218,293
TOTAL	835,526	1,093,883

Appendix: OCV issues classification list

OCV Classification Codes

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

4 Individual development	
4.1	Plans are developed, documented, implemented and reviewed according to relevant legislation, policy, consents, approvals and assessments
4.2	Relevant, appropriate and comprehensive assessments are conducted regularly to identify the needs of the individual
4.3	Residents and people important to them are actively involved in planning and decision-making about their lives
4.4	Leaving care and transition plans are developed early, implemented and clearly documented
4.5	Living skills and routines are developed, implemented and reviewed
4.6	The use of restricted and restrictive practices complies with requirements (including appropriate consent, authorisation, and review)
4.7	Individuals are treated with respect and dignity by staff and the service
4.8	Support to residents is least restrictive and least intrusive as possible, focusing on their needs, abilities and interests
4.9	Behaviour support and management practices have a positive focus and plans are developed and approved by appropriately qualified persons
4.10	Resident information (such as birth certificates, medical records, legal and placement information) is evident and the information is kept confidential
4.11	Residents are supported to access services to address their individual needs and in their interaction with other agencies
4.12	Individuals are supported and encouraged to participate in appropriate educational or vocational activities
4.13	Residents have access to personal clothing and footwear that is age and seasonally appropriate, and adequate to allow for laundering and repair
5 Governance	
5.1	The service provider operates ethically, and in the best interests of residents
5.2	Staffing levels are sufficient to cater for the needs of residents, as individuals and as a group
5.3	Staff members have the required knowledge, skills, values and support to provide services to the people in their care
6 Activities of choice and participating in the community	
6.1	Residents are actively encouraged and supported to participate in their community in ways that are meaningful and important to them
6.2	Residents have opportunity for and are involved in planning and participating in holidays
6.3	Residents are supported to maintain appropriate family contact, friendships and relationships of their choice
6.4	Residents are able to practice religious and cultural customs
6.5	Residents are supported to exercise their rights as citizens, such as the right to vote
7 Finances	
7.1	Residents (or their financial administrators) have access to protections of their financial position, residential statements, service agreements, financial information and records of expenses, fees and assets
7.2	Residents have access to and discretionary rights over their individual finances, where appropriate
7.3	Residents have access to financial managers, powers of attorney or informal supports to discuss their financial position

8 Complaints and feedback

- 8.1 Residents, and their supporters are provided with relevant information about the service, their rights and responsibilities, and are encouraged to comment on, or complain about, service delivery when they have an issue
- 8.2 A complaints policy is in place, promoted, and easy to access and understand
- 8.3 The management of complaints is appropriate to the seriousness of the complaint
- 8.4 Residents and complainants are treated fairly and respectfully and are involved in the resolution of any complaint raised by them or on their behalf
- 8.5 Resident views are encouraged, sought and recorded, in a manner that is meaningful, whenever there is significant change to service delivery
- 8.6 Information about and access to Official Community Visitors is evident
- 8.7 Information about and access to advocates, guardians, and relevant departmental officers/caseworkers is evident

9 Abuse and Neglect

NB – If raising an issue under any of the categories here, the OCV should consider contacting the OCV team to discuss the matter

- 9.1 Residents are free from abuse & neglect
- 9.2 Allegations and incidents of abuse and neglect are identified, appropriately managed (including risk management and provision of support), and notified as appropriate
- 9.3 Staff are aware of their responsibilities to protect residents from abuse and neglect and of their reporting responsibilities

10 Contact with Police

- 10.1 Police are called to attend incidents in accordance with procedures or policies, and records are kept of all Police attendance at the service.
- 10.2 Staff respond appropriately during and following an incident, and behaviour support strategies are developed, reviewed, renewed and implemented to manage specific situations which involve Police contact.
- 10.3 Staff are aware of their responsibilities and requirements outlined in the Joint Protocol to reduce the contact of residents with Police and the criminal justice system (or any other relevant protocols or guidelines).





Contact us

Official Community Visitor scheme
Manager OCV Scheme

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

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

Email: OCV@adc.nsw.gov.au

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

www.adc.nsw.gov.au