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OCV
Official Community Visitors
**ANNUAL
REPORT
2010
2011**

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

Letter to the Ministers

The Hon Pru Goward MP
Minister for Family and Community Services
Minister for Women

The Hon Andrew Constance MP
Minister for Disability Services
Minister for Ageing

Dear Ministers

I am pleased to submit to you the sixteenth Annual Report for the Official Community Visitor scheme for the 12 months to 30 June 2011, as required under section 10 of the *Community Services (Complaints, Reviews and Monitoring) Act 1993*.

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



Bruce Barbour
Ombudsman

Message from the Ministers

Each year, 30 Official Community Visitors (OCV's) dedicate both their time and energy to serving our community. Their commitment and efforts enables our society to support the dignity of young people and adults with disabilities in NSW.

OCV's come from varied backgrounds in our community. However, their shared sense of compassion, idealism and service provide the Office of the NSW Ombudsman with a team that are united in their commitment to delivering positive results for the betterment of society.

As Minister for Disability Services, it gives me hope to know that there are individuals in society willing to defend, advocate and protect the rights of some of the most vulnerable people in NSW. Despite facing hardships, OCV's realise the significance of their work and the importance of achieving positive outcomes in the community services sector. Indeed, OCV's liaise with some 1,447 visitable services that accommodate 7,494 residents.

Young people and adults with a disability being accommodated in government and non-government services, as well as licensed boarding houses in NSW face a myriad of challenges on a daily basis. As such, OCV's visit, consult and monitor the conditions and standards of these services and provide appropriate advice and action when necessary.

But, OCV's not only visit and meet young people and adults residing at the aforementioned accommodation services; they also provide residents with a sense of optimism and empowerment, by ensuring services adhere to their prescribed standards and responsibilities. Additionally, their trustworthiness and respect for residents'



privacy resonates and develops confidence in those living in these accommodation services.

In the past, OCV's have acted by reporting services that failed to fulfill their duties. They have also provided advocacy for those who lack either the knowledge or will power to do so themselves. Their commitment to the public and to our core values as a nation has resulted in higher standards of living for persons with a disability.

The qualities embodied by our State's OCV's – honour, service, fortitude, respect and trust, are values which every Australian should aspire to uphold.

OCV's are some of our State's quietest heroes; individuals who advocate for the rights and needs of those suffering far greater social injustices than most Australians, and who expect little in return.

As Minister, I have had the privilege of meeting OCV's and have benefited from their feedback and insights.

A handwritten signature in black ink that reads "Andrew Constance". The signature is written in a cursive, flowing style.

Andrew Constance
Minister for Ageing
Minister for Disability Services

The role of an Official Community Visitor is unique and special. There are 30 Community Visitors in NSW and they are tasked with advocating for some of the most vulnerable children and young people in out-of-home care residential facilities in our community. Their role is valued by the NSW Government but most especially by the people the Visitors represent.

In NSW there are 1,447 visitable services that are operated, funded or licensed to provide accommodation and care by the Department of Family and Community Services. In the past year, the Visitors have visited 7,494 residents across NSW. The Visitors have identified issues of concerns affecting vulnerable people, and when necessary have worked with facilities to improve the circumstances and achieve positive outcomes for those people.

Official Community Visitors are strong and dedicated advocates for so many people in our community. The experiences of several Visitors are included in this report but a remark made by one Visitor who was able to help a resident who could not 'weigh up the pros and cons of options' is particularly

telling: We might bemoan our choices but we often take for granted our good fortune in being able to consider our options and then enact our choices. The Visitor was able to help the resident weigh up the pros and cons and achieve the results they wanted. This is the very essence of an Official Community Visitor: providing small but significant practical support to people in need.

This report is rich with Visitors' messages and anecdotes that inform our understanding of their important role. It explores the challenges and complexities Visitors face as well as the positive outcomes they achieve. The NSW Government and I appreciate their committed and valuable work in supporting some of the most vulnerable people in our community.



Pru Goward
**Minister for Family and
Community Services;
Minister for Women**



Message from the Ombudsman

Visitors have an important role in promoting the best interests of children, young people and people with a disability in care. Visitors monitor the quality of services residents in care receive, and inform my office and the Minister for Community Services and the Minister for Disability Services about their welfare and best interests.

Visitors are an independent voice for these groups and work creatively with residents and services to improve the standard of care. Visitors play a vitally important role in the community services sector, by facilitating the local resolution of issues.

Over the past year Visitors have opened the door to 1,447 visitable services in NSW providing a 'grass roots' presence in their monitoring and resolution of service issues by using their skills to achieve outcomes focused on the best interests of people in care.

The systemic issues that Visitors report provide a valuable source of information for the Ombudsman's broader work in the community services sector. During the year, we instigated action on a number of matters raised by Visitors about the safety and wellbeing of vulnerable people in care.

Visitor, Freda Hilson says in her message, the role of a Visitor can range from fulfilling to frustrating. This is echoed in other Visitor messages in this report. The improvements in services that Visitors encourage and influence, however small, can make a big difference to the quality of life of people in care. Visitors do a tremendous job. Though I agree with Freda that the process of facilitating change can at times

be frustrating, the positive and beneficial outcomes for vulnerable residents ultimately achieved are always fulfilling.

I also wish to acknowledge services throughout NSW for their cooperation with the Official Community Visitors and their willingness to work with Visitors to improve services for residents so that needs are better met and their human rights protected.

The work of Visitors is coordinated by the Ombudsman's Official Community Visitor team, supported by other staff across my office. Their efforts, in partnership with Visitors, makes the scheme a significant and valuable, external monitoring and review mechanism for government and non-government accommodation services in NSW, and perhaps most importantly, a voice for people in care.



Bruce Barbour
Ombudsman



Official Community Visitors (Visitors) are independent statutory appointees of the Minister for Disability Services and the Minister for Community Services, under the *Community Services (Complaints, Reviews and Monitoring) Act 1993* (known as CS-CRAMA). Visitors are appointed for a three year term and can serve two consecutive terms, of up to six years.

Visitors attend government and non-government residential services in NSW providing care for:

- Children and young people in out-of-home care.
- Adults, children and young people with disability living in supported accommodation.
- Adults with disability living in licensed boarding houses.

Only services that are operated, funded or licensed to provide accommodation and care by Human Services: Ageing, Disability and Home Care and Human Services: Community Services are visited. These are considered 'visitable services'.

Under s.8(1) CS-CRAMA Visitors have the authority to:

- Enter and inspect a visitable service at any reasonable time. Visitors may not give notice of their visits.
- Talk in private with any resident, or person employed at the service.
- Inspect any document held in the service that relates to the operation of the service.
- Report on matters regarding the conduct of the service.

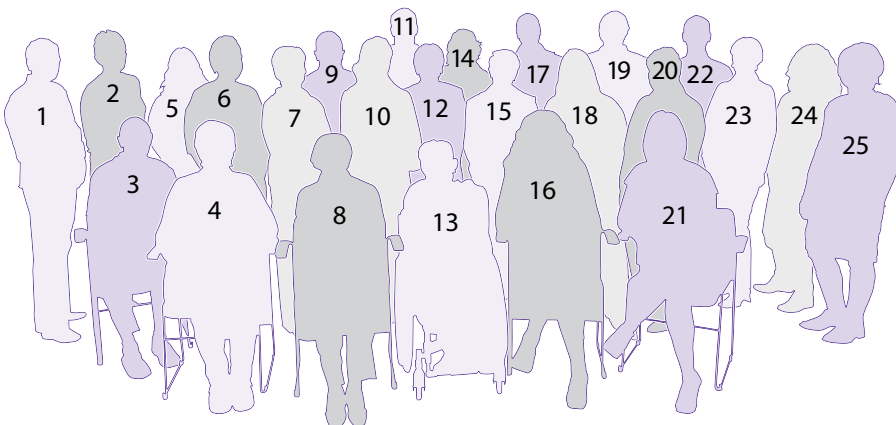
When visiting Visitors:

- Listen to what residents, their families and advocates have to say about their accommodation service.
- Give information and support to residents wanting to raise matters with their service provider about the quality of care they are receiving.
- Support services to improve the quality of residents' care by identifying issues that impact on residents and bringing them to the attention of staff and management. Visitors help those children, young people and people with disabilities who have little or no family or other support by linking them with ongoing advocacy support.
- Where appropriate, assist residents and their service provider to resolve any issue residents may have about their service.

After each visit to a service a Visitor completes a visit report and sends it to the service. The visit report:

- Provides feedback to services about service quality issues and the wellbeing of residents.
- Asks the service to respond to any identified service quality issues.
- May refer serious issues to the Ombudsman for complaint action.
- Provides advice to a Minister or the Ombudsman about issues and concerns relating to the conduct of services.

Introducing Official Community Visitors



Northern Region

- 3 Bruce Donaldson
- 23 Roz Armstrong
- Bernadette Mears
- 13 Maryanne Ireland
- 17 Ricki Moore
- Ariane Dixon
- 25 Gwen Teasdale
- 22 Paul Moulton
- 20 Roslyn Baker

Western & Southern Regions

- 15 Barbara Broad
- 12 Cathryn Bryant
- 18 Marcia Fisher
- 4 Jennifer Leslie
- 21 Mahalia Willcocks
- 6 Rebecca Prince

Metropolitan Sydney — North

- Graham McCartney
- 24 Rhonda Santi
- Melanie Oxenham
- 11 Steve Jones
- 8 Susan Alexander
- 16 Alana Klingenberg
- 7 Lyn Porter
- 14 Elizabeth Rhodes

Metropolitan Sydney — South

- Freda Hilson
- Donald Sword
- 1 Lynn Cobb
- 10 Dianne Langan
- 2 Carolyn Smith
- 9 Neale Waddy
- 5 Jo-Anne Pogorelsky
- 19 Gary Sandri

My name is Susan Betteridge¹ and I am writing this article with the help of an Official Community Visitor, Roz Armstrong. I have lived at the Stockton Centre² for as long as I can remember. I have a serious disability after having Spina Bifida when I was a baby and this means that I cannot sit up in the normal way. When I am not in bed I spend my day lying on my stomach on an electric day bed which I move around using hand controls.

I did not know a lot about what Visitors do when they were not talking to me but after listening to Roz, who visits me now, and talking to my friend Mami about the articles in the Official Community Visitor Annual Reports, I now understand just how much they have helped me and other people like me.

In particular I remember Grant Nickel³, another Visitor, who was very nice to me as well as being very nice looking. When I first met Grant I used to 'drive' my electric bed around the unit and if I wanted to go outside I had to wait for a staff member to come and open the door for me. Grant didn't think it was right that I had to ask to be 'let out' to do things like visit the Foster Grandparents⁴ or Recreation Centre or just have a wheel around the grounds. Roz and Mami have told me that it was when Grant talked to Helen and Frank, staff at the centre, and

showed them videos of places where doors opened automatically that some money was found to put such a door in my unit. All I have to do now is just push a button and the door will stay open long enough for me to move my day bed through it.

Early this year I got new furniture for my room and a new TV on the wall. Getting these things were goals from my planning meeting last September. It wasn't until I talked to Roz after Christmas about feeling sad and she talked to the nurses on my behalf that I finally got all the new stuff and I am very happy with the way my room looks now.

I have had other help from the Visitor also. When my old electric day bed could no longer be used and my new one hadn't arrived and I couldn't go to my activity programs, Roz talked to Helen about my having to stay inside all the time. Helen arranged for me to do some craft activities in the unit and also made sure that the massage therapist came to my apartment and that I had regular music sessions in the unit until my new day bed arrived. This not only helped me but everybody else was able to enjoy the fun as well!

I like music, knitting, doing craft work and catching up with friends and I go to the activity centre three times a week to do this. Most of all I like to be able to go outside on my day bed and visit my friends at the Foster Grandparent and Recreation Centre where I get support to use the computer and log onto the internet. I am also a member of the Makaton Choir which staff have organised and I join in these practices as well as things like wheelchair dancing.

Recently there have been two things that have happened that has meant that, despite Grant getting the new automatic door for me, going outside by myself is not so easy any more.

- 1 Susan, her family and friends were consulted and agreed to her story and name being included in the annual report. Staff of the Stockton Centre and Visitors agreed to their names being used.
- 2 Stockton Centre is a part of ADHC Hunter Residences.
- 3 Was an OCV who completed his second term in April 2011.
- 4 The Foster Grandparent Program links volunteers to adults with an intellectual disability residing at the Stockton Centre and is run by Mercy Community Services.

My new bed had to go back to the person who made it to get new covers and some other things done to it. This meant that I was stuck inside again for a few weeks. When this happened Roz talked to Karen at the recreation hall and she arranged for Tina to bring the laptop over to the unit three days a week so I can check my emails and play a few games.

But something even worse has happened. There was an accident and another resident was hurt by a truck driving around our roads. After that everybody has had to show that they know the road rules before they can go outside by themselves. I don't know the rules well enough so now I have to wait for a staff person to go outside with me. This usually happens when staff are taking other residents out or when my friend Mami can walk with me. I don't know how long the situation will stay like this but I know that some work is being done on the new pathways and perhaps when they are finished things might be different.

Even with all these problems that mean I cannot be as independent as I would like to be there is some good news in my life. My new day bed has arrived and it now fits into the vans we use for transport better than the old one did and I am able to go out every six weeks for an excursion. I can't wait for my next shopping trip! I have also had another planning meeting and next year I am going to have a holiday. I'm not sure where I'll go, but the staff are going to talk to the holiday planners about where they can take me and how much it will cost. I am also going to get a new computer which I can use here in the unit instead of always having to go over to the recreation hall. This means I will have more time for Facebook games and the opportunity to make more Facebook friends which may make up for not being able to wheel around as freely as I would like in the Stockton grounds where I live.

**Susan Betteridge &
Roz Armstrong, OCV**



Message from Official Community Visitors

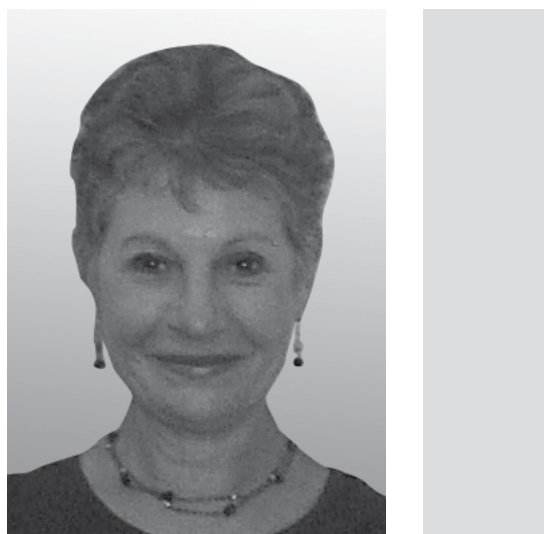
By Freda Hilson, Official Community Visitor

As the end of my second term as a Visitor approaches it is a time of reflection and evaluation for me. I have started to farewell residents and staff at the end of each visit and I am aware as I do this that for the residents, many of whom I have visited twice a year for the past five years, yet another person has briefly touched their lives and is now moving on. I hope that during my time visiting them I have made a small difference for some and for others, have improved their quality of life in some small way.

During my appointment, I have visited people with disability living in group homes, both government and non-government, and people living in licensed boarding houses. Although I had worked in the disability sector all my working life, thinking back to when I first started visiting, I realised very quickly that whilst the role of Visitor had some similarities with my previous work, there were many differences. As I had been involved in managing services for people with disabilities or advocating for systemic change for many years, getting back to the grass roots and engaging with residents and staff on the ground has been the most satisfying aspect of the Visitor role for me.

One of the principle elements in the Visitor role is our independence. Visitors need to be fearless and honest in difficult situations; have the capacity to be persistent; able to manage the complexities inherent in navigating political minefields where stakeholders include the residents, staff, service management, families and advocates; and have the capacity to use a range of external resources and agencies to assist in facilitating change for people when it is needed.

Having these traits has enabled me to establish positive relationships with residents and staff. Because service staff in the main, understand the independent nature of the role, they are often comfortable raising



issues of concern directly with me when they feel that the well-being of a resident may have been compromised. One example of this was where a simple modification was recommended in a group home that would make a significant difference to the life of a resident but was not being implemented by the service management due to cost factors. The house was being modified and as part of the modifications the staff and the client's behavioural psychologist recommended that an automatic gate be installed at the end of the driveway so that the driver of the van transporting clients home could open and close the gate without leaving the vehicle. This would address a problem concerning one resident who often absconded from the van when the driver disembarked to manually open the gate. The resident sometimes went to a nearby shop, stealing goods and threatening the proprietor after absconding from the van. In spite of the recommendations, the group home management was reluctant to fund an automatic gate. After staff brought this issue to my attention, I read the recommendations contained in the Behaviour Intervention and Support (BIS) Plan and raised the matter in my visit report. Initially I was not successful in changing management's decision. I

Message from Official Community Visitors

continued to raise this matter in subsequent visit reports and in meetings with management. After some time and several serious incidents, the service management decided to install an automatic gate on the property, resolving the problem.

At times, when dealing with numerous stakeholders, the importance of being as honest as possible whilst maintaining the confidentiality of all parties can be very challenging. One example that comes to mind is in a service where I was approached by family members who were concerned that cuts had been made to staffing hours. In their view this compromised the capacity for the service to provide one on one community access for the residents. The staff at the service were also concerned that their hours had been reduced and the impact this would have on residents. I visited the service to ensure that I had all the relevant information and found that there had been some reduction in staff hours. I had been concerned for some time about this group home and I had previously raised concerns in my visit reports about the lack of community access for residents, and about the poor documentation of Individual Program plans, Health Care plans and BIS plans, which were also significantly out of date.

The parents sought my support in negotiating with service management about staffing and community access. I clarified that whilst I had raised concerns in relation to staffing hours and community access with service managers previously, I had also raised other issues and would prefer to maintain my independence in negotiating outcomes for residents on all these matters. This was accepted by the families and ultimately all issues raised were addressed when the management conducted an independent review of the service. The review recommended changes to the staffing configuration in the house as well as reinstating some additional staff

hours. Over time this service addressed all the issues I had raised in my visit reports and now provides, in my opinion, an excellent environment for the residents. The families of the residents are also extremely happy with the outcome achieved.

A Visitor can at times feel isolated, particularly when serious issues arise that require quick action to resolve. At these times, I have sought the support of my Visitor peers, which is invaluable. The complaints and OCV team at the NSW Ombudsman's Office have provided me with a good sounding board. Occasionally, it has also been useful to seek assistance from guardians or advocacy services. One example was when a service proposed moving a resident, who had lived in a house with the same fellow residents for many years. Although it was clear that the house was not the most appropriate accommodation for the resident, there were a number of alternative options available. The resident did not have the capacity to weigh up the 'pros and cons' of these options and make an informed choice; nor did she have any family members to assist in the decision-making process and service staff held opposing views as to the most appropriate accommodation choice.

When I approached the service managers and recommended that a guardianship application be made to assist with this decision, the service was initially reluctant to do this. However, in time, with the assistance of independent advocacy, they took this course and a Public Guardian was appointed to make accommodation decisions. The guardian also had the role to provide medical and dental consents and health care decisions for the resident as it was identified that she required a full medical review.

Twelve months later, the guardianship order was allowed to lapse as the resident was in a new home and had undergone all the

relevant health reviews. She is now living in an environment that is meeting her needs and has significantly improved her quality of life.

The three examples of my work with services and residents highlight a few concrete ways in which Visitors can help improve the lives of people with disabilities. The importance of connecting and communicating with every resident, irrespective of whether or not they have a serious issue to discuss, cannot be underestimated. I have noted over the years that, even where residents have profound disabilities, a smile, a few kind words or gestures, and taking the time to connect and communicate, can elicit recognition and a positive response. The Visitor role offers the opportunity to establish meaningful relationships with many residents and staff and I will greatly miss many of these people when my term as a Visitor ends.

In the disability sector the staff with whom I have had contact are genuinely committed to ensuring that the needs of residents are being met. In my experience only in few instances is this not the case. In one case I raised a number of issues, concerning staff deficiencies that were having a negative impact on residents, in a complaint to the Ombudsman. The outcome of the complaint was that closer supervision was provided to the staff concerned. There is still much work to be done in the area of staffing in disability supported accommodation and I look forward to the time when staffing in the disability sector is no longer a concern.

Overall, the role of the Official Community Visitor is well understood by the services that I visit and staff and management have generally valued my constructive suggestions to assist them to improve service delivery. It is very rewarding to visit a service where in responding to issues raised on previous visits, services proudly show evidence that positive changes have been made.

I also visited a number of licensed boarding houses during my terms as a Visitor. Independent from any actions on my part, two of the boarding houses originally in my allocation closed and in one case, a resident from a very mediocre boarding house moved, after its closure, to a group home that I had been visiting for a number of years. I have been fortunate to be able to observe the significant difference this accommodation change has made to the resident's quality of life. The resident now engages in a range of community access programs and through hard detective work on the part of the service staff, has reconnected with a family member and is demonstrating the full benefits of enjoying a healthy diet and having all health issues addressed.

Residents in the boarding house sector continue to be disadvantaged by being located in facilities that are required to meet only the most minimal of standards. These residents are highly dependent on the variable skills and goodwill of managers and owners and sometimes the relative isolation of the boarding house, as to the overall quality of the services with which they are provided. There is a great deal of scope for improvement in the boarding house sector and I hope that future Visitors continue to advocate for changes for individuals as well as legislative and systemic change in the boarding house sector.

Over the past five and a half years I have seen a number of positive changes to the OCV scheme and was fortunate to be part of a working group that assisted in the development of a number of new policies and practices. In my view, the most important of these is the OCV Mentoring Policy. Although mentors have been part of the OCV scheme for some time, this policy formalises the process, makes it far more accountable and has the capacity to provide greater support for new Visitors and their Visitor mentors.

Message from Official Community Visitors

I mentioned the importance of peer support in a role that can, at times, feel very isolated. As well as the bonds forged with residents and services, I have been fortunate to have contact with a number of fellow Visitors from a range of different backgrounds. These Visitors bring different valuable skills and perspectives to the role. All of them are united in wanting to improve the lives of people living in care. I wish those continuing on as Visitors every success in their future endeavours.

Finally, I will take away some wonderful memories from my time as a Visitor. Memories of residents proudly showing me their vegetable gardens, memories of residents who welcomed me into their rooms and showed me their newest acquisitions, memories of residents whose faces lit up when told by staff that they had a visitor who had come to talk to them and memories of the resident who always greeted me with 'Hey everyone, Freedom is here to see me! My Freedom is here!'

Message from Official Community Visitors

By Ricki Moore, Official Community Visitor

As a new Visitor I was excited about my appointment. I felt that as a Visitor, I could really be an instrument for positive change and equity in the lives of those living in care. I had worked for a number of years in the disability sector and have had the privilege of supporting people with disability through significant life changes. I knew about the OCV scheme before applying and it was a position that I had been interested in for some time. I have always been fortunate in my working life to be able to do what I am passionate about and always refused to do a job 'just for the money'. For me there has to be a sense of purpose also. When the OCV team at the Ombudsman's office contacted me, you should have seen the smile on my face after I found out I had been recommended for appointment as a Visitor. I was very excited to be offered the opportunity to work in such a role and knew that being a Visitor would give me the sense of purpose I was seeking.

I visit OOH and disability services including two non – government large residential centres on the mid north coast of NSW, between Coffs Harbour and Taree. Most services I visit view the OCV scheme

positively, and seek to work collaboratively with me to achieve positive outcomes for residents. Most services have a great respect for the OCV scheme.

I have met many passionate staff who have provided me with valuable information about service philosophy, person centred planning, and what the provision of quality care to residents actually means. When I receive a friendly welcome from staff and residents I know I have developed a good foundation of rapport from which to work from.

When I first started visiting I took time to arrange a visit to introduce myself to the management and staff of the service and provide them with an overview of the Visitors role. This was also an opportunity for services to highlight the things that they do well and identify any specific issues with the houses or OH&S concerns I needed to be aware of when visiting. Following my introductory visit with staff and management, my next step was to go to the houses and meet the residents and their support staff and on occasion residents' family members. I often did this over a coffee and a chat, providing people an opportunity

to open up. This helps me develop the rapport necessary to ask the questions that will help inform my visiting role. The residents I visit have been particularly inspiring for me to get to know. There are so many stories, and so many courageous people making the most of their lives with quality support and guidance.

I explain to residents that I am independent from the service's staff and other agencies and visit to give them a voice. I advise that my visit reports are confidential. I explain that I am interested to see what activities they are involved in, and what types of community access and family contact they have. I take time to see that residents are involved in regular individual planning meetings and the goals that are set are meaningful and achieved. I also let them know that I am there to see that they are in good health and have appropriate health checks. From an agency perspective, I look at whether staff have training relevant to their role and responsibilities to meet the needs of residents. All of the time, I observe how staff and residents interact. Most of the time I am pleased with what I see.

I also take time to review resident files, the communication books and other documentation that will provide me with a better picture of the day to day workings of the house. By doing this I get a feel for the culture of the service and how staff operate. I look at the communication books to see what has been happening over the last few weeks and months and if there are any issues that have not been raised in incident or shift reports. If there have been any incidents, I check that they have been properly documented and whether behaviour management strategies, where in place, have been implemented. I see if services have systems for monitoring this information and evaluating whether the strategies are working. I also pay close attention to the

regular use of pro re nata (PRN – as needed) medication and other restrictive practices, ensuring that the proper procedures and authorisations are in place and that these practices are reviewed regularly.

After every visit I write a report to the service identifying any issues of concern and providing positive feedback, where possible. I try to offer an objective view of the service for the management to consider, and if required seek support from the Ombudsman's office to assist me to resolve more complex issues.

A Visitor's role is a privileged one as it provides independent information to the Ministers and the Ombudsman about services provided and funded by ADHC or CS. As a Visitor I can act on issues identified by residents, and help to resolve complaints at the local level. I promote basic human rights for residents and offer support if required to seek independent legal or financial assistance, advocacy or guardianship.

However, there have been some services that needed support to resolve concerns around their current practices. I have had the opportunity to make a positive change in such services by raising and resolving issues directly with services.



Message from Official Community Visitors

For example in one house there are brothers, Alastair and Charles, who have mild intellectual disabilities. They were very unhappy with their situation and asked their advocate to contact the Ombudsman and ask an OCV to visit them. I visited the house the following weekend. I found that Alastair and Charles lived with Andrew, a young man who had challenging behaviours. Andrew would deliberately fall on anyone who happened to be near him and expect them to catch him. This was highly concerning as Charles is in a wheelchair. Whilst the service's planning about this issue was well documented, there was a long list of incidents and injuries involving all three residents as staff were not implementing the behaviour strategies. I was also concerned that the resident mix was not the best for the men.

During my visit I became aware of another unit in the cluster of houses where there were three men living together, two of whom were boisterous and active and one who was described as passive and withdrawn. Three young women, high functioning and quite independent, lived in the third house in the cluster.

A few days after reporting my concerns about the brothers' situation, I had a teleconference with the service's senior management. I suggested the service arrange a meeting with the families of all the male residents to discuss their housing arrangement options.

I also discussed my concerns about the lack of action by staff on the complaints from the brothers, the action on the behaviour management strategies and the lack of care and assistance to the brothers because staff were spending more time attending to Andrew's behaviours and needs. I also discussed the brothers' wish to watch TV late into the night at a high volume.

Management responded by arranging a house meeting with the residents' families two weeks later and agreement was reached about changing the resident mix. The service also made arrangements to train staff in recognising and responding to residents' needs and behaviours. Management is to purchase a digital recorder and headphones for the brothers so that they can record TV programs and watch TV during the day.

On my next visit to the house a month later the staff told me that the changes were proving very successful and that the residents were all much happier. The new resident mix in the two male units had made a significant difference. One staff member said that it had made a positive difference to staff as well, and that the families of the residents were very pleased that there had been fewer incidents in the houses. I also met with the House Services Manager who said that training had been scheduled for staff to improve their ability to manage behaviours and deal with complaints. He also informed me that he had increased the supervision and support of staff in the units and was happy that they could achieve such a positive outcome for all concerned. He thanked me for my input.

Although it has been less than a year since I began work as a Visitor I have learned so much and am looking forward to the years to come. I enjoy my work and believe in what I am doing. I am honoured to be able to be a part of that process of helping others to have a voice and to be recognised as members of the community at large. The people that I meet make the part time job of a Visitor more like a career than any other role that I have had before. I look forward to my visiting above all. What more can one ask for, to do what one loves to do and make a difference in the community.

Visitable services

Visitors visit children and young people in statutory and voluntary out-of-home care (OOHC) and people with a disability in accommodation services that are operated, funded or licensed by Community Services or Ageing, Disability and Home Care, where the residents are in full-time care. At 30 June 2011, there were 1,477 visitable services in NSW accommodating 7,494 residents.

Visits Conducted

During the year ending 30 June 2011, Visitors made 2,190 visits to these services.

Services to children and young people and services to children and young people with a disability

There are 215 visitable OOHC services, accommodating 487 children and young people in statutory and voluntary OOHC, including children and young people with disabilities. During the year Visitors made 539 visits to these services.

In previous annual reports we have reported about services to children and young people with a disability as a separate sub-category of visitable services. Following the proclamation of the voluntary OOHC provisions of the *Children and Young Persons (Care and Protection) Act 1998* in January 2010 and the commencement of the OCV Online database we no longer report separately about children and young people including those with disability living in statutory and voluntary OOHC.

Services to adults with a disability

There are 1,200 visitable disability services, accommodating 6,241 adults with a disability. During the year Visitors made 1,535 visits to these services.

Services to residents in licensed boarding houses

There are 32 licensed boarding houses, accommodating 766 adults with a disability. Visitors made 116 visits to these services during the past year.

Visitor allocations

The funding of the OCV scheme is not sufficient to allocate visits to all services at the minimum rate of two visits a year deemed adequate by the Ombudsman. In any one year the Ombudsman is able to allocate visits to 75–80% of services, within the budget.

Until recently, other than CPI enhancements there had been no increase to the budget for the OCV scheme since the Ombudsman assumed responsibility for it in December 2002. Since that time there has been an increase of 21% in the number of visitable services from 1,161 to 1,477 services. We anticipate a continued increase in the number of visitable OOHC and disability services.

Since 2003 the Ombudsman has made a number of unsuccessful enhancement bids to Treasury based on the increasing number of services.

The Ombudsman has also sought to quarantine the budget for the OCV scheme from savings required by the NSW Government and Treasury of the overall Ombudsman budget. The Ombudsman's decision to quarantine the budget has taken into account the high vulnerability of residents of visitable services, the increasing number of services and residents and the need to maintain a minimum number of visits to services.

In August 2010 the former Premier approved a 14% increase in Visitor remuneration. This was the first increase in the Visitor's

hourly payment rate since 2004, when a 0.2% increase was approved. Treasury has recently advised the Ombudsman that a requested budget enhancement of \$100,000 to compensate for the remuneration increase has been approved for 2011–2012. However, as noted above, the baseline budget for the OCV scheme has not been increased despite a significant expansion in the visitable services sector.

In 2010–2011 we were unable to allocate visits to 519 (35%) services because of a shortfall in budget and because 10 Visitors left the scheme during the year for various reasons.

In 2010–2011 we recruited 13 new Visitors. We provided them with induction and training in March 2011 and they began visiting in May 2011. The 13 new Visitors bring the Visitor complement to 31.

Key issues about service provision

Visitors identified 1,907 issues about service provision to residents during the year. Of these, Visitors reported that 840 (44%) were resolved by services. The remaining 66% of concerns were either closed, ongoing, or unable to be resolved.

In 2010–2011, the main areas subject of concern were:

- Individual plans, health care plans, behaviour management plans and strategies are in place, implemented, and reviewed – 418 issues (22%).
- Premises, fittings and facilities are clean, suitable and well maintained – 216 issues (11.3%).
- Access to health assessments, screening, specialists and reviews – 210 issues (11%).
- Medication storage and administration procedures – 78 issues (4.1%).

Other frequently raised issues included:

- residents have opportunities for recreation, employment and education;
- residents are free from abuse and neglect;
- residents are encouraged to participate in activities related to their interests, preferences, strengths and capacities;
- incidents are recorded and appropriately managed;
- suitable and adequate numbers of staff; and
- residents have stability in their accommodation and are not subject to frequent moves.

OCV Online

OCV Online is the scheme's electronic database and reporting framework. It has been in operation for 12 months since 1 July 2010.

Visitors, services and the Ombudsman report that OCV Online is a more effective and efficient system for classifying, analysing and reporting about service issues. According to Visitors, the new IT system has realised efficiency savings in their administrative activities.

Visitors are able to do most of their administrative work electronically. The flexibility of the web-based program allows them to access and use OCV Online in the field on a visit and in rural and remote areas.

Moving from an entirely paper-based system to an electronic reporting system has required extensive training for Visitors and a significant change to their reporting practices. The useability of the system has resulted in a generally problem free roll out and a high level of acceptance by Visitors.

OCV Online also saw the introduction of a new service issues classification system.

This system is the basis for raising concerns with services and is benchmarked against the Disability Service and OOHC standards. When a Visitor identifies an issue in a service, the Visitor assigns it a classification code. The Visitor asks the service to provide information about the issue and advice about action taken to address and resolve the issue. After the service responds the Visitor assesses whether the service has satisfactorily addressed the issue and records the outcomes in OCV Online

The OCV Online system will be upgraded in the next 12 months to include updates and administrative changes that will further enhance the efficiency and useability of the system.

Changes in service issues reporting

The number of service issues reported in the last year has significantly declined – in 2009–2010 there were 5,250 service issues reported compared to 1,907 in the past financial year. We expected a decline in service issues with the implementation of the new OCV Online system because an issue affecting multiple residents is now reported as one service issue in the new system. For example, if a Visitor identified a concern about a service's individual planning for the five residents of a community based group home the Visitor would report one issue affecting five residents in OCV Online. The previous reporting system required Visitors to report such an issue individually for each of the five residents.

However, the decline in the number of service issues reported in 2010–2011 is larger than projected. An initial analysis of the reasons for this and consultation with Visitors has identified some concerns about the way some Visitors are classifying and reporting service issues. For example, if a Visitor raises an issue

of concern in their visit report in the 'feedback' section, OCV Online does not recognise this as an issue and does not count it for statistical purposes. We are completing a more detailed analysis of the effectiveness of Visitors' use of the data system and will be providing additional training and support for Visitors.

Common Themes

Residents are the central focus

Visitors are independent of services and government departments. They are concerned with promoting the best interests of residents by reporting and facilitating the resolution of individual residents' issues, as well as having regard to the overall conduct of services.

As a guide to good practice, Visitors refer to relevant standards such as the Disability Service Standards and the OOHC Standards. However they do not monitor the extent to which services comply with relevant legislation or prescribed standards. This is the responsibility of funding and accreditation agencies such as CS, ADHC and the Children's Guardian.

Visitors observe how services respond to the needs of the individual or groups of individuals, using relevant legislation, standards and sector and service policies and procedures as a benchmark of good practice. For example, a service may meet the relevant service standards, but a resident may still be unhappy with the service provided. Such a situation may need the involvement of an independent person, the Visitor, who can assist a resident and service to resolve an issue of concern.

The issue of concern raised most frequently by Visitors over the past few years has been the development, implementation and review of plans for people living in care.

These plans can include individual plans, care plans, behaviour management plans and health care plans. These documents guide services in meeting the needs of residents in care. The plans should be developed in consultation with residents and other key people in their lives. They should include relevant and meaningful goals and strategies that will assist in meeting the goals.

Planning is an integral part of life for residents in OOHC, in supported disability accommodation and in licensed boarding houses.

The case study below highlights an example of the work Visitors and their focus on the best interests of the person receiving care.

Case Study: The resident as the focus

Jenny lives in a group home with three other residents. All of the residents have specific behaviours requiring staff support. However Jenny has significant and challenging behaviours. Jenny is friendly and curious and always eager to engage and communicate with the Visitor attending the service. Jenny visits her family regularly and also attends a day programme for social activities during the week.

The Visitor has raised and followed up on significant issues with the service on Jenny's behalf.

This included unsatisfactory sleeping conditions which were affecting Jenny's health and medical needs. Due to her self-injurious behaviours, Jenny had an open wound on her back; she regularly removed any dressing applied to the wound. The wound became ulcerated, requiring hospitalisation.

Additionally, Jenny was sleeping on a urine-soaked mattress, as she had

removed all the waterproof mattress covers. Though Jenny is not incontinent, she occasionally wets the bed at night. This situation was uncomfortable and unhygienic and presented a risk of infection to her uncovered wound.

The Visitor reported these serious concerns on the day of her visit. Within several days, the service purchased a new mattress with waterproof cover that Jenny could not remove and made arrangements for and encouraged Jenny to wear incontinence aids during the night. This remedied Jenny's immediate situation.

In addition to assisting in the resolution of specific and immediate issues, it is also important that a Visitor ascertains the circumstances giving rise to an issue of concern. This can help to identify the cause of the issue and limit or prevent the likelihood of it happening again. In Jenny's case, the service previously had a mattress suitable for Jenny's needs. However, a decision had been made to take the mattress to the family home to assist Jenny's family in providing her with appropriate care during her visits with them. Unfortunately at the time a similar replacement mattress was not purchased.

Through the action of the Visitor, an issue that the service provider was aware of and moving slowly to address, was resolved by making the resident's best interests, Jenny's, the focus of the issue. The service is addressing Jenny's self-harming through health care and behavior management reviews, but she now has a clean bed to sleep in and her hygiene has improved.

A home-like environment

Another common theme that Visitors identify is the difficulty that some services face in providing a home-like environment for residents. This is the third most reported issue across all visitable services.

Generally, people living in care are in supported accommodation because of their high support needs. They may have significant medical or health needs or behaviours that require good management and tight control and monitoring of their surrounds. Most of the residents share living spaces with many other residents and the security of personal belongings may be a concern. This can result in residents having few or no items of sentimental value or cost.

The circumstances of congregate residential care, even when there may only be three or four people living in a community based group home, can result in service staff, visitors to the household, families and even the residents themselves forgetting that the house is actually the residents' home. Factors such as the ownership of the premises, staff rostered on shifts and the often complex management and support arrangements for residents can contribute to the attitude and perceptions that the house or facility is not the residents' home. Home, for most of us, brings with it certain expectations about the environment that we choose to live in, our relationships and belongings and our implicit and explicit rights and entitlements to make decisions about our living environment – our house. These expectations can include a clean, comfortable, warm and personalised space that meets our particular needs and requirements. For people living in care these expectations are no different, though they can be overlooked.

Visitors often report that a home-like environment is low on services' priorities.

However, it may be one of the easier things to achieve. Visitors regularly work with services to explore new and different ways to create a home like environment that is not resource intensive. Visitors comment that transforming a 'house' into a 'home' can be as simple as involving residents in talking about their home and involving them in making their environment more suited to their needs and likes – more home like.

The case study below demonstrates how a little effort can go a long way to make a resident's living environment more supportive and home like.

Case Study: Home-like environment

When visiting a group home for the first time a Visitor met Yoshi, a young woman with disabilities. Yoshi was very welcoming and ready with a smile. Though she does not speak she took the Visitor for a house tour and showed the Visitor her bedroom.

The Visitor saw that not much had been done to make Yoshi's bedroom 'home like' or to keep up a reasonable level of maintenance. There were large stains on the walls, a broken wardrobe door, no quilt cover on Yoshi's bed, and a broken book shelf. There was also very little in the way of personal effects or decoration in the room.

The Visitor also noted that the kitchen was in need of significant repairs and maintenance. There was no evidence of any of the augmented communication tools necessary to facilitate staff interaction with Yoshi.

When the Visitor examined the residents' files, she observed that there were recently reviewed Individual Plans for all residents, but no evidence of implementation of the plan goals. In

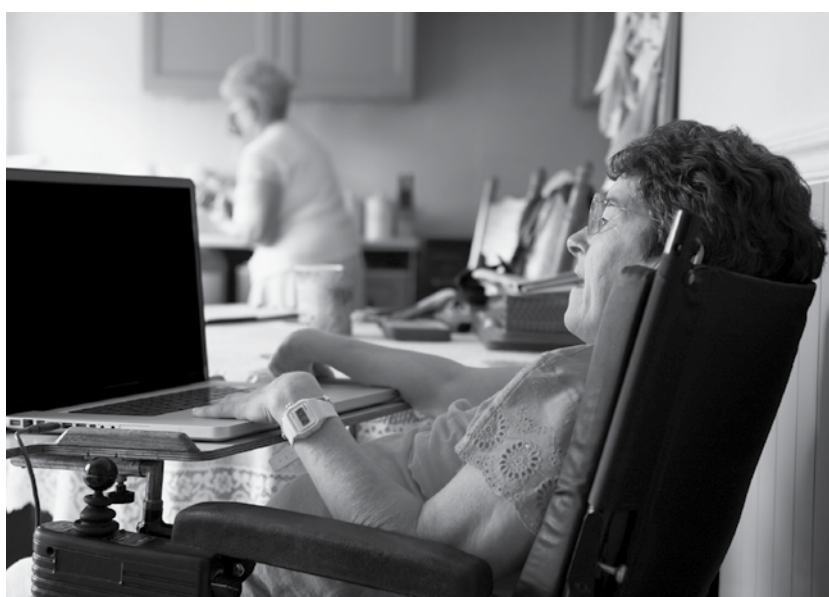
Year in Summary

Yoshi's file there was a detailed strategy to assist staff to more effectively communicate with her, but no evidence that this had been implemented.

The Visitor reported her concerns about the living conditions, use of communication tools and implementation of the plans and goals.

When the Visitor next visited, Yoshi excitedly showed her a newly painted bedroom, living room and kitchen. Cupboards, wardrobes and shelves and some other new furniture had been purchased. Best of all Yoshi was communicating with the help of a staff member, she indicated that it was she who picked the colourful new quilt cover on her bed and the posters and photos that now adorned her bedroom walls.

Staff had developed and implemented a visual augmentative communication system, in line with Yoshi's Behaviour Management Plan and staff had been trained in its use. This visit was a very different experience to the one undertaken a few months earlier. Though the residents and their needs had remained the same, the service's efforts to provide a more home like and supportive environment made a significant difference to all, especially to Yoshi.



Visiting services

During 2010–2011, there were 1,447 visitable services, an increase of 204 (16.5%) services on the number of visitable services operating in 2009–2010. The number of residents living in visitable services across NSW also increased considerably in 2010–2011 to 7,494 (a 16.5% increase). This increase of over 1,000 people living in care is primarily the result of several factors; the implementation of the ADHC Stronger Together initiatives in the disability sector, an increase in the number of children and young people in OOHC, and, in particular, the impact of the proclamation of the voluntary OOHC provisions of the *Children and Young Persons (Care and Protection) Act 1998* which occurred on 24 January 2010.

Visitors undertook fewer visits this year (see 'Visitor Allocation' p14). As previously

discussed, the increase in the number of Visitors from 23 for the first nine months of 2010–2011 to 31 will enable an increase in the number of services visited and visits in the forthcoming year.

This year, the budget for the visiting scheme was \$732,000. This year, the budget expenditure for the scheme was \$800,130. In 2009-10 the expenditure was \$706,617. The higher expenditure was due to a 14% remuneration increase from August 2010, with no commensurate budget increase and significant recruitment costs.

The Ombudsman allocates most services two visits per annum. The allocation of visits is higher to services for children and young people, and to services with many residents, such as large, congregate care institutions and licensed boarding houses; this is because of the heightened vulnerability of residents in these services.

Figure 1: Number of visits made by Visitors

Target Group	# of Services			# of Residents			# of Service Hours*			# of Visits		
	08/09	09/10	10/11	08/09	09/10	10/11	08/09	09/10	10/11	08/09	09/10	10/11
Boarding Houses			32			766			389			116
Children & Young People in OOHC	136	138	215	248	249	487	1,092	511	1,117	435	499	539
Children & Young People with Disability*	42	36		137	122		397	313		46	168	
Adults with Disability (inc. Boarding Houses to 30 June 2010)	1,102	1,053	1,200	6,169	5,995	6,241	7,236	4,990	4,421	2,613	2,603	1,535
Total	1,280	1,227	1,447	6,554	6,366	7,494	8,725	5,814	5,927	3,094	3,270	2,190

* Children & Young People with Disability is now included in Children & Young People in OOHC

Identifying and resolving issues

How Visitors facilitate the resolution of service issues

After every visit, Visitors provide a written report to service staff or management identifying any issues and concerns about the quality of care and services provided to residents. When Visitors identify significant concerns about the safety, care or welfare of residents, they generally discuss these directly with service management at the end of a visit.

Visitors encourage services to resolve concerns quickly, at the local level, and facilitate services' action to address simple issues of concern. More complex problems can take longer to resolve. Though Visitors cannot compel services to act on their concerns, services have obligations under CS-CRAMA to address complaints about services quickly, fairly and informally. Visitors monitor service responses to reported concerns by seeking a report from the services and feedback from residents, service staff, families, advocates and other relevant stakeholders.

Parents, advocates or staff may also contact Visitors to discuss their concerns about a visitable service. Visitors may follow up these concerns when they next visit a service. At times Visitors will refer these people and their concerns to the Ombudsman for complaints or other actions.

Visitor reports are recorded in the Ombudsman's OCV Online database. During 2010–2011, Visitors reported 1,907 new concerns about the conduct of visitable services in NSW.

During 2010–2011, services resolved 840 (44%) of all identified concerns. Visitors were continuing to monitor the action being taken by services about 981 (51.4%) of concerns. Services made genuine attempts but were unable to resolve 86 (4.5%) of the concerns

reported by Visitors. Visitors closed 245 (7%) of concerns they reported, usually because the circumstances of residents or services had changed, resulting in the identified concern no longer being relevant. See Figure 2.

Visitors will sometimes refer concerns to other agencies. This may include referring residents and their families for legal advice or to advocacy services and referring child protection matters to the CS Helpline.

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

Visitors may refer serious, significant, urgent or systemic issues of concern to the NSW Ombudsman for complaint or other action.

The Ombudsman has functions to address such matters. For example, the Ombudsman may take up individual and systemic concerns reported by Visitors and conduct further inquiries about the impact of these problems on residents. During 2010–2011, in response to concerns identified and reported by Visitors, the Ombudsman's staff:

- handled 29 complaints made by Visitors or based on information provided by Visitors;
- provided detailed phone advice and information to Visitors regarding 52 complex service issues;
- worked with Visitors to present education and training on the role of the Ombudsman and Visitors for residents, staff and management in supported accommodation services, licensed boarding houses and to non-government OOH service providers; and
- accompanied Visitors to meetings with senior managers of services to assist in negotiating resolution of issues.

Figure 2: Issues reported by Visitors 2010–2011

Target Group of Services	Total no. of visitable services	No. of issues identified	Average issues reported per service	No. of ongoing issues	No. of issues unresolved	No. of issues closed	No. of issues resolved
Boarding Houses	32	55	2	27 (49%)	9 (16.5%)	nil	19 (34.5%)
Children & Young People in OOHC	215	398	2	193 (48.5%)	36 (9%)	nil	169 (42.5%)
People with Disability	1,200	1,454	1	761 (52%)	41 (2.9%)	nil	652 (44.8%)
Total	1,447	1,907	1	981 (51.5%)	86 (4.5%)	nil	840 (44%)

Additional Support to Visitors

During 2010–2011, the Ombudsman also provided other supports to Visitors, including:

- The Policy and Practice Working Party comprising Visitors and Ombudsman staff reviewed and developed policies and procedures. These policies and procedures included the OCV Code of Conduct and Confidentiality Agreement, OCV Working at Home policy, Allocation policy and Mentoring policy.
- Finalisation, publication and distribution of Children’s Guardian (CG)-OCV-Ombudsman Memorandum of Understanding for exchange of information and OCV reporting of issues to the CG. CS-CRAMA was amended in January 2010 to enable OCVs to share information about residential OOHC services with the CG. The OCV team in conjunction with the Children’s Guardian developed a factsheet in connection with this issue and provided it to all visitable OOHC services.
- Consultation with the Department of Education and Communities in response to issues raised by Visitors with the Minister for Community Services, concerning the provision of information by the Department of Education and Communities to Visitors about the education and school

attendance of children and young people in residential OOHC. The Department of Education and Communities has completed a final draft of this new protocol and will publish it in 2011-2012.

- The provision of legal advice to Visitors and advocacy agency PWD about the referral of residents for advocacy support.
- Allocated extra hours to Visitors to attend special training sessions and conferences and follow up on serious and urgent service issues.
- Consulted regularly with Visitors through the four regional groups and the OCV-Ombudsman Consultation Group.
- Provided regular information bulletins to Visitors about developments in the visitable services sector, good practice ideas and initiatives, referral services and other relevant, available resources.

Promoting the scheme

- Visitors and Ombudsman staff jointly presented information sessions to community service agencies, peak bodies and other community, public and private sector agencies, such as Disability Expos in Tamworth and Broken Hill and Ombudsman Outreach Forum in Orange.
- Ombudsman staff took calls from service

staff and families who had queries about the scheme or wanted to contact a Visitor.

Our Role

Objectives and legislative framework

The Official Community Visitor scheme was established in 1995 pursuant to the CS-CRAM Act and Regulation.

Visitors are independent of the Ombudsman, they are skilled communicators and problem solvers and have knowledge of and experience in community and human services.

They monitor the quality and conduct of services and work individually, with their Visitor colleagues, and with the Ombudsman, to resolve problems on behalf of residents.

The Visitors' functions are to:

- Inform the Ministers and the Ombudsman about the quality of accommodation services.
- Promote the legal and human rights of residents.
- Act on issues raised by residents.
- Provide information to residents and services.
- Help resolve complaints.
- Report to the Ministers.

The Ombudsman's functions in relation to the scheme are to:

- Recommend eligible people to the Ministers for appointment as a Visitor.
- Determine priorities for the services allocated to Visitors for visiting.
- Investigate matters arising from Visitors' reports.

The role of the NSW Ombudsman

The Ombudsman's Official Community Visitor (OCV) Team and other staff within the Human Services Branch and office support Visitors.

The Ombudsman has responsibilities for:

- the day-to-day operation and administration of the scheme;
- prioritising visits to meet the needs of residents and to ensure that information and resources are used as effectively and efficiently as possible;
- providing professional development,
- supporting Visitors to respond to concerns about people living in visitable services;
- assisting Visitors in the local resolution of service quality issues they identify;
- identifying and addressing issues of concern requiring complaint action;
- coordinating the responses of Visitors and the Ombudsman to individual and systemic concerns affecting residents of visitable services; and
- working strategically with Visitors to promote the scheme as a mechanism for protecting the human rights of people in care.

Visitor numbers

The 2010–2011 year began with 33 Visitors. During the year 10 Visitors left the scheme, either reaching the end of their appointments or resigning prior to completing their term.

Thirteen new Visitors were appointed in this time. One Visitor was appointed in September 2010 and 12 more Visitors were appointed in February 2011. The new appointments assisted in filling gaps created by departures and a continuing need to visit vulnerable people living in care.

Training and development

Training and professional development are a very important part of Visitors' annual activities. The Ombudsman coordinates training to enhance visiting practices and skills, and also arranges briefings about key community service sector issues and initiatives.

Training in 2010–2011 focussed on the use of the new OCV Online database, service issues classification system and the visit reporting system. The OCV team provided training and support to current and new Visitors to assist their consistent and efficient use of the new tools.

Other training and briefings included:

- developing mentoring skills,
- training and information on complaint processes and complaint education,

- meetings with and briefings from People With Disabilities, the ADHC Community Justice Program director and members of the advisory group, National Disability Services, and the Children's Guardian,
- briefings to Ministers and Executive Directors of ADHC and CS,
- the annual Visitor Conference, with presentations from the Guardianship Tribunal, the Office of the Public Guardian, ADHC restrictive practice authorisation panel members, CS secure care unit and the Office of the Senior Practitioner.

