



# 2015–16 Annual Report



## Contact us

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Annual Report 2015–16



OCVs  
conducted over  
**3,100**  
visits

## 2015–16 highlights

spent over  
**8,300**  
hours visiting  
residents

visited  
**1,200**  
services

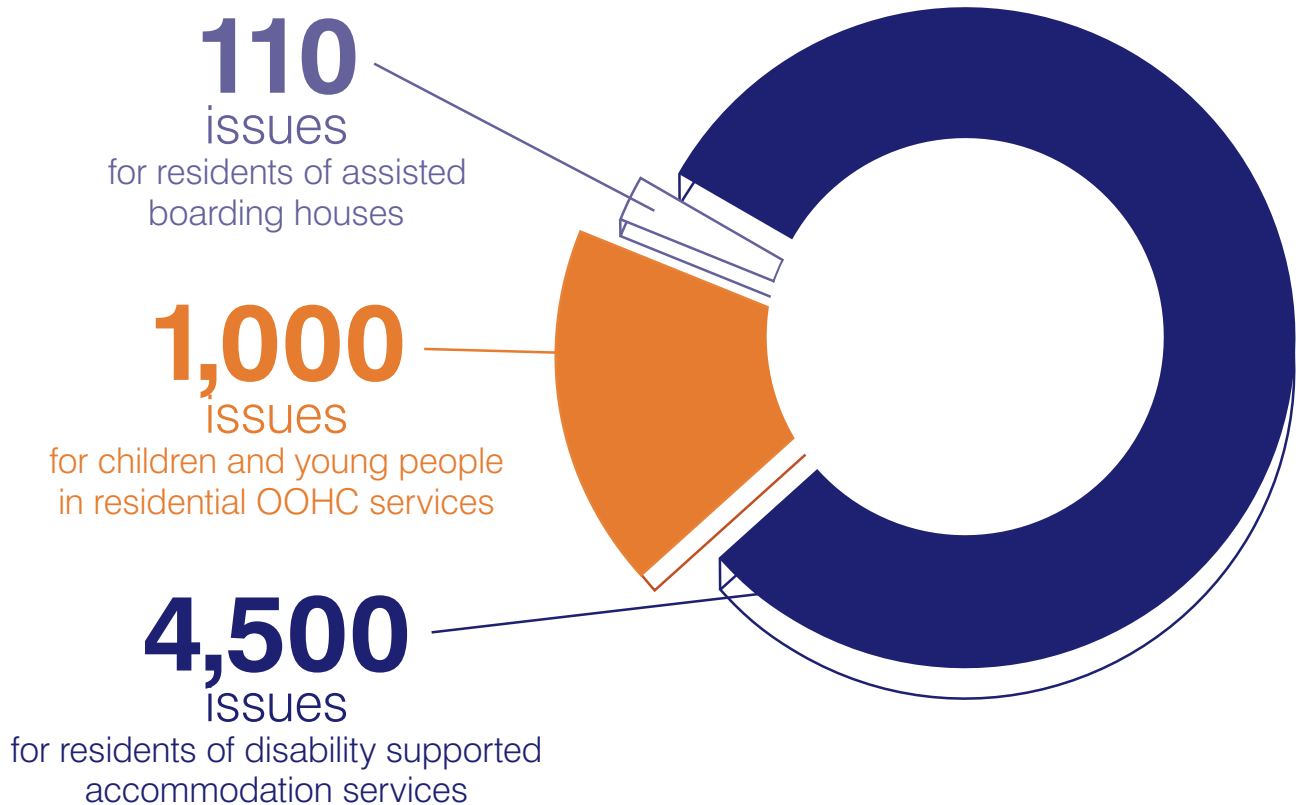
brought  
**101**  
matters to the attention  
of the Ombudsman's  
Complaints Team

reported over  
**4,200**  
new issues

brought  
**16**  
matters  
to the attention of the  
Ombudsman's Disability  
Reportable Incidents  
Division

# OCVs worked on over **5,600 issues**

(continuing and new), including:



## Quick comparison with last year

conducted  
**150 more visits**

visited  
**50 more services**

reported over  
**200 more new issues**

worked on over  
**300 more issues**

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

\* All sections entitled 'A voice of a resident in care' have received permission to be published from the resident and their guardians.

# Letter to the Ministers

The Hon Brad Hazzard MP  
Minister for Family and  
Community Services  
Minister for Social Housing

The Hon John Ajaka MP  
Minister for Disability Services  
Minister for Ageing  
Minister for Multiculturalism

Dear Ministers

I am pleased to submit to you the 21st Annual Report for the Official Community Visitor scheme for the 12 months to 30 June 2016, as required under section 10 of the *Community Services (Complaints, Reviews and Monitoring) Act 1993*.

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

Yours sincerely

A handwritten signature in black ink, appearing to read 'John McMillan', written in a cursive style.

Professor John McMillan AO  
**Acting Ombudsman**

## Message from the Ministers



NSW has close to 20,000 children in Out of Home Care (OOHC) and sadly, the vast majority do not have a strong network of family supports and connections. This is why the Official Community Visitor (OCV) scheme is so important. It provides a voice of support for young people, as well as a connection to community members who have the ability to advocate on their behalf.

OCVs are independent statutory appointees of the Minister for Disability Services John Ajaka and me as the Minister for Family and Community Services. They are our independent eyes and ears on the ground and provide invaluable feedback and advice.

OCVs visit children and young people in statutory and voluntary OOHC and people with disability living in accommodation services that are operated, funded or licensed by FACS, where the residents are in full-time care. There were 249 visitable OOHC services, accommodating more than 630 children and young people in 2016 and the OCVs made an impressive 618 visits to these services throughout the year. As a result of these visits more than 1,000 issues were flagged for children and young people in residential OOHC services.

The case studies in this report reflect the unique role played by OCVs, who work to ensure that issues faced by young people, no matter how large or small, are resolved to provide a better level of care for them. Visitors come from diverse backgrounds and bring a variety of expertise to their role, allowing them to view circumstances and issues from a different perspective and provide a unique response to young peoples' needs.

I wish to thank all our Visitors for their dedication and efforts this year. You are making a great difference for some of the most vulnerable individuals in our community, and the role you play in strengthening our responses to young people is invaluable.

A handwritten signature in black ink that reads "Brad Hazzard". The signature is fluid and cursive.

Minister Brad Hazzard MP

**Minister for Family and Community Services**  
**Minister for Social Housing**





As this year draws to a close, I would like to acknowledge the excellent work completed by the Official Community Visitors this year.

This year has been a big year for disability services in NSW with the rollout of the National Disability Insurance Scheme (NDIS) across half the state.

This has meant significant change and adjustment for many families. It has also provided opportunities for families to explore new avenues of supports for their loved ones and for people with disability to achieve their goals and aspirations through the new world of disability services that is available through the NDIS.

I deeply value the critical and impartial advice provided by the Official Community Visitors.

Last year, we celebrated the 20th anniversary of the Official Community Visitors and the achievements this

Scheme has made during that time. This year, the report captures more achievements and highlights personal case study achievements by the Official Community Visitors to assist members of the community become more socially included.

It is important to recognise that the role of the Official Community Visitors is not only to report on urgent or critical issues affecting members of the community, but also to provide support and advice on how vulnerable people have a more fulfilling life. This is certainly an achievement that is highlighted in this year's report.

This year, I have met with the Official Community Visitors several times, and each time I was warmed by their dedication to the people they visit and by the passion they demonstrate about issues they raise with me. We are so fortunate in NSW to have a group of people who truly believe in the work that they do and the message they share with the community.

The NSW Government will continue to support the role of the Official Community Visitors in supporting the most vulnerable people in this State and their presence will undoubtedly continue to improve the lives of people with disability across NSW.

I look forward to an even busier 2017 with the rollout the NDIS for the rest of NSW and know the Official Community Visitors will continue to play a vital role in supporting people in their NDIS journey. I would also like to thank the Official Community Visitors and congratulate them on a successful year.

Minister John Ajaka MP

**Minister for Disability Services**

**Minister for Ageing**

**Minister for Multiculturalism**

# Message from the Ombudsman



As co-ordinator of the Official Community Visitor (OCV) scheme, it is my great pleasure to contribute to the Official Community Visitor Annual Report 2015–16.

Last year we celebrated the 20th anniversary of the OCV scheme. It was an opportunity to reflect on the features of the scheme that have made it so successful in safeguarding the interests of people in residential care in NSW. The scheme has been remarkably effective in identifying and resolving significant issues faced by people in residential care.

Official Community Visitors are a critical safeguard for people in residential care in NSW, who are some of the most vulnerable members of our society. The Visitors promote respect for the legal and human rights of residents, through a combination of independent oversight and direct connection to residents.

The OCV scheme complements and adds value to the broader work of my office, including the disability reportable incidents scheme, and our complaint handling functions in respect of certain agencies that provide community services.

Visitors identify significant issues in residential care and raise them with service providers. They also ensure that my office is aware of serious incidents or problems, or those that persist because service providers have not addressed them. In 2015–16, Visitors conducted over 3,100 visits to more than 1,200 services, and reported over 4,200 new issues.

As always, this report is brought to life by personal accounts from Visitors and the residents of the services they visit. I extend my appreciation to the people who shared their stories. The case studies demonstrate the dignity and respect in the relationship between Visitors and residents. They also show the significant and meaningful changes Visitors can achieve, working with and providing a voice to individual residents.

Over the past year, my office has been active in providing input to the development of a quality and safeguarding framework for the National Disability Insurance Scheme. We believe there is an important role for Community Visitors as part of the national framework, and the OCV reports demonstrate the value of their work and the NSW scheme.

I extend my congratulations to all those involved in the OCV scheme over the past year, and look forward to a similarly productive year ahead.

A handwritten signature in black ink, appearing to read 'John McMillan'.

Professor John McMillan AO  
**Acting Ombudsman**

# The role of Official Community Visitors

Official Community Visitors (OCVs) are independent statutory appointees of the Minister for Disability Services and the Minister for Family and Community Services. They operate under the *Community Services (Complaints, Reviews and Monitoring) Act 1993 (CS CRAMA)*.

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

- children and young people in residential out-of-home care (OOHC),
- people with disability living in supported accommodation, and
- people living in assisted boarding houses.

## **The functions of OCVs include:**

- informing the Ministers and the Ombudsman about matters affecting residents,
- promoting the rights of residents,
- identifying and acting on 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, and
- helping to resolve complaints or matters of concern affecting residents as early and as quickly as possible.

## **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, and
- report to the Ministers, the NSW Ombudsman, and the Office of the Children's Guardian on matters regarding the conduct of the service.

## **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 by identifying issues and bringing them to the attention of staff and management,
- when needed, assist residents by linking them to advocacy support, and
- where appropriate, assist residents and their service provider to resolve any concern residents may have about their service.

# Who are the Official Community Visitors?

## Metropolitan Sydney – North



Susan Alexander



Amanda Ellison



Frank Kuiters



Marilyn McClung



Gemma Phillips



Lyn Porter



Elizabeth Rhodes



Rachel Tozer

## Hunter/Central Coast



Jon Blackwell



Ruth Chalker



Ann-Maree Kelly



Jackie Klarkowski



Amanda Reitsma



Barbara Rodham

## Far North Coast



Arwen Carroll

### Ended appointment in 2015–16

- Deirdre Growney (June 2016)
- Taryn Bankier (December 2015)
- Judy James (December 2015)
- Sharon West (January 2016)
- Ariane Dixon (June 2016)
- Melanie Schlaeger (August 2016)
- Paul Moulton (June 2016)
- Ricki Moore (July 2016)

Currently  
**28**  
OCVs in the  
scheme.

## Metropolitan Sydney – South



Dennis Bryant



Irene Craig



Claire Galvin



Linda Larsen



Dennis Robson

## Southern/Western region



Sue Curley



Jo Hibbert



Melissa Pol



Rebecca Prince



Margaret Stevens



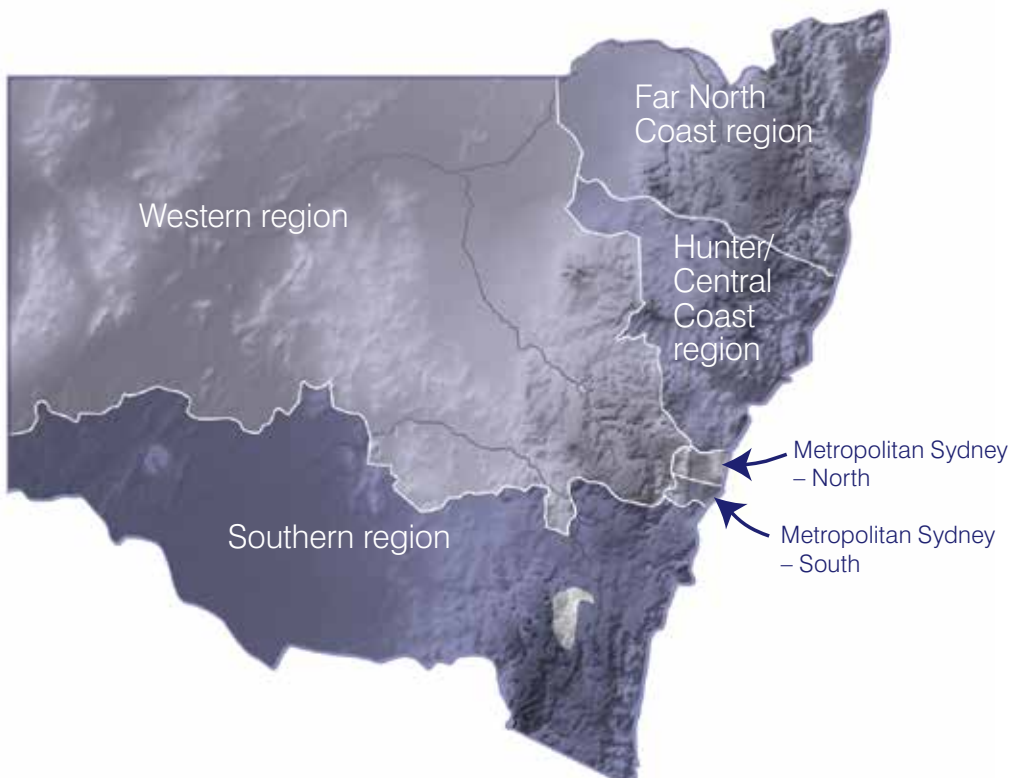
Mahalia Willcocks



Bart Yeo



Karen Zelinsky





## Voices of residents living in visitable services

Ahmed has lived in an assisted boarding house in Sydney for the past six years and would like to share his story and experience of living there.

Ahmed was born in Cyprus, the youngest of four children. He came to live in Australia with his family when he was 20 years of age and lived and worked around Surry Hills and Redfern. Ahmed is very proud of the fact that he excelled at English in high school, receiving the highest marks in his exams. Ahmed initially worked with his uncle in a takeaway food shop but later gained a position as a process worker in a plastics factory.

Although Ahmed misses the beauty of Cyprus, he thinks that Australia is beautiful also!

Ahmed never expected that his life would lead him to living in an assisted boarding house, but he feels that it has turned out okay. On warm days he feels that it is almost like paradise; sitting outside in the sunshine, listening to the birds and looking at the trees that fill the outside common areas.

Ahmed has seen quite a few changes over the past six years, most of which have been improvements made to the living conditions at the boarding house, such as better quality and variety of food, and improved landscaping, making it a much nicer place to live. Ahmed jokes that he is not getting any younger and is hoping that one day an elevator can also be put in as his room is on the top floor of the building.

*Ahmed likes the staff at the boarding house and praises their hard work and dedication.*

The staff are available to help him and others with any problems they might be having. Ahmed enjoys most of the food that he is served at mealtimes, but his particular favourite is chicken legs with rice.

Ahmed spends most of his days at the boarding house, but says that he has lots of interactions with the other residents and external service providers that attend the boarding house. Ahmed has easy access to public transport and he enjoys catching the bus to the local charity shop or just to get out and about. He enjoys his independence and often walks to the shops for a meat pie or sometimes heads over to the Catholic Club for something different to do.

*Ahmed enjoys the regular visits from the OCV; he likes to have someone come who he can talk to and he likes to encourage other residents of the boarding house to speak with the OCV also, particularly if they have problems they don't know how to solve.*

Ahmed says, overall, that he is very contented and happy and wouldn't change a thing.

**- Written by Ahmed, with the assistance of OCV, Karen Zelinsky.**

# Reflections of an experienced Official Community Visitor

By Lyn Porter,  
Official Community Visitor

I am nearing the end of my six year term as an OCV. I was very fortunate to be reappointed for a second time to the OCV scheme in 2011. My first appointment as an OCV was between 2001 to 2007. When I was first appointed in 2001, the OCV scheme was administered by the then Community Services Commission. Visiting in those years was quite different in comparison to how OCVs operate now. All documentation was handwritten in duplicate with the original being posted to the service. The responses by services to our visit reports were also received by mail which could take a very long time. In the case of serious matters, OCVs during those times would spend a lot of time on the phone. The implementation of OCV Online, the electronic reporting system that OCVs now use, has made our job much less time consuming and communication with services much more prompt and efficient. This means that OCVs are able to address issues in a more timely way, which benefits the children, young people and adults who are living in visitable services.

The role of an OCV is probably the most unique of all the jobs I have ever done. The role can be isolating because you mostly visit on your own, although some team visits are conducted. When I think back over my 12 years as an OCV, there are many words that come to mind about the role, rewarding, challenging, frustrating, confronting, exciting, and satisfying, to name just a few. To be an OCV takes commitment and dedication, and is not as easy as it sounds. I always find it difficult to describe the role and probably the best description, and one that is used often, is that OCVs are 'a voice for people in care'. It takes considerable time to settle into the role and to be effective as an OCV. I visit children and adults with disability, and children and young people in residential Out-of-Home Care (OOHC). It is very different visiting these two groups, because of the different legislation, policies, and needs. To have the support of the OCV team at the NSW Ombudsman's office and time allocated to meet with fellow OCVs for peer support makes it possible to work through

even the most difficult issues. The breadth and wealth of knowledge, experience and expertise of OCV's is nothing short of remarkable. I have certainly benefitted from the support and wisdom of my fellow OCVs.

I have faced various challenges as an OCV when trying to achieve resolution of an issue on behalf of a resident. While there are similarities in the types of issues that are identified on a visit, each issue needs to be approached separately because of the individual at the centre of it and their specific needs. Some residents have a lot of informal support from family members, friends and advocates. For those residents who have no informal support, I am always concerned that they are at risk of missing out on opportunities and experiences that their better supported co-residents have. This is where the OCV can make sure that the rights of these individuals are protected and promoted. On a positive note, I have seen a number of older residents re-establish relationships with siblings after having not seen them for decades. The introduction of person centred planning and history mapping through the lifestyle planning process has enabled services to make contact with family members on behalf of residents.

I know that most OCVs will use the word 'privilege' to best describe the role and I think this is correct. OCVs enter people's homes, mostly on an unannounced basis. In my experience, I have always been warmly welcomed by residents. It may sound unreasonable or an impost on people's lives that OCVs generally do not announce their visits. I think being able to visit without notice is crucial to being able to see service provision at the grassroots level. OCV's do not want to see a false representation of what it is like to live in the home. We usually conduct visits in the late afternoon, early evening and on weekends. These are busy times and we get to see how staff interact with residents. It is important that an OCV sees what it is like for a person who lives in the service. One thing that has always concerned me as an OCV is the lack of meaningful activities there can be available



to residents in their home. Staff members can become pre-occupied with completing domestic jobs or paperwork and can forget that their primary responsibility is to engage with, and support, residents.

In recent years, it has been pleasing to see technology being introduced for residents, with many houses having Wi-Fi access and residents having their own computer tablets and augmented communication systems. This has transformed the lives of many residents and opened up their world in a meaningful way. A man in a large residential centre who I have visited for many years moved to a brand new group home two years ago. During the last couple of visits to this home, I have spent a considerable amount of time with him. He has shown me his laptop computer, tablet and smart phone. He taught me things that I did not know about technology and it reinforced to me that the quality of this man's life has improved so significantly in the last two years because his potential is now being met through greater opportunities and choice. It has also been pleasing to see the introduction of 'active support' in group homes with support workers actively involving the people they support in whatever they are doing - whether it is cooking, cleaning, hanging washing, gardening or activities including craft, music and technology. I have seen fantastic examples of active support involving residents with the most significant level of disability. I hope that over the next few years, the active support model will be adopted by all accommodation services.

The rollout of the National Disability Insurance Scheme (NDIS) and the transfer of ADHC operated group homes to the non-government sector will be a significant change for people living in supported accommodation. The role of OCVs during this time will be important to ensure that the transition for residents is as smooth as possible. The independence of the role and our ability to raise concerns with service providers, the NSW Ombudsman, and the Ministers is paramount to ensuring resident rights are protected and promoted.

The rapport that I have been able to build with residents over so many years of visiting has been very rewarding. I was fortunate to visit many of the same houses during

this appointment that I did during my first appointment. Since commencing as an OCV again in 2011, I have noticed an increase in the number of family members contacting me, which shows that information about the OCV scheme is getting to those who need to know. If I had to choose the most significant changes over my 12 years as an OCV, it would be seeing the devolution of the children's homes in the early 2000s, and the devolution of the large residential centres for adults with disability, which is currently a work in progress. I often think about how it must be for residents who have



lived in institutional congregate models of care to move into a community based home. Seeing a resident have freedom of access to all parts of the house, learning new skills such as cooking, cleaning, and having their own vegetable garden for the first time in their lives is extremely rewarding. I have observed people become active members of their local communities and develop relationships within those communities. Many times over the last couple of years I have been visiting houses on the weekend and have met family members during the visit. They have spoken positively about the changes that have taken place for their loved ones who have moved into community based homes and have made comments to me that they can't believe they were against the devolution process when it started. Among other things, they have told me that seeing their family member enjoying an enhanced quality of life has given them great comfort, and that they will visit more often because they feel more comfortable to do so.

I also visit children and young people in residential OOHC. This is a very different group to visit compared to people with disability. These children and young people have endured complex trauma and abuse, and understandably have significant difficulty trusting adults. It takes time and persistence to earn their trust and to develop a rapport, but once this has been achieved it is a very rewarding experience. These young people have taught me that patience and perseverance is paramount to developing a rapport with them. The young people have had disruptive childhoods and by the time they are in a residential placement they may have been through many failed foster care placements. They have missed out on many opportunities and experiences that other young people take for granted. One of the biggest inequities facing these young people, in particular young people aged 14 to 18 years, is limited access to educational opportunities. In all of my years of visiting I have seen only a few young people complete their Higher School Certificate. This is disproportionate compared to their peers who don't live in the residential OOHC sector. It is not just mainstream schooling but opportunities to access education through TAFE or other alternative settings where young people can learn and develop life and social skills. OCVs

over the last few years have raised concerns with FACS in relation to the limited educational opportunities for young people in OOHC.

I have had the opportunity to visit different models of care for children and young people and the variability of service provision is not dissimilar to that in the disability sector. I have seen positive examples of 'therapeutic models of care' for young people. One example, is accommodation for young boys aged nine to 12 years of age, set on acreage in Western Sydney. The youth workers who support the young people undergo comprehensive training and implement the therapeutic program consistently and throughout all aspects of the young people's lives. In this house there is a cohesive and committed team of workers led by an onsite manager. I have seen very positive outcomes for the young people who have lived there. There are a number of animals that live on the farm and the young people take responsibility for their care. Community links are established and maintained and I believe that this model has served the young people well who have been through the program.

As my term as an OCV is coming to an end I have different emotions. The role can be demanding and at times frustrating when you are unable to resolve an issue, but I think primarily it has been a rewarding one. I am grateful to have had the opportunity to be an OCV. I have learnt so much and believe that the experience has been one unlike anything else I have done in my many years in the community sector. Seeing an issue resolved for a resident and knowing what it means to them and how it can improve their life is what it is all about. Knowing that you had a part in the outcome is very rewarding. The children, young people and adults that I have visited over the years have had a great effect on me. You develop relationships with the people that you visit and over time get to know them and what is important to them. I will use the word privilege once again because I think it best describes the role. I continually surprise myself when I am able to recall particular things about people when I visit them in their home just a few times a year. I think that is testament to the great effect they have had on me as a person.

## Case Study - Adults with disability

### Helping Pearl to speak up

The OCV had been visiting Pearl for some time. Each time Pearl spoke with the OCV she would raise the same issue - her disappointment that she did not get out to do social activities as much as she would like to. In particular, she wanted to go out and be able to enjoy things like seeing a movie, visiting an art gallery or going to the park or other dog friendly places with her little dog (also called Pearl!).

Pearl uses an electronic device to assist with her communication and needs a wheelchair to be mobile.

After each visit the OCV would raise Pearl's issue in her visit report. The service would respond saying that, when asked, Pearl had indicated that she was happy with her level of community access and did not want a change. This scenario occurred a number of times.

When the OCV again raised the issue in her most recent visit report, the service responded by increasing Pearl's support hours on two days a week to allow more time for her to participate in social activities of her choice. But again Pearl indicated to staff that she was fine with the current arrangement and did not want to change anything.

On this fourth attempt to resolve the matter on Pearl's behalf, with the same outcome, the OCV felt she needed to look into what was happening in more detail. She met with management of the house and they had a lengthy discussion about Pearl, her life, her needs and what activities she was engaged in. It soon became apparent that, while on the one hand Pearl was repeatedly expressing her wishes for more social activities to the OCV, she was reluctant to bring it up with service staff. She was worried that staff would not have enough time to provide her with her daily supports, as well as support her to engage in fun social activities.

In response to this issue, the service reconfigured the staffing structure in the house. Pearl's house now has an Accommodation Manager who is able to spend one-on-one time with Pearl (and other residents) to support her to make decisions and arrangements for her choice of social activities. With the changes in place, the OCV has heard from Pearl that she is now able to enjoy the care she requires in her daily activities of living and is supported to engage in enjoyable social activities of her choice, such as going to the movies, visiting art galleries and watching her little dog run in the park.



# Reflections of a new Official Community Visitor

By Gemma Phillips,  
Official Community Visitor

I retired from the NSW Police Force after an 18-year career. I had a break for a short while before commencing part-time study. It wasn't long before I started to feel an urge to get back into community service work and I began to look around for a part-time job that would be meaningful and something that I could enjoy.

While reading the newspaper one day I saw the advertisement for Official Community Visitor positions. The job sounded perfect. Exactly what I had been looking for! The role was described as protecting and promoting the interests of people with disability and children and young people living in residential care. I completed my application, submitted it and was soon after interviewed. A few months later I was appointed as an OCV.

My background in policing was mostly investigative; I was a Detective for the last 14 years of my career and retired as a Detective Sergeant. The many years of policing provided me with extensive experience in speaking to and relating with people from diverse backgrounds and ages. I investigated many cases where children and young people were either a witness, person of interest or victim. I regularly spoke to, interviewed and took statements from children and young people. Because of this experience my first list of services to visit as an OCV consisted mostly of young people living in OOHC.

When I started my role as an OCV, I first made appointments with senior managers of the services that I would be visiting. I visited these managers at their head office where I was told about the residential care model they used and who the team leaders and residents were for each location.

The first couple of visits I made were team visits with an experienced OCV who showed me the ropes. Then I was off on my own, eager to perform the role to the best of my ability. From the outset I believed that being an OCV was an extremely important role. Personally, I feel privileged to be entering the homes of children

and young people, listening to their stories and ensuring they have the opportunity to have a voice about their ongoing care.

I feel a real sense of achievement when I am able to assist a young person by improving their experience in their residential placement. This can be as simple as sitting with the young person while they open up and tell you what they would like to see changed around their home, or what extracurricular activity they would like to participate in.

Actively listening and being a friendly face that these young people can trust and talk to is a key part of the OCV's role. I see the main function of my role as an OCV is to ensure the children and young people living in OOHC are receiving the quality care and services that they are entitled to; such as shelter, safety, a variety of meals, education, health services and community involvement.

I have now completed a number of visits to each of the houses on my schedule. The journey for me from the first visit to where I am now has really been insightful. The residents I visited were understandably a little guarded at first, but at the same time were excited to see a new face around their house. During those initial visits I often heard the young people say to their youth workers, 'Who is that?' or 'Do I have to talk to her?' or even 'I'm shy and don't want to talk'. I did not take offence to these comments. I understood where they were coming from. For these young people I was just another new face in a long line of many. When given the opportunity during my visits I always explain to the young person who I am and what I am there for. More often than not I was taking over a house from a previous OCV, so I merely explained that I was the new OCV who would be visiting every few months.

I tell the young people, 'I'll be around for a while if you want to chat. Of course you don't have to talk to me, however if there is something you'd like to chat about that's what I'm here for'. I make sure I give each young person the OCV pamphlet describing what we do and what we can assist with. I also leave a few pamphlets around the house and a magnet on the fridge.

On my most recent round of visits, about four visits in, I could see a change. Some of the residents were excited to see me and happy to sit and chat about what was going on for them. It is great to see and hear about the positive changes that are happening for these young people, whether it is performing well at school, having enjoyed a positive weekend visit with their family, planning their next holiday, or learning to drive.

I recently visited two young boys aged 10 and 13. I knocked on the door and they raced to open it. One of the boys said, "I've missed you, Gemma". They were so excited; they each grabbed a hand and led me to their recently made vegetable garden in the backyard. To help manage things the youth worker on duty suggested they show me their garden one at a time. This was a great idea - the boys had me trying chives, smelling, tasting and guessing all the different herbs they had growing.

We played soccer for a while and shot a few baskets. I walked away with such a huge smile on my face and the thought that these young boys were being well cared for and were thriving in a nurturing environment. It is great to see service providers working hard to create the best possible environment for young people in their care, who have had difficult childhoods, and giving them a safe and supportive place to call home.

On the other hand, if a young person hasn't been doing so well, it is a significant part of my role to support the young person by chatting, listening and raising issues of concern with the service provider on their behalf. Often, by raising issues the problem is discussed directly with the resident and resolved at the local level. Some of the issues I have raised during the past 12 months have related to the living conditions in a house, the need for medical reviews, compatibility issues between residents, access to Wi-Fi and computers for educational purposes, and the ability to move schools if the current one is not suitable for the young person.

There have been occasions on my next visit after an issue had been raised, where I have had young people greet me with a smile and tell me of how the issue was resolved. What makes the OCV role so worthwhile for me is being able to assist with making positive change happen



for young people in care. The positive change may be improved maintenance to the house, increased staff numbers, new furniture, the introduction of a new activity, or a change to household routines.

On my visits to younger children in OOHC, I often take time to kick a soccer ball or shoot baskets with them. I find most of the children and young people love to show me photographs of their families and holidays they've been on. It is always exciting for younger residents to show me their life story book, which contain artwork, photographs, school reports, and living skills achievement. It is really good to see the effort staff go to in ensuring these young people have an understanding of their identity and are exposed to varied experiences in a sometimes difficult environment.

I have always been driven by a social justice perspective in my career. I strive to ensure things are fair. When I am told or identify situations through my visits where this is not the case, I will not stand aside without taking any action through my function as an OCV. A large part of the OCV role is to ensure people in care have a voice. I can be part of the initial process of identifying and raising issues with the service provider. But, the role doesn't stop there. It is imperative to follow up on the issues I have raised to ensure that change does occur where necessary. Sometimes you are required to be persistent and not be afraid to raise and re-raise the same issue. When you see positive change there is certainly a sense of accomplishment. It is great to revisit houses after change has occurred and talk with the residents who are often thrilled with the outcome. A small change to me may be a significant one for the resident and it's great to be part of the process whereby a young person in care is able to benefit from a positive outcome.

Following on from my initial induction to the role I was assigned a mentor who has been invaluable in helping me learn the role of an OCV. She is always encouraging and supportive. I regularly meet with her to discuss my visits and any queries or concerns I have. I can call or email her if I have any questions between our meetings. I also have the support of my colleagues in my regional group. We meet on a quarterly basis to discuss systemic

issues and general affairs. Although I work autonomously the majority of the time I feel very well connected and supported with my peers who are only a phone call away.

OCVs are a 'voice for people in care', they give vulnerable people the confidence to speak up and make change in their lives. OCVs do this by assisting with problem solving no matter how large or small. OCVs can ensure people in care are receiving the same opportunities as people who do not live in care. Being a voice for children, young people and people with disability is such an important role in today's society. It is, in effect, ensuring all members of our society are receiving services and entitlements they have a right to receive.

I am very proud to be an OCV and take my role seriously. I enjoy the welcoming smiles and laughs I share with many of the people I visit. It is such a fulfilling job identifying and raising issues, and seeing positive change in people's lives that may not have come about without the OCV's involvement. I have learnt so much in the last 12 months and look forward to continuing the journey as an Official Community Visitor.



## A voice of a resident living in a visitable service

I am Glenn and I want to talk about my home and my life.

One of my dreams is to become a movie screen-writer. I'd like to work with Steven Spielberg. I need to take things one step at a time. I plan to start a project taking photos and producing a newsletter. I sometimes think about owning a restaurant. They are both things I'd like to achieve.

I live in a group home with two other men. I like living here because I have friends and support from staff. We have lots of space and a great garden. I used to live in a smaller home with not much space and couldn't handle it when others were fighting.

We take turns to look after the garden, taking the bins out, washing the cars and have a roster for cleaning. This is good because it spreads things out over the week and I know what I need to do. Even though we share some interests and the chores, I make my own individual choices about what I do with my time. We all sit together once a week and get to have our say about things at home.

*I have my own family but feel like the staff is my extended family.*

The support workers here are excellent people, they are always around. For example, if someone is in trouble, maybe having a panic attack I try to help them but I also let staff know so that they can help.

I have lived in boarding houses and refuges in the past. They really weren't up to scratch. When I lived in a refuge there were four people to a room, you didn't know anything about the other people and it was hard to sleep. There was only one staff member on duty and lots of people living there.

I lived in a flat by myself once but I couldn't get the support I needed. I'm in a much better place here with the support I have.

What really helps me is the support of my parents, my specialists and the staff here at home. Having activities and goals keeps me positive. I am looking forward to events we are planning soon like the Race Day. At the moment I enjoy swimming, zumba, exercise, shopping, music, reading and writing.

*I think of the Visitor (OCV) as an extra support. I haven't had any big problems that I need help to solve but I like to talk to the Visitor about what I am doing and planning. I want to keep myself positive, working towards my goals.*

I went on holidays to visit my parents this year and it went really well. I met some of their friends and we took photographs on the beach. I'm planning to holiday with my parents again at Christmas time.

Maybe you'll see my name in the movie credits one day!

**– Written by Glenn with the assistance of OCV Rachel Tozer, OCV.**

# Year in summary

## Visitable services

OCVs visit children and young people in statutory and voluntary OOHC and people with disability living in accommodation services that are operated, funded or licensed by Family and Community Services (FACS), where the residents are in full-time care.

At 30 June 2016, there were **1,625 visitable services** in NSW, accommodating **7,587 residents**.

## Visits conducted

This year, OCVs made **3,152 visits** to services.

### Services to children and young people in residential OOHC

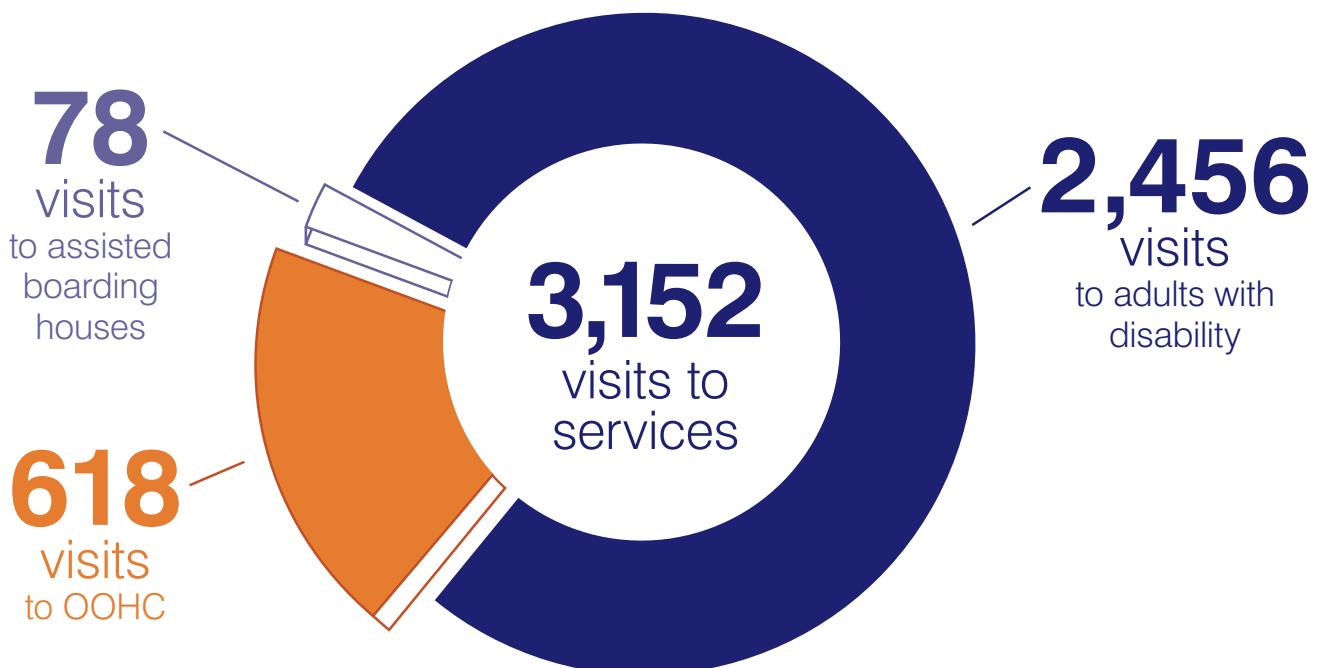
There were 249 visitable OOHC services, accommodating 631 children and young people in statutory and voluntary OOHC. This year, OCVs made **618 visits** to these services.

### Services to adults with disability

There were 1,357 visitable disability services, accommodating 6,603 adults with a disability. During the year, OCVs made **2,456 visits** to these services.

### Services to residents in assisted boarding houses

There were 19 assisted boarding houses, accommodating 353 people with disability (or other additional needs). OCVs made **78 visits** to these services in the past year.





## Services allocated

In 2015–16, 80% of visitable services were allocated for visiting on a regular basis, compared with 86% in 2014–15.

There were 1,099 disability supported accommodation services, 179 OOHC services and 19 assisted boarding houses allocated an OCV.

## Key issues about service provision

During the year, OCVs identified **4,283 issues** about service provision to residents. OCVs reported that **2,874 (67%) of the new and carried over issues were resolved**. At the end of the financial year 531 (12.5%) issues were identified by OCVs as ongoing and needed to be carried over into the new financial year for continued monitoring by the Visitor and further work by the service to resolve.

This year, the main issues raised by Visitors related to:

1. **Individual development – 1,290 issues (30%)**, mainly:
  - Plans not developed, documented, and implemented and/or reviewed according to relevant legislation, policy, consents, approvals and assessments **(542)**
  - Relevant, appropriate and comprehensive assessments not conducted regularly to identify the needs of the individual **(129)**
2. **Safe and supportive environment – 890 issues (21%)**, mainly:
  - Resident files, records and plans, including staff communication systems are not in place, operational, up to date or available on site; and staff have not been trained in their appropriate use **(238)**
  - Incidents are not recorded, appropriately managed, or recommendations followed up and residents are not informed of outcomes **(168)**
3. **Homelike environment – 675 issues (16%)**, including:
  - Appropriate furniture, fittings, amenities, heating and cooling have not been provided or maintained in a reasonable state of repair and safe working order **(321)**
  - The premises and grounds are not maintained in a safe, clean and hygienic condition and not kept free of vermin and pests **(142)**
4. **Health – 614 issues (14%)**, mainly:
  - Health and development needs have not been assessed, recorded, monitored and reviewed as required, at least annually **(173)**
  - Residents have not been supported to access appropriate health and medical services, and treatment as needed **(153)**.

# Summary of activities and outcomes

## Visiting services

The OCV Team at the Ombudsman's office prioritises and allocates visitable services to Visitors, and allocates most services two visits per annum (each visit equates to three hours). In recognition of the heightened vulnerability and risks to residents in some environments, more visits are allocated to services for children and young people; and to services with many residents on one site, such as large congregate care facilities and assisted boarding houses.

This year, there was a decrease in the number of services allocated due to temporary gaps in OCVs being assigned to certain geographic

areas. However, there was an increase in the number of visits which OCVs conducted and the issues they raised compared to the previous year (2014–15).

## Number of services allocated for visiting

The number of new services allocated for visiting is dependent on the number of appointed OCVs, individual OCVs' availability, and the number of unallocated visitable services in OCVs' geographic locations. We aim to allocate 80% of visitable services for visiting.

**Figure 1:** Number of services allocated for visiting – three year comparison

Year	2013-14	2014-15	2015-16
Number of services allocated	1,192	1,315	1,298
Total number of services (registered on OCV Online)	1,495	1,532	1,625
Visitable services allocated %	80	86	80

## Number of visits and visit hours

In 2015–16:

- OCVs undertook 3,152 visits – an increase of 5% on visits last year (3,002).
- OCVs completed 96% of their allocated visit hours (8,612) – a decrease of 0.7% on the visit hours completed last year (8,671).

**Figure 2:** Number of visits made by OCVs – three year comparison

Service type	No. of Services			No. of Residents			No. of Service Hours			No. of Visits		
	13/14	14/15	15/16	13/14	14/15	15/16	13/14	14/15	15/16	13/14	14/15	15/16
Disability supported accommodation	1,275	1,310	1,357	6,354	6,601	6,603	6,448	6,574	6,813	2,154	2,352	2,456
Residential OOHC	199	202	249	501	540	631	1,652	1,893	1,602	591	578	618
Assisted boarding houses	21	20	19	465	369	353	162	204	197	54	72	78
<b>Total</b>	<b>1,495</b>	<b>1,532</b>	<b>1,625</b>	<b>7,320</b>	<b>7,510</b>	<b>7,587</b>	<b>8,262</b>	<b>8,671</b>	<b>8,612</b>	<b>2,799</b>	<b>3,002</b>	<b>3,152</b>

## Visitor numbers

At the beginning of the financial year, there were 36 OCVs. During the year, three OCVs left the scheme after reaching the end of their second three-year appointment, and five OCVs left the scheme prior to completing their full-term.

In March and June 2016, recruitment was undertaken to gain additional Visitors in the Sydney metropolitan, Hunter, New England, Far North Coast, Mid North Coast, and Illawarra and Shoalhaven areas. Following interviews, 14 candidates were recommended to the Ministers for appointment. The new OCVs will start visiting by the end of 2016.

## Case Study - Adults with disability

### I just want to say...

Mike lives in a group home with four others. All of Mike's housemates are able to tell staff what they want to do, what they like and what they don't like. They are also able to tell staff when they have a problem.

When the OCV visits the home, Mike always enjoys showing her his room, pointing to each item and showing her where they go.

Staff told the OCV that Mike cannot hear her when she speaks to him. She asked staff how they communicate with Mike and how Mike was able to tell them what he wanted. Staff told the OCV that they knew what Mike likes and he doesn't need to be able to talk them!

The OCV thought this was strange and was worried that Mike had no means or opportunity to tell staff and others when something was wrong or to make a choice, comment or request. It appeared that almost all decisions in his life were being made by staff.

The OCV raised the issue with the service. As a result, the service organised for Mike to have a communication assessment. A speech pathologist met with Mike and took the time to get to know him. They met a number of times and she was able to determine Mike's ability and his preferences in communicating with others.

The therapist identified that Mike was able to use a combination of signs and gestures. Staff had previously told the OCV that they did not use signs with Mike as he did not understand them. The OCV suggested that it may have been the other way around and that they did not understand him and more effort needed to be made to properly communicate with Mike.

The speech pathologist is now providing training to all staff so they can assist Mike to express himself by using signs that he knows, signs that he is learning, and signs he can easily use. Mike has also been provided with visual communication aids to help him to talk about people and things that he is interested in, as well as indicating his choice of activities and meals.



When the OCV last visited Mike, he showed her his visual communication books. Mike was keen to show pictures of the people who are important to him and pictures of him enjoying activities that he likes.

Mike then used his communication book to request a cup of tea for himself and the OCV. A great outcome.

# Identifying and resolving issues

## How OCVs help to resolve service issues

OCVs are in a unique position to view and report on what is happening in visitable services at the grassroots level. Due to their independence, their powers of entry and inspection, their capacity to confer alone with residents and staff, their power to view all records that relate to the operation of a service, and their professional capacity to form relationships and build rapport, they are in a strong position from which to undertake their work. The powers and functions of an OCV enables them to identify and report on critical issues, and to facilitate (where possible and appropriate) the resolution of issues with service.

The OCV's role to bring issues of concern to the attention of the service is facilitated by asking questions in their visit report. A visit report must be completed by the OCV after each visit conducted. Through their visit reports, OCVs inform the service that there are particular issues in the house they have visited and ask for the service to respond by outlining what action they will be taking to resolve the concern.

While OCVs cannot compel services to act on their concerns, services have obligations under CS-CRAMA to address complaints and to take action to try and resolve them. OCVs monitor service responses to reported concerns by seeking information from the service, following up outstanding actions, and obtaining feedback from residents and, where appropriate, staff, families, advocates, and other stakeholders about the outcome.

OCVs will sometimes refer concerns to other agencies. This may include referring residents and their families for legal advice or to advocacy services, making reports to the FACS Helpline in regards to children and young people at risk, and reporting issues of abuse and neglect of people with disability to the Ombudsman's office.

During 2015–16, OCVs raised 4,293 new concerns about the conduct of visitable services in NSW. OCVs worked on a total of 5,655 issues in the same period with 1,362



of those issues having been carried forward from the previous reporting year. The carrying forward of issues can be due to matters requiring extra time to be resolved, issues being raised in the final weeks of the reporting cycle, or continued monitoring of the action being taken by service providers to resolve the issue.

In the same period, services resolved 61% of all identified concerns to the satisfaction of the Visitor or the resident (3,452 issues). Sometimes, OCVs are unable to resolve an issue to their satisfaction, or other changes mean that the issue originally identified is no longer relevant. Services were unable to resolve 10% (567 issues) of the concerns reported by OCVs.

This year, 19% (1,092 issues) were finalised as 'outcome unknown', because the Visitor could not establish what had happened in response to their report, or the Visitor had not entered the outcome prior to completing their appointment.

**Figure 3:** Issues reported by OCVs by service type 2015–16

Service type	Total no. of visitable services	No. of issues identified	Average issues reported per service %
Disability supported accommodation	1,357	4,503	3.3
Residential OOHC	249	1,038	4.2
Assisted boarding houses	19	114	6
<b>Total</b>	<b>1,625</b>	<b>5,655*</b>	<b>3.5</b>

\* NOTE: This figure includes new issues as well as issues carried over from 2014-15.

**Figure 4:** Outcome of issues reported by OCVs, 2015–16

Service type	No. of issues resolved	No. issues outcome unknown	No. ongoing issues	No. issues unresolved	Total issues (%)
Disability supported accommodation	2,838 (63%)	731 (16%)	458 (10%)	476 (11%)	4503
Residential OOHC	580 (56%)	300 (29%)	81 (8%)	77 (7%)	1,038
Assisted boarding houses	34 (30%)	61 (54%)	5 (4%)	14 (12%)	114
<b>Total (% of total issues)</b>	<b>3,452 (61%)</b>	<b>1,092 (19%)</b>	<b>544 (10%)</b>	<b>567 (10%)</b>	<b>5,655 (100%)</b>

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

OCVs may refer serious, significant, urgent or systemic issues to the NSW Ombudsman, who may make inquiries or take other action to resolve these matters. For example, the Ombudsman may take up individual and systemic concerns reported by OCVs and conduct further inquiries about the effect of these problems or incidents on residents.

During 2015-16, in response to concerns identified and reported by OCVs, the NSW Ombudsman's staff:

- handled 96 complaints made by OCVs or based on information provided by OCVs
- handled 16 Disability Reportable Incidents relating to abuse and/or neglect of residents identified by OCVs in their visiting
- provided detailed phone advice and information to OCVs on 226 complex service issues
- facilitated meetings between OCVs, and government and non-government agencies on systemic issues affecting residents in care, such as the quality of staff providing

care in both OOHC and disability services, positive behaviour support, and matching and compatibility issues for residents in disability supported accommodation

- met with departmental staff seeking OCV views on systemic projects and future policy directions, and
- accompanied OCVs to meetings with senior managers of services to assist in negotiating the resolution of issues.



## Services for people in assisted boarding houses

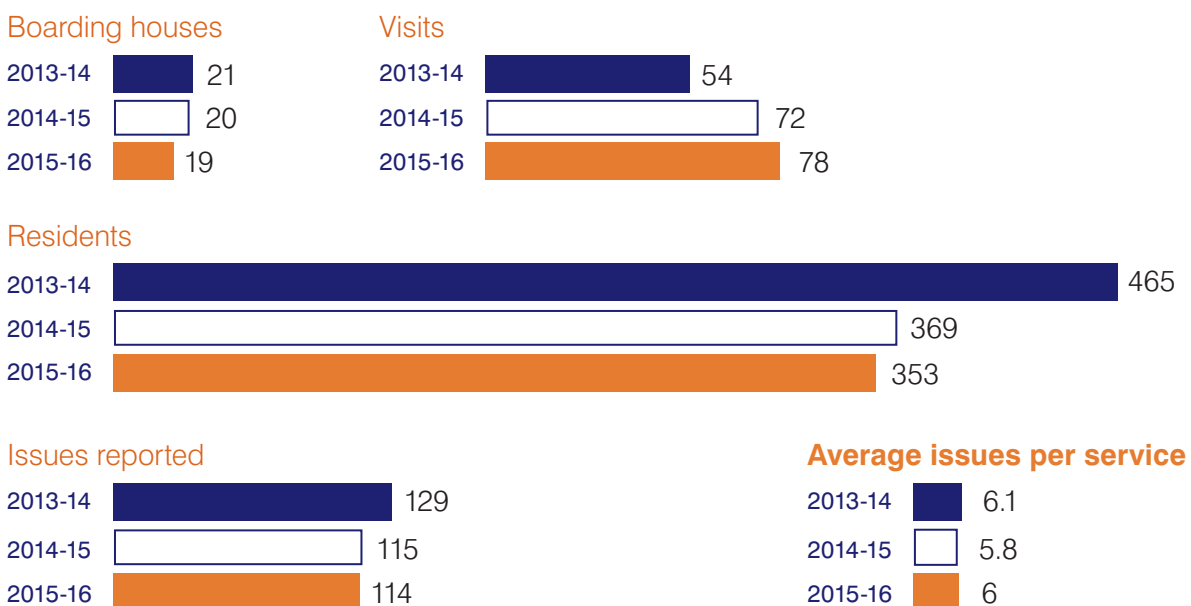
The 19 assisted boarding houses that are visited by OCVs accommodate up to 353 residents. In the past year, OCVs made 78 visits to assisted boarding houses, and raised 114 issues of concern about services provided to residents.

OCVs reported that assisted boarding houses resolved almost one-third (34) of the issues they identified. Another 4% of issues were ongoing and continued to be monitored by the Visitors.

This year, OCVs reported a decrease in the proportion of issues that were unable to be resolved by boarding house proprietors (12% unable to be resolved). However, the proportion of issues for which the outcome is unknown has increased (54%). The matters for which the outcome is listed as unknown can be due to a number of factors – the OCV could not establish what had happened in response to their visit report; the issue had become remote in time without any clear resolution; or the OCV had not entered the outcome prior to ceasing to visit the assisted boarding house.

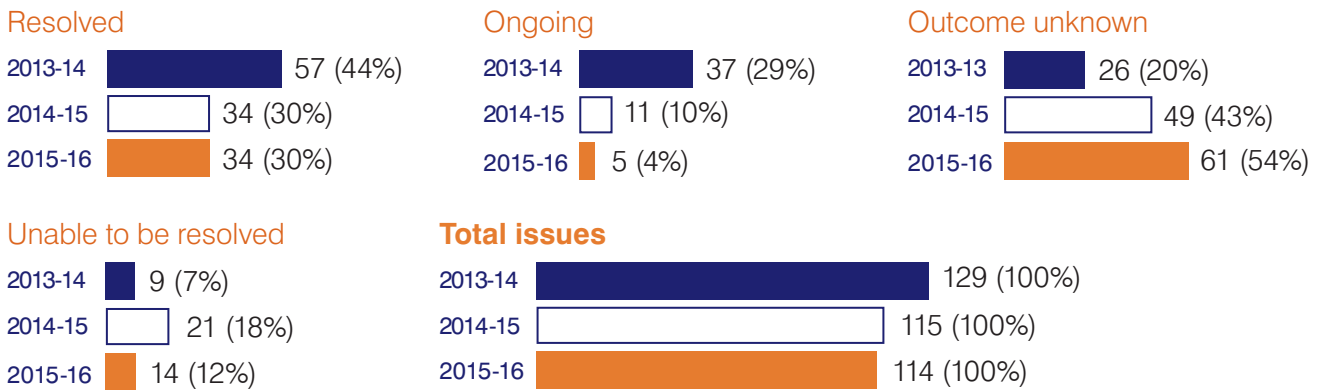
### Three year comparison

**Figure 5:** Data for visitable services for residents of assisted boarding houses



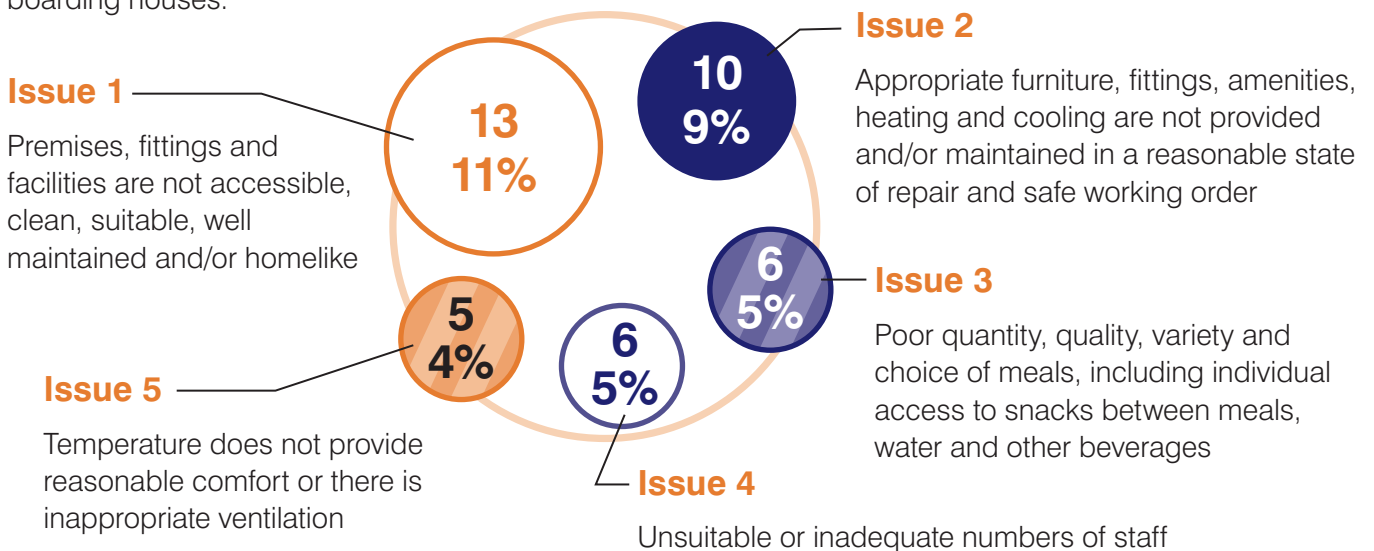
## Three year comparison

**Figure 6:** Outcome of issues raised by OCVs, regarding assisted boarding houses



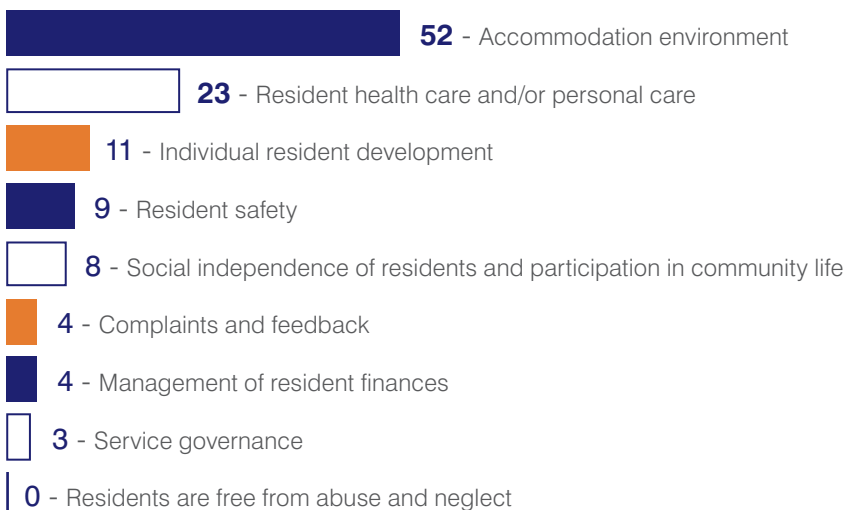
### Major issues raised in 2015-16

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



**Figure 7:** Type of issues raised on behalf of residents of assisted boarding houses 2015-16

### Issues classification



**Total - 114 issues**

# Official Community Visitor message

## By Dennis Bryant, Official Community Visitor

Boarding houses were historically patronised by city workers or transient holiday makers who were seeking affordable accommodation. The intersection of various and complex economic and social factors, including housing affordability, have combined to sustain boarding houses that are now a key housing option for vulnerable and marginalised people.

The *Boarding Houses Act 2012* (the Act) was introduced in response to concerns raised by housing and disability advocates, OCVs, and reports such as that released by the NSW Ombudsman in 2011 which highlighted the vulnerability of residents to abuse and exploitation. It is therefore timely to pause and reflect on the outcomes for residents that have flowed from the legislative changes and what I have seen in my work as a Visitor to people living in assisted boarding houses.

The Act provides for the regulation of two categories of boarding houses; general boarding houses and assisted boarding houses. A key tenet of the Act is to promote and protect the rights of vulnerable residents, including people with additional needs who may be accommodated in “assisted” boarding houses. Additional needs includes a person who has an ongoing age related frailty, or mental illness and/or disability, and who needs support or supervision with daily tasks and personal care. Prior to the introduction of the Act and Regulation, residents did not enjoy rights related to security of tenure and reasonable care standards, nor did they have recourse to dispute resolution through the NSW Civil and Administrative Tribunal (NCAT).

My own experience as an OCV shows that while residents have reported improved nutrition, health care, community participation and general support, one has to be forever vigilant in relation to these needs. For example, my visits have found instances of vegetables that are old and/or mouldy with over reliance on frozen foods, lack of readily accessible water on hot days, dysfunctional bathroom taps, a soiled bathroom in need of repair, little or no heating, electrical hazards, broken televisions, and poorly furnished outdoor areas. I have observed that the standards in relation to cleanliness, repairs and maintenance can be exceptional in one assisted boarding house yet barely adequate in another. The other

side of the coin is that, by and large, managers do strive to promote a homely atmosphere, and have typically been responsive to address issues of concern and welcome feedback.

My experience is that institutionalised practices continue notwithstanding improvements in standards of care within the assisted boarding houses that I visit. Residents’ lifestyles often lack the choices that most people take for granted. And where there are choices, the options are prescribed and limited in number. Residents typically do not choose their health providers and will access the medical and allied health services visiting the boarding house by way of group appointments. Residents also typically queue for the main meals of the day and have little or no say in the menu and meal times, which for the evening meal can be as early as 5pm. Residents also tend to queue as a group to receive medication. Recreational schedules and activities are predetermined by community providers. Lack of evening programs or activities result in residents retiring early to bed, particularly in winter time when it is colder and often exacerbated by a lack of heating.

In spite of a daily regime of queuing, residents have reported to me their appreciation of the opportunity to move freely in the community to attend functions and activities of their choosing such as visiting a coffee shop or RSL club. Residents report that managers and service providers involved in the Active Linking Initiative (ALI) and Housing and Accommodation Support Initiative (HASI) actively promote accessing the community independently and safely, and developing and maintaining community access skills. By the same token, residents also report that these opportunities are sometimes limited, resulting in isolation.

Residents have reported to me that they are mostly satisfied with their care, yet express a reluctance to raise issues for fear that their care may be compromised, and take the approach of leaving well enough alone. Residents typically lack the skills and capacity to raise questions about residents’ rights, and choice and control over daily routines. OCV’s engage in these conversations with managers to hopefully provide opportunities for residents to have a say in decisions about their daily lives, and to promote personal autonomy and inclusive participation.



### Support to attend church

The OCV visited the boarding house on a Sunday and spoke with a resident named Fiona. The OCV had a good discussion about some of the positive things in Fiona's life and also some of the things that she was not happy with. During the conversation, Fiona told the OCV that she loved going to church, that she liked to go on Sundays and to stay after the service for the lunch and to chat with her friends. When the OCV asked her why she was not at church today, Fiona said that she had no one to take her.

The OCV raised this matter with the staff member who was on shift. They advised that although Fiona liked to go to church, she rarely went as some staff did not want to take her. The staff member thought the reason why they didn't want to take her was that they were of a different religious denomination and didn't 'feel right' taking and supporting Fiona at the church of her choice.

After visiting, the OCV called and spoke with management about this issue and relayed Fiona's disappointment at not being able to attend church regularly. Management had not been aware of the issue and promptly took steps to find a solution. Fiona had a planning meeting and was encouraged to express her wish to attend church at this meeting. Fiona decided that she didn't really want to go to church every week but just on the days that they held the lunch after the service, which was generally once a month. Management then scheduled an appropriate staff member, to support Fiona on the days she wished to attend.

The OCV spoke with Fiona several months after this schedule had commenced. Fiona stated that she was 'so happy' now that she attended church. Fiona liked that it was planned so that she didn't have to worry about when it would happen, and said that having a support person who was happy to go with her made it even more fun.

### Eating fresh and healthy meals

The OCV had been visiting a boarding house for a number of years and had regularly raised concerns about the quality of the meals and snacks. The concerns included poor nutritional content, limited or no fresh fruit and vegetables, small portions, and limited or no options for snacks. Fresh drinking water was also limited to meal times only.

The licensee had previously committed to improve the quality of the meals and, for a period of time, the meals had improved in quality and quantity.

On a recent visit, the OCV visited the kitchen and saw staff preparing meals using poor quality vegetables that were old and withered, meat defrosting on the bench, fruit with spores, and bread that had mould spots. Lunch was vegetable soup and dinner was pre-prepared sandwiches. The OCV also noted that the meals being prepared did not reflect the menu plan on display in the boarding house.

The OCV pointed out these issues to the staff member, who was unable to explain why these spoiled ingredients were being used for food preparation or why the menu plan was being varied. The OCV also saw poor food storage practice for other food items.

The OCV raised the concerns with the OCV team at the Ombudsman's office who provided relevant information to the FACS compliance officers responsible for working with assisted boarding houses.

The FACS compliance officers visited the premises and met with the licensee of the boarding house, who undertook to source fresh and better quality food and to have all staff trained in food preparation. The licensee also sought professional support in developing a suitable menu plan that staff could easily follow.

The OCV has seen a marked improvement in the food choices, preparation and meals. Extra snacks are now available, and tea, coffee and fresh drinking water are now available at all times.

# Outcomes for residents:



## Services for children and young people

In relation to children and young people, OCVs visit services providing full-time residential out-of-home care (OOHC). In 2015–16, OCVs made 618 visits to the 249 residential OOHC services in NSW.

OCVs worked on 1,038 issues of concern in relation to residential OOHC services. More than half (580) of the issues were resolved by services, with only 7% of issues unable to be resolved. A further 8% of issues remain ongoing, with OCVs monitoring the action being taken by services to address them.

### Three year comparison

**Figure 8:** Three year comparison of data for residential OOHC services

#### Services



#### Residents



#### Issues worked on



#### Visits

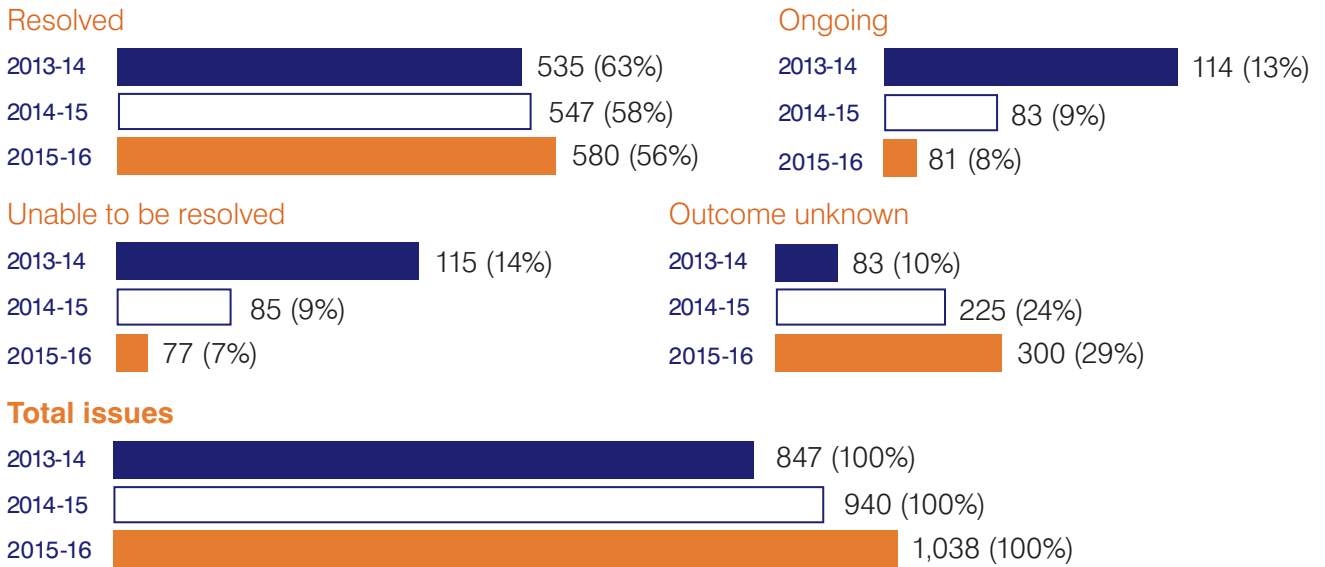


#### Average issues per service



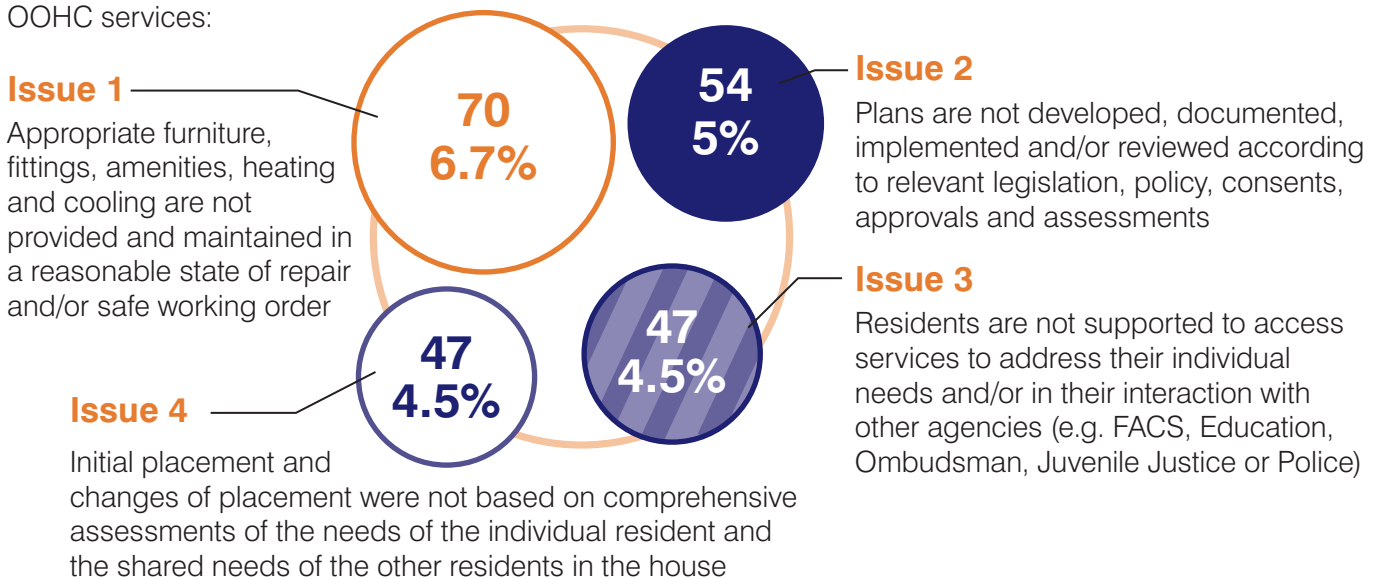
## Three year comparison

**Figure 9:** Three year comparison – outcome of issues raised by OCVs, residential OOHC services



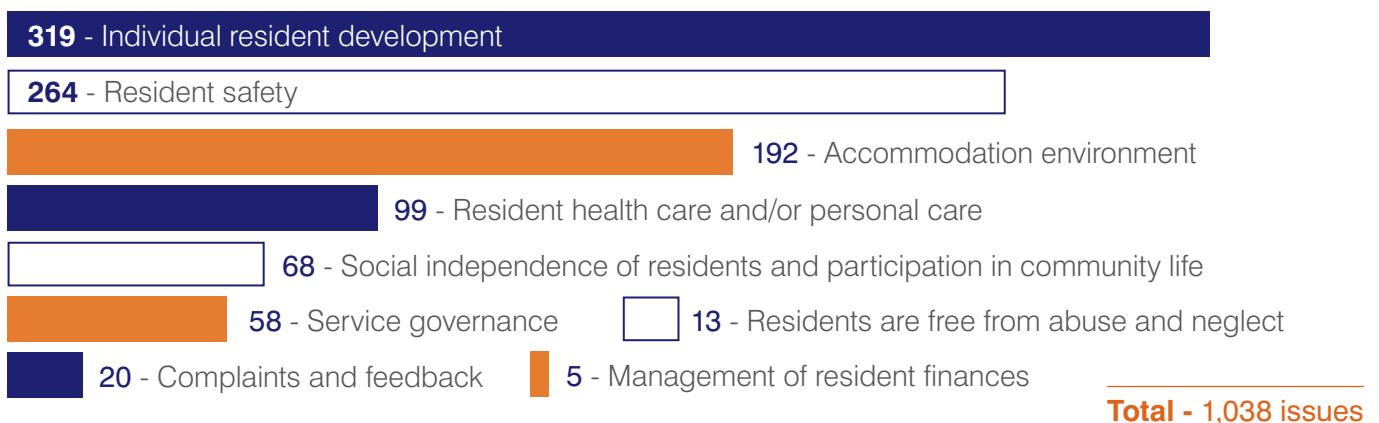
### Major issues raised in 2015-16

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



**Figure 10:** Type of issues raised on behalf of residents of OOHC services, 2015-16

### Issues classification



## A voice of a resident living in a visitable service



My name is William and I live in a residential OOHC home. Bart, my OCV, will be writing my story for me using as many of my own words as possible.

I have been in this OOHC home since January and have been to another location before coming here. Before that, I stayed with family but was placed into residential care by FACS because my family did not look after me well.

I like this group home because I like to meet new people, and the food and other residents are ok. But I do miss home and my family. Every two weeks, I meet up with my Aunty and hang out and spend time with her.

I attend high school and like maths and other subjects and I am in a special needs class at school. I would like part time work after school, if possible. I get dropped off and picked up at school by the workers from the group home. After I finish school I would like to go home to my family.

On the weekends, I go to the movies, bowling and outings with the rest of the kids I live with and the workers. I like Chinese food, pasta, and at school I learn to cook and can make sushi. Sometimes, I get to help in cooking at home.

I also like outdoor activities, especially rugby and soccer. Other things that interest me include playing the guitar and drums. I would also like to do painting and photography, if possible.

I am new at the group home and do not fully understand what Bart, the OCV, does but I know that I can speak to him any time to talk about any problems I have at the group home and he will listen to me.

**– Written by William, with the assistance of OCV, Bart Yeo.**

# Official Community Visitor message

## By Ruth Chalker, Official Community Visitor

When a child or young person cannot live safely at home, or their families are unable to properly care for them, their care will be provided by a person other than their natural parents. This is considered OOHC. Most of the children and young people who live in care are in foster care or kinship placements. However, a proportion of young people live in residential OOHC. That is, they live in a house which is staffed by care workers 24 hours a day, seven days a week.

In NSW, there are almost 20,000 children and young people in care, 631 of whom live in residential OOHC. The children and young people in residential OOHC are visited by OCVs.

Most of the children and young people I visit in residential OOHC have a background of neglect and abuse and are subject to court orders which have removed them from their parents' care, allocating parental responsibility to the Minister for Family and Community Services until they turn 18 years old. There is also another group of children and young people in residential OOHC with disability whose families retain legal parental responsibility, but who are, for various reasons, unable to provide for their ongoing daily care. This group of young people are in what is called voluntary OOHC.

As an OCV visiting young people in OOHC I work to facilitate the best possible outcomes for them. I question whether the service is ensuring quality care and support for the young people and if not, why not? As an OCV I need to consider all measures the service provider is taking to keep the child or young person safe and provide for their physical and emotional wellbeing. Some of the specific concerns I have raised in my visiting include:

- the existence and adequacy of specific, individualised programs to address the needs of the young people
- the adequacy of staffing on each shift, and back-up staffing for emergencies
- the engagement of the young person in education, and support to have contact with other agencies and service providers as

the need arises opportunities for the young person to connect with their family and friends, and

- preparation of the young person, through the building of skills and experience, for independent living when they turn 18.

For most of these young people, entry into OOHC can mean the beginning of a life free from ongoing trauma. For some young people it is an opportunity for them to be engaged in therapeutic models of support and a nurturing and caring environment focusing on them as individuals.

Some of the young people in OOHC have high risk behaviours, arising at times from coping strategies they've developed throughout their lives. Some services provide intensive residential care based on 'therapeutic principles' designed to address social and emotional needs. It can, at times, be confronting to visit young people displaying behaviours of concern. Frequently, I find that a young person has been suspended from school as a result of engaging in high risk behaviour. Even specialist behaviour schools and behavioural teachers may find the actions of some young people difficult to manage. As a consequence, I have seen some OOHC services provide an education centre within their own premises which the children can access to assist them in progressing academically, supported by staff that are more aware of their background and histories.

It is important for me as an OCV to see the young people that I visit from a holistic perspective and not only focus on their behaviour. I have empathy for the young person's situation and consider whether the service being provided is meeting their needs – physically, emotionally and intellectually.

A young person living in OOHC meets many official people who have power to affect their lives, so it can be awkward for me as an OCV arriving at a young person's home – just another official 'busy-body' asking personal questions. I have had responses to my arrival, like, 'well I didn't ask you to come', and have been met with a refusal to allow me in the same room,



let alone speak to me. However, that response often changes once I find some common ground and can build trust. For me, it is taking the time to learn and notice things that are important to the young person, and building on that foundation allows trust to develop. For example, one of the young people I visit has a goldfish 'Spot', so I always ask questions about Spot and how he is going. Another young person attends a school where I worked previously, one plays rugby just like my son, and another is learning to sew, which is one of my passions. I have a lot to talk about with them and I take the time to chat and get to know them; forming a basis for building rapport and trust, and giving me an opportunity to talk meaningfully with the young people about their lives.

From my experience, it is important to be clear with the young people about what the OCV role entails, and the support you can provide. One of the things I always do in my first visit is to talk the young person through my role in a way they can understand. I have found that the young people appreciate understanding why I am visiting them and what I can and can't do for them.

Services providing residential OOHC face big challenges. The concept of residential care being a homelike environment is an artificial construct. On the one hand it tries to provide a stable, consistent home life, yet the home is staffed by a roster of paid staff, who need to develop trusting, long-term relationships with these children, but not replace their family unit.

The situation becomes very complicated when staff changes occur because the young person and staff have to go through the whole getting to know you process once again.

My visiting experience involves some placements where groups of siblings have been placed together and others where there is a single young person in the house. It is a significant problem for service providers to find suitable, positive matches between young people as placements often need to happen quickly. FACS often has to find a placement 'immediately' and service staff may initially get little or no information about the young person they will shortly be providing care for. The arrival of a new resident with behaviours of concern can, and often does, cause disruption in previously settled houses and there is a limit to the availability of alternative placements if such a situation does not improve.

When young people in residential OOHC reach the age of 16, the service should start working with them to develop a 'Leaving Care Plan' to prepare them for independent living. This plan is to ensure that the young person is both ready and able to live in the community independently; maintain their own home, buy and prepare food, pay bills, and take on the responsibility for their own care and wellbeing. Some services do this particularly well, while others seem to do it as an afterthought. I acknowledge that there are many problems involved with preparing a young person to transition to independent living. Services need to assist in setting the young person up physically, emotionally and practically, while at the same time looking after their day to day needs in a stressful and challenging environment. Many of the young people are often not in the right headspace to start thinking about looking after themselves in all the ways that they will be required to. Once they have left care they need to overwhelmingly rely on their own devices and often do not have supportive families or networks to help them in their transition to adulthood and responsibility. Many young people find leaving OOHC a daunting experience.

A belief I share with some of my OCV colleagues is that leaving care is not given enough emphasis by services. I think it should

be 'on the table' at a much earlier stage. I know many parents ask their children what they want to be when they grow up, and engage with their education, consider their future and talk about the possibilities and opportunities ahead of them. For young people in residential OOHC, I see this concept being introduced suddenly, without long-term preparation and lead up. At the age of 18 a young person, who by and large has had limited experience of thinking or planning for their future, is expected to step out into the world and look after themselves. I think as a community we can do better at supporting and preparing young people for the realities of independent living. This should start early in their placements and be measured with supportive conversations and guidance as may naturally happen in family units.

I acknowledge that residential OOHC has been created to provide for the ongoing care of young people with difficult histories and it is not an easy path to tread for those living and working in this environment. I see my role as an OCV visiting residential OOHC as a very important one, as I feel I help to give voice to those young people I visit.

### New shoes

At the time of a visit to an OOHC service, the OCV noticed the young people were playing in the backyard. She observed one young person tripping over a couple of times. The OCV noticed that the sneakers the young person was wearing were in a very poor state as the tops of the shoes were coming away from the soles. This appeared to be the reason the young person was tripping over. The OCV went to the office and spoke to the team leader raising her concerns about the potential for the young person to injure themselves due to the state of his footwear. The team leader told the OCV that a request had been placed with the service manager for new shoes to be purchased, as well as some items of clothing for the other young people. The team leader had followed up the previous week with head office about the request but had not had any feedback.

The OCV spoke to the young people and found out that the school athletics carnival was the next day. The young person who needed

the sneakers was a keen runner and wanted to participate in many events at the carnival. Another young person told the OCV that they required some tracksuit pants to wear to the carnival, because their current ones had a large hole in the knee. The team leader showed the OCV the written request for the sneakers and track pants that had been emailed to head office. It was 4pm so the OCV decided to phone the manager at head office and raise her concerns about the state of the young people's attire. The service manager at head office said she could not recall whether a request had been submitted by the team leader. However, she agreed that the circumstances were such that the team leader needed to take the young people to the shops straight away to purchase what they needed. On a follow up visit to the house the young people were very grateful for the OCV's assistance in resolving the matter.

### A homelike environment

An OCV visits James, a young man with autism and behaviours of concern, who lives alone supported by a team of residential youth workers providing one on one care 24 hours per day. James does not like to attend school but has hobbies which get him out into the community.

On her first visit, the OCV noticed that the house in which James lives was old and poorly maintained and had been quite badly damaged by him. There were holes in several of the walls and others had been recently patched up but not repainted, and the kitchen was in a poor state of repair.

The layout of the property was also of concern as James' bedroom was at the rear of the house, isolated from the office and staff sleepover room, and James had the tendency to regularly abscond at night.

Since raising concerns with service management, on a return visit the OCV found that the house had been completely reconfigured

in consultation with James and that action had been taken to repair most of the damage. James' bedroom and the office and staff sleepover room had both been moved, and the kitchen had been repaired. A spare room had also been converted into a storeroom for James' hobby gear.

James now seems happier and his absconding has reduced considerably. The OCV has also been having discussions with staff about continuing to engage with James in the decoration of the house in order to give him a feeling of ownership and pride in his home.



## Privacy for residents

One evening, an OCV was driving to a visit and drove past another house that was on her visiting schedule. She noticed that the full length picture windows that faced the main road had no covering, and that the resident (a young person in residential care) was sitting on the couch in the living room watching TV in full view of any passing traffic and pedestrians. On the OCV's prior visit there had been blinds on the windows, but a previous resident had destroyed them. The blinds had not been replaced before the new resident moved in.

The OCV called the service the following morning to discuss the situation and to express her concern about the lack of privacy. The OCV was pleased to hear that the service would be taking immediate action to put up temporary window coverings. When asked about a long term solution, the service said that new blinds had already been ordered and as soon as they were ready they would be installed.



A couple of weeks later, the OCV observed that there were new blinds on the window. On a subsequent visit the OCV noted that these were of good quality, easy to operate, and provided decent privacy for the young person living in the house.

## The benefit of a consistent Visitor

The OCV had been visiting a young person in care who was scheduled to move to a different house. When the young person moved, the OCV was allocated to visit the new house so she could continue the relationship that she had developed. As time passed in the new house, the OCV noted that the young person was becoming more aggressive. There were also other behaviours of concern and the house appeared to be worsening in appearance and ambiance.

The OCV made reference to these issues in her visit reports and asked the service about the steps it was taking to rectify these matters. While the service responses seemed satisfactory, the situation did not appear to be improving.

The OCV arranged to meet with the service manager to discuss the situation and raised concerns that the new house the young person had moved in to may not be suitable for him. The service manager's response was that no other placements were currently available but that they would consider moving him again in the near future.

Over the space of a year, the situation persisted with no change and the OCV continued to put in visit reports asking about actions to improve the circumstances of the young person, whether assessments had been undertaken to ascertain his needs, his compatibility with other residents, and raising the matter with the case manager and service manager.

It was eventually conceded by the service that the current premises were unsuitable for the young person. There was insufficient space for him to play safely outside as there was no backyard, and it was acknowledged that he would benefit from having some space to move around, and to ride his bike and skateboard.

The young person moved back to his former house, where he had previously had a more successful placement. Even though his behaviours were still problematic, they reduced in frequency and he had an opportunity to be outside more regularly. He enrolled in the local school where he was made welcome and his attendance and engagement improved. He communicated with the OCV more often during

visits (even if it was to tell her he was not going to talk to her!) and began to express some satisfaction with his care arrangement.

Because the OCV scheme provided the opportunity for the OCV to visit the young person at his new house, the OCV was able to observe the change in behaviour and make

## **A better place to live**

During a visit to an OOHC service, the OCV noticed that the house was in desperate need of renovations. She could see the carpets needed replacing, the walls required repair and painting, and the furniture had seen better days. The residents complained to the OCV during the visit about the state of the house in which they had to live. They said the house did not resemble a home; it was drab and did not reflect their personalities.

The OCV raised these issues with management through her visit report and was told the house was next on the list for renovations. The OCV continued to visit the house and noticed the renovations had still not commenced some months later. The residents continued to complain to her and were getting increasingly unhappy.

## **Working through his past**

An OCV visited an OOHC service and was asked by Jay if he could assist him with gaining access to his personal file as he wanted to know about his past and how he came to being in care.

The agency thought it was best for Jay to work with a psychologist to support him with reading his file, in case he had any questions about what the files contained and to work through any difficult issues that arose. Jay told the OCV that he preferred to read the file on his own, but he was ok if someone else had to be present.

The OCV spoke to Jay about his concerns and Jay said he'd prefer to see a new psychologist, someone who was more experienced than the last one he had been seeing.

enquiries of the service based on her previous knowledge of him. The OCV established a relationship with the service where she was able to meet with senior managers to speak frankly, ask questions and to express concerns about issues. These factors assisted in an outcome that is more likely to benefit the young person in the long term.

The OCV raised the issues once again with service management and decided to have a face-to-face meeting with them to stress her concern and that of the young people living there. Soon after the meeting, the renovations were scheduled to proceed.

The OCV visited the house after the renovations were complete and the young people had moved back in. The residents were so proud of their newly renovated house and could not wait to show her around. There were new furnishings and wall art, and the residents had chosen paint colours for the walls of their bedrooms. It was a significant improvement on the previous condition of the house and the smiles on the resident's faces were enough for the OCV to know that there had been a positive outcome achieved.

The OCV spoke with the service manager and relayed Jay's concerns about the psychologist he was currently seeing. The manager acknowledged the concerns and responded promptly by arranging for Jay to see a new psychologist.

During the OCV's last visit he learnt how the service had managed the matter. One of the managers of the service is currently studying for a Diploma in Therapeutic Life Story Work, and it had been negotiated with Jay that they would work one on one with him to go through his personal file and history. Jay was happy with the outcome and was looking forward to gaining a better understanding of what had led him to be in care.

## Planning to leave care

The OCV visited a group of young people in OOHC to catch up with them and find out how they were doing when they returned home from school one day. On this particular visit, one of the residents seemed quite low, which was out of character for him. The OCV spoke to him about what was going on and he explained that he felt quite anxious about leaving care, something which was approaching quickly for him.

He was unsure about where he was going to live or work, how he would support himself, and who he could turn to for support once he left OOHC. The situation was quite overwhelming for him.

The resident's caseworker was currently on leave and he felt like he was lacking direction and knowledge about his future. The OCV explained that he would raise these issues in his visit report and this should assist in kickstarting some progress with his leaving care planning.

The OCV raised the issues with the service, explaining the level of concern that the resident had. The service responded with an explanation of the current circumstances and a plan of action. The main outcome was to assign another caseworker the responsibility of



moving forward with the leaving care plan for the resident, and including him in meaningful consultations and activities around the planning.

The OCV visited the house again a few months later and was delighted to be greeted by a more confident young man who was well informed and confident about his future, and looking forward to the next stage of his life.

## Breaking down barriers

On a recent visit, the OCV met Mikey, a new resident who, at first, didn't seem too keen on having much to do with her.

In an effort to start a conversation, the OCV explained to Mikey that she was not from FACS and did not have anything to do with the service running the house where he was living. She told him she was there to make sure he was getting the services he needed and was being properly cared for. The OCV explained how she could help him resolve any problems he might have. After a while, Mikey looked up at her and said, "can you braid hair?" The OCV said, "Actually yes I can, come over here and take a seat".

Mikey then told the OCV how he needed more clothes as he seemed to have lost them during the move from his previous placement. He said

he had a box of things at the other house that just never arrived. He also told the OCV about a recent trip to see his family and that he would like the opportunity to visit them more often.

The OCV raised the issues on behalf of Mikey. The service said that they would purchase more clothes for Mikey and would follow up with the previous OOHC provider to ask for the remainder of his belongings. They were also working on updating the family contact schedule so that Mikey could visit his family more frequently and maintain a positive relationship with them.

# Outcomes for residents:



## Services for adults with disability

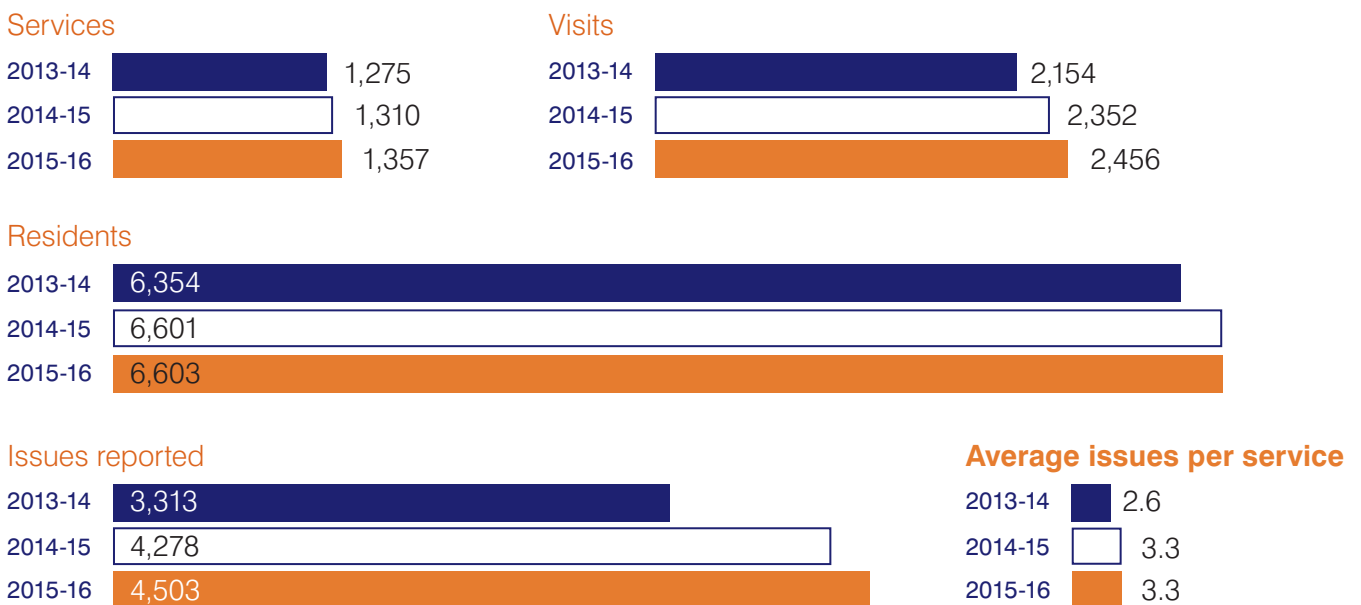
In 2015–16, there were 1,357 visitable supported accommodation services for adults with disability, accommodating 6,603 residents.

OCVs visit disability supported accommodation services for adults which can range from large residential centres, housing more than 20 people through to individual support options.

OCVs made 2,456 visits to disability services and worked on 4,503 issues of concern. OCVs reported that 2,838 issues, almost two-thirds, were resolved. OCVs are continuing to monitor the action taken by services to resolve 458 (10%) issues of concern.

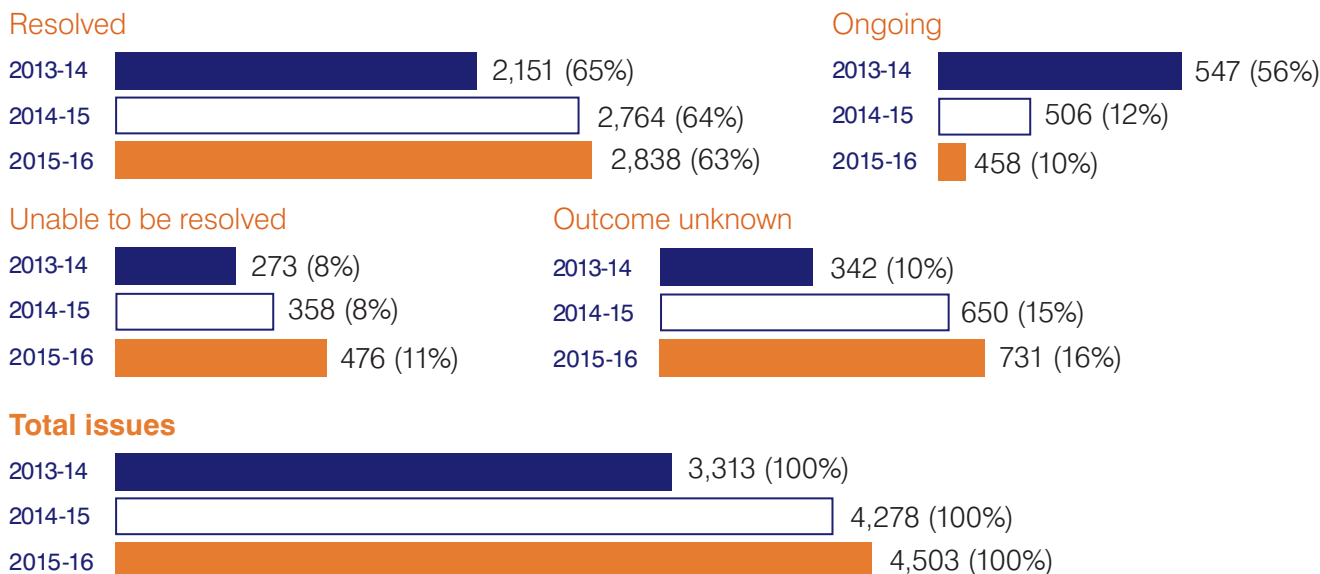
### Three year comparison

**Figure 11:** Three year comparison of data for visitable service for adults with disability



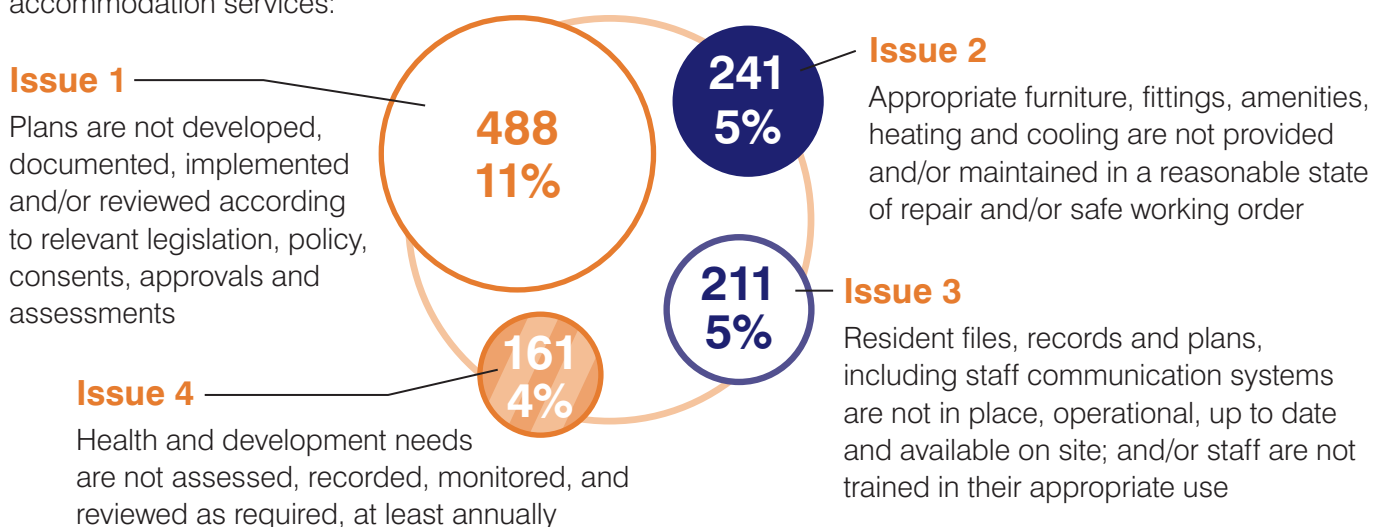
## Three year comparison

**Figure 12:** Three year comparison – outcome of issues raised by OCVs



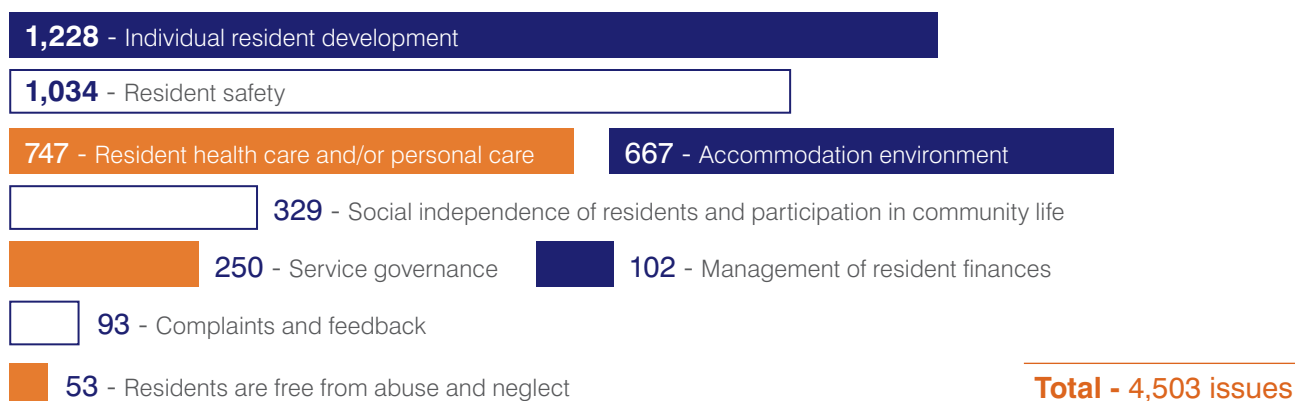
### Major issues raised in 2015–16

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



**Figure 13:** Type of issues raised on behalf of residents of disability services, 2015–16

### Issues classification



# Official Community Visitor message

**By Claire Galvin,  
Official Community Visitor**

All people visited by OCVs are living in residential care, due in part to the challenges they would face living independently. For people living in disability supported accommodation, it is recognised that ongoing support will need to be provided to assist residents to live fulfilling and meaningful lives.

Many people living in supported accommodation have a disability that affects their ability to complete necessary activities of daily living. Some people may also have complex medical needs, or conditions requiring daily health support. The vast majority of people living in disability supported accommodation have an intellectual disability and require support, prompting, or direction in order to complete their daily routines and tasks.

The homes visited by OCVs can vary from individual dwellings, such as granny flats with one resident or free-standing houses with five residents, to large residential centres providing care for hundreds of people in one setting. The large residential centres in Sydney and the Hunter are currently devolving with residents from those settings being moved into purpose built accessible homes. The large residential centres are scheduled to be closed by 2018.

An accommodation model increasing in popularity is villa style complexes, where one site may have several apartments, each with one or two residents, and a dedicated apartment for staff. Staff are based onsite to provide drop in or emergency support to residents in the complex. This style of accommodation can provide residents greater space, flexibility, and independence than some of the more traditional group home models of support.

Issues that OCVs identify through their visiting can vary greatly. A common issue across all visitable sector areas is planning, documentation and implementation of supports for residents. As an OCV, I like to see evidence that the people I visit are being consulted about their needs and preferences, and are supported to make their own decisions. It is

heartening to witness services responding thoughtfully to each person's situation, and to be proactive in adapting and co-ordinating the best possible service for that person. However, without this work being documented (such as in resident meeting minutes, daily progress notes, or against individual plans), I am often not reassured that reasonable action has been undertaken to meet residents' needs.

Sometimes residents are able to let me know the concerns they have, or things they would like to do but are not receiving support to do. In these instances I can assist them by raising the issue on their behalf with the service provider. However, more frequently, issues I raise are ones that I have identified myself through observation, conversations with residents, document reviews, and discussion with staff. People with disability and their families may choose not to raise an issue as it requires effort and energy that they don't have or they believe they would not get any action or change by speaking up. More commonly, and perhaps more disappointingly in my view, they may not raise an issue as they do not see it as an issue, as their expectation and experience about their service provision is at a low threshold.

An example of this is residents at a service that I visit who seemed to be eating meat pies for dinner several times a week, most weeks. While it appeared to me that the residents would identify meat pies as their favourite meal, that reason did not warrant a steady and ongoing diet of this food item alone. I raised this issue with the service, highlighting the fact that residents did not seem to be supported to make choices about a variety of meal options; there did seem to be adequate menu planning, support to make healthier food choices, or opportunity to be involved in preparing their own meals. The residents of the house would not have been able to raise this issue independently without my assistance as an OCV. The service seemed to have the attitude of 'no one is complaining, so it's ok', rather than having the better practice of supporting people to make informed choices each week about what they wanted to eat, taking in a variety of healthy

choices, and balanced meals. They were also missing the opportunity to involve residents in the shopping, preparation, and cooking of those meals, and supporting choice in their lives.

For some people, such an issue can seem trivial. However, it also gives an insight into the underlying attitudes, values and priorities of some service providers. For me, the joy of life is that it is made up of the small things! I would not like to eat meat pies (or any other dish for that matter!) three nights a week every week, and on occasion even more often.

Working as an OCV provides unique challenges and rewards. On a practical level, the work of an OCV is very autonomous and requires a level of motivation and organisation that may not be as necessary in other roles. While there are many opportunities to interact with my OCV colleagues, the real 'work' of the role is done largely in isolation. A professional challenge for me at the current time is keeping abreast of the large scale changes happening across the disability sector. It is a very interesting time.

Over the next few years there will be considerable change in the disability sector. The full roll-out of the National Disability Insurance Scheme (NDIS) will be completed by July 2018. ADHC is actively transitioning residents from its state run supported accommodation services to non-government organisations working in the sector.

Additionally, the *NSW Disability Inclusion Act 2014* and the *Ombudsman Act 1974* have seen the implementation of new reporting requirements for abuse and neglect of people with disability living in supported accommodation.

The transition to the NDIS, and the upcoming transfer of ADHC services, has created uncertainty and feelings of anxiety for many people working in the sector. There is turmoil as services experience frequent changes of staff, restructuring of roles, hierarchy and organisational change. In turn, these feelings of uncertainty have an impact for people with disability residing in services affected by these changes.

The NDIS will ultimately offer people with disability greater choice and control, for example being able to decide which service providers they want to use. Change, and the opportunity for more power (through choice and



autonomy) can be exciting – but also anxiety provoking. While these changes are ultimately for the better, it is difficult for people to remain comfortable during times of transition. People know that their lives will be changing, but don't know for certain what their life will look like when they get to the other side of this process.

As an OCV, the contact I have with people living in supported accommodation is much less frequent than the daily or weekly contact of service staff. However, in such transient times, I am aware of the consistency my role can provide. Now that I have been visiting for a few years and am no longer a 'new' OCV, I have seen change in some of the services I visit. With staff in houses coming and going on a regular basis, I have seen what impact this can have on residents. For some residents, I have known them in my OCV role for a longer period of time than their direct care staff. I know their life stories, their likes and dislikes, and what life has been like for them living in care. It has been important for them to know that, through all sorts of changes in their home or in their life, I will still pop up occasionally to chat and check in with them about how they are going and whether they are ok.

One of the great rewards and joys of visiting people with disability is the warm hospitality I receive from residents and their joy of having someone visit them. Often, residents are delighted to tell you about themselves, their lives, their work, families, and interests. It continues to be a privilege to be allowed uninvited into their home and to be part of their life.

### William needs a rest

On a recent visit, William spoke to the OCV over a cup of tea. William had just come home from a long day at his day program. He said he was very tired, and spoke about needing to retire now he was nearly 60 years old. As the conversation continued, the OCV learned that William worked in supported employment two days per week and attended a day program the other three days. William started work at 7am, which meant that during winter he had to get up and get ready when it was still dark and cold outside. William liked his work and so did not mind the early starts, but this had been his routine for many years and he was getting tired of it.

On the weekends, William enjoyed quiet time at home, in the garden, and to rest and recuperate from his busy week. Staff joked that it was very

hard to get William to go out on leisure activities in the evenings or on weekends. He preferred to stay at home and 'chill out'.

The OCV asked William what he would prefer. William said that he would really like to have a day off from his usual weekly commitments and wondered if he could do fewer days at the day program, as his two days at work were very important to him. William said he would rather have one day to relax at home – to potter around, go to the shops and go out for a coffee.

The OCV discussed William's preference with his service, who were happy to support William in negotiating a reduced day program. This change gave William a regular day at his leisure, while still enabling him to continue his employment. He celebrated his first free day by having a late breakfast, having some one on one time with staff, and going out shopping for some new music.

### A holiday at the beach

Four men have lived together in a group home for many years. They get along well and have similar tastes in sport and leisure time activities. Their service provider encourages them to plan and save for a holiday each year. Each year they enjoy discussing their options and preferences of holiday destinations and eventually work out what best meets all of their wishes.

Most years they prefer to take a holiday together, rather than individually. Their person centred plans record the annual holiday as a priority goal for all four men.

On a visit, the OCV asked the men about their holiday planning, and their preferred destination this year. The men said their service had found a disability holiday camp in the north of the state and it seemed like they would go there for their holiday. No one looked especially enthusiastic about this, so the OCV asked a little more about it.

The men told her that they had been looking forward to going to southern Queensland, where they could swim at the beach, visit the Gold Coast theme parks and swim with

dolphins. They also preferred to stay in cabin accommodation, in a mainstream camping ground. By contrast, the disability holiday camp was located in the NSW hinterland, surrounded by bush and far from the coast and the sorts of activities the men had been looking forward to.

The OCV raised this matter with service management. They were not aware that the men were unhappy with the choice that had been made. They undertook to speak further with the residents, making sure to take their preferences into account. When the OCV next visited the house, the men were very excited about their upcoming holiday. They had expressed their wish to travel to Queensland and had chosen a variety of interesting activities and sightseeing options. They had also planned a day by day itinerary for themselves, after researching the tourist information for the area. The men would be supported on their trip with two staff from the service who had been working with them for some time.

The OCV is looking forward to hearing about the trip and seeing the photos when they return.



## Feeling confident to speak up

The OCV was visiting a home where several women resided, all of whom usually enjoyed the visit and the opportunity to have a chat about what was happening in their lives. Although the OCV was welcomed on this visit by the women, Deborah remained in her room and didn't come out for a chat as she previously had.

The OCV felt this was unusual and went to Deborah's room to say hello. She knocked on the door and asked Deborah if she was okay. Deborah said that yes everything was okay but that if the OCV would like to come in she would like to talk some more.

The OCV sat down on the floor and chatted about what had been happening for Deborah. It wasn't long before Deborah told the OCV that she stayed in her room now because she didn't like one of the staff members. She said that the staff member always 'looked at her funny', didn't speak to her nicely and was 'bossy' towards her.

The OCV asked Deborah whether she had spoken to anyone else about this and she said she hadn't. The OCV asked whether she would be happy for the OCV to speak with management on her behalf, to which she readily agreed.

The OCV spoke with management after the visit and explained the situation from Deborah's viewpoint. Management were very swift in engaging with Deborah and identifying and addressing the concerns that Deborah had and her feelings of anxiety about raising this issue.

At a subsequent visit, the OCV spoke again with Deborah. She said that she was relieved that it was all sorted out, the staff member was still working at the house, but that her relationship with the staff member was now 'really good'. Deborah said she felt comfortable and confident after this experience in speaking to the OCV, staff and management about any problems she might have.

## Achieving their goals

The OCV was checking the lifestyle plans of residents and noticed that there was no written evidence that the plans were being implemented. Staff said that there was a lot of pressure on them from management to update the resident's files, but that only a small handful of staff had had the opportunity to attend lifestyle planning training to understand what needed to be done. The OCV raised the lifestyle planning issue in his visit report and requested to meet the cluster manager at the house the following week to go over the lifestyle plans.

The cluster manager was quite surprised to see that there had been no action in relation to resident goals and their plans. The manager explained that the team leader for the house had left over 12 months ago and the position had not been filled. Going through the training log it was identified that only two staff members had completed the relevant training. The manager agreed to spend time at the service with staff and to undertake a review of all the plans with them.

In the following month, an acting team leader was appointed to the house and was responsible for ensuring the plans were receiving adequate attention. The manager ensured that all staff that required training would be rostered on to attend training over the next two months.

At the next visit the OCV noticed a vast improvement in the activities and involvement of residents. Residents had enjoyed some quality outings and experiences, and all were well on the way to achieving their goals. The team leader position had been filled permanently and there had been many positive changes at the house. The support workers were now actively involved in planning meetings and were able to monitor and progress resident goals because they were adequately trained to do so.

## Getting the mix right

The OCV had been visiting a group home in metropolitan Sydney for a number of years. The house was at least 40 years old with a physical layout no longer suitable to support the five residents (with behaviours of concern) who lived at the house. There were limited options in respect of separate living areas, the kitchen was poorly positioned and the bedrooms and bathrooms were very small. Line of sight supervision by staff was limited to the one living area. The five residents could not share the living space together at any one time, as they could not spend time together without incident.

The OCV had consistently raised concerns with the service about the incompatibility of the client mix and property damage caused by residents (broken furniture, walls with holes, and serious damage to bathrooms). There were many client to client and client to staff assaults, some resulting in serious injuries, and limited options for quiet places for residents to have some time alone or to be redirected and supported when they felt anxious.

Two semi-independent residents who enjoyed quiet activities did not have any space in which to relax in a separate and quiet environment. As a result of the ongoing assaults and damage, the kitchen was deemed an 'at risk' area and had to be locked on an ongoing basis. These two residents who could independently access the kitchen for snacks, drinks and food preparation were unable to do so and began to lose those skills. Staff morale was also low.

## Respecting decisions

Solomon is in his mid-forties and shares a house with two other residents. He is active and enjoys going out with his housemates, especially going to rugby games. He also works three days a week as a gardener, has regular guitar lessons and enjoys playing his guitar in his room, going for walks by himself to the local shops and doing a weekly session of gym work with a personal trainer who he considers his friend.

Solomon had been happily following this routine for some time when the OCV first met him two years ago. Every time the OCV visited

The OCV consistently raised concerns about the resident mix, the physical layout of the house, and staff training and skills. As a result, the service undertook some minor works on the house and sought to employ staff with positive behaviour management experience. These changes proved to be short term 'fixes' but did not resolve the issues that had been identified.

During a subsequent visit the OCV witnessed several serious incidents involving furniture being thrown by one resident at another. Feeling that she had used the extent of her OCV powers, she made a formal complaint with the Ombudsman's office. In handling the complaint, the complaints officer and OCV met with management of the service who acknowledged the resident mix was not ideal and the physical environment was not suited to the clients. The service found a new location, designed to suit and support the residents, and they successfully transitioned to the new property. The two residents who were semi-independent were offered an alternative placement, which they accepted. The service mapped out a new resident grouping based on assessments and client matching, and to date this new grouping is more relaxed and cohesive in the new environment. The OCV reports that there have not been any serious incidents in the past year.

The original house now supports clients with different needs and it seems to be working well.

the house, Solomon would tell her about what he'd been doing, so she was surprised to hear on her last visit that he was no longer going to his personal training sessions.

The OCV was curious as to why he'd stopped this activity when he'd previously enjoyed it so much. Solomon had always been so proud of how many exercise repeats he could do, what weights he was lifting, and how long he could walk on the treadmill. In speaking to Solomon, he didn't seem to know exactly why the sessions had stopped and he was under the impression

that the trainer no longer had time for sessions with him. This made him sad.

The OCV spoke to a staff member about it, but she didn't know why the sessions had stopped either. The OCV read through the diary and communication books for the house and found reference at a house meeting, several weeks earlier, where discussion by one staff member indicated that the staff member thought 'Solomon was being charged too much for his personal trainer sessions' and that she'd 'find a cheaper alternative'. There was no indication in the records that Solomon's opinion had been sought, that the situation had been explained to him and or that any alternative had been found.

In the OCV's visit report, she questioned the situation. She indicated that she was aware that Solomon had been very happy with the original arrangement and asked why it was changed. She asked why Solomon had not been given an opportunity to make his own decisions about his own activities and why the search for an alternative trainer was taking so long (seven weeks). The OCV highlighted the fact that Solomon was now sitting at home missing out



on an activity which he not only enjoyed, but which brought him health benefits and included him in the broader community.

The service responded to the OCVs report with swift action. They spoke with Solomon and found out what he wanted to happen. A week later, Solomon resumed his sessions with his personal trainer, and was once again participating in a meaningful activity of his own choice. Needless to say, he told the OCV he was very happy.

## Quiet enjoyment at home

An accommodation service for adults with disability has a large purpose-built house and four separate one-bedroom units for people needing a variety of drop-in support. The service also provides outreach drop-in support to other people living in their own homes in the community.

The level of care provided by the service is of a high quality; however, there was one issue which caught the OCV's attention soon after she started visiting. The house had been designed with a staff area, comprising a spacious office with attached bedroom. This area was situated at the back of the house, with access to the space coming off the main hallway where the kitchen and dining area were located.

Staff working in the attached units, those providing the drop-in support, and those working directly with the residents in the home, were required to enter the house by the front door each time they needed to get to the

office. This involved them walking through the lounge room, past resident bedrooms and the bathroom to reach the office. This meant that each day there would be a large number of staff walking back and forth through the residents' home. For the residents, there was nowhere that was quiet and private for them unless they went into their bedrooms and shut the door. Everyone, staff and residents alike, was so used to this arrangement that no-one saw it as a problem until the OCV began raising it as an issue.

Following up on the issue, the service tried to limit the impact on residents by trialling the relocation of resident files to individual units, and looking for offsite office space for the outreach staff. For various reasons these initiatives did not work.

On a subsequent visit, the OCV noticed that the office looked out onto a narrow passage at the side of the house. She asked whether the service had considered creating an opening in the wall to use as a staff entry door.

Two years after the OCV raised the issue, the service completed building works to create a new staff entry door. This allowed staff to enter and leave the office through the side door, and only direct care staff working in the house

would be interacting with the residents in their space. The front door is now used by residents and their guests, and each resident has their own key to the front door. The house is now much more a home than a workplace.

## Inappropriate use of resident finances

The OCV visits a house where three men live together. A vehicle is assigned to the house to assist the residents to go to their day programs and participate in other activities in the community.

During a recent visit, the OCV noticed that the weekly budget included a contribution from each resident to get the car washed. The budget indicated that \$35 a week was contributed by residents for car washing.

In one of the OCVs regular chats with a resident, he told her how much he enjoyed washing the car on the weekend with his housemates. Hearing this, the OCV became concerned that the men were paying for a service that they were undertaking themselves, washing the house car.

The OCV raised this with the service through her visit report. The service manager took swift action and looked into the matter immediately. It was found that the money that the residents were contributing was going into the house kitty and that on a few occasions the money been used for washing the car.

The service manager told the OCV that residents should not pay for car washing. The money that had been improperly used for car washing was reimbursed to residents. Staff have been directed by service management to not use resident finances for washing the car.

As a consequence of the OCV identifying and raising the issue all resident finances are being reviewed and changes made to provide an equitable and transparent service.

## Choice and control

During one of the OCV's regular visits to a group home the residents spoke about their dissatisfaction with the meals that were being prepared for them by staff. The residents felt that they did not have any avenue for expressing their dissatisfaction, and nor could they see any way to bring a change to the situation as they no longer had resident meetings.

In trying to better understand the situation it became clear to the OCV that staff working in the house were from a diverse range of cultural backgrounds and some of the meals, ingredients and preparation methods were not familiar to them. This meant that on occasion some meals were not as expected in flavour and consistency.

The OCV spoke with management about what was happening. The manager identified the house operated as an independent living model and that residents could be encouraged to take a greater role in their own meal preparation. She



acknowledged that residents should be supported to make decisions about what they wanted to eat and be supported to prepare their meals. A 'cookbook' was also discussed as a possible means of cataloguing favourite meals with a list of ingredients and the methods of preparation.

The OCV also raised the issue of regular resident meetings. The manager acknowledged that such meetings could be a forum where problems like this could be discussed and resolved. This would then provide an opportunity for management to highlight and address staff training needs or support.

## Gertrude going out

Gertrude has lived in a group home for many years. She has schizophrenia and an intellectual disability and is prone to hoarding. When the OCV first visited her, Gertrude was living with two other women and one man. Gertrude told the OCV she was terrified of Jan, one of the women she lived with, and refused to leave her room when Jan was at home.

A few months later, Jan moved to a different service and Gertrude became a little more confident in the house but still spent most of her time in her room. She was still not really comfortable with the other two residents she was living with, particularly the other woman who Gertrude felt was critical of her.

Gertrude also adamantly refused to let the OCV see her bedroom which, according to staff, was overcrowded with possessions she had been hoarding for many years.

The OCV had been visiting the house for 18 months when the service told her that they had decided to close the group home. The two older residents were moved to a location which was more suited to their needs and Gertrude was moved to a house with one other female resident. A few months later, the new house was fully occupied and Gertrude was sharing her home with two men who were a little older than her and the other female resident.

The change of house and housemates has been a great success for Gertrude. Since moving to her new accommodation, Gertrude

On a subsequent visit the OCV found residents and staff happy with the changes that had been made. A great cookbook had been produced with pages of favourite recipes including ingredients, methods and illustrations. Residents had been enjoying helping staff prepare their meals and one resident had recently helped prepare a roast dinner for the household and declared it to be the best he had ever eaten!

The resident meetings had also been restarted and residents felt they again had a voice and were able to be more proactive about choices affecting their lives and home.

has found life much more satisfying and rewarding. She has a bright bedroom which she proudly showed to the OCV and has become close friends with Brett, one of the men who lives at the group home with her. Gertrude and Brett go out together by bus, as the bus stop is not far from home, and they sometimes go to a club or disco.

Gertrude has chosen not to work as she did not like the close supervision and she has also chosen not to attend a day program as she was bored of the activities. Gertrude prefers to 'do her own thing'. She does a lot of walking on her own, and every week she has some set routines - dancing lessons one day, an outing with a staff member another and she goes out with her sister once a week shopping, to the beach, or they spend time at her sister's place.

Gertrude is proud of how she feels nowadays. She takes care of what she eats and this, combined with her walking, has helped her to lose weight. Her psychiatrist is really pleased with her progress and said that he does not need to see her again for two years. The OCV visits regularly and when Gertrude greets her at the front door with a happy smile the OCV looks back on the early days and remembers when she would not leave her bedroom.

# Coordination of the OCV scheme

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

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

As part of this work, the NSW Ombudsman's office:

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

This year, the NSW Ombudsman's OCV Team:

- recruited 14 new Visitors, who will commence visiting in December 2016,
- recommended the reappointment of eight OCVs for a second three-year term,
- reviewed and updated the actions and outcomes classifications in OCV Online to make the codes more meaningful for Visitors and statistical reporting,
- reviewed and updated the OCV travel and accommodation policy,
- developed the OCV gifts and benefits policy,
- worked with a representative group of OCVs to review and update the OCV practice guide and OCV mentoring policy,
- organised and ran the two-day OCV annual conference which included presentations on supported decision making; augmentative communication systems; motivation and goal setting; the progress of the NDIS; the Rights project; and a speech from Minister Ajaka,
- organised briefings and information sessions on the transition of ADHC services and FACS' Continuous Improvement Review Tool (CIRT),
- coordinated and facilitated meetings between Ministers and representative groups of OCVs to discuss systemic issues identified in the visitable services sectors,
- allocated 80% of all visitable services to OCVs,
- facilitated regular OCV and Ombudsman consultation meetings, and
- organised OCV sector group roundtable meetings.

# Financial

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

Costs that are not included here are items incurred by the NSW Ombudsman in coordinating the scheme, including Ombudsman staff salaries, and administration costs such as payroll processing, employee assistance program fees, and workers' compensation insurance fees. Full financial details are included in the audited financial statements in the Ombudsman *Annual Report 2015-16*. Copies of this report are available from the NSW Ombudsman's website at [www.ombo.nsw.gov.au](http://www.ombo.nsw.gov.au).

**Figure 14:** Visitor related expenses 2015-16

<b>Payroll expenses</b>	<b>2014-15</b>	<b>2015-16</b>
Salaries and wages	604,966	628,913
Superannuation	60,718	61,018
Payroll	33,664	35,460
Payroll tax on superannuation	3,225	3,315
<b>Subtotal</b>	<b>702,573</b>	<b>728,706</b>
<b>Other operating expenses</b>	<b>2014-15</b>	<b>2015-16</b>
Advertising – recruitment	6,784	649
Advertising – other	12,283	28,426
Fees – conferences, meetings and staff development	546	2,732
Fees – contractors	6,139	-
Fees – other	1,219	870
Printing	-	1,710
Publications and subscriptions	27	493
Maintenance – Equipment	145,211	143,764
Stores	84,281	67,016
Travel – petrol allowance	136,448	145,211
Travel and accommodation <sup>1</sup>	87,869	84,281
<b>Subtotal</b>	<b>256,490</b>	<b>245,660</b>
<b>Total</b>	<b>959,063</b>	<b>974,366</b>

<sup>1</sup> OCV costs such as meal allowances, air, bus, train and taxi fares are included in 'Travel & accommodation'



## Contact us

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Telephone Interpreter Service (TIS): 131 450  
We can arrange an interpreter through TIS or you can  
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