

OCV

Official Community Visitors

ANNUAL REPORT 2014–2015



20 YEAR ANNIVERSARY

Anniversary

Contact us

Official Community Visitor scheme
OCV Team Leader

c/- NSW Ombudsman
Level 24, 580 George Street
Sydney NSW 2000

General inquiries: 02 9286 1000
Toll free (outside Sydney metro): 1800 451 524
Tel. typewriter (TTY): 02 9264 8050
Facsimile: 02 9283 2911

Email: nswombo@ombo.nsw.gov.au

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

www.ombo.nsw.gov.au

ISBN: 978-1-925061-73-4

© Crown Copyright, NSW Ombudsman, December 2015

This work is copyright, however material from this publication may be copied and published by State or Federal Government Agencies without permission of the Ombudsman on the condition that the meaning of the material is not altered and the NSW Ombudsman is acknowledged as the source of the material. Any other persons or bodies wishing to use material must seek permission.



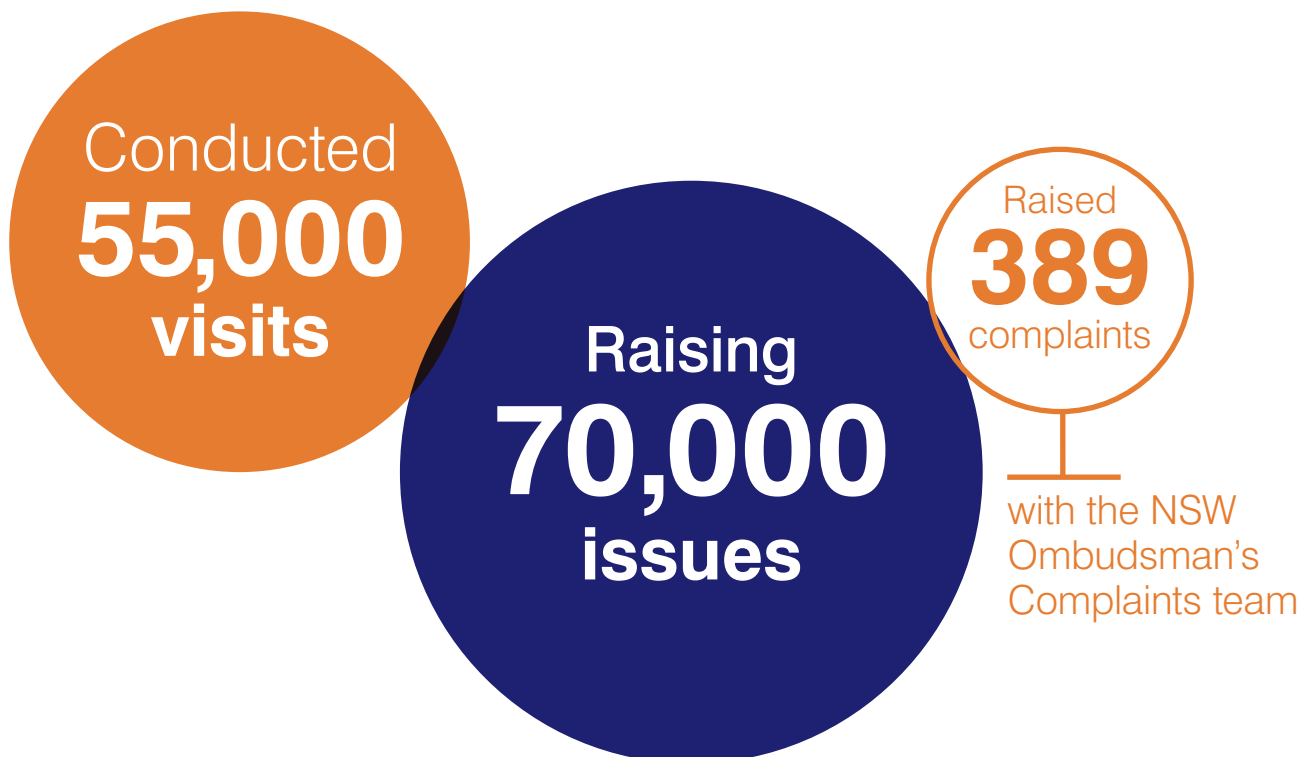
ANNUAL REPORT 2014–2015
20 YEAR ANNIVERSARY

20 years of the OCV scheme

2015 marks the 20th year of operation of the OCV scheme in NSW.

The OCV scheme was originally coordinated by the Community Services Commission. In December 2002, responsibility for coordinating the OCV scheme moved from the Community Services Commission to the NSW Ombudsman, with the merger of the two offices.

At the same time, *Community Services (Complaints, Reviews and Monitoring) Act 1993* (CS CRAMA) was amended to include licensed (now 'assisted') boarding houses, and OCVs started visiting boarding house residents.



Key changes linked to the work of OCVs include:

- the closure of institutions accommodating children and young people, including the Hall for Children, Ormond, and Minali
- reforms to address the use of physical restraint of children and young people in residential out-of-home care
- reform of the boarding house sector, including the introduction of new legislation that brought in enhanced standards, provided greater safeguards, and introduced occupancy rights for residents
- the closure of large residential centres accommodating people with disability, and
- the introduction of the mandatory reporting scheme in NSW for incidents of abuse and neglect involving people with disability in supported group accommodation (under Part 3C of the *Ombudsman Act 1974*).

Contents

20 years of the OCV scheme	4
Key changes linked to the work of OCVs include:.....	4
Letter to the Ministers	7
Message from the Ministers	8
Message from the Ombudsman	10
The role of Official Community Visitors	11
2014-2015 highlights.....	12
Who are the Official Community Visitors?	14
Voices of residents living in visitable services	17
Reflections of an experienced Official Community Visitor.....	18
Reflections of a new Official Community Visitor.....	20
Voices of residents living in a visitable service.....	24
Year in summary.....	26
Visitable services.....	26
Visits conducted.....	26
Services allocated	26
Key issues about service provision.....	26
Summary of activities and outcomes	28
Visiting services.....	28
Number of services allocated for visiting	28
Number of visits and visit hours	28
Visitor numbers.....	28
20 years of the OCV scheme:	
Reflections of the Community and Disability Services Commissioner	29
Identifying and resolving issues	30
How OCVs help to resolve service issues.....	30
Coordinated action by OCVs and the NSW Ombudsman to address service issues.....	31
20 years of the OCV scheme:	
Significant changes that have resulted from issues raised by Visitors.....	33

A voice of a resident living in a visitable service	35
20 years of the OCV scheme:	
Reflections on the value of the visiting scheme to complaints.....	36
Outcomes for residents:	38
Services for people in assisted boarding houses	38
Services for children and young people	42
Services for adults with disability	50
Reflections of an OCV	63
20 years of the OCV scheme: Reflections on the work of Visitors	64
Coordination of the OCV scheme	65
Financial	66

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

Letter to the Ministers

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

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

Dear Ministers,

I am pleased to submit to you the 20th Annual Report for the Official Community Visitor scheme for the 12 months to 30 June 2015, 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



Professor John McMillan AO
Acting Ombudsman

Message from the Ministers



Since becoming Minister for Family and Community Services in April this year, not a day goes by without a matter concerning the wellbeing and welfare of one of the 19,880 children in Out Of Home Care being raised in my ministerial office.

I have met children and young people in OOHC and observed the tough hand they were dealt in their early lives. I am grateful for the Official Community Visitors who ensure that the children and young people in residential OOHC, among the most vulnerable in our society, have an independent adult who keeps an eye on their lives.

The 2014-15 Official Community Visitor Annual Report highlights the 20th year of operation for the scheme and its formidable achievements: over 55,000 visits conducted, 70,000 issues raised and more than 18,000 service locations visited. This is a testament to the essential role Visitors play as advocates and independent eyes and ears on the ground.

The value of the Visitors' impartial, human rights driven approach cannot be overestimated. They provide critical advice to me as Minister on issues affecting some of our most vulnerable children and young people. Their work includes the resolution of complex and protracted issues to the satisfaction of all. The unique set of communication and problem solving skills each Visitor possesses ensures that the voices of our children and young people in residential OOHC are heard.

A consistent issue raised by the Visitors concerns the need for sustained interagency work to improve access to education for young people in residential OOHC. Visitors have consistently raised issues of outcomes for children in residential care, and their questions about planning and support for young people is often the catalyst for action. I look forward to reporting in next year's 2015-16 report new initiatives that drive better outcomes for children in residential OOHC.

My message to all Visitors is "thank you". You are truly making a difference for some of the most vulnerable young people in our community. They appreciate it. I appreciate it.

A handwritten signature in black ink that reads "Brad Hazzard". The signature is fluid and cursive, written in a professional style.

Minister Brad Hazzard MLC

Minister for Family and Community Services
Minister for Social Housing



Thank you for the opportunity to write this opening message, celebrating the 20th anniversary of the Official Community Visitor Scheme. I was lucky to attend the anniversary celebrations in December and speak to the Visitors about their work.

The NSW Government fully supports the role of the Official Community Visitors in supporting clients, families, carers, and service providers in this State. Their presence has undoubtedly improved the lives of people with disability across NSW.

This year's report showcases the variety of work completed by the Visitors, and particularly highlights the value they bring to improving the sector.

Over the past 20 years, Visitors have played a considerable role in major disability sector reforms. They have influenced the closure of Large Residential Centres, facilitated person-centred, individualised approaches to support; and contributed to the development of the Mandatory Reporting Scheme.

Their work isn't always about the bigger picture but their contribution to small changes make a huge impact on people's lives.

Over the last 20 years, Visitors have received praise from people with disability, their families, service providers and staff as they provide a reliable mechanism for testing standards, policies and procedures. Their unannounced visits are invaluable in providing a warts-and-all view of what positive practice is occurring, and what requires improvement.

I wish to congratulate the Official Community Visitors Scheme and the Visitors for their dedication and tireless efforts over the past 20 years and I wish them many more successful years ahead.

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

Minister John Ajaka MLC

Minister for Disability Services

Minister for Ageing

Minister for Multiculturalism

Message from the Ombudsman



I am honoured to contribute to the Official Community Visitors' annual report on their important work, and note that this edition marks the 20th anniversary of the scheme in NSW.

The OCV scheme is one of the most important safeguards for people in residential care in NSW. It combines independent oversight with direct connection to many vulnerable members of our society. In the five months I have been involved with the OCV scheme, I have also been particularly impressed by:

- the significant issues identified by the Visitors and the meaningful changes they achieve for – and with – people in residential care, and
- the high quality and substantial work that Visitors and my office undertake together in achieving real outcomes for those who live in residential care, and
- the impact of the scheme in promoting respect for the legal and human rights of people in residential care.

A powerful feature of each year's OCV report are the personal accounts of residents that give practical examples of the outcomes achieved as a result of issues raised by Visitors and the action taken by service providers in response. I extend a special thanks to the residents and Visitors who have contributed their experiences and reflections to this report – your input brings the scheme to life and illustrates the challenges and joys of the Visitors' work.

In recognition of the 20th anniversary of the OCV scheme, this report also highlights the key achievements of the Visitors over the 20 years, and includes the reflections of people who have been involved with the scheme in different ways during that time. I congratulate all those who have made the scheme such a success over the past 20 years.

A handwritten signature in black ink, which appears to read 'John McMillan'. The signature is fluid and cursive.

Professor John McMillan AO
Acting Ombudsman

The role of Official Community Visitors

The Official Community Visitor scheme started in October 1995, and is celebrating its 20th year of operation.

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) and Regulations.

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 with disability and additional needs 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.

2014-2015 highlights

OCVs have:

conducted over

**3,000
visits**

visited almost

**1,200
services**

brought

**57
matters**

to the attention of
the Ombudsman's
Complaints Team

spent over

**8,300
hours**

visiting residents

reported over

**4,000
new issues**

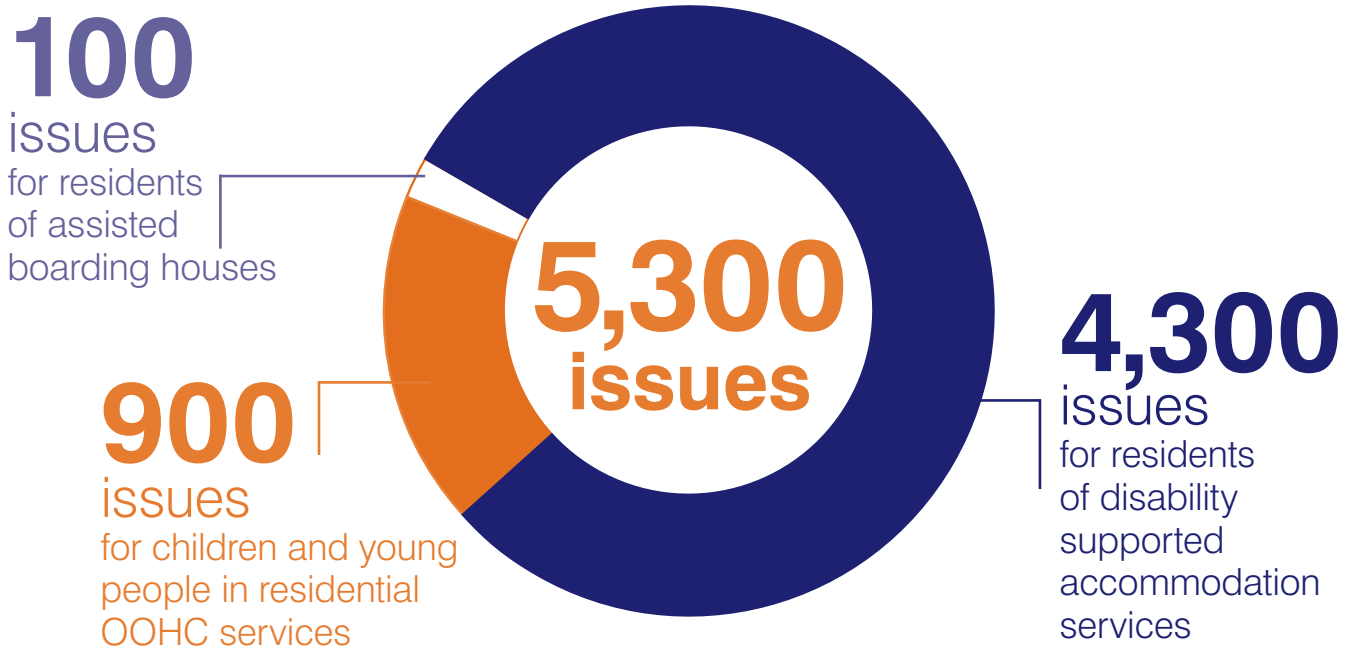
brought

**15
matters**

to the attention of
the Ombudsman's
Disability Reportable
Incidents Division

worked on over 5,300 issues

(continuing and new), including:



Compared with the previous year

OCVs have:

visited
10% more services

conducted
7% more visits

Who are the Official Community Visitors?

Metropolitan Sydney – North



Susan Alexander



Amanda Ellison
(started August)



Deirdre Growney
(started August)



Frank Kuiters



Marilyn McClung



Gemma Phillips
(started August)



Lyn Porter



Elizabeth Rhodes



Rachel Tozer

Metropolitan Sydney – South



Dennis Bryant
(started August)



Irene Craig



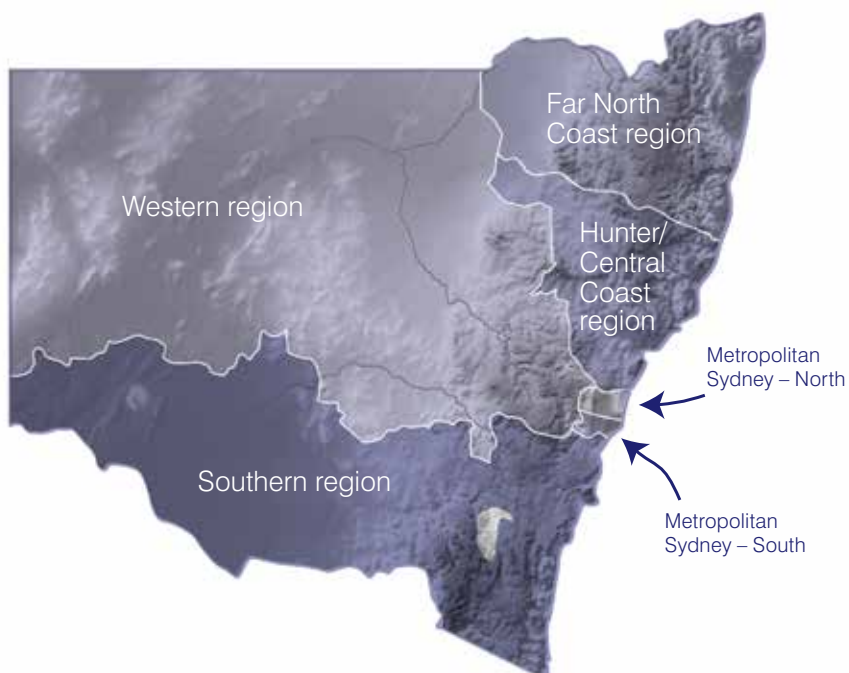
Claire Galvin



Linda Larsen



Dennis Robson



Ended appointment in 2015

- Paul Armstrong (March)
- Bernadette Carter (June)
- Denise Fallon (March)
- Reinhard Hitzegrad (February)
- Rebecca Horn (June)
- Virginia Nolan (January)
- Carolyn Smith (January)
- Colleen Sweeney (October)
- Neale Waddy (January)

Hunter/Central Coast



Jon Blackwell
(started August)



Ruth Chalker



Ariane Dixon



Judy James



Ann-Maree Kelly



Jackie Klarkowski



Amanda Reitsma
(started August)



Barbara Rodham



Melanie Schlaeger
(started August)



Sharon West
(started August)

Far North Coast



Arwen Carroll



Ricki Moore



Paul Moulton

Southern/Western region



Taryn Bankier



Sue Curley



Jo Hibbert



Melissa Pol



Rebecca Prince



Margaret Stevens



Mahalia Willcocks



Bart Yeo



Karen Zelinsky



Voices of residents living in visitable services

John and Gary live in an assisted boarding house and have asked us to share some of their experiences.

John moved in after the closure of another boarding house, and Gary moved from a nearby town where he had been renting. Gary and John have a cottage that they share, which has now become home to them. The cottage is separate from the rest of the boarding house and boasts its own garden, which the men tend. John and Gary mow the lawn, enjoy maintaining the cottage, and have recently painted the exterior of their home.

John enjoys volunteering as a handyman around the boarding house, completing odd jobs and ensuring that the fireplaces are well stocked with wood. John enjoys shopping and having the opportunity to chat with different people while he is out.

Gary enjoys the quiet country environment and the lifestyle he leads. His walks into town are a daily form of exercise, and the freedom to do this is very important to him. He also values the peace and privacy he has at the cottage to enjoy reading books, completing crosswords and soaking up the sun in the garden.

Transport options, including buses and community transport, regularly stop at the boarding house, and enable John and Gary to access the surrounding towns.

Gary and John both feel that things are 'pretty good' at the boarding house.

They especially like having their own place but also have the support of staff onsite when needed. As an example, while they have their own kitchen in their cottage where they can prepare meals independently if they wish, both men generally prefer to head up to the main kitchen to join the other residents in the dining room. There is a lot of variety on the menu and they feel they have plenty of choice and availability of food and beverages.

John and Gary have both said that their relationship with boarding house management and staff is excellent and that when they have any concerns, they feel heard and are helped to find a resolution that suits all involved.

...they feel heard and are helped to find a resolution that suits all involved.

An example of this was when John recently spoke to management about carrying his washing up to the main laundry on washdays. John said he would like to have a washing machine closer to the cottage so that he and Gary could wash independently. John showed us that there is now a washing machine close by and there is a space to hang washing under cover during periods of wet weather.

John and Gary have access to a variety of services at the boarding house. They are happy to have the OCVs visit them and enjoy having the opportunity to show off their cottage and have a chat when the Visitors are there.

- John and Gary, with support from Karen Zelinsky and Bart Yeo, OCVs



Reflections of an experienced Official Community Visitor

**By Susan Alexander,
Official Community Visitor**

I have read quite a few messages from OCVs over the years and one message has always stood out – OCVs regard their job as a privilege. However, when I was appointed to the job four and a half years ago, I realised what a very special privilege it is: to be invited into the homes and lives of some of the most vulnerable people in our society and to have the opportunity to make a difference for them.

I have had a life-long career in the community sector and have never felt ready to retire. Gradually, I have reduced my workload from a full time Director position in Community Services, through to a part time job with the Office of the Children's Guardian, now to the flexible and rewarding position of OCV. I started my working life as a front-line worker and had many years experience in child protection, out-of-home care and disability services. I now see my career as having come full circle and I am back doing face-to-face work with the people who really matter.

Visitable services are accommodation services that are funded, operated or licensed by the Department of Family and Community Services. I visit homes of children with disability, adults with disability and children and young people in OOHC. In my role, I focus on the residents and their rights and do all that I can to ensure they are receiving the best possible care. I do this by talking to residents, staff and families, where appropriate, by inspecting the documents relating to care provision and simply by observing. By spending time in a house watching and listening it is possible to assess whether residents are given the respect they deserve and if the house is operating with their best interests in mind. A number of the people that I visit, both children and adults, are not easily able to communicate so spending time with them and becoming aware of what is happening for them is very important.

As an OCV, I believe that, where possible, working together in cooperation with management, staff, residents and families to

resolve issues is far more effective than exerting the power that I have. The outcome is also more satisfying for everyone involved.

The two houses that I visit for children and young people with disability are run on a family group home type model. The parents have parental responsibility for the young people and make all the major decisions regarding their care. One of these houses has been a pilot for the 'Community around Kids Program' and is a shared care model – meaning that the children spend three consecutive nights each week with their families and the remainder of the week in the group home. They all have significant disabilities and are thriving under the arrangement, partly due to the good communication and joint decision making by parents and staff.

In my experience, close family involvement is not the norm for children and young people in OOHC who have been removed from the care of their parents by a court order. Although many of these young people do have contact with their families, that is often organised and supervised by the service provider. The majority of children and young people in OOHC live in foster care arrangements, which are not visitable by OCVs. We visit young people who live in residential care; usually group home settings with care being provided by staff. It can be a challenge for OCVs to establish a relationship and to communicate with some of these young people. I often think that if we had been removed from our parents at the age of eight, placed in a foster home where we did not want to be, moved between foster homes up to six times and finally ended up in a group home, we might not want to talk to yet another person coming into our lives to 'help out'.

Jessie was like this when I first met her, she often did not want to talk and would even say 'why do you keep coming here?' She was 15, living in a OOHC group home and her story, in addition to placement breakdowns, included a refusal by the local high school to accept her as she had moved to the city from a country school. By the time the school was prepared to enrol her four months later, Jessie had

found herself a job in a well-known takeaway food outlet. While her service provider, her caseworker and me, as the OCV, would all have preferred her to return to school, we respected her choice to stay on at work. She took her job seriously, kept her uniform immaculate and wore it with pride, never missed a day's work and was always on time.

I had been visiting Jessie for a year and after quite a few visits where we would sit in the living room with a few words passing between us, she had gradually come to trust me. One day I received a phone call from a youth worker who told me that the agency had decided to close the house where Jessie was living and move her to a suburb a long way from her work. Jessie did not know any staff or young people at the new house and was upset because there was no plan for a transition period to allow her to gradually say goodbye to the staff she knew and relied on.

By this time, Jessie had been promoted to Team Leader at her workplace and worked variable shifts, sometimes starting very early or finishing late in the evening when there was no public transport available. It would not have been safe for her to walk to and from the railway station at these hours and staff were not able to drive her to work as they had to stay with the other residents in the house. Jessie was desperate to keep her job so she asked the youth worker to call me and 'get that lady to help'. In my role as OCV, I raised Jessie's issues with service management, asking what other options they had considered and what consultation they had had with Jessie. As a means of resolving the matter, the service was able to secure extra funding to pay for taxis to transport Jessie when she had to work early or late. They also acknowledged that there had not been a clear transition process for Jessie to move to her new home, and arranged for two staff who Jessie was familiar with to be rostered on at her new home.

My achievements as an OCV are often quite low key but significant to the residents. When I started visiting, many of my houses had not had a Visitor for some time and their standards of care had slipped. The residents' health and person centred plans were often out of date; some houses did not have menu plans; and there was no evidence of resident or house meetings to give residents a forum to have their say. As I raised these issues in my reports to

management, I gradually noticed that things started to change. The most satisfying aspect of the outcomes I have been able to achieve in my role as OCV is the obvious pride that a number of the staff and residents now take in their houses. When I arrive, they are keen to show me the things they have done. One resident in his fifties had not had a holiday for some years, and he was the first to tell me when it was arranged as he knew that I had raised this issue on his behalf.

Another success for me as an OCV was with a group of young people in OOHC who were constantly telling me that there were too many people living in their home. In this house, there were six residents. In my view, it is difficult for six people to live together in any circumstances, but even more so when they are teenagers with complex needs. The young people told me that 'when a worker comes on shift, we bombard them with the things that we want done but they don't have time to do things for the six of us'. I raised this issue many times in my visit reports and was aware that management also believed that there were too many young people living together. With perseverance and negotiation, the number of residents in the house was reduced and the service was able to use my OCV reports to add strength to their submissions for change.

While OCVs mainly work alone, we are given a great deal of support to do our job. The OCV team at the Ombudsman's office is always available with advice and support, and we also benefit from the support provided by OCV peers and mentors. Mentoring is provided to all OCVs in their first year in the role and is invaluable. The mentor assigned to me when I came into the job gave me a wonderful start, and since then I have mentored two Visitors, with a third about to start. Mentoring is also rewarding as it provides the opportunity to share a little of the experience gained over the years of working in the role. Peer support is available throughout a Visitor's term of office and we all find it useful to consult each other when we are not sure what to do or to share ideas and frustrations.

Fortunately, my term as an Official Community Visitor has further time to run so I am not yet feeling sad about having to say goodbye. In fact, I am looking forward to another 18 months of working with my colleagues, the OCV Team, service providers and staff, and most of all with the wonderful people I visit.

Reflections of a new Official Community Visitor

**By Melissa Pol,
Official Community Visitor**

It is 12 months since I received an email from the Ombudsman's office with the exciting news that my appointment as an OCV had been signed off. I had applied for the position after a friend said 'there is a job in the paper that sounds like it was made for you.' I was nervous about applying for such an important position, but thought if I didn't apply, I would be missing a great opportunity.

I thought long and hard about how my past experiences would assist me in the role of OCV. I had previously worked in aged care; as a diversional therapist working with children and adults with disability; as a community development worker in a neighbourhood centre; and teaching and assessing students in disability studies and community services at TAFE.

Having a physical disability myself, I have spent long periods of time in hospitals and rehabilitation centres. This, and my career, has given me a unique insight into both sides of the disability spectrum – that of client and support worker. As a client, I have watched my family sit by my bedside after a serious illness; been the recipient of a support worker providing me with personal care; had decisions about my life taken out of my hands when I have been ill; and had to conform to the regulations of the institutional setting. I have also been on the other side, as a service worker taking on the responsibility of making decisions and looking out for the client's best interests.

I remember clearly the day that I got the official letter of appointment in the mail. I was very excited to begin my journey as an OCV.

A week later, my bags were packed and I was off to Sydney for the induction training, to meet the OCV team, the other new OCVs, and my mentor. It was a very busy week of presentations, workshops, learning the details of the role, and undertaking field visits to visitable services. I left the Ombudsman's office on the afternoon of the last day feeling overwhelmed, but even more excited to begin!

Once home I got a map of my regional area and marked out the locations of the houses I would be visiting. I rang CEO's and senior managers of the services I had on my list to make

appointments to introduce myself and hear a bit about the houses I would be visiting. I took along information packages to the meetings that explained the role of OCVs and the purpose of visiting. Following these initial meetings with management, I felt I had a reasonable understanding of the residential care models and the residents I would be visiting.

Following the induction training, I linked up with my mentor, a fellow OCV, and we did a series of visits to help me to learn the practicalities and idiosyncrasies of the role. The time with my mentor showed me how to apply all that I had learnt in the real setting – how to show respect and empathy while building rapport with residents, staff, and other stakeholders. I realised that it is only when you start visiting that you understand how your previous experience and skills can be used to alert you to situations that may require further attention or discussion with your OCV peers and the OCV team.

Following initial visits with my mentor to two of her visitable services, she came and visited two of my houses with me. I learnt very quickly that each visit I would undertake would be different. At some houses I could expect a buzz of activity and excitement from residents and staff, at other houses residents may not be home at the time that I am there, so I should take the opportunity to focus on reviewing client files and other documents. I also learnt that residents may not always be interested in talking to me or hearing about my role. I am always respectful of the fact that I am a visitor in someone's home and that they will be making decisions that suit them and not me.

The time came after the initial joint visits with my mentor for me to go out on my own. I was excited and nervous at the same time. I couldn't wait to begin!

I visit disability supported accommodation group homes run by government and non-government services. Most of the residents I visit are aged between 18 to 63 years of age and many are engaged in employment, day programs, or other social activities during the day.

When I visit a house for the first time, my usual practice is to call ahead and let them know I am coming. By doing this, I can assess accessibility for myself, the current



circumstances for the residents, and give some warning to minimise anxiety among residents by having an unannounced stranger visiting. A number of the homes I visit have a single staff member on duty, while others have a high ratio of staff to residents, depending on their support needs and challenges. It is important for me to know this so I can consider how to best conduct my visits.

I usually go to my visits prepared with questions to help me to get to know the residents and build a rapport with both residents and staff. I find if I go in prepared on those first visits, I can allocate time to getting to know people and help them to become comfortable with me and my visiting.

My visits vary in length of time, the time of day, and day of the week. Quite often I will visit in the afternoon or on a weekend when I know there is

high likelihood of residents being at home. On those visits I have been greeted with a wide variety of responses – smiles, confusion, country and western music, *Home and Away* on the TV, gentle handshakes, and no acknowledgement at all. I have also been asked to come back another time, asked to come and see new wall colour in a resident's bedroom, look at family photo albums, and in no uncertain terms to go away. All the visits I do are as varied as each of the residents I visit.

I leave after each visit wishing I had more time, had asked more questions, or had spent longer listening to stories about loved ones and friends. However, each time I leave richer for my visits, hoping I have contributed in some small way to bring about positive change in the lives of those I visited.

One thing I took away from all of my first visits is that the houses we visit are homes. They are a place to nurture and provide a safe and supportive environment, to respect differences and encourage creativity, while making sure residents' health, social, emotional and physical needs are being met, and encouraging independence. It doesn't matter if the houses are new, purpose-built residences or a house built in the 1970's – it is still home.

I wish I could say all my visits have been wonderful, without incident or issue. But unfortunately there have been issues that have required follow up and ongoing resolution work. To me, this just emphasises why the role of OCV is so important. It also makes the positive outcomes from visits so much more rewarding.

I have seen a range of outcomes come from the issues that I have raised. Some changes that I been able to facilitate have included residents being involved in the decoration of their living areas to create a more homelike environment; modifications to a bathroom that used to leak and had become a serious health issue; residents being included in decision-making in relation to meals, social activities, planning for holidays and developing new friendships; and the reintroduction of one-on-one outings reflecting the residents' personal choice.

Twelve months has gone in a flash for me. I am very much looking forward to seeing what the next 12 months will bring. Above all, I am proud to be part of the OCV scheme.





Voices of residents living in a visitable service

The following messages are from residents of a group home who wanted to share a little about themselves, what they like doing, and where they live.

Kathleen

I lived with my mother before I came here so it was a big change for me, but everyone was nice. I have now been in this house for four years. I used to work in laundry services but I am now enjoying my retirement in my lovely home.

Staff at the house helped me organise my plans for a holiday and last year I went on a cruise to the Pacific Islands. I like living in my house with my three other housemates and the support of the staff. People say they like my good sense of humour.



Left to Right – James, Evalynna, Jaz and Kathleen
(and Ben the budgie)

Staff here are very caring and they also help me with my daily exercises and take me shopping and on other outings. One of the staff took me to see dad on Father's Day – he is in the Catholic part of the cemetery.

I like to help in the house and I always set the table for dinner. I am also growing vegetables in the backyard – onions, lettuce, radishes, tomatoes and spinach. My dad used to have a garden when he was alive and I learnt a lot from him.

Evalynna

My name is Evalynna. Before I came here I lived in a number of different types of private lodgings and was not treated with respect at some of these places. I was very scared and even my own room was not safe from people coming in and hurting me and taking my things.

I am very happy to now live in this house with Kathleen, Jaz and James and to have help from staff who care about us.

I have lived in this house now for quite a while.

The best thing about living here is that I feel safe; staff look after me properly without yelling at me, without hurting me or taking my money.

After dinner I put away all the clean crockery because I am the tallest person in the house and the cupboards are very high. I also bring in the birdcage from the patio each night so our bird doesn't get cold.

I like getting visits from the OCV because I can talk things over with her that are important to me or worrying me. I also like to show her what I have bought during my shopping trips. I love going shopping for new clothes at the shopping centre and I know a lot of people at the shops and like speaking with them.

Jaz

My name is Jaz and I grew up with my family. When I moved out I wasn't happy because I didn't feel safe in some of the places I was living. Mum and dad brought me to this house because they trust the staff.

Living here is wonderful! Mum and dad and my family can come and visit me here and I can go and see my family. I have independence as well as support and help from staff.

I like having visits from our OCV because I can talk about all the things that are happening in my life. I can also talk over any problems that I don't think have been fixed up in my house. The OCV asks questions and helps me and the staff to think about different ways to solve the problem.

During the week I keep very busy. This year I have learnt about animal care by a correspondence course, attended a TAFE beauty care course and also gone to day program. I am now working in the laundry service, which I like because I get paid. I want to save up to go on a

Backstreet Boys Cruise. Dad helps me with my finances and mum and my older sister help me with accommodation.

I am scared about when the NDIS takes over that we won't get what we need. I like the way it is because our service knows what we want to do. And we have the OCV as well. They (NDIA) need to come to see us here and see how we are living and ask us individually what we do. It is confusing not knowing what it will mean for me.

James

My name is James. I am 34 years old. I've got a father and his name is Peter and a sister and her name is Kirsten, they live in the country. I've got autism.

I lived with my parents for 20 years before I moved here. I've been living here over 13 years and I love it. I get to visit Kirsten and my father but over two years ago I had a mental health condition and went into the mental health unit down at the hospital, because of the death of Peggy who is my late mother.

But now I feel much happier than I was last week when I was very sad because Kirsten didn't make it to my 34th birthday party. I didn't have anything that I wanted.

But now I am feeling very well. Next week I will catch a taxi to the community centre and spend the day cleaning the inside of the cars used to take people to appointments. This will be a new job for me one day a week and each afternoon I will walk home by myself. That is all from me.

When the OCV asked residents for their closing thoughts on their house they were in unanimous agreement that they were happy living there.

'Our house has had all the same residents for at least five years now. Each time there is a birthday, we put in \$5 to help buy a present and the birthday person chooses where they would like to have their dinner party,' said Evalynna.

'We have house meetings and talk about things and plan the shopping and meals,' added Kathleen.

'Another good thing is that staff are always here when we need them,' said Jaz, 'and they protect us especially at night time. We don't want it (the NDIS) to change our house.'

– Kathleen Williams, Evalynna Reeves, Jaz Sargent, James Meyers and Jo Hibbert, 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 2015, there were **1,532 visitable services** in NSW, accommodating **7,519 residents**.

Visits conducted

This year, OCVs made **3,002 visits** to services.

Services to children and young people in residential OOHC

There were 202 visitable OOHC services, accommodating 540 children and young people in statutory and voluntary OOHC. This year, OCVs made **578 visits** to these services.

Services to adults with disability

There were 1,310 visitable disability services, accommodating 6,601 adults with a disability. During the year, OCVs made **2,352 visits** to these services.

Services to residents in assisted boarding houses

There were 20 assisted boarding houses, accommodating 378 people with disability (or other additional needs). OCVs made **72 visits** to these services in the past year.

Services allocated

In 2014-2015, 86% of visitable services were allocated for visiting on a regular basis, compared with 83% in 2013-2014.

There were 1,041 disability supported accommodation services, 192 OOHC services and 18 assisted boarding houses allocated an OCV.

Key issues about service provision

During the year, OCVs identified **4,074 issues** about service provision to residents. OCVs reported that just under **two thirds (3,345) of these issues were resolved**. OCVs recorded that 600 (11%) issues were 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. Resident safety – 1,799 issues (34%)**, mainly:
 - support plans (such as behaviour support plans) not in place, implemented and/or reviewed (**724**)
 - incidents not recorded and/or appropriately managed (**230**)
 - communication systems not in place and/or operational (**222**)
 - abuse and/or neglect of residents (**180**), and
 - use of prohibited and/or restrictive practices (**155**).

2. Respect and dignity of residents, opportunities for privacy, personal growth and/or development – 1,097 issues (21%), mainly:

- residents/people important to them not involved in the development and/or review of individual or other plans (507)
- inadequate training and/or supervision of staff (120), and
- residents not actively involved in a decision to relocate to alternative accommodation (110).

3. Health care support and/or personal care – 947 issues (18%), including:

- inadequate access to health assessments, screening, specialists or reviews (407)
- health assessment recommendations not implemented (205), and
- unsuitable and/or inadequate staffing (148).

4. Accommodation environment – 825 issues (16%), mainly:

- the premises, fittings and/or facilities are not accessible, clean, suitable, well-maintained and/or home-like (724).



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 an increase in the number of services visited and the number of visits conducted.

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 over 80% of visitable services for visiting.

This year, OCVs visited 123 additional services – an increase of 10% on the previous year.

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

Year	2012-2013	2013-2014	2014-2015
Number of services allocated	1,188	1,192	1,315
Total number of services (registered on OCV Online)	1,424	1,495	1,534
Visitable services allocated %	83	80	86

Number of visits and visit hours

In 2014-2015:

- OCVs completed 96% of their allocated visit hours (8,671) – an increase of 5% on the visit hours completed last year (8,261).
- OCVs undertook 3,002 visits – an increase of 7% on visits last year (2,799).

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		
	12/13	13/14	14/15	12/13	13/14	14/15	12/13	13/14	14/15	12/13	13/14	14/15
Disability supported accommodation	1,190	1,275	1,310	6,125	6,354	6,601	4,661	6,448	6,574	1,569	2,154	2,352
Assisted boarding houses	26	21	20	635	465	369	248	162	204	60	54	72
Residential OOHC	208	199	202	475	501	540	1,225	1,652	1,893	427	591	578
Total	1,424	1,495	1,532	7,325	7,235	7,510	6,134	8,262	8,671	2,056	2,799	3,002

Visitor numbers

At the beginning of the reporting year, there were 34 OCVs. During the year, two OCVs left the scheme after reaching the end of their second three-year appointment and six left the scheme prior to completing their full-term.

In March 2015, recruitment was undertaken to gain additional Visitors in the Sydney metropolitan, Hunter and Central Coast areas. Following interviews, 10 candidates were recommended to the Ministers for appointment. The new OCVs started visiting in August 2015. There are currently 36 OCVs in the scheme.

Reflections of the Community and Disability Services Commissioner

Steve Kinmond, NSW Community and Disability Services Commissioner Deputy Ombudsman

I have had the privilege of working with the Official Community Visitors, and managing the scheme, for the past 11 years. I know from firsthand experience that the OCV scheme provides one of the most valuable safeguards for people living in residential care.

Firstly, they provide independent eyes and ears at the coalface to identify what is really happening for children and young people and people with disability in care. Their work in undertaking unannounced visits, focusing on the needs of individual residents and improving outcomes for them and with them, shines a light on fundamental issues relating to residents' rights.

Secondly – and vitally – Visitors have a strong voice. As important as it is to see and hear what is happening, it doesn't mean much unless someone speaks up and raises the issues that require resolution or other action. The functions and powers of Visitors to speak up about the issues they see – through reports to service providers and bringing matters to the attention of the Ombudsman's office and the relevant Ministers – underpin the success of the scheme. It is important to recognise that the almost 70,000 issues raised by Visitors over the last 20 years may not have been identified or actioned without the presence and continued efforts of the Visitors.

Visitors play a critical role in achieving better outcomes for children and young people and people with disability in visitable services, including through their work with my office. In the past year alone, the Visitors have raised 57 matters with our Complaints Team for action. They have also brought 15 matters about the possible abuse and neglect of residents to the attention of our new Disability Reportable Incidents Division, and have provided key information to our reviewable deaths teams in

relation to the deaths of people in residential care. Over the years, the strong relationship, effective partnership, and escalation pathway between the Visitors and my office has enabled significant gains to be made in addressing individual and systemic issues for residents.

There have been a range of recent inquiries and consultations that have examined or touched on the operation of Community Visitor schemes in other jurisdictions in Australia. Some of the inquiries have identified problems in Visitors not escalating matters to complaint-handling or investigative agencies for action – including matters involving alleged abuse and/or neglect of residents. I am proud to say that this is not the case in NSW – there is a strong and continuing link between Visitors and our office that strengthens our respective work and enables action to improve the care and circumstances of individuals (without compromising the independence of either party). It is an effective model that we – and others – have brought to the attention of the Commonwealth to inform the development of the Quality and Safeguarding framework for the National Disability Insurance Scheme (NDIS).

I am also proud to say that the views shared by NSW stakeholders in relation to the OCV scheme have been consistently positive, and have emphasised the importance of the scheme continuing on a national basis, with potentially a broader scope to bring in a more diverse range of accommodation environments. NSW stands united on the need for strong safeguards under the NDIS.

I would like to thank the Ministers for their continued support for the scheme and their recognition of the persistent efforts of Visitors. I would also like to acknowledge the quality and value of our Visitors. Irrespective of the powers and legislative functions of the OCV scheme, it is only as good as the individual Visitors. The success of the scheme, and the related improvements for residents, are reliant on the



commitment and skills of the individuals who are knocking on the door, ringing the bell, and going back time and time again to see what is happening.

In NSW, we are fortunate to have had – and to continue to have – such a great pool of talented and dedicated people working as Official Community Visitors. It reflects well on the professional nature of the scheme in NSW, the flexible nature of the work, and the fantastic people they visit.

Identifying and resolving issues

How OCVs help to resolve service issues

The OCVs' independence, legislated functions and powers, and their professional capacity to form relationships and build rapport provide them with a strong platform to conduct their work. Their unique position in seeing what is happening for residents at the grassroots level enables them to identify and report critical issues, and to facilitate (where possible and appropriate) early and speedy resolution of the issues.

After every visit, OCVs provide a written report to service staff or management, identifying any issues or concerns about the quality of care and services provided to residents, and/or providing positive feedback. When OCVs identify significant concerns about the safety, care or welfare of residents, they generally discuss these directly with service management at the end of a visit so that prompt action can be taken.

OCVs use a local resolution approach in helping to resolve service issues. Their role is to bring issues of concern to the attention of the service provider and to ask some simple questions, such as 'are you aware of this issue?', 'what will you do to try to resolve it?', 'how will your organisation's policies and procedures guide your approach?', and 'how will you work with the resident(s) on this?'

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, and reporting child protection matters to the Family and Community Services Helpline.

During 2014-2015, OCVs raised 4,074 new concerns about the conduct of visitable services in NSW.

In the same period, services resolved 63% of all identified concerns to the satisfaction of the Visitor or the resident (3,345 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 8% (464 issues) of the concerns reported by OCVs.

This year, 17% (924 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 2014-2015

Service type	Total no. of visitable services	No. of issues identified	Average issues reported per service %
Disability supported accommodation	1,310	4,278	3.3
Residential OOHC	202	940	4.7
Assisted boarding houses	20	115	5.8
Total	1,532	5,333*	3.5

* NOTE: This figure includes new issues as well as issues carried over from 2013-2014.

Figure 4: Outcome of issues reported by OCVs, 2014-2015

Service type	No. of issues resolved	No. issues outcome unknown	No. ongoing issues	No. issues unresolved	Total issues (%)
Disability supported accommodation	2,764 (65%)	650 (15%)	506 (12%)	358 (8%)	4,278 (100%)
Residential OOHC	547 (58%)	225 (24%)	83 (9%)	85 (9%)	940 (100%)
Assisted boarding houses	34 (30%)	49 (43%)	11 (10%)	21 (18%)	115 (100%)
Total (% of total issues)	3,345 (63%)	924 (17%)	600 (11%)	464 (9%)	5,333 (100%)

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 2014-2015, in response to concerns identified and reported by OCVs, the Ombudsman's staff:

- facilitated meetings between OCVs, government and non-government agencies on systemic issues affecting residents in care, such as educational opportunities for young people in residential OOHC
 - met with FACS 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.
- handled 57 complaints made by OCVs or based on information provided by OCVs
 - handled 15 Disability Reportable Incidents relating to abuse and/or neglect of residents identified by OCVs in their visiting and provided detailed phone advice and information to OCVs on 207 complex service issues
 - worked with OCVs to present education and training on the role of the Ombudsman and OCVs for residents, staff and management in supported accommodation and OOHC services, advocates, and to other service providers



Significant changes that have resulted from issues raised by Visitors

Over the 20 years that the OCV scheme has been operating, Visitors have achieved positive outcomes and change for thousands of people with disability and children and young people living in residential care.

It is the strong relationship, effective partnership, and escalation pathway between the OCVs and the Ombudsman's office (including the Ombudsman's complaint handling and investigation functions) that enables significant gains to be made in addressing individual and systemic issues for residents in care.

OCVs have been instrumental in many of the significant improvements and reforms in relation to people with disability and children and young people in residential care, including the following notable examples.

Reform of the boarding house sector

Critical information provided by Visitors to the Minister for Disability Services about the poor quality of care in (then) licensed boarding houses, and its negative impact on the safety, health and welfare of residents, was key in informing the NSW Government's decision to address long standing problems. The issues raised by OCVs, and the practical examples of what they were seeing in boarding houses (including residents' lack of access to their own money; intimidation and alleged abuse; inadequate health supports and nutrition; lack of access to the community; lack of choice; and poor living conditions) – and related investigative action by the NSW Ombudsman and licensing action by ADHC – provided a powerful impetus for the development of new legislation: the *Boarding Houses Act 2012* and *Boarding Houses Regulation 2013*.

Among other things, the legislation brought in significant changes, including enhanced standards for the delivery of care and support in (now) assisted boarding houses; greater safeguards relating to the reporting

of complaints and serious incidents; and occupancy 'rights' for residents. OCVs continue to check whether the changes intended by the legislation resulting in meaningful and lasting improvements for residents.

Closure of institutions

From the early days of the OCV scheme, Visitors have raised significant concerns about children and young people, and people with disability, being accommodated in institutional settings, such as large residential centres. Over the 20 years of the scheme, the reports of Visitors, and the information they have provided to the Community Services Commission, the NSW Ombudsman, and Ministers, have powerfully illustrated the inappropriateness of these settings for providing care and support, and the diminished quality of life of the individuals living in those settings, and their reduced ability to exercise their rights.

Significant issues raised by OCVs with the Community Services Commission led to investigative action into – and the subsequent closure of – institutions that accommodated children and young people, including the Hall for Children, Ormond, and Minali. More recently, concerns raised by Visitors in their reports have informed the Ombudsman's report to Parliament on the need to close large institutions accommodating people with disability, and the subsequent action by the NSW Government to close these institutions, and to move to person-centred and individualised support. Visitors have also provided an important point of continuity and a familiar face for these residents who are transitioning from large institutional environments to community accommodation settings – they continue to visit residents in their new homes and are a valuable source of information about the residents.



Introduction of a mandatory reporting scheme for abuse and neglect of people with disability

Visitors have consistently raised issues about violence in disability accommodation settings. The OCV information, and the evidence which Visitors provided about serious incidents and the impact on residents – including being subjected to assaults and trauma; living in fear; and having restrictions placed on their activities and movements – played a key role in informing the Ombudsman’s discussions with the NSW Government on the need for the introduction of a mandatory reporting scheme for serious incidents involving people with disability who live in supported accommodation. In response, the Government proposed and Parliament

enacted Part 3C of the Ombudsman Act (the Disability Reportable Incidents scheme). The legislation commenced on 3 December 2014. Since the commencement of the legislation, the OCVs have continued to play an important role in relation to the scheme, including bringing ‘patterns of abuse’ to the attention of service management to facilitate notification to the Ombudsman and service action; providing valuable information that enables the Ombudsman to test the advice provided by services about their response to alleged incidents; and supporting residents with disability to make complaints to the Ombudsman about the lack of action by their service providers to prevent violence from continuing to occur.

A voice of a resident living in a visitable service

Prior to moving into her residential village-style supported accommodation, Lynette lived with her family and worked in a business enterprise assembling and packing items. She says 'it was hard work – I really worked hard. I loved it there. People didn't get on my nerves and I made a few friends there.'

On moving into her current home, Lynette thought it was 'alright'. She said 'I didn't know the people here. I do now. It was fairly hard not knowing people.'

Lynette has made many friends now among her fellow residents. Lynette, and some of her housemates, went on a group holiday last year. 'I went to Perth. I fell over – tripped over a stick and landed in a puddle. I thought it was Friday the 13th – what a nightmare!' Lynette comments 'It was a good holiday' despite her fall.

Lynette has now retired from work. 'I go to the pictures every Monday. On Thursdays I go to my music. On weekends we do different things'. On Wednesdays, Lynette, with others from the village, has been participating in a workshop on building her independent living skills. This is to help her prepare to move from her current house to a place where she can live more independently in a group home setting.

Thirteen purpose built group homes are being constructed for Lynette and the other residents of her village. 'I'm excited about the move' says Lynette, 'I just can't wait to get out of here!' The new houses are closer to shops and transport, and will be better able to accommodate the ageing residents of the village, especially with their changing health and mobility needs. There are two, three, and four bedroom houses, which are clustered close to each other within a new housing development. The residents will have the experience of each belonging to their own small household, getting to know their neighbours, and having opportunities to be active in their local community, while also being within walking distance to their friends, and other former residents of the village.

Two OCVs, Frank and Claire, currently visit the village and its 30 plus residents, visiting approximately every two months. The OCVs have built a strong relationship with Lynette and her fellow residents, and will continue to visit them as they transition into their new group homes.

When asked about the OCVs, Lynette said 'I chat with Frank about living here'. Lynette and her family have been happy with the support they have received from the service running the village.

In their visits to the village, OCVs have assisted residents to resolve issues such as having flexibility around what time dinner is available,...

and working out who they would like to live with when they move to their new accommodation.

– Lynette Murray, with the support of Claire Galvin, OCV



Reflections on the value of the visiting scheme to complaints

By Helen Wodak, Principal Investigator, NSW Ombudsman

In the two years I have worked as the Principal Investigator in the Ombudsman's Community Services Division Complaints team, I have witnessed the close and important relationship the Complaints team has with OCVs. Our roles are different, but complementary; distinct, but collaborative. While we have broad legislative powers, OCVs have direct experience of services through what they witness, their conversations with clients and staff, and their reviews of records on the premises. While our relationship with complainants is for the life of their complaint, OCVs have an ongoing relationship with residents in the services they visit. We have a number of formal powers to seek information from agencies, but OCVs are often able to gather important information through speaking informally with staff, clients and their families.

Since the introduction of CS CRAMA, the Complaints team has handled a range of complaints from OCVs about the services they visit, including matters involving allegations of abuse and neglect. We have worked closely with the OCVs to effect change in services and outcomes for residents. Matters raised with us by OCVs have also highlighted issues relating to vacancy management; assessments of the capacity of individuals to engage in sexual relationships; person-centred thinking and lifestyle planning; behaviour support; and staff recruitment, induction and training. These are issues we continue to speak to agencies and the sector about on a daily basis in our oversight of notifications and handling of complaints; and have informed our work in relation to the current debate about national safeguards.

The involvement of OCVs in these matters has been invaluable in bringing the issues to our attention, and in their contribution as a direct witness. One memorable example involved a meeting with an agency about exploring the capacity of a resident to engage in a sexual relationship with another resident. Of crucial

importance was the direct evidence of the OCV who was able to provide a direct account of the person's fear of the client who wished to commence a sexual relationship with her. This put a very different perspective on the agency's assessment in this case.

OCVs have also brought a number of complaints to us about transition planning for young people leaving statutory care. This has enabled us to make enquiries into the individual circumstances of the young people to ensure they have adequate supports. It has also assisted us to monitor how well the system is supporting young people in their transition to adulthood.

We have had other matters where we have been able to work collaboratively and effectively with OCVs to resolve issues. Following a visit to a service, an OCV had significant concerns about the renovations that were underway, and made a complaint to our office. Within a short period of time, we brought the parties together to discuss the issues, including the OCV, senior management, and the architects involved in developing the plan. Although the residents were not present at the meeting, the OCV was able to bring to the meeting copies of letters the Visitor had received from some of the residents about their views of the plans and changes. The OCV was also able to provide the perspective of some of the other residents through their conversations with them. Through this meeting, key information about residents was shared, resulting in the agency making significant changes to the renovations that will improve the quality of life of the residents.

We also collaborate and engage with OCVs when they are not the complainant. When we receive a complaint about a service being visited by an OCV, we will often seek the Visitor's views on the complaint issues and seek permission to access their visit reports. Where the complaint issues are serious, we will also provide the OCV with information about the outcomes of complaints in relation to the services they visit, to inform their subsequent visits.



Outcomes for residents: Services for people in assisted boarding houses



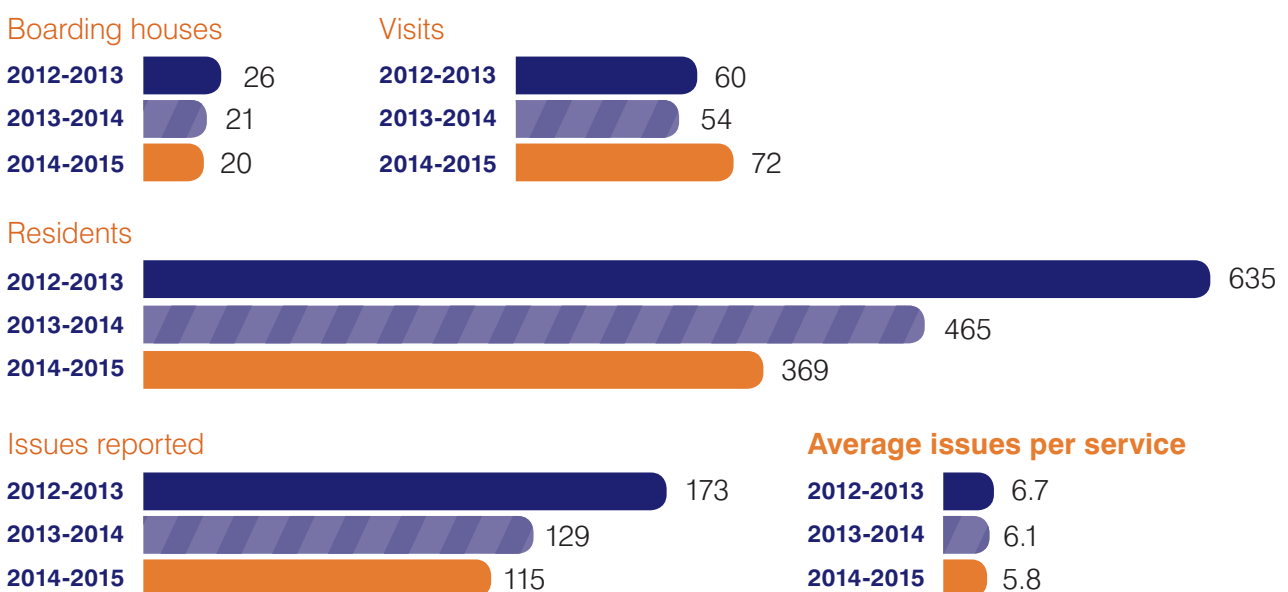
The 20 assisted boarding houses that are visited by OCVs accommodate up to 369 residents. In the past year, OCVs made 72 visits to assisted boarding houses, and raised 115 issues of concern about services provided to residents.

OCVs reported that assisted boarding houses resolved just under one third (34) of the issues they identified. Another 10% of issues were ongoing and continued to be monitored by the Visitors.

Over the past three years, there has been a reduction in the proportion of issues that have been resolved by boarding house proprietors, and an increase in the proportion of issues that have been unable to be resolved or for which the outcome is unknown. The OCV team will work with Visitors over the next year to seek to reduce the number of matters for which the outcome is unknown, and to identify why fewer issues have been able to be resolved and what action may be required.

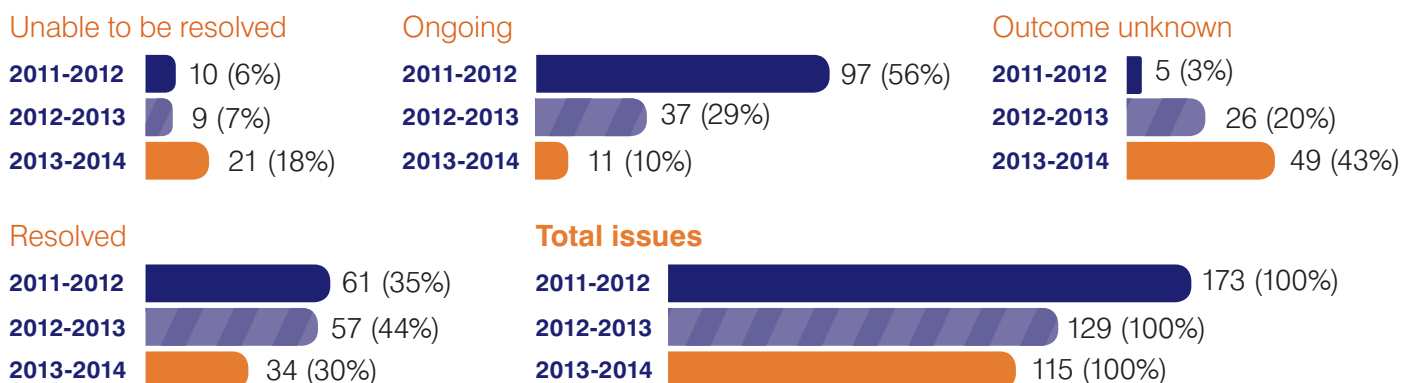
Three year comparison

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



Three year comparison

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



Major issues raised in 2014-2015

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

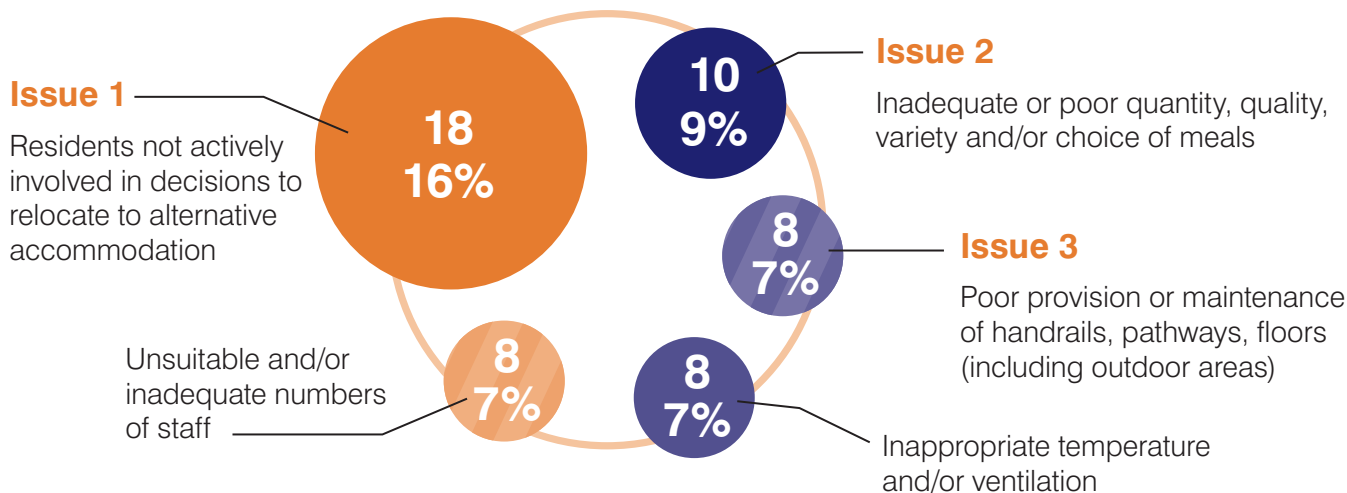
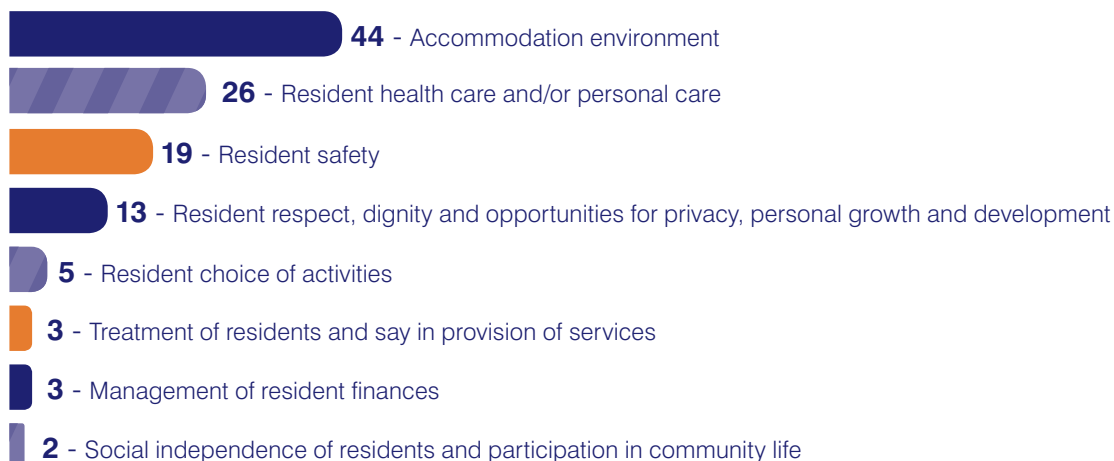


Figure 7: Type of issues raised on behalf of residents of assisted boarding houses 2014-2015

Issues classification



Total - 115 issues

Official Community Visitor message

**By Jo Hibbert,
Official Community Visitor**

The introduction of the *Boarding Houses Act 2012* and *Boarding Houses Regulation 2013* has resulted in an improved appreciation of this form of accommodation. However, there continues to be a high level of vulnerability of boarding house tenants compared to the protections and rights afforded to residential tenants in the general market. The new legislation identifies two forms of boarding houses – general boarding houses and assisted boarding houses. OCVs visit assisted boarding houses.

Part 4 of the *Boarding Houses Act* provides for standards that are consistent with the purposes and principles in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). 'These provisions seek to protect people with disability from discrimination, uphold their liberty and privacy, provide access to the highest attainable standard of health care without discrimination and protect their right to live independently and be included in the community.'¹

Legislated occupancy principles have somewhat improved all boarding house residents' security of tenure, and provided access to the NSW Civil and Administrative Tribunal for dispute resolution. Importantly for residents in assisted boarding houses, the Regulation includes minimum standards for levels of staff, staff qualifications and training, facilities, equipment and the health and wellbeing of residents. For assisted boarding houses in operation prior to enactment of the new legislation, the compliance requirement to provide for single bedroom occupancy with no more than 30 residents in total must be in place by 1 July 2018.

However, the new regulatory provisions have already resulted in a number of planned closures of large and moderately sized assisted boarding houses. In these cases, the transition of residents to community-based supported accommodation has had many positive outcomes for residents through the collaboration and efforts of ADHC and the not-for-profit sector.

I was particularly pleased to be allocated an assisted boarding house in my Visitor schedule. In the late 1970's and early 1980s while working with at-risk young people, I had experience with a number of boarding houses in the western Sydney area. Many boarding houses that I worked with at that time had a bad reputation. In one of the cases I heard that a boarding house manager removed light bulbs from residents' rooms and confiscated heaters during winter to reduce electricity costs. There were also frequent instances of residents with limited capacity to manage their affairs not being provided with receipts; being overcharged; and being issued with fines and penalties without a clear explanation or the opportunity to be heard.

I was very interested to see what might have changed for the benefit of residents in 2014-2015.

The assisted boarding house I visit looks very different to the traditional image of a boarding house as a multi-level, converted, slightly-down-at-heel inner city terrace. This boarding house has residents accommodated in a number of separate houses and units scattered across a small country town, with households ranging from four to 10 people in each. The majority of the residents have lived together at the boarding house for many years, and prior to this had lived together in a number of large mental health facilities.

An important focus for residents is the dining room – a simple and separate building to their accommodation. Evening meals are shared here and residents have the opportunity to catch up with their friends and housemates. It is also a meeting place, where residents gather during the day to be taken to planned outings such as gym classes, weekly shopping trips, and appointments with health professionals; have a chat with each other and the staff; or simply relax in the air conditioning and read a magazine. One of the defining features of the boarding house is the definite sense of belonging and of community within the group, along with their positive acknowledgement of the work of staff.

For the past few years, the boarding house manager has been taking all residents on an organised holiday, and the walls of the dining

¹ Regulatory Impact Statement Draft Boarding Houses Regulation 2013, NSW Law and Justice Directorate, February 2013.

room are covered with framed collages of these group outings and adventures to inter-state destinations, including Queensland and the Northern Territory. Lately, residents have been very excited about their next trip away, which is planned for Tasmania in 2016-2017.

A new house for four of the boarding house residents is currently being built and nearing completion. This was prompted by the compliance requirements of the Boarding House Regulations to provide single bed occupancy for each resident. There is more renovation work planned at the other sites in the near future, including the construction of a new shared dining room facility, on a new site, within close walking distance to most of the houses.

Significant changes to daily routines and housing arrangements can be difficult for many residents to manage. In the case of the boarding house that I visit, residents are kept fully informed of changes and the progress of the renovation, and they often speak to me about what is happening and what is planned with a positive sense of ownership and involvement.

My experience in the current assisted boarding house environment is light years removed from those terrible places in western Sydney in the '70s where poor treatment of residents seemed

to be the norm. While there is still a great deal to improve on in the sector to ensure the wellbeing and respectful support of resident needs, they have come a long way and are moving in the right direction.

My concern is that a number of existing operators deem the cap of 30 residents in single-bed occupancy to be financially unviable, leading to further closures and no new developments. I have always maintained that there is a legitimate and much needed place for well-run assisted boarding houses. The opportunity to have control over one's bedroom space, without the responsibility of leasing a flat or a house, and at the same time be able to have a sense of other people around you; that you are not alone; having the option to socialise in communal areas – these elements form the safety net that allow many residents living with mental ill-health and/or physical or age-related disabilities to maintain their independence and dignity.

The challenge in the face of the shrinking assisted boarding house market may be for not-for-profit organisations to establish and manage purpose-built assisted boarding houses as a form of affordable housing and take them out of the realm of the for-profit sector.

Case studies – Assisted boarding houses

Improving the physical environment

During a visit to an assisted boarding house, the OCV went to the outdoor recreational areas. Looking around, the OCV noticed birds nesting in the ceiling near the door to the back rooms of the house. There were significant amounts of bird droppings on the ground and a pungent odour.

The OCV noted the rooms at this end of the house were unoccupied and wondered whether it was because of the bird problem. It was also clear that the steps leading to the outside area from the house were being used by residents to sit and smoke, the cigarette butts discarded among the bird droppings.

The OCV raised the issue with the boarding house proprietor, who said that they were aware of the situation. They told the OCV that they were looking at re-establishing the bedrooms

at the back of the house for new residents and acknowledged that the outside area would need to be cleaned up to provide a safer and healthier environment.

In response to the issues, the boarding house proprietor cleaned the outside area, painted the walls, and made the space more accessible and useable. Residents were reminded that there were bins for the disposal of their cigarette butts, and were encouraged to use the outdoor space to enjoy the sun and fresh air.

On the next visit, the OCV noted that efforts had also been made to discourage birds from making their nests in the ceiling space, and residents were using the outdoor space in a more communal way.

Outcomes for residents: Services for children and young people

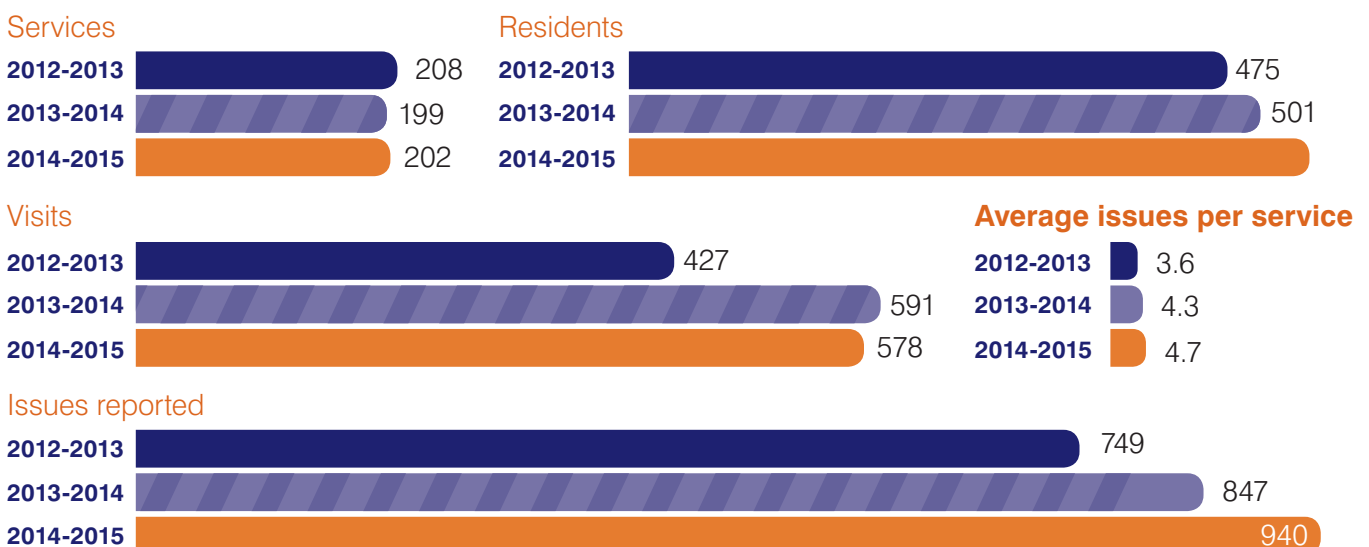


In relation to children and young people, OCVs visit services providing full-time residential out-of-home care (OOHC). In 2014-2015, OCVs made 578 visits to the 202 residential OOHC services in NSW.

OCVs identified 940 issues of concern in relation to residential OOHC services. Over half (547) of the issues were resolved by services. A further 10% (83) of issues remain ongoing, with OCVs monitoring the action being taken by services to address them.

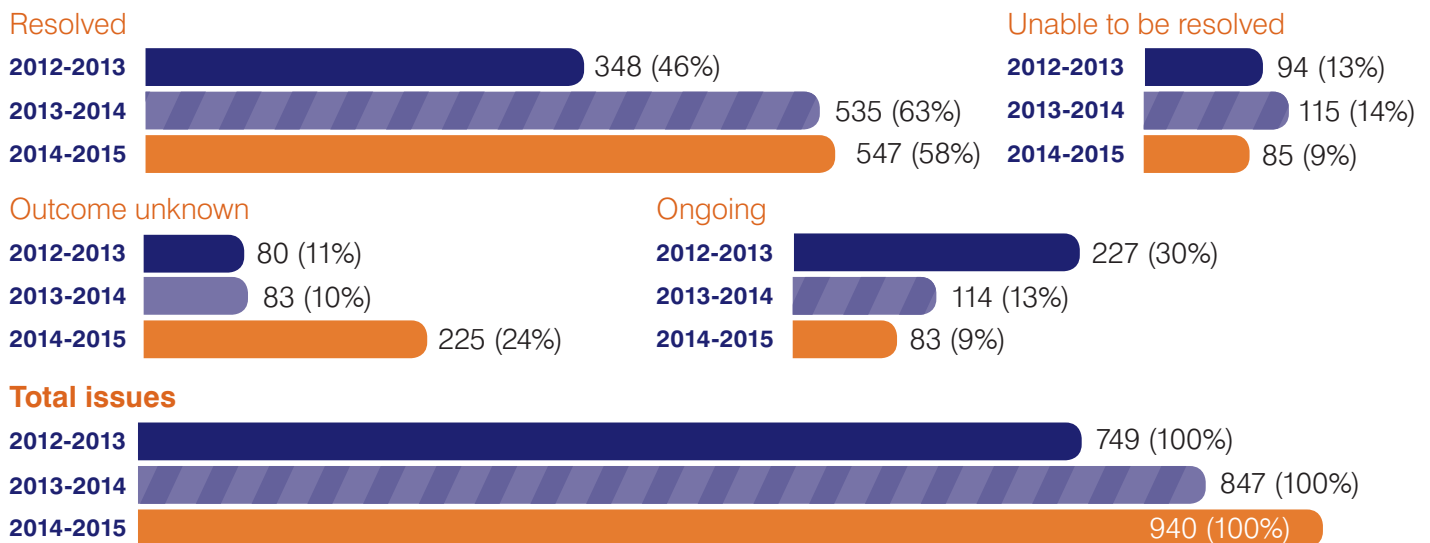
Three year comparison

Figure 8: Data for residential OOHC services



Three year comparison

Figure 9: Outcome of issues raised by OCVs, residential OOHC services



Major issues raised in 2014-2015

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

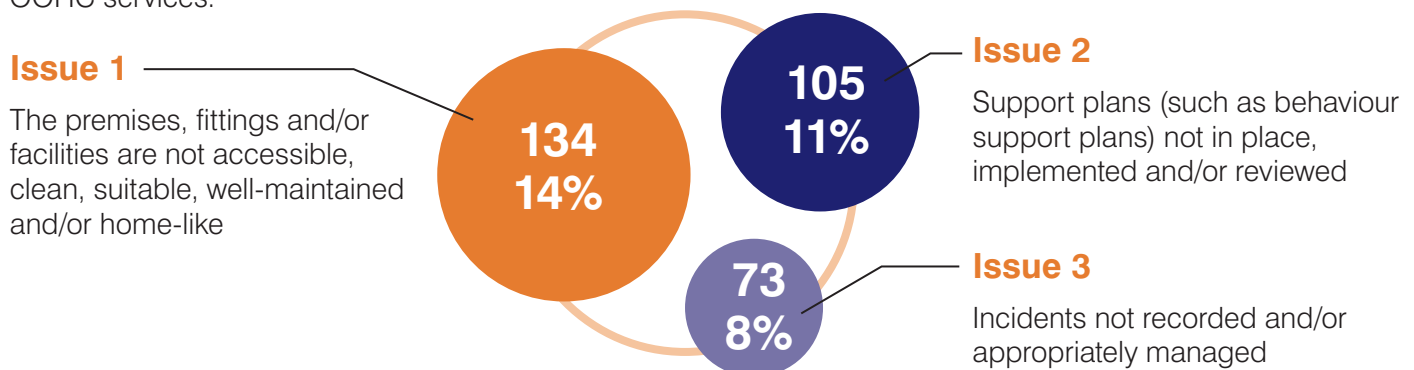
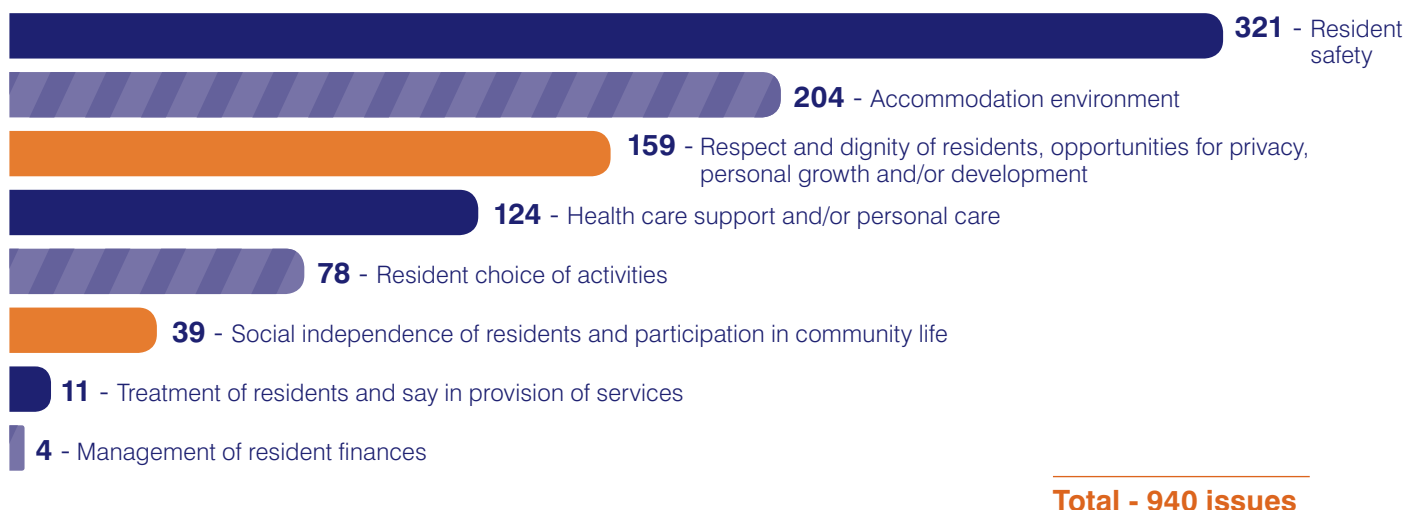


Figure 10: Type of issues raised on behalf of residents of OOHC services, 2014-2015

Issues classification



Official Community Visitor message

**By Jackie Klarkowski,
Official Community Visitor**

In NSW, some 18,000 children and young people live in OOHC – that is, care of a child or young person up to the age of 18 years at a place away from the usual home of the child or young person and by a person other than a parent, because they cannot live safely at home or because their families are unable to care for them. Of the 18,000 children and young people, most live in foster care or kinship placements. Just under 600 children and young people live in residential care, where they live in a property owned or rented by a service provider, and staffed by direct care workers. For these children or young people, this model of care is usually a situation of last resort, when they cannot be cared for in family-based placements with relatives or unrelated foster carers, usually because of their challenging behaviours and high support needs.

It is this group of children and young people who are visited by OCVs. Many have a background of neglect and abuse on a heartbreaking scale. Most of these children have had a court order removing them from their parents' care and allocating parental responsibility to the Minister for Family and Community Services, but there are also some with complex disabilities or mental health issues whose families retain legal parental responsibility but are unable to care for them at home.

Entry into OOHC can mean a literally life-saving break in the continuing cycle of trauma that these children experience. At the most basic level, residential OOHC can provide a safe, predictable living environment, take care of neglected medical and dental issues, and support re-engagement with education and community participation such as team sports. Around half of the residential OOHC places in NSW are categorised as intensive residential care for children and young people who experience great difficulties in behavioural, emotional, social and educational functioning. These difficulties can and often do lead to very high risk behaviours – serious self harming, physical aggression to people and property, criminal activities, substance

abuse, prostitution, and running away. Intensive residential care is designed to provide specialised, therapeutic programs to address the underlying issues.

For OCVs, visiting these services can be quite challenging, with some great pleasures mixed in with deep concerns and sadness. The children are often desperately unhappy to be in OOHC. Their emotional connection to even highly dysfunctional families can be very strong. At a young age, the tug of war between needing to feel safe and needing your family can be very hard to deal with.

In the same way that an OCV visiting disability accommodation services or boarding houses needs to understand each resident as an individual within the whole context, an OCV visiting children and young people in residential OOHC needs to be able to relate to their needs and situation. As a first priority, highly vulnerable children and young people in OOHC must be kept safe – from external threats as well as their own self-harming behaviours and placing themselves at risk. OCVs need to consider whether there are any factors in the way the service is provided – staffing, premises, house rules, health care, backup systems – that could compromise that safety, but they also need to check that the child has opportunities to develop socially, to receive an education, to maintain connections with family and friends, and that emotional and psychological problems are being addressed with specific, individualised programs. Being able to take that holistic viewpoint is an extremely valuable aspect of the OCV role – usually all the other people involved with the child have specific responsibilities or legislative requirements, and by necessity must pay particular attention to those parts of their roles, but an OCV is able to look across all the issues from a fresh perspective.

It can be difficult to find a way to talk to some of the children and young people in OOHC. They usually have no idea what an OCV is, and often no interest in finding out. An OCV is yet another stranger who turns up in their home uninvited and asks how things are going. But after a few visits, if you keep coming back, and remember that he or she is a keen skateboarder/



soccer player/minercrafter, or loves horses or bushwalks, a relationship can develop. One 14-year-old simply grunted the first time we met, on the third visit said to his housemate 'I remember her, she's the independent one' and on my latest visit actually greeted me and told me about some recent repairs that had been done to the house, after I had been reporting those issues to the agency for some months. Such small pleasures can be very rewarding!

There are many challenges for the agencies providing residential care. Providing a stable, consistent home life is essential, but finding sufficient qualified and suitable staff who can build long-term relationships with these children is very difficult. Imagine the situation of a young person, who three months after being placed in care, and just as they are starting to settle down and move forward, who finds out that two regular members of staff who have helped them to start doing schoolwork and play in the local footy team, are leaving to go to management jobs in another organisation. On top of this,

imagine the young person hearing that two of their siblings have been restored to their mother, but at this stage she can't cope with everybody coming home.

Matching the needs of children with vacant places in OOHC houses is another major problem and an ongoing focus for OCVs. The need to find placements quickly places constant pressure on departmental and agency staff, but children who have been doing well can be totally unsettled and quite traumatised by the arrival of a new resident with severe problems and violent behaviours.

Once young people turn 18, the parental responsibility of the Minister ends. In theory, these young people are assisted to find accommodation and start their lives as adults living independently, and leaving care planning starts from age 16. But in practice, affordable and suitable accommodation options rarely exist, and young people moving from years of OOHC after a traumatic childhood can find it



very difficult to cope – their background and the problems they still have to overcome can be huge barriers. Few young people from loving, highly functioning families would manage setting up an independent household at 18 without significant family assistance.

Even though the number of children and young people in residential OOHC is relatively small, these are some of the most neglected and abused children in our society. We need to be sure that the model of residential OOHC used in NSW is providing responsive services with positive outcomes, and giving children and young people taken into care the best results possible. As part of a recent assessment of the transfer of case management of children in OOHC from Family and Community Services (FACS) to NGOs, the NSW Audit Office noted that 'it is difficult to assess whether overall outcomes for children in care have improved. This is because the Department has yet to determine what wellbeing outcomes it wants to achieve, such as improvements in a child's

health, education and welfare. The Department is currently developing a quality assurance framework which will include such outcomes.'

OCVs welcome these developments – the focus of our work in OOHC is to continually question the improvement in the lives of these young citizens and push for the best possible outcomes. Progress is hard but enormously worthwhile. I will always remember an OCV meeting where a Visitor walked in punching the air and announced 'two of my OOHC kids are doing their HSC! Yay!'

Case studies – OOHC

Opportunities for education

A 12-year-old boy was placed in an OOHC residential placement, hundreds of kilometres from his family home. At the time of the OCV's visit, he was sitting at the dining table doing school work. The OCV asked staff about the young person's circumstances and why he was not at school. The staff explained that the young person was not allowed to attend school following a serious incident some months earlier at his previous school. A decision had been made by the Department of Education at that time that he should be home schooled and that this would be the only education option available to him.

Staff told the OCV that they were concerned they did not have the appropriate knowledge or skills to be responsible for the young person's

education. They were finding it very challenging trying to support him to complete his school work. The OCV spoke to the young person and he said that he was unhappy about not being allowed to attend school and make new friends. The OCV raised the issue with the service and sought advice regarding what action had been taken to get in contact with the OOHC teacher for the area to try to resolve this issue. As a result, the service consulted with the young person's FACS caseworker and a case conference was held. The decision to exclude the young person from school was reconsidered and he was enrolled in the local school with appropriate strategies in place to meet his behavioural and educational needs.

Making houses homes

Children and young people living in OOHC can often be angry and distressed, and this can manifest in physical outbursts, sometimes leading to holes kicked in walls, furniture broken, and food thrown around. Most organisations caring for young people understand the reactions of their client group and usually have an active maintenance team to repair damage in homes as it occurs.

A service provider of OOHC for children and young people had grown rapidly over recent years. When the OCV started visiting, they had about 15 houses and their single, semi-retired maintenance man was not able to keep up with the demand for his work. This led to a gradual decline in the maintenance standard in the houses, with badly patched and unpainted repairs to walls; partly destroyed furniture; missing or damaged window coverings; dilapidated exteriors; and broken bathroom and kitchen fittings. In turn, staff felt little incentive to make any extra effort and the general cleanliness of the houses also seemed to be suffering.

The service uses a model of care that encourages open communication with residents, and has a wall in the living area in each house painted in blackboard paint so that staff and residents can use chalk to discuss and illustrate points. It was the OCV's view

that this strategy appeared to have had limited success, and the black walls in the living rooms only seemed to add to the poor atmosphere.

The OCV raised the issue of home maintenance with service management on a number of occasions. The service acknowledged that there was a problem and advised that it had recently appointed a new residential manager to try to resolve the issues across the region. The manager used the OCV visit reports to further progress the issue with senior management and to develop a comprehensive renovation program for the houses that were in disrepair. The service contracted professional builders to repair and repaint the houses; purchased new comfortable furniture; hung curtains and blinds; and bought pictures to hang on the walls in order to create a more homelike environment.

The OCV found the transformation remarkable, not only in the look of the houses, but in the attitude of the young people who took more pride in their home. A couple of months after one house renovation was finished, the OCV called in for an unannounced visit and was met by one of the residents, who showed her around, pointing out the work that had been done. The house, home to three teenage boys, was warm, clean, tidy and comfortable – a great result.

Living out of town

An OOHC service has a house in a remote town in NSW. Staff of the service frequently told the OCV that it was difficult to juggle the different needs of the four residents when they only had access to one car on an ongoing basis and to a second car for only a few hours during the week. The home was 50 kilometres from the nearest town and there was no other public transport available, aside from the school bus during the week.

The young people in the house are schooled via distance education, participating in classes over the phone and internet. While the young

people enjoy participating in activities in their small community, consisting mostly of bike riding, fishing and walking in the countryside, they also wanted to visit a larger town to build social connections; participate in sport, music and art lessons; go shopping; attend health and wellbeing appointments; and meet with family and friends.

The staff explained to the OCV the difficulty of juggling appointments in town with other concurrent commitments in a different location. Staffing requirements at the home meant that, with only one vehicle available, the young people were missing out on activities and sometimes important appointments. Often, if one resident needed to access services in the larger town, the other residents were required to go along, whether or not they wanted to go. On weekends, the issue was even more pronounced given the number of different activities the young people were involved in.

The OCV raised the concern about transport with service management. The service acknowledged the issue and took prompt action to resolve the problem. The OCV was told that a second car would be allocated to the home. The additional car made a significant difference to the lives of the young people - it enabled greater flexibility in meeting the needs of the residents, increased opportunity for participation in the community, and the ability to engage in a broader range of activities of the residents' choice.



Clear support planning

When visiting an OOHC house, the OCV was concerned to hear that one of the young people, Jacob, had been in hospital over the weekend. The hospitalisation was due to significant mental health concerns for Jacob.

After speaking with staff, and reviewing the communication book, incident reports, and resident files, the OCV's concerns for Jacob's safety and wellbeing grew. It appeared that there had been no additional supports put in place in the house to meet Jacob's needs following his discharge from hospital. Staff seemed uncertain about how to best support and talk with Jacob, and the OCV and staff on

duty could find no written guidance, such as a mental health treatment plan or updated behaviour support plan, to help staff to provide appropriate support to Jacob when he was feeling unwell.

There also did not appear to be any follow-up arrangements or support, such as psychology, psychiatry, or counselling appointments or referrals for Jacob's ongoing treatment, or training for staff working with him. The OCV was very concerned that adequate mechanisms had not been put in place to provide appropriate care to Jacob to meet his ongoing needs, or to identify and manage the risks to his health and welfare.

At the end of the visit, the OCV immediately rang the service manager to discuss her concerns and sent her visit report that night, raising a long list of significant issues. In response, the service took immediate action to ensure that Jacob would be well supported and have his needs met. The service facilitated Jacob's access to medical and ongoing psychological support, and rolled out mental health training to the staff supporting him.

Six months later, Jacob turned 18 and, in the OCV's opinion, seemed to be in a more positive 'place', with appropriate support and care. He is now studying at TAFE and is engaged in planning with his OOHC service provider to move from his residential care placement into his own unit.



Outcomes for residents: Services for adults with disability



In 2014-2015, there were 1,310 visitable supported accommodation services for adults with disability, accommodating 6,601 residents.

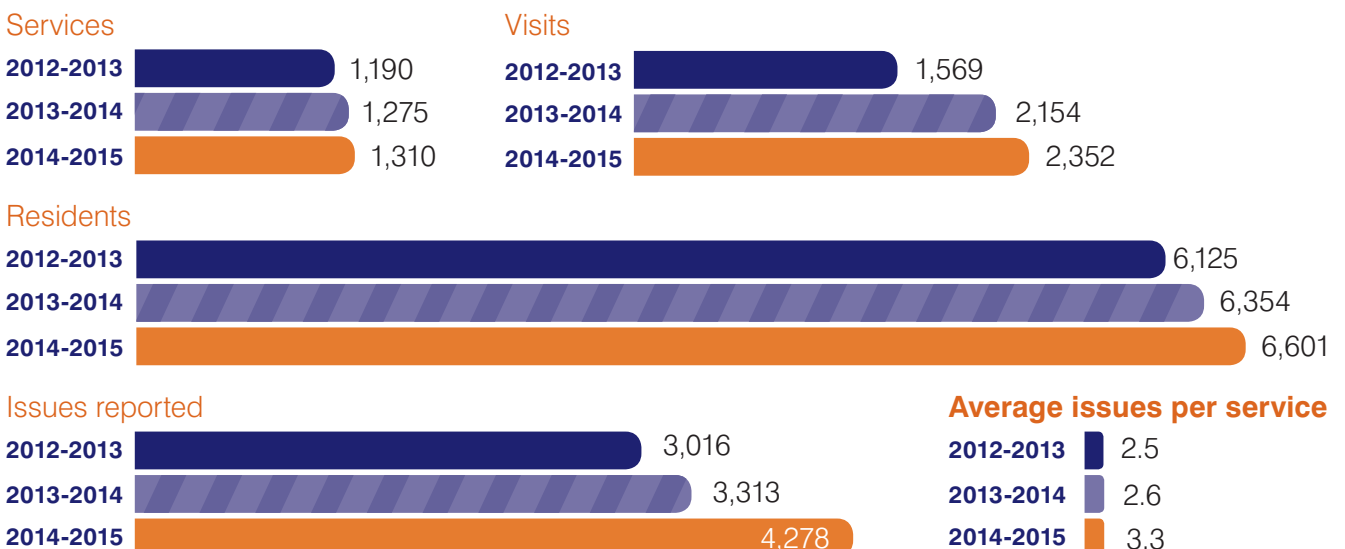
There are three main types of disability supported accommodation services for adults that OCVs visit:

- Large residential centres, housing more than 20 people on one site. Some of the residential centres accommodate 100 plus residents.
- Community-based group homes – usually ordinary houses in local communities, accommodating around five residents. Most adults with disability in supported accommodation live in group homes. Some of the group homes are ‘clustered’ together in one area.
- Individual support – supporting people with disability who are housed in single accommodation options.

OCVs made 2,352 visits to disability services and identified 4,278 issues of concern. Almost two thirds (2,764) of the issues were resolved. OCVs reported that they were continuing to monitor the action taken by services to resolve 506 (11.9%) issues of concern.

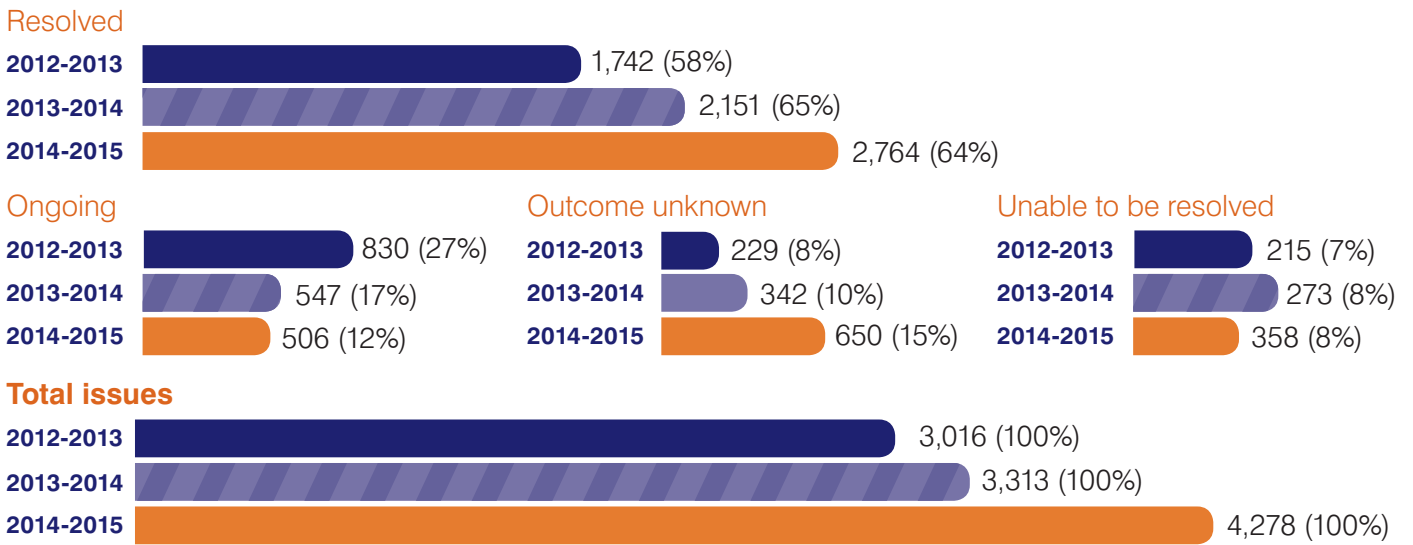
Three year comparison

Figure 11: Data for visitable service for adults with disability



Three year comparison

Figure 12: Outcome of issues raised by OCVs



Major issues raised in 2014-2015

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

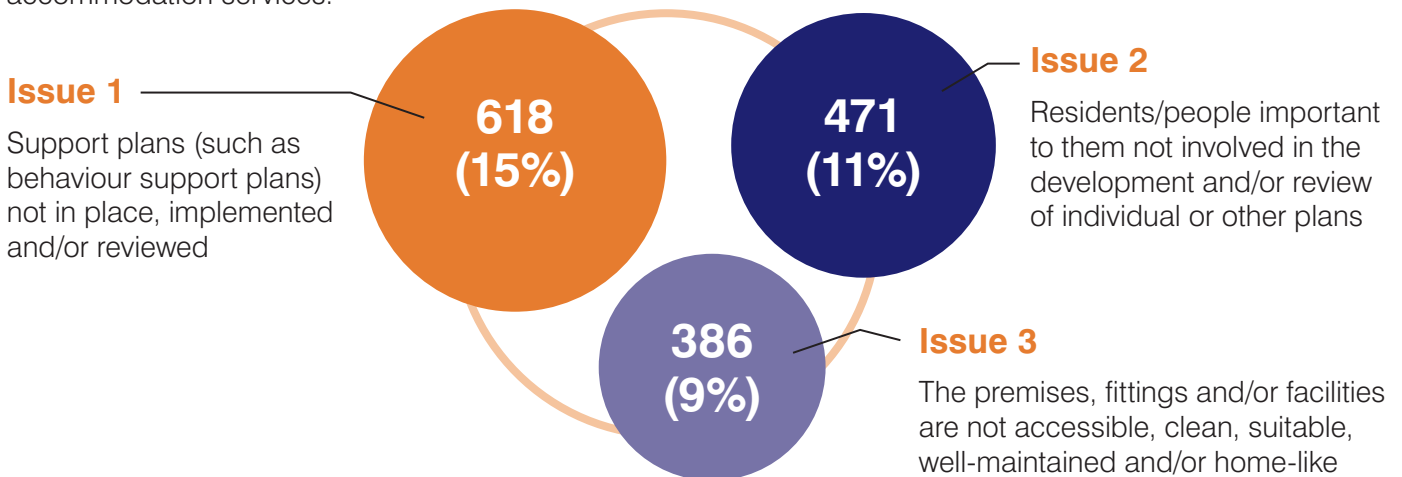


Figure 13: Type of issues raised on behalf of residents of OOHC services, 2014-2015

Issues classification



Official Community Visitor message

By Frank Kuiters, Official Community Visitor

As an OCV, I approach the disability supported accommodation services that I visit with four particular questions in mind – who am I visiting, what are their needs and wants, how will I raise issues on their behalf, and how best can I facilitate a positive outcome for them? To explain what I do as an OCV, I thought I would highlight four key areas that inform my work and how I interact with residents and staff in the disability sector.

The people I visit and how I understand their needs and wants

I have a large number of disability supported accommodation services that I visit throughout the western, north-western and south-western suburbs of Sydney. My role is to visit residents, talk with them about what is happening in their lives, and ask questions or raise concerns about any aspect of service provision that does not appear to meet their needs or the community standard. To do this, I look at a number of aspects in their lives, such as whether their home is 'homelike'. Asking questions like, 'do they have the personal touches that we would expect to see in our own homes?' and 'is this house reflective of a person's home or more like a staff member's workplace?' But, it's not just about a homelike environment; it is also about residents' participation in activities of their choice and in their broader community. I talk to them about whether they go and see their favourite football team play, see a movie of their choice, go out to dinner, dances and discos, and have the job they want or participate in other meaningful activities of their choosing.

I also review client files and speak to staff to see what is happening for residents and what their life is like. I ask if residents are regularly seen by medical professionals or other allied health providers in order to meet their needs. I also review finances, behaviour support plans, lifestyle plans, incident reports, communication tools, service policies and procedures, and many other documents. I chat with residents to find common ground and common interests and ask them how they are, and if they want to tell me anything about what is happening for them that they do not like. I give them an opportunity to be heard.

How do I identify issues?

My aims and objectives as an OCV are to ensure that just because someone has a disability it does not mean that their rights are forfeited – rights that are fundamental to everyone, such as self-determination, freedom of choice, the right to be heard, to be included in society and to be treated with respect.

The majority of the houses that I visit are well run, the clients are well cared for, and treated with respect. However, this is not always the case, and this is the reason why having an independent monitor such as an OCV adds value to the disability supported accommodation sector. As an OCV, I have an obligation to raise issues as I find them and provide the service with an opportunity to let me know what action they will be taking to address the issue. The majority of services welcome my visit reports as they provide a



snapshot of the group home at the time of my visit. It also gives them an opportunity to re-focus on some of the areas that may have been neglected or overlooked in the day-to-day running of the house.

In my role as OCV, I can visit one location up to six times a year, depending on the number of residents living in the house, and their vulnerability and need. I have learnt over my three years as an OCV that 'day-to-day' staff may have been working for a long time in a house and with particular residents. In terms of management, there seems to be a lot more movement and change. Sometimes when you get a change in management you may also get a change of focus and a different interpretation on policy and procedure. These changes can often be beneficial to the residents and the house, but not always. It has been my experience that many people with disability (like anyone else) can find it difficult to cope with change in their lives, like moving house, losing a loved one or a job. So in an environment where a resident may have very little choice and control over what is happening to them, being moved from house to house, not having consistent staff, or not being able to maintain the same work placement or day program, can be really disruptive and may make some residents 'act out' through frustration or cause them to become withdrawn.

My role as an OCV is to provide a safeguard for residents, to raise issues on their behalf and be their 'voice in care'.

How do I raise issues?

After each visit, I send a visit report to a senior manager of the service. In my report, I raise issues of concern that have arisen from my observations, discussions and file review. I also use the visit report to follow up on any outstanding issues from previous reports, and give positive feedback on what is working well.

One of my particular areas of focus is incident reporting. I look at incident reports on each visit, noting things such as missed medication, any assaults, accidents, unexplained injuries, and the response of staff to incidents. When raising an issue, I make requests such as 'please provide me with evidence of what action you have taken to address this issue', or ask 'how are you protecting resident A from resident B?' and 'what supports have you put in place for resident B to assist them with their behaviours?'

When I receive a response to my visit report from the service, I assess whether it has addressed the issues sufficiently, or whether I will need to continue to monitor the matter or escalate it to the Ombudsman's office as a complaint. Prior to taking action to escalate the matter to the Ombudsman, I contact the service and have a discussion with them about the adequacy of their response. It is another opportunity for me to work with the service to facilitate the best possible outcome for residents.

How do I facilitate the best possible outcome?

Once I have sent my visit report raising issues and received a response from the service, I then conduct a follow up visit to the house to see if they have implemented the actions they outlined in their response and the matter is resolved. If I am satisfied that the service has taken reasonable action to address the issue that I have raised, I close the matter and no further action is taken. However, if in my opinion there has not been an adequate response and the matter continues to impact on resident care and safety, I consider re-raising the issue with service management or escalating it as a complaint to the Ombudsman's office. Some of the issues that I may be raising could be as simple as trip hazards, mould in wet areas, kitchen cupboards or bench tops that have sharp edges, through to serious incidents of neglect and physical assault. It is important as an OCV to follow up and keep on top of the matters that you have raised to make sure that there is an adequate outcome for the residents and all reasonable efforts have gone into achieving this outcome.

I believe in every line of work you do you need to be accountable not only to the clients, stakeholders and yourself, but also to the community who entrust you with this important task. As an OCV, I feel confident that I can report to the community that the work I do as an OCV has enhanced the quality of life for the residents who live in the homes that I visit. I achieve this by providing the service with an unbiased snapshot of the issues that I think need addressing in the homes that I visit. I provide feedback to residents and their supporters on issues that they have raised with me and I see firsthand the improvements to the lives of those residents and their homes that have been facilitated through my raising of issues and my role as an OCV.

Case studies – adults with disability

My home, not just a workplace

During a visit, residents told the OCV that they felt like they were 'being treated like children in their own home'. The residents have been living together in the house for over 25 years and were distressed by a recent turn of events.

The house, being old and large and continuously occupied by the same residents for many years, was undergoing some renovations. The hallways, lounge room and bedrooms were having new carpet laid and the kitchen and bathroom were being fully renovated.

The residents told the OCV that it was the attitude of a staff member which was making them feel angry and upset. The staff member had told them that, due to the laying of new carpet, residents were no longer allowed to take any drinks into their bedrooms. The reason for this new rule was that the residents have varying mobility issues, and a number have a vision impairment, which meant that liquid was often spilt on the carpet while drinks were being carried into the bedrooms.

One of the residents told the OCV that the staff member had said that if they disobeyed the new rule, he would take photos of them to show the team leader as proof of their bad behaviour!

The residents said they felt bullied and did not feel as though they were being treated with respect in their home by the staff supporting them.

The OCV was pleased that the residents felt able to raise this issue with her and she acknowledged that the house was their home and that they had rights within their home, such as having water next to the bed or a 'cuppa' in their own room. She told the residents that she would raise both of these matters in her visit report.

The Visitor wrote her visit report and followed up with a phone call to a senior manager to discuss the concerns. The service organised a house meeting as quickly as possible, and made sure that the matters were openly discussed and the residents felt heard.

As an outcome of the meeting and consultation, residents agreed to use bottled water in their bedrooms and agreed as a compromise to not overfill their mugs with tea and coffee when they take them to their rooms.

The staff member who made the inappropriate comments about taking photographs was counselled by management and will undertake training on how to work collaboratively and treat residents with respect and dignity in their own home.

On the next visit, residents reported to the OCV they were pleased that they had been listened to and taken seriously, and that their issues had been resolved with their input and involvement.

Fire and emergency evacuation

In a group home with five residents, the OCV was aware that a couple of the residents were non-verbal and one resident needed a wheelchair for mobility. Considering this, the OCV enquired about the fire and emergency evacuation plan for the house. The staff member on duty explained the current process and procedure of evacuating the premises.

The staff member also mentioned that efforts had been made to make personnel at the local fire station aware that this was a group home for people with disability.

On further review of the fire safety plans for the house, the OCV noted that, although the fire station knew what type of facility the

home was, there was no evidence that the fire personnel knew the layout of the house and where the particularly vulnerable residents might be located. The OCV identified that in an emergency, residents who are non-verbal, have a hearing impairment, or use a wheelchair may be unable to respond to emergency personnel.

The service took action to work with fire station personnel so that, in a worst case scenario, emergency staff could identify the residents by name, physical need and approximate location in the house, and act quickly.

The service set up a meeting with residents, staff and fire station personnel to develop a more robust emergency plan. The updated

plan ensured that residents were familiar with the process, procedure and equipment (like masks) to minimise confusion.

The service also implemented regular emergency drills for residents and staff, with fire station personnel to attend once a year to practice with them.

Moving towards active support —

While visiting a house, it was observed by the OCV that meals for residents were being cooked at night by staff on duty and then reheated and served the next day. It appeared that nothing was being cooked and served fresh from the oven.

Asking why this was happening, the OCV was told it was a decision that had been made to preserve the safety of one resident who was at risk of being injured in the kitchen. Staff advised that the resident enjoyed being in the kitchen, but had no perception of risks and danger, and previous attempts at redirecting her had not worked.

The house is a modern design and has an open plan galley kitchen with an island bench in the middle of the room.

The house manager acknowledged the OCV's concerns and, after discussions at a staff meeting, a decision was made to have some flexible barriers fitted to the side of the island bench which could be pulled across during meal preparation times. This was intended to allow residents to be in the kitchen, see what was happening, but be away from any risks.

The barriers were installed quickly but unfortunately it took many months before the restrictive practice authorisation was signed off and the barriers could be used.

At the OCV's last visit to the house, the barriers were in place, dinner was cooking on the stove and there were lovely aromas drifting throughout the house at dinnertime. The OCV was told that since the changes, residents were now actively involved in the preparation of meals and doing tasks such as peeling vegetables. With some creative thought, something positive was achieved.



Something to look forward to

The OCV was concerned that residents in a group home had not been on a holiday for many years. Having visited the residents for number of years, the OCV knew that they all had high behaviour support needs. The service told the OCV that they could not find a suitable holiday service provider who could adequately provide individual support for the residents while on holiday.

Over the last few years, there had been unsuccessful attempts at assisting residents to have holidays with different service providers. All had resulted in negative experiences for the residents (such as returning to the group home early because of behaviour incidents) and at great expense to the residents, costing thousands of dollars.

As a result of the failed attempts, the service thought they had no viable options to consider in relation to residents having holidays. The service's policy previously allowed residents to be supported on holidays with staff from the house, but this was no longer the case.

The OCV raised this issue with the service and management agreed to trial regional managers considering resident holiday needs on a case by case basis. The regional manager would consult with house staff as part of the decision-making



process, and if they found staff from the group home willing to support a resident on a short holiday, then approval would be favourably considered. Further consideration was given to including this in the lifestyle planning process, with the resident setting goals in consultation with their family and support people to plan for a holiday. As a result, the OCV noted that residents were engaged in planning holidays with the support of staff with whom they were familiar and comfortable, and looking forward to their time away.

Family contact

An OCV visits a disability service which provides support for four clients with a variety of needs and abilities.

A new client moved into the house two years ago, and is much younger than the established group of residents. Prior to moving into the house, she had been living with her family. There were a few challenges around her move into the house and making sure that she felt safe and comfortable in a new and unfamiliar environment.

Staff worked with the resident and her family to understand her communication needs and how she could best stay in contact with her family now that she was not living with them full-time. To support her contact with family and her day-to-day recreation, two iPads were purchased for her. One was for recreation and had a number of apps installed that she used and enjoyed.

The second was designed for 'Skype' and was used exclusively by her family to contact her each day. A unique calling code was developed to ensure she knew when her family were trying to contact her.

Over a number of visits, the OCV saw how the iPad enabled the resident to have daily contact with her family and be able to maintain her strong family ties. When the family was overseas, they were still able to keep in daily contact with their daughter and maintain the normal routine.

For the OCV, the use of this technology demonstrated how progressive the service was in ensuring communication was maintained and making sure that the resident felt secure in the knowledge of the daily contact with her family and that living away from home did not mean she lost contact with her loved ones.

Getting to and from day program

An OCV visits a group of residents who all regularly attend day programs. The three different day programs are located a fair distance from each other. For the residents, travelling to and from the day service locations was presenting a number of challenges, including anxiety and fear of traffic, being stuck in traffic, and being late for their day service. Spending a long time in the car only exacerbated some of the anxieties.

On one trip, two residents became distressed and started to act aggressively in the car. The distress and behaviour carried over to their time at day program and, as a result, the two men were sent home early. Over time, incidents at the 'drop off' and 'pick up' times increased, and one resident was suspended from the day service for several months due to his ongoing behaviour.

The OCV raised his concern that the resident was not able to attend the day program because of the suspension, and that the cause

of his behaviour was not being addressed. The OCV asked the service to consider what strategies could be developed and implemented to reduce the number and severity of incidents. The service consulted a clinician, who provided advice on how to minimise the anxiety that residents were facing. A new transport plan was developed, requiring all staff to contribute.

Through reviewing the situation for each resident, and developing appropriate strategies and plans, the service also negotiated for different pick up times and locations for some of the residents. Since the implementation of the new strategies, the OCV has noted a reduction in the number of incidents, no further suspensions for the residents, and a more person-centred approach to resident needs.

Making meals

A small community-based organisation had operated two group homes for many years. The OCV considered the management and staff to be caring, and the houses well maintained and nicely decorated, with a real sense of home for all the residents living there. However, due to the familiarity of staff and residents with everyone having known each other for years, staff had fallen into the habit of managing the residents' lives to a point that involved a rigid routine each week, with little variation or opportunity to make other choices.

When the OCV started visiting, she noted in a visit report, that this situation had led to a noticeable lack of individual planning and personal choice for residents. The service was responsive to the Visitor's comments and invested considerable effort over the next year to implement a more person-centred approach to residents.

However, one area that did not change was meal planning. The meals were good quality and quite varied, but deciding what to buy and what to cook was left entirely up to the staff. The OCV raised this issue several times and discussed various ways of enabling the residents to participate in choosing menus.

Initially, progress was slow and some staff could not really understand why this was an issue if the residents were being served good meals that they appeared to like.

At a recent visit, the OCV was delighted to see that meal planning was now a regular item for discussion at house meetings, and the house supervisor had developed detailed procedures to enable each resident to participate in cooking their favourite meals. Progress notes were written up after each session, and it was clear that the residents were becoming more proficient with their cooking skills, and were very proudly serving the meals which they had prepared to their housemates.



Help to remain active and engaged

Tony had been living in supported accommodation for many years. He had a job, participated in social activities with his colleagues and housemates, and enjoyed being active. On a recent visit, staff told the OCV that Tony had reached retirement age and was no longer working or going out with his former work colleagues.

The OCV noticed that Tony now seemed to spend his days lying in bed watching TV, or taking the occasional drive with staff. The OCV raised this matter in her visit report. Management responded saying that they had applied for 'Active Ageing' funding for Tony, but had been told that funding had run out for the current financial year. The OCV canvassed other options with the service to support Tony's need to remain active and participate in the community.

The service conducted a review of Tony's circumstances and found that he had considerable funds saved in the bank and that this money was not being used. Reviewing Tony's lifestyle plan and consulting with him about what activities he would like to pursue, the service set up a calendar of weekly activities, as well as some short trips away to catch up with family and friends.

On a subsequent visit, the OCV heard that one of Tony's regular activities is spending time with his elderly mother on day trips around the region with the local seniors club. Tony also regularly volunteers at a local charity shop, and organises his own transport to and from the shop. Tony's engagement with the community, connections with other people his age, and a more stimulating routine in his week have brought a great deal of satisfaction and purpose to his retirement.

The right to make a choice

The OCV was excited to visit a group home that had been purpose built for a group of residents that he had been visiting for several years. The residents had moved in only six weeks prior to the visit, and when he arrived, the OCV was immediately approached by a number of residents who wanted to talk about an issue that had arisen.

The house operated on a 'drop in' support model. Staff were present only in the mornings and afternoons, and at other times to support residents to access the community for social activities and appointments.

Residents who spent quite some time at home during the day were upset to find at the new house that they were unable to make themselves a cup of coffee as the coffee was locked in the office and only available when staff were on duty.

The OCV spoke to a staff member and found the reason for this practice was to prevent residents from consuming a week's worth of coffee in one day. This had happened on a number of occasions recently.

While the OCV could understand the reasons behind the decision, he wanted to discuss with the service the need for consultation with residents and their right to make choices in their daily lives.

The Visitor raised the issue in his visit report and mentioned that the action the service was taking was restrictive. The service responded by organising a meeting with residents to discuss the coffee issue and explain why the decision had been made. At the meeting, an agreement was reached on an interim procedure that an amount of coffee would be made available to each resident each day.

The OCV was notified of the outcome of the meeting and that residents were happy with the outcome. In particular, residents were pleased that the issue had been resolved after they had raised it with the OCV and staff and management had listened to their wishes and found a workable solution.

'A home should feel like a home'

Michael, Stan, Deidre and Geoff live together in a large group home. Geoff uses a wheelchair to move around the house, but often finds it difficult to control his wheelchair and bumps into furniture, walls and sometimes his housemates. Stan also uses a wheelchair but requires others to move it for him.

When the OCV first visited the house she noted that the walls were damaged and there were scuff marks and holes all over the place. The living areas of the house were small, dark and cramped with too much furniture, which limited the free movement of residents around the spaces. There were two bathrooms, a main bathroom, and an ensuite which was accessed through Stan's bedroom. Neither bathroom was wheelchair accessible in a way to allow residents in wheelchairs to use necessary equipment safely.

In stark contrast to the living areas, each of the resident's bedrooms was freshly painted and decorated in an individual style. Michael's bedroom however did not have a power point in the room and he was unable to play music, use his TV or have a bedside lamp.

Staff told the OCV that there had been a number of incidents of residents and staff slipping on the bathroom tiles and that the vanity had been damaged in Stan's ensuite as there was not enough room for him to manoeuvre his wheelchair around in the space. Staff had been waiting for repairs and renovations to the bathrooms for some time.

In her visit report, the OCV raised the issue of safety and space in the bathrooms and the lack of adequate space in the living rooms, bathrooms and corridors for resident movements. The OCV also commented on the dilapidated condition of the house.

The service responded to the visit report by acknowledging the concerns and outlining the maintenance requests they had just put in. The maintenance plan was to include painting, repair of wall damage, roof repairs and the renovation of the bathrooms. It also mentioned that a search had begun to find a more suitable home for the residents.

The repairs began almost immediately; with the walls patched up and special wall panelling installed at mid-height level to assist in reducing any damage that may be caused by accidents.

The bathrooms were renovated including the laying of non-slip tiles, and the replacement of Stan's vanity with a basin that provided enough space for him to move his wheelchair around. Furniture in each of the living rooms, hall way and dining room was moved to create more space for residents to move about, and a power point was installed in Michael's room.

The OCV will continue to follow up on the service's plan to find a more suitable home for the residents – one that better meets their mobility and space requirements, as well as their social and personal needs.





Restricted and restrained

A group home has four residents, three of whom require the assistance of staff for all their daily needs including mobility. The residents in the house require the use of hoists, positioning equipment, special equipment for bathing, and some residents receive their meals via a PEG feed. Three of the residents rely on wheelchairs for mobility.

One resident, Sam, is able to walk independently throughout the house, although he can sometimes be unsteady. Sam has frequent seizures which can cause him to fall to the floor; so he wears a helmet to protect his head.

When the OCV visits the house, Sam is usually walking unaided throughout the house. On arriving one afternoon for a visit, the OCV observed that Sam was sitting in a chair in the living room with a strap around his waist that was preventing him from standing up. Sam stayed in this position for the duration of the visit, which was approximately 90 minutes.

The OCV asked staff why Sam was sitting strapped to a chair, and was advised that he had several recent falls and they were concerned he would fall again. They felt they were not able to supervise him due to the

ongoing high support needs of the other residents, and this was a way they were able to manage him and the other residents. Staff told the OCV that this was the procedure when Sam had had several seizures.

The OCV was unable to locate this strategy in Sam's epilepsy management plan or other risk management documents.

The OCV was concerned that Sam was being restrained by staff and that this restrictive practice was not documented, consented to, or authorised. The OCV raised the issue with service management. The service immediately contacted the OCV to confirm that this was not an approved strategy, and that they were unaware that restraint was being used. As a result of the OCV raising the issue, the service was organising training for all staff on policy and procedure, the use of restrictive practices, and reviewing Sam's plans to provide a more supportive and appropriate environment to meet his needs.

The OCV will continue to monitor the situation in the house and make sure that Sam is receiving quality and supportive care.

Goals that reflect my dreams

An OCV visits a number of homes that are run by the same service provider. The OCV noticed that individual planning for the residents in each house was based on practical skills development and there appeared to be no personal goals and dreams. Each resident's plan focused on improving their independence in everyday tasks such as hygiene and housework. While the OCV acknowledged that increasing independence is important, it did not leave much room for considering the dreams and aspirations of each individual and ensuring support for residents' personal goals. There were a small handful of holiday and recreational goals, but the majority of goals were based on regular daily or weekly routines.

The OCV raised the issue with service management. The service advised that they were beginning the process of reviewing the individual planning process and would be offering training to management and staff regarding lifestyle planning and supporting residents to make meaningful goals.

At each visit as the new plans for each resident were made, the OCV noticed the renewed emphasis on individual dreams and wishes, such as skydiving, V8 supercar laps, and holidays chosen by the resident that suited their

interests and needs. Residents were keen to talk to the OCV about the plans they had made and what they had already achieved. One resident, John, showed the OCV a video of him skydiving! Matt showed the OCV the itinerary for his planned trip to the USA.

At a subsequent visit, the OCV praised the improvement in the person-centred planning process, but raised the issue of the lack of a clear recording practice to show progress towards achieving goals. It seemed that because the planning process was new, some staff had difficulty adjusting to the new focus. While residents now had very relevant and personal goals, the opportunity to track progress was sometimes missed due to a poor recording system. The OCV raised the importance of a consistent and workable recording process to allow easy review of the achievement of goals. On her next visit, the OCV observed that the service had implemented a review process for all lifestyle plans.

The changes to lifestyle planning have been led by service management based on issues raised by the OCV. The service has worked with the OCV to improve their practice and provide meaningful opportunities for residents to make decisions about their lives.

Home alone?

Simon lives in a house with his four housemates. He is a happy person who loves to show off his room – especially his digital photo frame showing pictures of his family, holidays he's had, and members of his footy team.

Simon has a hernia which can cause him considerable pain when engorged. He is non-verbal and has trouble communicating pain. Due to the severity of his pain, he often collapses heavily onto the floor and this can happen anywhere, at anytime. While reading the house diary, the OCV noted that Simon was regularly left home alone.

The OCV raised the issue of Simon being home alone and questioned what assessments had been undertaken to inform this decision. The OCV thought that it was not in Simon's best interests to be left alone due to his ongoing health needs, his inability to communicate any

problems, and the risks associated with Simon being seriously injured if he collapsed and there was no-one there to assist him.

The service organised for Simon to have a health assessment with his local doctor, and an assessment of his capacity to communicate pain and distress. The next time that the OCV visited the house, staff told her that Simon is no longer left home alone and efforts were being made to understand his indications of pain; to make him more comfortable with his ongoing health condition; and to look at remedying his hernia.

As simple as 1, 2, 3

1 While on a visit, an OCV observed that a raised deck next to the house had a number of low-level pot plants along its edge, but no secure railing to prevent residents falling over the edge. The pot plants and lack of railing provided a particular safety hazard to one of the residents who is legally blind. As a result, the resident's access to the area was limited while the other residents could use the area freely. The Visitor raised the issue of safety and restriction with the service, which led to the service evaluating how residents used the deck and contracting a builder to construct a secure railing around the deck. All residents now have the opportunity to use the deck safely.

2 The OCV noted in Joan's lifestyle plan that she wanted to visit her elderly parents who were living in separate nursing homes in the area. There was no evidence that her goal was being considered or pursued.

The OCV raised the issue with the service who re-routed their resident outings so that Joan could be taken on alternate fortnights to visit her parents in each of their nursing homes, before proceeding on to the other planned outings.

This arrangement is still in place for Joan and, whenever possible, staff take her on a one-to-one basis to visit her mum and dad.

3 Staff at a group home recognised that the residents liked to garden and grow their own fruit and vegetables. They enjoyed being outside in the sunshine and watching their garden bloom. To facilitate their enjoyment of their garden, staff, with the help of volunteers and residents, set up the garden to meet the physical needs of residents. They built paths leading to waist-high raised garden beds filled with vegetables, fruits and flowers. The residents grow a large variety of plants, and plan to use the produce they grow in their cooking and to propagate seeds and seedlings that can be sold or swapped in the community for other plants.

The staff run cooking classes for residents using the produce they have grown. Residents plan the meals for the week ahead and try to theme their cooking around what vegetables and fruit are in season.

Providing a safe environment

The OCV called at a group home for young women who have intellectual and physical disabilities. The residents arrived home almost an hour late as the staff member who had been sent to collect them from their day programs had become lost. He was one of two workers hired from a labour hire agency earlier in the day to cover vacancies. The team leader was on leave, the morning staff had left, and there was no staff handover.

Three of the women use wheelchairs and they all have individual additional needs: Susan and Jean have epilepsy; Margaret needs to be repositioned frequently to prevent pressure sores; and Kylie has recurrent chest infections and can have swallowing difficulties.

The two staff worked quickly to get the residents into the house and they interacted with the women in a friendly and supportive manner. However, the Visitor was concerned that staff had not received any induction to the

house or the residents. A good induction helps to ensure safety and consistency, and provides essential information about individual needs, such as mealtime and behaviour support requirements, and communication methods.

The OCV met with the Residential Services Manager to discuss her concerns about the residents' safety and wellbeing. In response, a staff recruitment campaign was given higher priority; experienced staff were transferred to the house to cover vacancies until the new staff commenced work; and staff induction procedures were revised and were implemented for all staff including agency staff.

The Visitor was happy with the agency's response to her concerns.

Reflections of an OCV

**By Paul Moulton,
Official Community Visitor**

This is now my fifth year as an OCV, and when reflecting on this time it is clear there is no standard way of doing the role. There are so many variables – in the residents I visit, and all the houses that I visit.

As an OCV, my main focus must always be on what is happening for the residents living in care. Gaining an understanding of their individual needs and wants is essential. I aim to talk to each resident either one-to-one or as a small group at the time of my visit. However, this can often be difficult as I often have a limited number of visits to each home and of course it is not reasonable to expect that all residents will be around when I turn up. On these occasions, when speaking with staff, I am really pleased to hear if a resident is at work or school, playing sport, shopping or participating in other community activities rather than hanging around the house.

As an OCV, I believe building rapport and an effective working relationship with the service staff and management is important. Rather than being seen as a threat to an organisation, if as an OCV I can be seen as someone who wants to see high quality support and care for the residents, it is a great advantage. We can work together to address issues in a timely and effective way, while seeking to achieve positive outcomes for all involved.

My approach is to be seen as an independent person who is reviewing and assessing what is happening for each resident I visit. It is important for me to make it clear that I will ask questions, raise issues, and seek answers if the standard of care and support being provided is not in the best interests of the resident or not to a high enough standard. In the end, it is about working towards an outcome that will be meaningful and of benefit to the person living in care. If I can achieve that by working collaboratively, then I feel that I am fulfilling my role as an OCV.



Reflections on the work of Visitors

Storm Stanford, Administration and Project Officer, OCV Team, NSW Ombudsman

I have been providing administrative support to the OCV scheme for the last 10 years, but have worked with Visitors over a much longer period through handling complaints at both the Community Services Commission and the Ombudsman's office. I have been very fortunate to work with such a passionate and dedicated group of people who take on the OCV role.

Visiting is a difficult role. It is unlike any other job in the community services sector. It is a role that involves walking into other people's homes and workplaces, sometimes when you are not wanted, to ask how everything is going. It is a role that has a lot of power to review, enter premises, ask questions, and raise issues on behalf of those living in care; but few powers, other than negotiation and persuasion, to change the situation for the person in care. It is a role that gives a voice to residents living in care.

OCVs can make small, incremental changes to people's lives, such as being provided with the opportunity to make their own decision as to what to have for breakfast. OCVs can also bring about significant change in people's lives and in the broader disability, OOHHC and assisted boarding house sectors. OCVs have been instrumental in key policy changes; and in informing, and being the catalyst for, systemic change.

Visiting children in residential OOHHC care often requires OCVs to reflect on how services operate and how they balance the needs of the individual young people against the resources available to them. OCVs can provide an independent perspective that is not caught up in the day-to-day drama that can often surround young people in residential care. This can enable the OCV to assist the service to re-focus their effort on the needs of the young people – to work towards providing a home-like environment; ensuring access to education and social activities; and delivering appropriately planned responses to meet the challenges in young people's lives.

Visiting also sees OCVs pushing for bigger changes in people's lives – such as working to ensure that a person with disability is given more opportunity for choice and control over their own life. For example, Visitors see residents who never get to wear clothes of their own choosing; are not allowed outside their own front door for fear that they will be 'unprotected'; or who are not allowed to learn to ride a bike because of the risks. An OCV can identify these issues as requiring resolution, ask the service what they are doing about it, and encourage them to consider creative options to give greater choice and control to the resident.

Over my time with the OCV Team, the visitable sectors have seen many changes and, of course, these will continue. I hope that the relentless work of the OCVs in identifying and reporting significant issues, such as incompatibility between residents; lack of choice and control; and lack of home-like environments in residential services, continue to inform the policy and practice decisions of government and service providers.

The value of independent people whose paramount concern is the best interests of the residents they visit has proven itself many times, often in small ways, but always representing improvements in a person's quality of life.

The OCV scheme has been a valuable achievement in NSW, and it has been a rewarding experience working with OCVs as part of the Ombudsman's OCV Team.

Coordination of the OCV scheme

In relation to the OCV scheme, the Ombudsman has a general oversight and coordination role, and supports Visitors on a day-to-day basis. Under *Community Services (Complaints, Reviews and Monitoring) Act 1993*, 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 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 to OCVs
- 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, stakeholder agencies and our office 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 Ombudsman's OCV Team:

- recruited 10 new Visitors, who commenced visiting in August 2015
- inducted the new OCVs through two stages of training
- reviewed and updated the OCV issues classifications to bring them in line with current sector standards
- organised and ran a two-day OCV annual conference – with presentations on therapeutic OOHC models; positive behaviour support in the disability sector; improving communication with people with disability; and speeches from the Ministers responsible for the scheme
- coordinated and facilitated meetings between Ministers and representative groups of OCVs to discuss systemic issues identified in the visitable services sectors
- allocated 86% 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 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 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 2014-2015*. Copies of this report are available from the Ombudsman's website at www.ombo.nsw.gov.au.

Figure 14: Visitor related expenses 2014-2015

Payroll expenses	2013-2014	2014-2015
Salaries and wages	662,626	604,966
Superannuation	58,195	60,718
Payroll	34,720	33,664
Payroll tax on superannuation	3,195	3,225
Subtotal	758,735	702,573
Other operating expenses	2013-2014	2014-2015
Advertising – recruitment	3,975	6,784
Advertising – other	-	-
Fees – conferences, meetings and staff development	14,408	12,283
Fees – contractors	-	-
Fees – other	3,863	546
Printing	-	6,139
Publications and subscriptions	4,980	1,219
Maintenance – Equipment	-	-
Stores	70,630	27
Travel – petrol allowance	136,448	145,211
Travel and accommodation ¹	87,869	84,281
Subtotal	322,174	256,490
Total	1,080,909	959,063

¹ Meal allowances are included in 'Travel and accommodation'. – Travel and accommodation – includes OCVs' costs, such as air, bus, train and taxi fares, postage, stationery and telephone bills.





