



# Annual Report 2017-18



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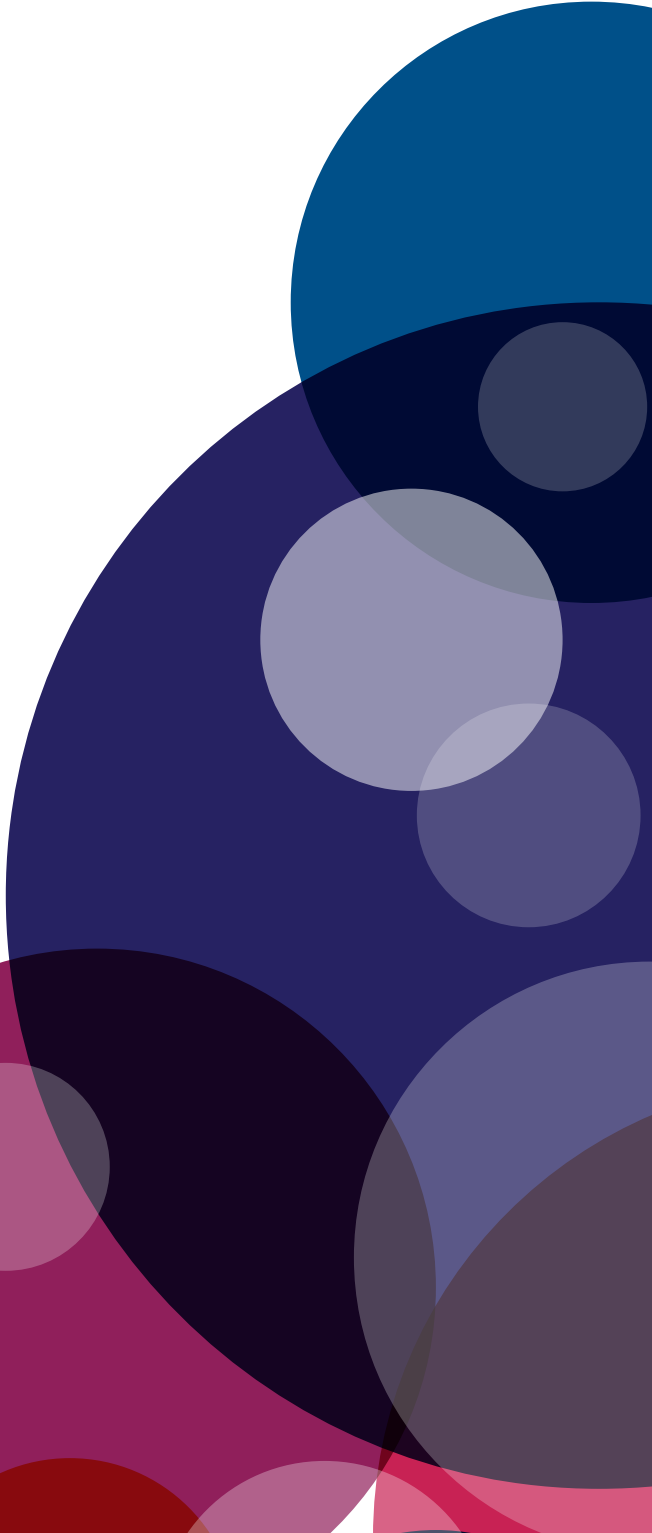
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# 2017-18 Annual Report



# Highlights of 2017-18

spent over  
**8,000**  
hours

visiting residents and  
raising and monitoring  
issues affecting  
residents

worked on over  
**4,900**  
new issues



conducted  
over  
**3,000**  
visits



brought  
**55**  
matters  
to the attention of  
the Ombudsman's  
Complaints Team

visited over  
**1,950**  
services

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

**Quick comparison**  
**2017-2018**

reported over  
**200 more**  
**new issues**  
than last year

# Raised and monitored over **4,900 issues**

(continuing and new), including:



over  
**1,250**  
issues  
for children and young  
people in residential  
OOHC services

**70**  
issues  
for residents of  
assisted boarding  
houses

over  
**3,500**  
issues  
for residents of  
disability supported  
accommodation  
services

Worked over  
**400 more**  
hours  
on resident issues

visited  
**600 more**  
services  
than last year

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

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

# Letter to the Ministers

## **The Hon Pru Goward**

Minister for Family and  
Community Services  
Minister for Social Housing  
Minister for the Prevention  
of Domestic Violence and  
Sexual Assault

## **The Hon Ray Williams**

Minister for Disability Services  
Minister for Multiculturalism

## **The Hon Tanya Davies**

Minister for Ageing  
Minister for Mental Health  
Minister for Women

Dear Ministers

I am pleased to submit to you the 23rd Annual Report for the Official Community Visitor scheme for the 12 months to 30 June 2018, 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



Michael Barnes  
**NSW Ombudsman**

## Message from the Ministers



The Official Community Visitors (OCV) scheme is now in its 23rd year. The OCV scheme plays an extremely beneficial role in the lives of residents in assisted boarding houses and children and young people in residential Out of Home Care (OOHC). The scheme's high standing and longevity is a credit to the many OCVs over the years.

It was great to see in this year's Annual Report that the OCV scheme is increasing the number of visits they make and is assisting in identifying, addressing and responding to critical issues.

An example of the great work that is being undertaken by OCVs can be seen in the Sherwood Program. The Sherwood Program is a secure therapeutic residential program for children and young people with significant complex care needs. I understand the children welcome the visits and find the OCV reports are fair and balanced, recognising the unique needs of the children and the ways the program is meeting those needs.

I would like to thank all the OCVs for their diligence over the past year. It can be clearly seen that they are making a real positive impact on the lives of children and young people in OOHC. I am looking forward to hearing about the hard work that will be accomplished in the upcoming 2018-2019 year.

A handwritten signature in black ink that reads "Pru Goward". The signature is fluid and cursive.

Pru Goward MP

**Minister for Family and Community Services**

**Minister for Social Housing**

**Minister for the Prevention of Domestic Violence and Sexual Assault**





It has been a great privilege to be the Minister for Disability Services in times of such profound and significant change. During 2018, we marked the full rollout of the National Disability Insurance Scheme (NDIS) throughout NSW. The NSW Government delivered the NDIS on time and on budget.

In November 2018, I had the great pleasure to join with the Federal Minister for Families and Social Services, the Hon. Paul Fletcher, to announce more than 100,000 people with disability in NSW were now receiving supports through this transformative scheme.

The transfer of disability accommodation services from government to non-government providers has also continued, with 11 different non-government organisations now delivering around 95 per cent of disability services in NSW.

During these times of great change, the role of Official Community Visitors has never been more crucial. Their objectivity, oversight and dedication to best outcomes

for clients is resolute and the disability sector is all the better for their assistance, support and advice.

This reports highlights that in 2017-2018, Official Community Visitors conducted 2,215 visits to disability accommodation providers state-wide. These visits resulted in more than 3,500 issues being raised on behalf of people with disability. Around 55 per cent of these issues have been resolved with a further 14 per cent continuing to be monitored.

Official Community Visitors offer a fresh pair of eyes to a situation and give a voice to those who sometimes may be unable to speak up for themselves. Residents such as Jessica, whose mealtime plan is now being correctly followed, after the Official Community Visitors reviewed resident plans and noticed Jessica's speech pathologist's recommendations were not being put in practice. By the Official Community Visitors actions in this case, management was alerted to the need to reinforce policy and practice to staff, and the welcome outcome has been specialised training and individual supervision sessions for each staff member in the home.

As well as acting on and reporting critical issues, some of the personal stories of how Official Community Visitors have added to and enriched the lives of people with disability are particularly moving, such as with Kyril and Helene.

Official Community Visitors play an invaluable role in our community and I commend their continued commitment to improving and safeguarding the lives of NSW's most vulnerable citizens.

A handwritten signature in blue ink that reads "Ray Williams".

Ray Williams MP

**Minister for Disability Services**  
**Minister for Multiculturalism**

## Message from the Ombudsman



Official Community Visitors provide a crucial safeguard for vulnerable people who live in disability supported accommodation, residential out-of-home care, and assisted boarding houses. Their independent monitoring role and ability to undertake unannounced visits gives them a unique perspective on the day-to-day lives of residents. The authority and functions of the Visitors enable them to have genuine conversations with residents, to consider the extent to which residents' support needs are being met, and to identify critical gaps in the provision of support by the visitable services. A key part of the success of the OCV scheme can be attributed to the commitment of OCVs to identifying, raising, and monitoring the resolution of issues affecting people living in residential care – and their unwavering focus on the residents. Each year, OCVs raise thousands of issues on behalf of individuals and groups of residents; this year, they worked on almost 5,000 individual issues affecting residents across NSW. It is important to

recognise that many of these issues would not have been raised, or addressed, without the involvement of an OCV.

This year continued to be a period of change, including the progressive rollout of the NDIS and preparation for the start of the NDIS Quality and Safeguards Commission, and the lead-up to the commencement of the Intensive Therapeutic Care model in residential out-of-home care. OCVs have played a significant role in this time of change by making sure that the voice of the person with disability, the young person in care, or the adult living in an assisted boarding house has not been lost in the winds of change, but heard loudly and clearly.

And there are more changes to come. At the time of writing, a review of community visitor schemes in Australia is underway, examining their intersection with the NDIS. The outcome of the review will inform the future of the OCV scheme in relation to adults with disability. From our experience over the past 16 years, we are keenly aware of the critical intelligence that is provided by OCVs. Regardless of the outcome of the review, we recognise and appreciate the support that the Ministers have consistently provided, and continue to provide, to the OCV scheme.

I commend all OCVs on their continued focus, commitment and excellent work. The case studies throughout this document are a testament to what Visitors can achieve. The report demonstrates how an independent voice can make a fundamental difference to the lives of vulnerable individuals – including highlighting gaps in service responses, the need for action to resolve new and longstanding issues, and the importance of the voice of the residents at the centre of agencies' service delivery focus.

A handwritten signature in black ink, appearing to read 'Michael Barnes'. The signature is fluid and cursive.

Michael Barnes  
**Ombudsman**

# The role of Official Community Visitors



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

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

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

## The functions of OCVs include:

- informing the Ministers and the NSW Ombudsman about matters affecting residents
- promoting the rights of residents
- considering matters raised by residents, staff, and other people who have a genuine concern for the residents
- providing information and support to residents to access advocacy services
- helping to resolve complaints or matters of concern affecting residents as early and as quickly as possible by referring those matters to the service providers or other appropriate bodies.

## OCVs have the authority to:

- enter and inspect a visitable service at any reasonable time without providing notice of their visits
- talk in private with any resident or person employed at the service
- inspect any document held by the service that relates to the operation of the service
- provide the Ministers, the NSW Ombudsman, and the Office of the Children's Guardian with advice and reports on matters relating to 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 and resolve matters of concern by identifying issues and bringing them to the attention of staff and management

# Year in summary

## Visitable services

OCVs visit:

- a) accommodation services where residents are in the full time care of the service provider, including
  - (i) children and young people in OOHC
  - (ii) people with disability in accommodation operated by Family and Community Services (FACS) or by providers funded under the National Disability Insurance Scheme (NDIS)
- b) assisted boarding houses.

At 30 June 2018, there were **1,975 visitable services** in NSW, accommodating **8,625 residents**.

## Visits conducted

This year, OCVs made **3,018 visits** to services.

## Residential OOHC services

There were **297 visitable OOHC services**, accommodating 740 children and young people in statutory and voluntary OOHC. This year, OCVs made **740 visits** to these services.



**3,018**  
visits to  
services

**2,215**  
visits to  
adults with  
disability

**63**  
visits to  
assisted  
boarding  
houses

**740**  
visits to  
OOHC  
services

## Disability accommodation services

There were **1,660 visitable disability services**, accommodating **7,591** adults with disability. During the year, OCVs made **2,215 visits** to these services.

## Assisted boarding houses

There were **18 assisted boarding houses**, accommodating **294** people with additional needs. OCVs made **63 visits** to these services.

## Services allocated


In 2017-2018, 76% of all visitable services were allocated for visiting on a regular basis. This included **1,219 disability supported accommodation services** (73%), **248** residential OOH services (84%), and 18 assisted boarding houses (100%).

## Key issues about service provision

During the year, OCVs worked on **4,926 issues** about service provision to residents. OCVs reported that **2,761 (56%) of the new and carried over issues were resolved**. At the end of the financial year, **727 issues (15%)** were ongoing and needed to be carried over into the new financial year for continued monitoring by the OCV and further work by the service to resolve.

This year, the main issues raised by Visitors across all visitable services related to:

1. Plans were not developed, documented, implemented or reviewed according to relevant legislation, policy, consents, approvals and assessments - **410**
2. Appropriate furniture, fittings, amenities, heating and cooling were not provided and/or maintained in a reasonable state of repair and safe working order - **363**
3. Residents were not actively encouraged and supported to participate in their community in ways that were meaningful and important to them - **285**
4. Resident files, records and plans, and related staff communication systems were not in place, operational, up to date and available on site; and/or staff were not trained in their appropriate use - **249**
5. Residents were not supported to access appropriate health and medical services and treatment as needed - **205**.



OCVs raised  
and monitored  
**4,926**  
issues



**2,761**  
issues were  
resolved

# Identifying and resolving issues

## How OCVs help to resolve service issues

During 2017-2018, OCVs raised, monitored and worked on 4,926 concerns about the conduct of visitable services in NSW. This is a 4.5% increase on the previous year. In the same period, service providers resolved 56% of all identified concerns to the satisfaction of the Visitor or the resident (2,761 issues). Services were unable to resolve 8% (417 issues) of the concerns reported by OCVs.

The powers and functions of OCVs enable them to identify and report on critical issues, and to facilitate (where possible and appropriate) the resolution of issues with a service. Services have obligations under CS-CRAMA to address complaints, and issues raised by OCVs, and to take action to try and resolve them.

The OCV has an independent monitoring and oversight function. They bring a fresh pair of eyes to situations and provide a voice to those living in supported accommodation who may be unable

to speak up and raise issues of concern on their own behalf. OCVs seek to apply a 'community standard' and look at what is reasonable.

The Visitor's role is generally one of local resolution in the first instance, by bringing issues of concern to the attention of the service provider. OCVs document issues in a visit report, which they must complete after each visit. Through these reports, OCVs inform the service provider about particular issues they have identified during their visit, and seek information and advice from the service provider about the issues, and the actions that are being taken to resolve them.

OCVs 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 and other stakeholders.

OCVs will refer concerns to other agencies if they are not able to facilitate resolution at the local level. This may include referring residents to advocacy services; making complaints to the

**Figure 1:** Issues reported by OCVs by service type 2017-18

Service type	Total no. of visitable services	No. of issues identified
Disability supported accommodation	1,660	3,584
Residential OOHC	297	1,272
Assisted boarding houses	18	70
<b>Total</b>	<b>1,975</b>	<b>4926*</b>

\* NOTE: This figure includes new issues and issues carried over from 2016-17.

**Figure 2:** Outcome of issues reported by OCVs, 2017-18

Service type	No. of issues resolved	No. of issues outcome unknown	No. of ongoing issues (closed) <sup>1</sup>	Ongoing (open) <sup>2</sup>	No. issues unresolved	Total issues (%)
Disability supported accommodation	1,977 (55%)	36 (1%)	733 (21%)	503 (14%)	335 (9%)	3,584
Residential OOHC	755 (60%)	13 (1%)	223 (17%)	205 (16%)	76 (6%)	1,272
Assisted boarding houses	29 (14%)	0 (0%)	16 (28%)	19 (27%)	6 (9%)	70
<b>Total (% of total issues)</b>	<b>2,761 (56%)</b>	<b>49 (1%)</b>	<b>972 (20%)</b>	<b>727 (15%)</b>	<b>417 (8%)</b>	<b>4,926</b>

1. 'Ongoing issues (closed)' refers to matters that have been open for six to 12 months without being fully resolved by the service provider. In these matters, the OCV will close the issue in the OCV Online system, and either raise it afresh with the service provider, or continue to monitor the matter, until the remaining aspects are addressed.

2. 'Ongoing issues (open)' are the issues that remain as live issues at the time that the 12-month visiting schedule closes (30 June), and need to be carried over to the new visiting schedule as they require continued follow up and resolution.

Ombudsman about supports for vulnerable children and young people; and bringing matters of concern involving NDIS providers and participants to the attention of the NDIS Quality and Safeguards Commission.

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

OCVs refer matters that are beyond their OCV functions and powers to the NSW Ombudsman and other appropriate bodies for further action. These matters are typically significant, urgent and/or systemic and require the Ombudsman's office or other body to make inquiries or take other action. More information about the NSW Ombudsman's complaint actions for this period is available in the NSW Ombudsman Annual Report 2017-18.

This year, in response to concerns that OCVs identified and reported, the NSW Ombudsman's office:

- handled 55 complaints made by OCVs or based on information provided by OCVs
- handled 25 disability reportable incidents relating to alleged abuse and/or neglect of residents identified by OCVs in their visiting
- provided detailed advice and information to OCVs on 430 complex service issues
- facilitated meetings between OCVs and government and non-government agencies on systemic issues and challenges affecting residents in care, including NDIS planning and quality of service provision, and Intensive Therapeutic Care (ITC) for children and young people in residential OOHC
- attended meetings with OCVs and senior managers of services to assist in resolving issues.

## Case Study

### OOHC

#### An OCV can help

An OCV was allocated to visit a new service where a young man, Aiden, had recently been placed. Prior to the visit, service management had advised the OCV that Aiden was 'very aggressive' and generally didn't like new people visiting him. The service provider made sure that Aiden knew the OCV was coming. On the OCV's arrival, Aiden appeared withdrawn, and refused to speak with her. While the youth workers encouraged him to engage with the OCV, he chose to go into his bedroom and to remain there, saying he didn't want to talk.

After a conversation with the staff, the OCV approached Aiden. She explained that he did not need to talk to her if he didn't want to, but said she would leave him some information on her role. Aiden accepted a copy of the OCV brochure, and the OCV prepared to leave. A couple of minutes later, Aiden approached her with the brochure and asked 'You do this stuff?' 'You can help fix things I don't like here?'

The OCV explained how she could help. Aiden immediately raised some issues about the food in the house, wanting to be enrolled at school,

and wanting to see his family more often. The OCV thanked him for his openness and said that she would raise his concerns with service management through her visit report and follow up conversations.

On the OCV's next visit, Aiden was a different person. He greeted the OCV at the door, invited her into the house, and offered her some afternoon tea he had prepared for the visit. The OCV sat down to enjoy her afternoon tea and had a chat with him. She commented on the change in him since her previous visit. Aiden agreed and said he felt better because he knew the OCV had listened to him. He said he was now able to make choices about the food he wanted to eat, he was seeing his family more often, and he would soon be enrolled in the local school. He said he felt better that he was able to talk to someone if he wasn't happy about his placement. For the rest of the visit, they chatted about different things and Aiden showed the OCV his favourite card game, which they then played, and he kept winning.

## Who are the Official Community Visitors?

OCVs attend visitable services all over NSW. At the time of writing, the OCVs were grouped as follows:

### North Coast/New England

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Anne Harrison



Cheryl Malloy



Rhonda Reid



Wanda Thompson



Sabine Whittle

### Hunter/Central Coast

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Cindy Grahame



Carmel Hanlon



Kath Hayes



Peta Meyerink



Lia Price



Amanda Reitsma



Barbara Rodham



Renata Wilczek

### Southern/Western region

---



Sue Curley



Mick Herbertson



Jo Hibbert



James Lightfoot



Margaret Stevens



Bart Yeo

### Metropolitan Sydney – South

---



Dennis Bryant



Maree Crosbie



Palani  
Subramanian



## Metropolitan Sydney – North



Yvette Franks



Diana Lo Cascio



Marilyn McClung



Melanie Oxenham



Lyn Porter



Rhonda Santi



Rachel Tozer



Currently  
**39 OCV**  
in the scheme.

### OCVs who ended their appointment in 2017-18

- Jon Blackwell
- Ruth Chalker
- Ann-Maree Kelly
- Jackie Klarkowski
- Frank Kuiters
- Linda Larsen
- Melissa Pol
- Dennis Robson
- Rebecca Smith
- Karen Zelinsky



### Special mention

The OCV scheme lost a valued Visitor with the death of Melissa Pol in January 2018. Melissa is remembered fondly by her OCV colleagues and staff at the Ombudsman’s office.

Melissa began her role as an OCV in August 2014, and visited people with disability living in supported accommodation in the Riverina area. At a meeting with the Minister for Disability Services about three years into her visiting role, the Minister commented on how much he valued Melissa’s work as an OCV, noting in particular that her presence as a Visitor using a wheelchair was important. Melissa’s response was that she was ‘best placed’ to do the role as her disability gave her a great understanding of the physical challenges faced by many people living in supported accommodation. She noted that ‘if I don’t do it, why should I expect others to take on the role’.

Melissa always had a clear and consistent focus on achieving positive outcomes for the residents she visited. She worked with residents, service providers and the Ombudsman’s office to get the best outcomes that she could for people.

Melissa is missed.

## Voice of residents living in visitable services

My family is very important to me. I had a very close and loving relationship with my mother who passed away some time ago. Following the closure of the large residential centre where I'd lived for many years, I moved to a purpose-built home away from the city area.

**OVER THE YEARS, MY MOTHER HAD LOVINGLY COMPILED MANY PHOTOS AND HISTORICAL RECORDS, WHICH I NOW TREASURE. I KEEP THE PHOTOS CLOSE TO ME IN MY SPECIAL MEMORY BOX, AND ALSO HAVE SOME DISPLAYED AROUND MY ROOM. MY ROOM REFLECTS MY LOVE OF FAMILY.**

It is important for staff to know about my family and, even though I can't speak, I enjoy it when staff talk about them and go through the photos with me. My photos reinforce my sense of identity and belonging. It is important that new staff understand who I am and my history, and the photos provide that insight.

Earlier this year, a new OCV visited my home, Jan – she had known me many years ago when I was a child. She was able to talk to staff in the house about my early life and my family, particularly my mother. My mother loved the theatre and the

arts, and I think that, from her, I have inherited my love of music and dancing – this is reinforced when staff refer to my photos.

For me, it keeps the memory of my mother alive, and reminds me that I was, and still am, very much loved. I am a person with a loving family and, through my albums and photos, my care workers and other people involved in my life are better able to understand who I am today.

**- Written by Kyril, with the assistance of Jan Lang, OCV.**

Kyril now



Kyril as a child



## Reflections of a new Official Community Visitor



### By Cheryl Malloy, Official Community Visitor

Having retired a short while ago, I had not given a moment's thought to returning to work. I was busy with a new home, my family and happily settling into an easy lifestyle. However,

having always been a worker, I started to miss the intellectual stimulation and the purposeful commitment that comes with work. So when I noticed in the local paper an advertisement for Official Community Visitors, I was keen to apply. I thought the position description fitted my skill set well and the purpose of the role was very appealing – being a voice for people living in care.

Working with people with disability has been a passion for me and so being appointed as an OCV was exciting after returning from working overseas for over 10 years. The landscape of the disability sector, the legislation, the agencies and the services had changed, so it has been a steep learning curve for me stepping back into working with people with disability in NSW and into this role.

Within my own family and community, I know many people who live with disability and some that live in supported accommodation. My motivation for doing this work has always been to support people to be their best; to achieve goals and to live a life in the community where they are free to interact with and enjoy the benefits the community has to give. My experience of working with people with disability has included managing an employment agency for people with psychiatric disability, and as Regional Manager for the Public Guardian.

**HOWEVER, THE ROLE OF OCV IS DISTINCTLY DIFFERENT TO THE OTHER WORK THAT I HAVE DONE. I SEE IT AS A ROLE WHERE I CAN BE A COLLABORATOR WITH A NUMBER OF PEOPLE TO ENSURE THAT SERVICES ARE TARGETED TO THE NEEDS OF INDIVIDUALS.**

In that collaboration, my role is to observe, listen and discover the pieces that are missing and then be the voice that asks for what people need. While I can't design solutions, my responsibility is to point out the deficits and ask how the service is intending to address what is at issue, within their framework of service provision. This requires skills of diplomacy and liaison, while negotiating boundaries around the input an OCV can have. Further to the role as an observer is that of informing services if I notice they are not meeting sector-wide standards or are in breach of their obligations. This is a difficult part of the role as it requires me to be across the legislation and the immense amount of change that is occurring as a result of the introduction of the NDIS.

Unfortunately, there remains a high level of vulnerability and risk for people living in supported accommodation, and the potential for abuse, neglect or lack of quality service provision. Referring matters to the Ombudsman or the NDIS Quality and Safeguards Commission is also a part of the role. These agencies have the power to ensure that complaints about service provision or poor practice are thoroughly investigated, and appropriate moves are made to address any deficits. OCVs can be the starting point for complaints when significantly poor practice or breaches of obligations occur.

The OCV team at the Ombudsman's office supports us in the field. From the day of appointment, there has been a team of people to approach to answer questions or clarify issues. Because OCVs come from all over the state and a range of very different backgrounds, I was intrigued to meet my new colleagues at induction. The diversity of the OCV group made for some very interesting discussions as each person brought something different from their experience. The level of passion and commitment to the role was evident.

I was assigned a number of houses to visit across a wide area of Northern NSW. My first task was to introduce myself to the managers of the services. While some services had a history of OCVs visiting their accommodation, there were also some that had not received a visit for a few years. They did not know what having an OCV allocated would mean for them or for the residents living in their care. This provided an opportunity for a discussion on the role and to let people know about the OCV scheme.

I was surprised to find that many of the houses I visit are purpose-built to accommodate people with disability, including space for staff support. Some of the designs are ideal and the people living in them have ample personal space as well as communal areas. The houses blend well with the community environment and offer much better accommodation than previous large congregate care facilities, which I used to visit many years ago. However, a change to bricks and mortar is only part of the answer. Critical to the wellbeing of the residents is the support and care that is provided. While the people I visit are now given the opportunity to choose providers under the NDIS, many residents may not be good self-advocates and they rely on others to assist them in choosing the supports and activities that can be funded through their NDIS plan. At times, there is variance between what people have been able to secure as supports. I visit people who have similar disabilities and levels of functionality, who have very different support structures built around them.

I visited a house where the service manager made herself available to answer any questions I had and to support me to use their electronic client information system. After providing the information, she said she wanted to thank me for the report I had written on another house in their service cluster. She noted that the issues I had raised and the questions I had asked in my report had provided them with a completely different perspective on approaching the support of one of their residents. She noted that the supports they had in place were very much provided from a position that 'protected and isolated' their client and did not allow him the dignity of taking some managed risks and expanding his options. She described it as a 'light bulb moment' in managing the care and support for this person. A team of specialists are now working with the resident to review his case plan to see how they can better support him to have more freedom and choices.

I visit another house in northern NSW where four women with intellectual disability live together. It is a purpose-built house, and each resident has their own bedroom, bathroom, sitting area and small kitchenette. Most meals are communally prepared and served in a large kitchen and dining room, with each resident's kitchenette providing them the space to do individual food preparation. The ladies love their 'apartments' and were so proud to show them to me when I visited. Sewing samplers, art pieces and family memorabilia are

on the walls, and each resident has put her own stamp on furnishing and decorating. The women have separate activities in the community each day of the week and on the weekend there is a mix of things happening – sports, picnics, choir and fishing. We sat at the dining table and chatted about what it was like to live in this house. It was clear that the women had been well-matched, and they enjoyed each other's company. It was great to see how the staff in the house are able to support the individual needs of each of the residents but also enable them to develop their own interests and communal living relationships.

However, many of the homes I visit have residents who do not get along together. It is not unusual for people to complain about their housemates and to ask for support to change their accommodation or situation. As an OCV, I don't promise any outcome, but I undertake to bring the issue up in my report and ask questions about how the relationships are being managed. If there is potential for harm or abuse between residents in a house, my role is to point that out and ask how it will be addressed. Incidents of potential and actual harm are sometimes brought to my notice, and in these circumstances I have contacted the OCV team for guidance and support.

**WHEN I TELL PEOPLE WHAT I DO, THEY ARE ALWAYS PLEASED TO HEAR THERE IS A SCHEME THAT HAS THE PURPOSE OF GIVING PEOPLE WITH DISABILITY A SAY IN HOW THEY LIVE THEIR LIVES.**

I find people are very interested in how people with disability have been able to be more integrated into community environments and they are pleased to hear about the protections that are afforded by the OCV scheme.

I have been in the role for about six months now. I am still learning and gaining confidence in the capacity this role has to actually bring about change; therefore, I am careful and vigilant. My representation of a person's needs may be the strongest voice they have. I am also very aware that when I visit I am sometimes the only visitor that some people have, and so a game of Connect Four, a chat and a cup of tea with someone new can be the highlight of the day – for them, and for me.

## Reflections of an experienced Community Visitor



**By Bart Yeo,  
Official Community Visitor**

As I near the end of my second term as an OCV, I am reminded of the privilege that I have had to be able to engage with the residents in the group homes that I visit. I am

humbled by their acceptance of me, and their willingness to share their lives with me.

From their activities at day programs, community access, or their interests in gardening, art, travel or contact with their families, every shared moment has added to my experience in life and my capacity to support people living in supported accommodation.

**THE ABILITY TO COMMUNICATE WITH RESIDENTS AND OBSERVE THE ENVIRONMENT IN WHICH THEY LIVE HAS ASSISTED ME IN MY ROLE AS OCV TO IDENTIFY IMPROVEMENTS THAT ARE NEEDED. THIS, IN MY EXPERIENCE, IS THE UNIQUE AND VALUABLE ASPECT OF THE ROLE OF OCV.**

Much has been said and acknowledged that OCVs act as a voice for those who do not have one or are afraid to raise concerns for a variety of reasons. I think the OCV's role is more than being a voice for people living in supported accommodation – it is also a powerful way to show that the issues affecting people on a daily basis can be handled with respect, and resolved quickly and easily. It is also about giving residents the opportunity to participate in decisions that affect their lives in a meaningful manner with the support required.

In my visits, I have seen improvements in practices and outcomes for residents. For example, as a result of the issues raised in my

reports, a provider supporting a resident with epilepsy made improvements to his furniture and fittings to ensure that he did not continue to be injured when experiencing a seizure. I have also focused on, and seen improvements for residents in, the availability and regularity of holidays, and better assessments and processes for matching residents in accommodation settings.

**SEEING IMPROVED OUTCOMES FOR RESIDENTS HAS BEEN THE CORNERSTONE OF MY VISITING EXPERIENCE.**

I feel a great sense of achievement when I see positive change from issues that I have raised, including residents being supported in their desire to eat better, reduce their weight, go to the gym, have a walking regime, or attempt a reduction in their consumption of cigarettes. It makes my role as an OCV much more meaningful.

**RESIDENTS HAVE TOLD ME THEY HAVE BENEFITED FROM MY VISITS, AS THEY FEEL THEY COULD TALK TO ME AND THIS MADE THEM FEEL RESPECTED AND VALUED AS PEOPLE.**

They appreciated that someone cared enough to visit them, especially residents whose family do not visit often and who don't have others to help them to speak up. Residents say they feel safer and more confident that they can tell someone 'if things are not ok at home'.

A key part of my role has involved meeting regularly with my OCV colleagues through our regional group. These meetings have provided an avenue to exchange and share ideas, as well as raise concerns for further discussion and action. This is an important opportunity, as the role of OCV can be somewhat lonely, especially for OCVs like me living in regional areas. I believe the OCV scheme works well because OCVs come from a variety of backgrounds, interests and life experiences. I think we share core values that



uphold the work we do – respect, empowering choice, and being a voice for people who need that extra bit of support to be heard.

I have been regional convener for the Southern/Western region and found the collegiate support and opportunity to share concerns and positive outcomes a valuable experience. The functions of an OCV and the information that I have been able to gather in my work has assisted the work of the Ombudsman, the Ministers responsible for the OCV scheme, and the community services sector as a whole. I feel that I have been able to speak out in a way that is not available to many, and to raise issues about service delivery, challenges and best practice initiatives on behalf of a group of people that could easily have been overlooked – people with disability and young people living in residential care.

I would like to acknowledge the important and valuable role the OCV team in the Ombudsman's office plays in supporting OCVs. The OCV role is a unique one, and it would be difficult to manage without the administrative assistance and operational advice provided by the OCV team. It is through the team's commitment and professional support that my role has been achievable.

I also acknowledge the staff who work tirelessly supporting people living in care and commend them for their commitment and professionalism towards the people they are supporting. Most service providers have appreciated a visit from me as an OCV. They say they want to remain accountable to their residents and to provide care that meets the needs of residents and by having me visit as an independent monitor it allows that to happen. I think this is an important attitude to have.

With the roll out of the NDIS, I hope that the role of OCV remains an integral part of the safeguarding arrangements. The ability to communicate with residents in their homes and to discuss their concerns face to face cannot be underestimated. I believe this is the 'humanness' the OCV scheme can provide to people living in supported accommodation.

As I close this chapter in my book of experience as an OCV, I wish future generations of OCVs the very best in their engagement with the residents they visit.

## Voice of residents living in visitable services

My name is Helene. I am 46 and I live with four other housemates in Deniliquin. Deniliquin is a town in the Riverina region close to the border with Victoria. It has a population of about 8,000 people. It is known as the home of the 'Deni ute muster'. That is always a fun time to be in town.

I use a wheelchair to get around because of my scoliosis. I love living where I live and the people that I live with. I enjoy watching all the things that go on in my house, with my staff and my housemates. I also enjoy looking after myself, and people tell me that I have beautiful, thick glossy hair.

I have been a bit upset lately, as I have not been able to be an active part of the household shopping trips. The local supermarket did not have any wheelchair trolleys for me to use, which meant I couldn't do the grocery shopping. Marg, the OCV who visits me at my home, spoke to the house staff about this problem. My house staff approached the local IGA about getting a wheelchair shopping trolley brought in so that I could use it. After this chat, the local IGA said they were very happy to do so and a wheelchair shopping trolley was bought for me to use!

I am now able to do the shopping just like anyone else.



**Marg, OCV** – One of the special things about this story is that Helene relies on enteral nutrition and is unable to ingest food orally. In my experience as an OCV, a lot of services would not have thought to take Helene shopping because of this, however her service provider did.

I commend the staff at this house and the local IGA supermarket. Helene is now enjoying doing the shopping and having people come up to her for a chat when she is in the supermarket and out on the street. Helene is more confident and comfortable in her community, she feels valued, and always has a smile on her face when she is out.

**- Written by Helene Nohrenberg with the help of OCV Marg Stevens**



# Summary of activities and outcomes

## Visiting services

This year, there was a 10% increase in the number of services allocated to be visited (1,492) in comparison to last year (1,356). This was due in part to a 14% increase in the number of visitable locations overall (1,975).

The OCV Team at the Ombudsman's office prioritises and allocates visitable services to Visitors, and allocates most services two visits per year (each visit equates to three hours). In recognition of the heightened vulnerability and risks to residents in some environments, more visits are allocated to services for children and young people, and to services with residents with complex or high medical needs, and assisted boarding houses.

## Number of services allocated for visiting

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

This year, the number of allocated services was slightly lower, at 76% of all visitable services. This was due to a range of factors, including

that a number of OCVs came to the end of their visiting terms; the OCV team conducted two separate rounds of recruitment for new OCVs; and there was an increased number of new visitable services.

## Number of visits and visit hours

In 2017-18:

- OCVs completed 8,020 of their allocated visit hours, a 5.4% increase on the visit hours completed last year (7,612)
- OCVs undertook 3,018 visits, an increase of 4.6% on visits undertaken last year (2,884).

## Visitor numbers

At the beginning of the financial year, there were 39 OCVs. During the year, five OCVs left the scheme after reaching the end of their second three-year appointment, and two left at the end of their first three-year term. Five OCVs left the scheme prior to completing their full-term.

The OCV team commenced recruitment in early 2018 and recommended the appointment of 12 new people to the role from across the State. Following their induction to the scheme, the new OCVs began visiting in November 2018.

**Figure 3:** Number of services allocated for visiting – three year comparison

Year	2015-16	2016-17	2017-18
Number of services allocated	1,298	1,356	1,492
Total number of services (registered on OCV Online)	1,531	1,625	1,975
% Visitable services allocated	84	83	76

**Figure 4:** Number of visits made by OCVs – three year comparison

Service type	No. of Services			No. of Residents			No. of Service Hours			No. of Visits		
	15/16	16/17	17/18	15/16	16/17	17/18	15/16	16/17	17/18	15/16	16/17	17/18
Disability supported accommodation	1,310	1,357	1,660	6,601	6,603	7,591	6,574	6,813	5,889	2,456	2,150	2,215
Residential OOHC	202	249	297	540	631	740	1,893	1,602	1,934	618	670	740
Assisted boarding houses	20	19	18	369	353	294	204	197	197	78	64	63
<b>Total</b>	<b>1,531</b>	<b>1,625</b>	<b>1,975</b>	<b>7,510</b>	<b>7,587</b>	<b>8,625</b>	<b>8,671</b>	<b>8,612</b>	<b>8,020</b>	<b>3,152</b>	<b>2,884</b>	<b>3,018</b>



### Critical communication

The OCV had been visiting a house of four residents for nearly two years and had developed a friendly relationship with three of the residents. The OCV asked the house manager about how to effectively communicate with the fourth resident, Raymond. Raymond did not communicate verbally and spent most of his time alone watching movies. The OCV was told that Raymond pointed to pictures and was able to express his preferences for yes and no. When the OCV asked staff whether Raymond had a communication assessment, they were unsure.

The OCV reviewed Raymond's file and found a speech pathology report that had been prepared seven months earlier. The report made a number of recommendations, including the need for face-to-face work, the development of tailored communication resources, training for staff and family in the use of the resources, and further assessment of Raymond's ability to use Augmentative and Alternative Communication (AAC) technology to build his expressive communication skills.

The OCV could not find evidence that the provider had taken any action on the recommendations. The house diary did not identify any relevant follow-up appointments for Raymond over the next six months. When reviewing Raymond's NDIS plan, the OCV also found that one of his three goals was to receive speech pathology support to enhance his capacity to interact with friends and use social media. The OCV could not identify any progress on this goal either.

The OCV raised the issue in her visit report and sought information on the actions that were being taken to support Raymond and to implement the recommendations of the speech pathologist and his NDIS plan. The service provider confirmed that no action had been taken, and advised that senior management would look into the matter immediately.

Following the OCV's visit report, the service booked further speech pathology appointments; key staff received training on AAC technology; Raymond's daily routine now included two 1:1 sessions each day on the use of his iPad; and the service was intending submissions for the purchase of AAC technology pending further input from Raymond's speech pathologist.

FOR RAYMOND THIS WAS THE BEST THING THAT HAD HAPPENED IN A VERY LONG TIME – IT MEANT HE COULD COMMUNICATE WITH HIS HOUSEMATES AND START HAVING A REAL VOICE IN HIS DAILY LIFE.

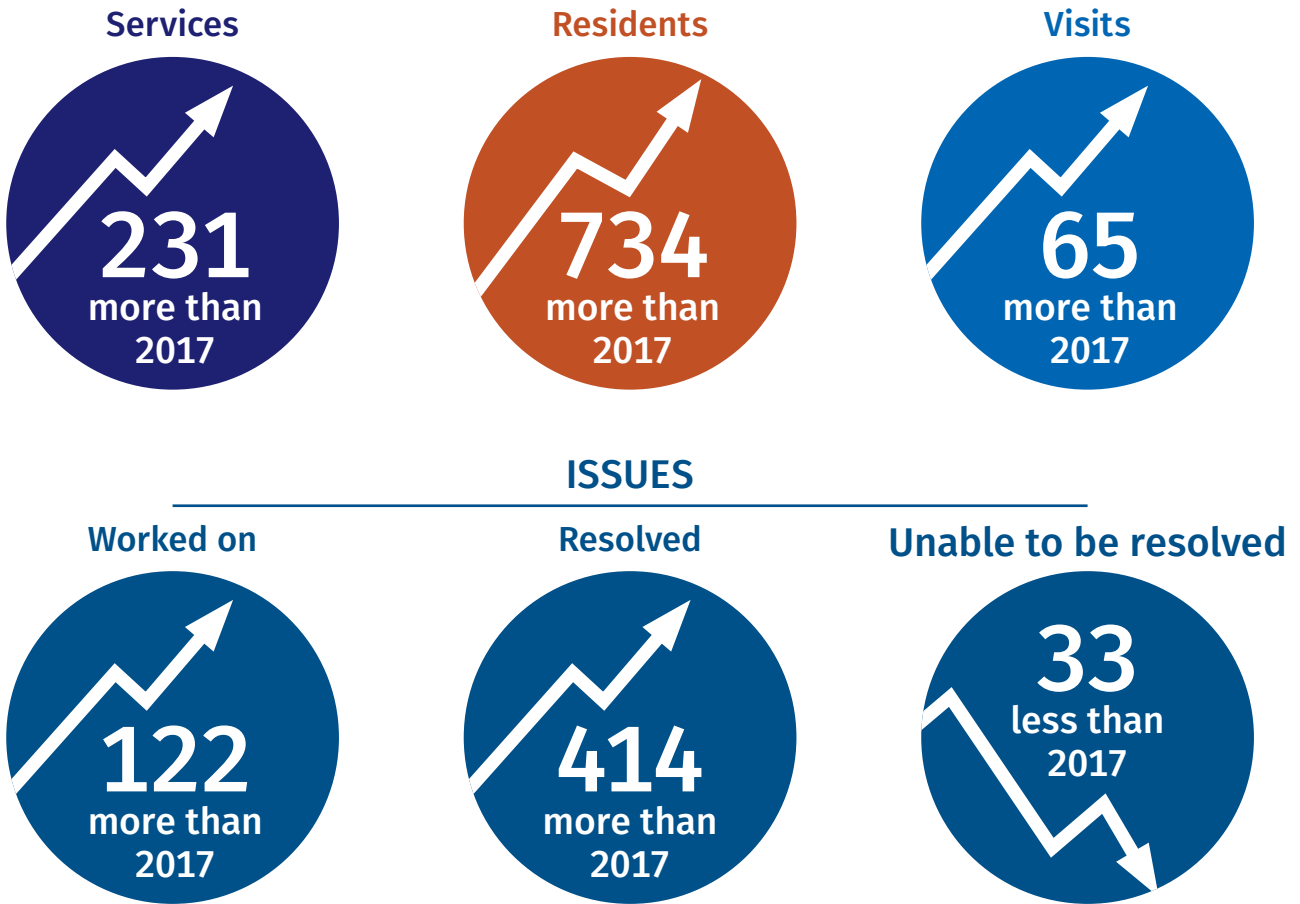


# Outcomes for residents

## Services for adults with disability

In 2017-2018, there were **1,660** visitable supported accommodation services for adults with disability, accommodating **7,591** residents.

OCVs made 2,215 visits to disability services and worked on **3,584** issues of concern. They reported that **1,977** issues (55%), had been resolved. OCVs are continuing to monitor the action taken by services to resolve **503** (14%) issues of concern.



**Figure 5:** Data For visitable services for adults with disability

	Number
Services	1,660
Residents	7,591
Visits	2,215
Issues worked on	3,584
Average no. of issues per service	2.2

**Figure 6:** Outcome of issues raised by OCVs

	Number (%)
Resolved	1,977 (55)
Outcome unknown	36 (1)
Issues unable to be resolved	335 (9)
Ongoing (open)	503 (14)
Ongoing (closed)*	733 (21)
<b>Total</b>	<b>3,584 (100)</b>

## Major issues raised in 2017–18

This year, OCVs most commonly identified and reported the following issues in disability supported accommodation services:

### Issue 1

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

**351**

### Issue 2

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

**271**

### Issue 3

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

**233**

### Issue 4

Identified health, medical, dental, optical, auditory, nutritional, psychological and/or development needs were not addressed

**170**

### Issue 5

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

**168**

**Figure 7:** Type of issues raised on behalf of residents

Issues classification	No.
Individual resident development	955 27%
Safe and supportive environment	736 21%
Resident health care and/or personal care	633 18%
Accommodation environment	536 15%
Social independence of residents and participation in community life	325 9%
Service governance	189 5%
Management of resident finances	81 2%
Complaints and feedback	67 2%
Residents are free from abuse and neglect	48 1%
Contact with police	14 0.4%
<b>Total: 3,584 issues (100%)</b>	

## Official Community Visitor message



**By Carmel Hanlon,  
Official Community Visitor**

My role as an OCV began almost two years ago with a steep learning curve as I suddenly learnt what life was like for people with disability living in my community. I thought I had

an idea of what to expect when I took up the OCV role, however it was a different story when I started visiting. After an extensive induction process, I was keen to get out there and start to be the eyes and ears of the community, and to get to meet the residents.

As I nervously approached my first visit, I felt I was as green as grass and had so much to learn. The first house I visited was a large, old red brick building, clearly built mid last century with windows secured with heavy duty security screens. There were many other similar buildings surrounding this block, all sitting empty and in disrepair. I approached the door, rang the doorbell and held my breath. Happily, once inside I could not have been more surprised to find that within these large red brick walls there was a courtyard of freshly mown green grass, flowers, gardens, BBQ's and picnic settings. Residents immediately came to greet me, some ignored me, and others continued on with their business at hand. I could see that the façade of the building hid a welcoming space.

After my first two visits, I began to realise that most of the residents who lived in this house had lived in an institutional environment for most of their lives, some from the time they were infants. It was also clear that the majority of staff employed there had worked in a large residential centre setting for most of their careers. This was surprising to me, but as I continued to visit and I got to know staff and residents, I learned that this had its advantages and disadvantages.

An example of this was when I observed one young woman, Mandy, pacing the floor and looking frustrated. I tried to have a chat with her but she was not interested. I went to look at her client file to get a better sense of what was happening for her. In particular, I looked at what sort of activities Mandy was engaged in, and to see if she had any outings planned. The first thing

that I noted was that she had not left the unit for over three weeks. I raised this with her key worker, who told me that Mandy was not going out at the moment, as she had an anxiety attack on her last outing, which had resulted in an upturned shelf in a shop and great distress to her. When I asked to see how Mandy was being supported through this incident, the key worker told me that she had worked with Mandy since she was 13 and knew how she feeling and that nothing could be done to support her other than to keep her at home. I pointed out that Mandy's behaviour support plan did not mention that this action should be taken when such an incident occurred. I asked whether there were other options to support Mandy to learn coping skills to deal with such future scenarios. I wondered whether the staff member's familiarity with Mandy had led her to draw her own conclusions, which were not based on fact or considered support options and were hindering Mandy's opportunity to learn and grow.

This is just an example of the kinds of issues that I see in these settings, when staff and residents have known each other for a long time. Rather than make a considered decision based on all of the evidence available, a decision is made by staff that they think best suits the resident's wishes. It can be frustrating for me as an OCV when I am trying to effect change in these areas.

**IN MANDY'S SITUATION, AS WITH MANY OTHERS, CHANGE RESULTED FROM ME AS AN OCV RAISING THE MATTER WITH SENIOR MANAGERS. FROM MY ACTION, MANDY HAD THE OPPORTUNITY TO GO OUT SHOPPING WITH A FAMILIAR STAFF MEMBER TOGETHER WITH HER SOCIAL ACTIVITY PROVIDER. THE OUTING WAS SUCCESSFUL, AND SHE CONTINUES TO ENJOY SUPPORTED ACCESS TO THE COMMUNITY.**

On the other hand, there is also the positive side to when staff have supported residents for many years. On one visit to a group home, I observed a gentleman named Daniel who had been crying and calling out at the time that I entered his home. I watched discreetly, as staff gently comforted him and directed him to the lounge so they could have a chat. I spoke to the house manager after Daniel was settled and she told me that staff had been working with Daniel for over 15 years and during the recent death of his mother had been able to provide support and comfort to him. They had all known Daniel's mother and were also sad at her passing. They knew that Daniel had relied on visiting her in her nursing home and was missing his mum very much. Daniel was calmed by being able to sit with a staff member on the lounge as she talked about his mother as a lifelong friend, which in many ways she had been.

Staff and residents having known each other for long periods is a particular trait of large residential centres. It is often not the same in other types of disability supported accommodation settings – there is not always long-term staff, and residents come from more varied backgrounds of support. Many have come from living with mum and dad for many years, or have moved from other group homes and accommodation locations. Recently, I have started visiting a number of new supported accommodation houses that have residents who have moved out of large residential centres. From the changes brought about by the devolution of large residential centres and the NDIS, these residents have started to live in neighbourhoods in the community. Group homes in the community have been purpose-built, ensuring that residents' physical needs and wellbeing are met by their surroundings and built-in supports.

IT IS HEARTENING TO SEE RESIDENTS CHOOSE THEIR OWN FURNITURE, PICK THE COLOUR OF THEIR BEDROOM WALLS, CHOOSE WHAT ART AND PERSONAL ITEMS TO DISPLAY,

and learn to cook their own meals, hang out their own washing, and participate in other such simple tasks that I have taken for granted all my life. It is good for me as an OCV to see the pride residents take in being able to do their own things.

Of course, there are also issues in group homes. I am often raising concerns relating to freedom of choice; in particular, the choice of outings in the community. I think it limited and unreasonable that the only outing someone has is a regular meal at McDonald's. I ask if there cannot be a discussion with the resident about alternative, and perhaps more stimulating options such as a walk along the foreshore, a bowling game, a swim or a movie.

Talking to residents and staff is my best tool. Taking the time to have a chat has been a huge help to me as an OCV. Residents are slowly getting to know me and often welcome me into their home. I enjoy the acknowledgement of outstretched hands when a resident recognises me, and welcome them sitting close by as I look at records or just watch and listen to what is going on in the house. It is in this space I often learn the most.

AS THE TIME HAS PASSED AND MY NERVOUSNESS HAS MOSTLY GONE, I AM GRATEFUL FOR THE OCV TEAM AT THE OFFICE, INCLUDING THEIR ASSISTANCE AS A SOUNDING BOARD WHEN THINGS COME TO A HALT IN RESOLVING ISSUES, AND IN BEING A GUIDING VOICE AS TO WHAT TO DO NEXT.

I am grateful for the rewarding, challenging and worthwhile role of OCV. I see it as a valuable safeguard for the people I visit and, as the world changes around us, I am glad that we as a community get to share our lives more and more with people with disability. I feel it is an enormous privilege to play my part as an OCV.

## Following the plan

The OCV reviewed some resident files during her visit and noted Jessica's mealtime management plan, which her speech pathologist had developed only a couple of months earlier. It outlined Jessica's support needs at mealtimes – primarily, that she needed her food cut into small pieces of approximately 1.5cm.

The OCV spoke to the accommodation team leader about Jessica's mealtime needs, and was told that Jessica easily ate pizza slices and garlic bread without needing it to be cut up.

The OCV expressed her concerns about this response and the possible serious consequences for Jessica of failing to follow her mealtime management plan. In the visit report, the OCV sought information about the training provided to staff on implementing mealtime management plans and how the service ensured compliance.

**SERVICE MANAGEMENT SUBSEQUENTLY ADVISED THAT THE OCV REPORT HIGHLIGHTED THE NEED FOR SPECIFIC TRAINING AND REINFORCEMENT FOR STAFF ON THE CRITICAL NEED TO FOLLOW RESIDENT PLANS.**

The house manager arranged for the speech pathologist to attend the next team meeting to re-train staff in Jessica's mealtime management plan, and advised that the service would further address the issue through individual supervision sessions for each staff member.

## Providing a safe and supportive environment

Amanda lives in a group home with others, and a new resident recently moved in. At first, everything went well and everyone was getting along.

Gradually, the circumstances and dynamics at the house changed and the new resident started to become aggressive towards staff and other residents. On chatting with the OCV during a visit, Amanda said she was unhappy living at the house because of the changes and felt she had to lock her room to keep her belongings safe.

While the service provider had implemented strategies to try to cater for the needs of the new resident, it was not evident how it was seeking to meet the needs of all the residents.

The OCV raised the issue in her visit report. The service undertook risk assessments and implemented new processes to address the concerns. However, after allowing time for the new processes to come into effect, Amanda told the OCV that she still felt unsafe and unhappy in her home.

The OCV asked staff what they thought about the situation and why it may not have been working. Staff indicated that the new resident had entered the house as an emergency placement on a short-term basis, and the client matching process had not been followed. In her visit report, the

OCV again raised the issue about the care needs of the other residents in the house, and restated Amanda's concerns about her safety at home.

The service consulted all of the residents about how they were feeling, and what they would like to see change, and provided options for resolving the issues.

**A FEW MONTHS LATER, THE OCV VISITED AMANDA AT HER NEW HOME. AMANDA TOLD THE OCV THAT SHE WAS HAPPIER AND FEELING A LOT LESS STRESSED.**

Amanda chose to relocate to another house in the service cluster, as she felt that a fresh start would be her best option. She had been to see the house that she would move into, had met her new housemates, and felt that it would be a good match for her. The new house was also located closer to the shops and the community college that she attended. She was enjoying more freedom in her new accommodation and was able to participate in more activities. Amanda told the OCV 'this feels like home for me.'

## A homelike environment

An OCV visited a house that accommodates three people with high medical needs. The premises is also considered the 'head office' for a cluster of supported accommodation houses, and all staff come to this house at shift changeover times and when they need to see the team leader. During her visit, the OCV noticed that, while there were many staff in the house, only a few were rostered on to provide support to the residents.

While the OCV was in the hallway, she could hear a resident, Wayne, calling for attention. Wayne called several times, but the number of staff and concurrent conversations meant that no one heard Wayne's call. Wayne was in his room, lying in bed. He wanted to go to the bathroom but needed support to get from his bed to the bathroom.

The OCV alerted staff to the situation and Wayne was provided with support. The OCV expressed concern that Wayne was not able to get support when he needed it, and raised the issue in her visit report.

The service response was immediate. Residents were supplied with a device they could use to alert staff when needed. Staff were directed to

keep noise to a minimum when in the house, and on-duty staff were to make sure they were close by and available to hear residents during shift changeover times. Resident bedrooms would have their doors ajar during these times, unless they required privacy.

While this response assisted with the immediate issue, it did not address the underlying problem in the house. The house was being used as a centre of activity for the cluster, making it more like a workplace than someone's home.

**THIS SCENARIO HIGHLIGHTS THE IMPORTANCE OF THE ROLE OF THE OCV, WITH THE FOCUS ON THE RESIDENT AND THEIR PERSPECTIVE.**

Work continues to be undertaken to resolve this issue.

## Maintaining psychological support

Andrew lives in a group home with three other men. He enjoys going to work and spending time with his family, especially his nephew Matthew.

Andrew has had a traumatic past and has several mental health concerns. While he is very independent in his day-to-day life, he needs support to manage his emotions, anxiety and phobias. Andrew goes to regular therapy and counselling and receives support from the community mental health team. Group home staff support Andrew to attend his appointments, and to engage with services as needed.

During a visit, Andrew told the OCV that he had an altercation with his psychologist. He had sworn at her and she said she was not willing to see him again. Andrew was anxious that without the support of a psychologist, he would start to become unwell. Andrew said he was nervous about asking for help from the group home staff in case he got into trouble for swearing at the psychologist.

**THE OCV RAISED THE ISSUE ON ANDREW'S BEHALF IN HER VISIT REPORT.**

Service management advised that they were aware of the issue, and the team leader thought that there was little she could do to change the psychologist's decision. After discussion with the OCV, the team leader undertook to speak with Andrew, and advocate on his behalf with the psychologist and her service. After a few weeks, the team leader advised the OCV that the issue had been resolved and a new psychologist had been found to support Andrew.

On the next visit to the house, Andrew confirmed that he was seeing someone else, and was happy with the new arrangement. The OCV was satisfied that the issue had been resolved and that all parties had played a role in achieving a positive outcome.

## Appropriate financial management

Jodi lives in a group home with two other women. She has an intellectual disability and needs support to manage all aspects of her daily life. She enjoys socialising with peers, listening to music, and dining out. As Jodi doesn't understand the value of money, she needs support to buy things and to manage her finances.

During a visit, the OCV checked Jodi's financial records and noted that there was an entry stating that Jodi had 'loaned' \$80 to another resident. The OCV was concerned that Jodi did not appear to have the ability to make an informed decision to lend other people money, and it was not evident that appropriate controls were in place for the management of petty cash at the group home. The OCV had a chat to Jodi during the visit, but Jodi was unable to comment on the use of her money as she did not understand the issues. The OCV raised the matter in her visit report and sought information from the service about what had happened.

The service advised that the money had been used for another resident who urgently needed money for an outing, and there was not enough

time to go to the bank. The service acknowledged that this action was inappropriate. As a result of the OCV's enquiries, the service provider reviewed and strengthened its procedures on the management of residents' finances. The service brought in greater accountability, including requiring more senior staff to sign-off the use of petty cash, and providing more support to residents to manage their funds.

**DURING THE NEXT VISIT, THE OCV COULD SEE THAT THE MATTER WAS RECORDED AS HAVING BEEN DISCUSSED AT A STAFF MEETING**

and that the new procedures had been reinforced with all staff. The OCV also observed more accurate financial records in the group home and noted that the \$80 had been reimbursed to Jodi. The OCV was satisfied that the matter had been resolved.

## Acting to remove restrictions

Megan shares her home with four others. She previously lived in a large residential unit for many years. Megan moved into this house in the community with people she already knew.

Since the move to her new home, Megan and her housemates have experienced a new way of life. They walk throughout the neighbourhood, have met with neighbours, go shopping, participate in outings, and have a range of activities to do at home. At home, Megan enjoys music and can choose to sit in the quiet living area with her music on, use the sensory room, sit with others in the main living area, or be in the back garden. Megan likes lying on a blanket in the sun.

She also likes to put things in her mouth. On occasion, Megan tears up pieces of her continence aids and places them in her mouth. For this reason, the service had decided that Megan should wear restrictive clothing. This decision formed part of her behaviour support plan and had been a long-term practice.

The OCV was concerned that some of Megan's clothing did not look dignified for a person of her age. It appeared that all of Megan's clothing comprised one-piece jumpsuits and involved several layers of undergarments.

The OCV reviewed documentation and found that there was no current authorisation or consent for the use of the restrictive clothing. The OCV was unable to determine how frequently Megan had been trying to put things in her mouth; staff told her that they could not recall Megan putting items in her mouth in the recent past. On the rare occasion that she had done this, staff had asked her to remove it, and she did so without question. Staff had supported Megan with this issue by providing closer supervision and working with her.

After receiving the OCV's visit report, the service started logging data on how often Megan placed items in her mouth or tried to access the continence aids she was wearing. At the same time, the service worked with Megan to buy clothes that were age appropriate, and which



Megan was involved in choosing. Professional assessments were undertaken to review Megan's support needs, including a sensory assessment.

When the OCV followed up with the service, she was told that there had been very few incidences of Megan putting non-food items in her mouth. Megan had participated in buying sensory items that would provide her with the sensory input she was seeking. A behaviour support plan had

been developed and was implemented to support Megan with her daily activities, and Megan was now involved in things she enjoyed. She was now eating a 'sensory diet', and was supported with supervision and prompts to minimise the risk of her placing non-food items in her mouth. Megan's wardrobe had also substantially changed and the authorisation for the remaining clothing restrictions was time-limited, with fade-out strategies.

## Unintentional consequences

During a visit to a group home, the OCV noted a number of locks in the kitchen area. The fridge and freezer had locks, as did many of the cupboards.

From discussions with staff, the OCV found that the locks were not used, had not been used or required for several years, and the service had no intention to use the locks at any time in the near future. However, the type of locks used gave the appearance that the fridge was locked even when it wasn't, and may have indicated to residents that the fridge contents were not accessible to them.

The OCV raised concerns in his visit report, identifying the potential unintended consequences for residents of having locks on cupboards and the fridge, even though they were not being used.

## THE OCV ASKED THE SERVICE TO CONSIDER THE VISUAL CUES

and whether they were subtly reinforcing the perception for residents that the locks could be used at any time and restrictions applied. The OCV was also concerned that staff, residents and visiting family members and friends may have the same perception.

In response, the service removed all of the locks in the kitchen and reported that the residents had commented that the kitchen looked much more inviting.

## Living at home with dignity

An OCV visits a group home with four residents. Two of the residents, Denise and Sharna, have lived together for 30 years and are in their mid-60s. Two other residents, Kayla and Yvonne, moved in several years ago and are much younger. Despite differing personalities and support needs, the women live together really well.

Denise and Sharna enjoy a close friendship and can often be found sitting together watching TV. Denise has had longstanding difficulties maintaining a healthy weight and the service has found it difficult to support her with this. They have engaged dietitians and nutritionists to develop plans to help Denise keep adequate weight on. Denise is very active and spends a lot of time dancing in the house. She also enjoys going out to her local café or going for walks at the nearby riverside park.

Denise lost a lot of weight after a recent illness and the service started talking about her moving to an aged care facility. Denise was taken to two

different facilities, and on both visits she clung to the worker supporting her on the visit, making it clear she did not want to go into either of the residences.

The staff at the house and Denise's GP opposed her moving into aged care and argued that she would be better supported in her current accommodation, living with her friends in familiar surroundings. The GP sought the assistance of a specialist dietitian and Denise began to gain weight again.

The team leader of the house spoke to the OCV about the proposed move for Denise, and the OCV met with management of the service to discuss the issues. Service management was concerned about Denise's ongoing wellbeing and health and felt that they could not support Denise to maintain a healthy weight while she was living in the house. They thought that specialist aged care would better suit her needs.

The OCV sought information from the service about the action it had taken to consider the impact of breaking up the long-term friendship between Denise and Sharna, and the evidence it was relying on to indicate that the move would

better meet Denise's needs. In response, service management agreed to Denise staying. She is still living happily in the house and dancing in the lounge room.

## Street smart

An OCV visits a service location that comprises several houses within a large public park. As well as the accommodation onsite, there are several administration buildings and the premises of a private organisation. The park is also a popular 'short cut' for locals who use the internal roads to bypass the main road.

The residents who live in the accommodation have a range of support needs, and many enjoy the freedom to walk around the grounds.

The OCV was told that a number of residents had almost been involved in accidents with cars passing through the park. As a consequence, the service had restricted the ability of the residents to walk around the grounds without staff support. On days when there were staff shortages, residents missed out on their walks altogether.

In her visit report, the OCV raised concerns about the large number of cars that were driving through the grounds as a short cut, making deliveries to the accommodation, or going to the other business onsite. The OCV raised the issue of resident rights, including the restrictions that had been placed on residents without discussion and because of the poor driving and lack of care by others.

In response to the OCVs visit report, the service proposed putting high visibility vests on the residents when they went out for their walks.

The OCV questioned whether this was the best solution, noting the importance of maintaining residents' dignity, identifying that other drivers could mistake the resident for a delivery or tradesperson and assume a level of traffic awareness that the resident may not have, and noted that this proposed remedy would not address the key issue of driver conduct.

A meeting was subsequently organised between the local council, the Roads and Maritime Service and the service provider. It was agreed that 'slow down' signs would be installed, as well as signs that indicated the speed at which a vehicle was travelling at key sites throughout the park.

**THE OCV HAS BEEN MONITORING THE SITUATION OVER MANY MONTHS AND IT APPEARS THAT THE RISK MITIGATION STRATEGIES ARE WORKING.**

On her visits, the OCV sees residents walking around the park enjoying their space, with the risk to their safety more appropriately managed.

## Managing fire safety risks

An OCV visits four residents who live in a small village in a rural area. They have an active life. The village they live in is not close to any emergency services, such as hospitals, ambulances or fire brigades. The house is a timber structure and, in light of significant bushfires in the area, the OCV considered the safety risks that the house might pose. Of further concern to the OCV was that the house had only one staff member rostered on during the evening shift.

After a visit, the OCV sought information from the provider about fire drills. She had a discussion with a resident at the time of her visit who was unable to explain the fire evacuation process when the matter came up in conversation. In response to the visit report, the service provided a comprehensive fire evacuation plan, complete with meeting points and processes to alert emergency services. Fire drills were being practised by staff and residents, but perhaps not as regularly as needed.

At the next visit, the OCV raised the issue with staff on duty. She asked about how the residents, who have mobility issues, would manage to move to the outside meeting point, with only one staff member on shift in the evening.

Following further concerns raised in the OCV's visit report, the service provider reviewed its fire safety procedures and acknowledged that it had not addressed specific issues for each resident. The service developed a Personal Emergency Evacuation Plan (PEEP) for each resident. The plans

identified if the resident could take evacuation action themselves or needed help, and what sort of help was needed. They consulted with the residents about the scenarios and were able to set up a plan that one resident would help another in the case of a fire emergency. The matter was added as a standing agenda item at staff meetings, and became a topic for the Sunday dinner table talk with the residents. There was also a commitment that the service provider would more closely monitor fire drills to ensure regular practice

## Working collaboratively

Five residents live in a house that an OCV visits. They enjoy living together and have a good relationship with staff.

One of the residents, Mallick, has ongoing challenges with his health, often contracting infections and requiring time in hospital. Despite his health challenges, he is happy living in the house and often tells the OCV about his activities and adventures when she visits.

On a recent hospital stay, the hospital discharged Mallick in the early hours of a winter's morning, after phoning the overnight staff member to come and collect him. The staff member was concerned about the early morning discharge, noting that the house was insufficiently staffed for her to leave the residents unattended to pick Mallick up, and the extreme cold weather that may exacerbate Mallick's already fragile condition. The staff member contacted the on-call manager for support. However, in the meantime Mallick was discharged from hospital, despite service requests for him to remain a few more hours to help support a smooth transition back home.

Mallick was subsequently readmitted to hospital 16 hours later with a respiratory infection.

The service spoke to the OCV about several instances where the local hospital had discharged Mallick earlier than the service believed was necessary. The service said that they felt they could not complain. The OCV raised the issue as a complaint to the Ombudsman's office. The complaints officer wrote to NSW Health about Mallick's pattern of discharge from hospital, often early and without consideration for his circumstances.

AS AN OUTCOME OF THE COMPLAINT AND FOLLOWING CONTACT WITH NSW HEALTH, THE SERVICE PROVIDER DEVELOPED A PROTOCOL WITH THE LOCAL HOSPITAL TO BETTER SUPPORT MALLICK DURING HOSPITALISATION AND ON TRANSFER OF CARE BACK HOME.

On a follow up visit, the OCV read that Mallick had several further admissions to hospital since her last visit and the care provided by the hospital had been much more tailored to his needs. The service had also engaged a registered nurse to be available on-call should Mallick require early intervention, helping to limit his time spent in hospital.

THE OCV, IN COLLABORATION WITH THE OMBUDSMAN'S OFFICE, NSW HEALTH, AND THE SERVICE PROVIDER WAS ABLE TO GET A POSITIVE OUTCOME TO SUPPORT MALLICK TO REMAIN HEALTHY AND WELL.

## Keep the music playing

An OCV visits a house with five residents – four men and a woman – all of whom have lived together for a considerable period of time. The female resident, Janice, lives in the rear of the house with a separate living area and a small patio that she can use. Janice enjoys listening to music and watching movies. Over the past couple of years, her hearing has diminished, and she chooses not to wear hearing aids. This means that when she plays music, it is turned up loud and it can be heard throughout the house. The volume levels have caused disagreements between Janice and two of her housemates who do not enjoy her taste in music.

After hearing about the issue, the OCV spoke with Janice about what had been happening. Janice said she was not happy about the situation, and did not want to upset her housemates. She spoke about her patio area and wanting to use that more when she listens to her music.

She complained that the area was not well maintained and she wanted to buy some garden furniture and have other work done like painting, so she could use the space to sit and listen to her music and that could help to minimise the disruption to her housemates.

The OCV raised Janice's concerns with the service provider through her visit report. The service responded by outlining its plan to work with Janice to get the best outcome. The service indicated that it would enclose the patio with glass windows, build a brick wall on one side, and install padded baffles to absorb noise. The service would also support Janice to purchase her own outdoor furniture to furnish the space.

**A FEW MONTHS LATER,  
THE OCV WAS SHOWN THE  
NEW SPACE BY JANICE.  
IT WAS A PLEASANT SPACE  
AND REFLECTED JANICE'S  
INTERESTS.**

It was also a space that could be enjoyed all year. The service informed the OCV that it had helped Janice to purchase headphones to use when listening to music and movies in her room, which would also help with minimising the noise levels and any disturbance to the other residents.

## Minimising adverse impacts on residents

An OCV visits a group home with five men who have varied support needs. Most of the men have significant behaviours of concern and some have had contact with police over the years. Three of the men have lived together for over 15 years; the other two residents moved in eight years ago.

All of the men have strong connections to their local community – either visiting the local café, shops, bank, GP or local park. Consistent and committed staff at the house have worked hard to develop support strategies that enable the men to have meaningful involvement in their local community.

The men live in a 1960s style two-storey building with small bathrooms, small bedrooms, and limited living space. The outdoor area has a large pool, which the men had previously used, but no longer. The outdoor area is currently only used by two of the residents, who use it as a smoking area.

The OCV noted that the house was run-down, had mould and damp in the bathrooms and laundry area, and there were accessibility problems. The service provider was very aware of the issues and indicated that the cost to repair the house to comply with current standards was high. As a result, the service decided to relocate the five men to another house several kilometres away. The new house was much smaller and was quite close to a main road and primary school. It would no longer be possible for the men to walk to the local shops and park. For one of the residents, having the school next door, with the associated noise, was going to be a challenge as he has a low tolerance for crowd noises.

The staff at the house, allied health and medical practitioners working with the residents, and the OCV, expressed concerns about the proposed move. The OCV acknowledged staff concerns that the residents were living in a location that was

comfortable for them and were active members of their community, and that any move would be detrimental to their wellbeing. Staff suggested that modifications to the current house would enable them to continue to live in their local community and enjoy the independence they had acquired.

## THE OCV RAISED CONCERNS IN HER VISIT REPORTS ABOUT THE IMPACT OF THE INTENDED MOVE ON THE RESIDENTS.

As the service continued to advise that it had made an economic decision and the five residents would have to move, the OCV escalated her concerns to the Ombudsman's office as a complaint.

### It pays to speak up

An OCV had been visiting a group of residents from the time they had lived in an assisted boarding house and now in their new purpose-built houses in the same town. The new accommodation had everything they wanted – excellent heating, large bedrooms, accessible bathrooms, and well-planned outdoor and garden areas.

Their new accommodation had open-plan kitchens, which meant that for the first time residents could have free access to make their own cup of tea. The houses provided a much greater level of comfort and homeliness to all who lived there.

On a visit, one of the older residents, Susie, came up to the OCV and said she had a problem with her bedroom window. She found it very hard to open and close. She complained about being cold at night because she couldn't close her window, and during the day it was too hot if it was closed. The OCV asked her if she had raised this with staff and she said yes, and they tried to adjust the window for her when she needed it. However, it remained difficult to operate and she was not able to control the airflow in her own room when she wanted to. Susie was reluctant to keep raising it with staff, particularly when some of the workers told her to just leave it closed.

The OCV asked Susie if she could take her to her room and show her the problem window. When the OCV tried to open the window, it was

After much consideration, the service decided against moving the residents and commenced a major renovation of the house.

The bathrooms in the house were made more accessible, the living area was opened up into an open plan living and dining area, and the kitchen was redesigned and renovated to make it more accessible. A separate smaller living area was also created to provide a separate space to relax.

The renovation of the house was well thought-out and designed to accommodate the residents with varying support needs, and enabled the men to remain active members of their local community. The residents are very happy with their newly renovated home.

extremely difficult and required a considerable degree of force to push it open. The OCV was then unable to fully close the window.

The OCV raised the problem of the window in her report and sought information on the actions the service would take to resolve the issue.

In response, the service recalled the building company to check the problem in Susie's room as the homes were still under building warranty. This led to the discovery of a systemic building fault in the windows of the new houses; all of the windows needed to be replaced and new operating mechanisms installed.

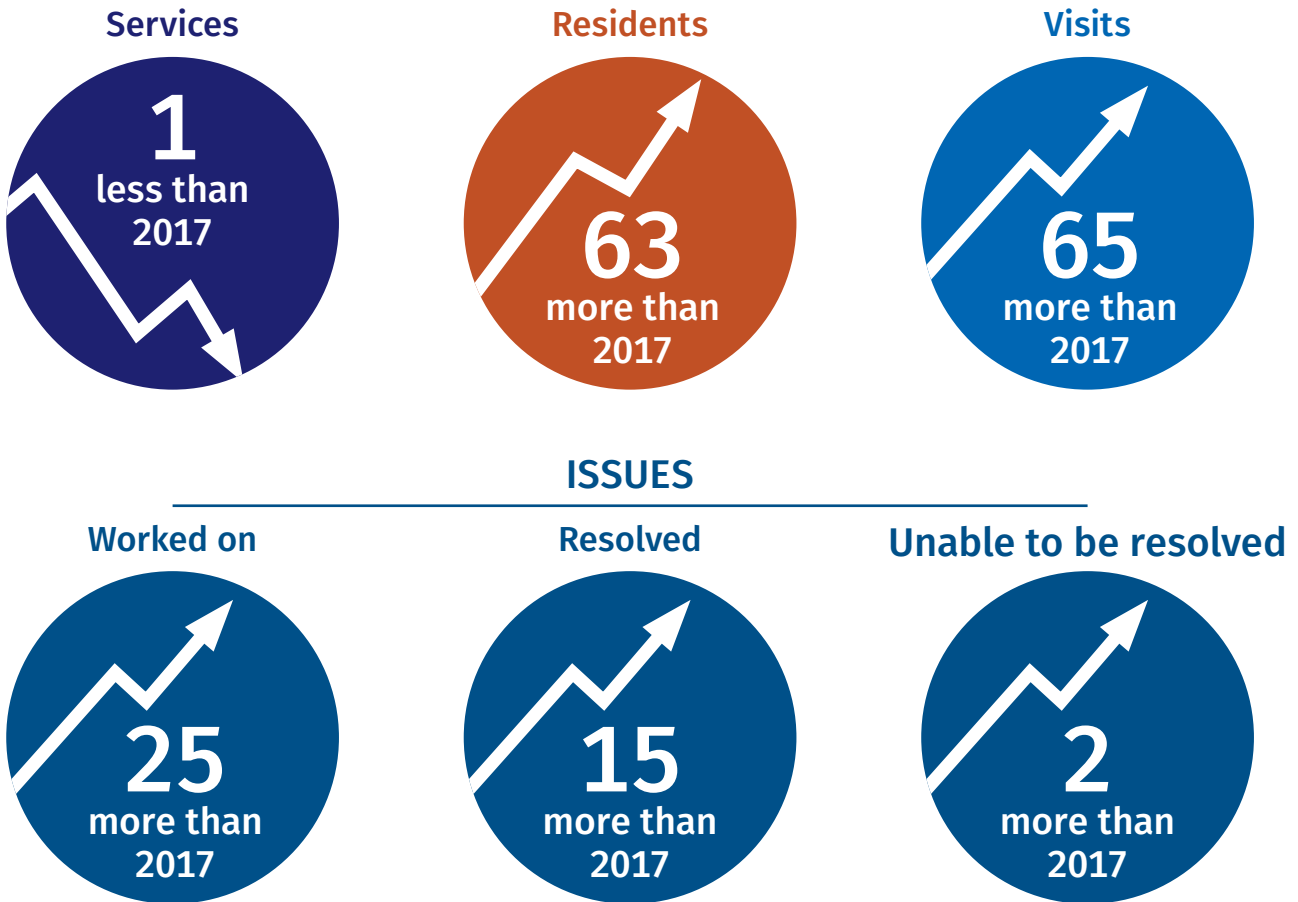
HAD THIS ISSUE NOT BEEN RAISED BY THE OCV WITH SENIOR MANAGEMENT, IT MAY HAVE RESULTED IN ONGOING DISCOMFORT FOR SUSIE AND OTHER RESIDENTS IN THEIR NEW HOME, WITH THE DEFECT UNIDENTIFIED AND UNREPAIRED.

# Outcomes for residents

## Services for people in assisted boarding houses

The 18 assisted boarding houses that are visited by OCVs accommodate 294 residents. In the past year, OCVs made 63 visits to assisted boarding houses, and raised 70 issues of concern affecting residents.

OCVs reported that assisted boarding houses resolved 41% (29) of the issues they identified, which was an increase on the previous year (31%). Another 27% of issues were ongoing and continued to be monitored by the Visitors.



**Figure 8:** Data for visitable services for residents of assisted boarding houses

	Number
Services	18*
Residents	294
Visits	63
Issues reported	70
Average no. of issues per service	3.9

\* This figure includes the four licences that Melrose assisted boarding house holds.

**Figure 9:** Outcome of issues raised by OCVs

	Number (%)
Resolved	29 (41)
Outcome unknown	0 (0)
Issues unable to be resolved	6 (5)
Ongoing (open)	19 (27)
Ongoing (closed)*	16 (27)
<b>Total</b>	<b>70 (100)</b>

### Major issues raised in 2017–18

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

#### Issue 1

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

8

#### Issue 2

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

7

#### Issue 3

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

6

#### Issue 4

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

5

#### Issue 5

The premises and grounds were not maintained in a safe, clean and hygienic condition and/or kept free of vermin and pests

4

**Figure 10:** Type of issues raised on behalf of residents

Issues classification	No.
Accommodation environment	15 21%
Individual resident development	13 19%
Resident health care and/or personal care	12 17%
Safe and supportive environment	10 14%
Social independence of residents and participation in community life	9 13%
Management of resident finances	7 10%
Service governance	3 4%
Complaints and feedback	1 1%

**Total: 70 issues (100%)**

## Official Community Visitor message



**By Renata Wilczek,  
Official Community Visitor**

Assisted boarding houses are an important accommodation option for people in NSW who require some support in managing their daily lives. In recent years, the number

of assisted boarding houses has substantially decreased, and the Boarding Houses Regulation 2013 has introduced requirements for assisted boarding houses to reduce their size to a maximum of 30 residents.

### RESIDENTS OF ASSISTED BOARDING HOUSES ARE SOME OF THE MOST VULNERABLE MEMBERS OF OUR SOCIETY,

and many of them have minimal, if any, contact with family members who can advocate on their behalf when needed. While some assisted boarding houses offer a service that exceeds requirements, there are others that are resistant to the notion of quality improvement. In this regard, OCV visits to assisted boarding houses are crucial in identifying whether accommodation standards are meeting the legislated requirements, and providing a voice for residents.

While living in an assisted boarding house is not for everyone, some residents have reported to me that moving into the assisted boarding house is the best thing that has ever happened to them. I have encountered two gentlemen who I previously had a lot of contact with when I was working in the mental health sector many years ago. Both of them have advised that they are happy living there. One of them had many periods of homelessness in his life, and told me that this is the best he has felt in 'years'. He is now seeing a doctor regularly, is being supported to take his medication as prescribed, and is finally addressing a longstanding chronic skin condition, which is improving rapidly with proper treatment.

My visit to one assisted boarding house was in the middle of the flu season and it was noticeable that no residents had symptoms of cold or flu.

When I mentioned this to a staff member, she advised that a doctor had been to the assisted boarding house and offered flu injections to all of the residents; all but one resident had agreed to have the flu shot. It is unlikely that most of the residents would have been proactive about taking preventative measures if left to their own devices.

At another assisted boarding house, a previous mental health client of mine was very pleased to show me how well he is doing now. He told me that he is really happy living at the boarding house and, in particular, he is pleased about the friends he has made there, and was quite looking forward to a planned outing to the opera that evening with several other residents. He told me that he had never been to see an opera before and wasn't sure if he would like it, but was really pleased that he was having a night out and doing something that he had never done before. I clearly remembered the days when he was using illicit drugs two to three times a day, was living in a squat, and didn't know, or care, if he was going to wake up the next day.

IT WAS INCREDIBLY MOVING TO SEE HOW WELL HE IS DOING IN HIS LIFE NOW. HE GIVES A GREAT DEAL OF CREDIT TO THE BOARDING HOUSE STAFF WHO, HE SAYS, 'KEEP ME ON THE STRAIGHT AND NARROW'.

Visiting assisted boarding houses can be confronting for an OCV. The breadth and complexity of health, legal, family, financial and interpersonal issues that many residents have to contend with can be overwhelming at times. However, even the smallest of gains can mean a huge amount to the residents. While there are days when my visits to assisted boarding houses are challenging, there are other times when I visit and can see that an improvement has been made for residents, and that visiting assisted boarding houses is very satisfying.



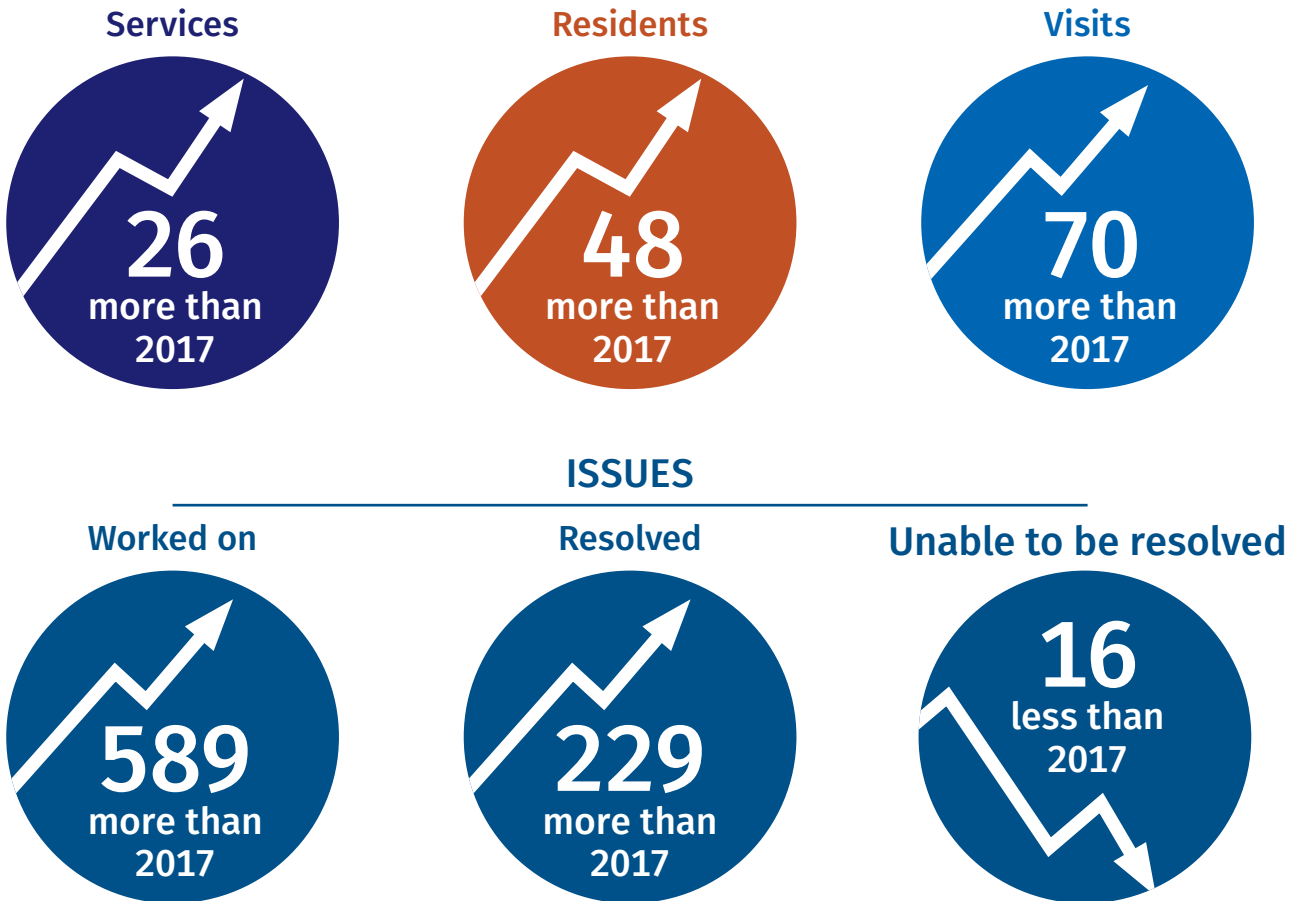


# Outcomes for residents

## Services for children and young people

In 2017-2018, OCVs made 740 visits to the 297 residential OOHC services in NSW.

OCVs worked on 1,282 issues of concern in relation to residential OOHC services. Services resolved 755 (59%) of the issues, with only 6% of issues unable to be resolved. A further 16% of issues remain ongoing, with OCVs monitoring the action being taken by services to address them.



**Figure 11:** Data for visitable services for residents of assisted boarding houses

	Number
Services	297
Residents	740
Visits	740
Issues reported	1,282
Average no. of issues per service	4.3

**Figure 12:** Outcome of issues raised by OCVs

	Number (%)
Resolved	755 (59)
Outcome unknown	13 (1)
Issues unable to be resolved	76 (6)
Ongoing (open)	205 (16)
Ongoing (closed)*	233 (18)
<b>Total</b>	<b>1,282 (100)</b>

### Major issues raised in 2017–18

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

#### Issue 1

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

132

#### Issue 2

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

108

#### Issue 3

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

86

#### Issue 4

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

81

#### Issue 5

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

76

Figure 13: Type of issues raised on behalf of residents

Issues classification	No.
Individual resident development	481 38%
Resident safety	270 21%
Accommodation environment	162 13%
Resident health care and/or personal care	101 8%
Social independence of residents and participation in community life	104 8%
Service governance	79 6%
Residents are free from abuse and neglect	29 2%
Complaints and feedback	28 2%
Contact with police	26 2%
Management of resident finances	2 0.2%

Total: 1,282 issues (100%)

## Official Community Visitor message



**By Diana Lo Cascio,  
Official Community Visitor**

I have many colleagues and peers who agree that young people today face more challenges than ever before as they navigate their way to adulthood. With the rise of social media and other

electronic platforms, an increase in the prevalence of fragile mental health among so many, and an uncertain future on economic, international and environmental fronts, it is without doubt a very complex time to be growing up.

If you add to this a home life that may have been filled with abuse and neglect or one in which parents do not have the capacity to support a child's growth and development, then these challenges can become almost insurmountable. For these children and young people who are not able to live safely at home, alternative living arrangements are a necessity and they are cared for in the NSW OOHC service system.

**CURRENTLY IN NSW,  
THERE ARE OVER 700 CHILDREN  
AND YOUNG PEOPLE LIVING  
IN ALMOST 300 RESIDENTIAL  
OOHC SERVICES THAT  
OCVS VISIT.**

The parental responsibility for these children and young people predominantly lies with the Minister for Family and Community Services until they turn 18. FACS has the responsibility to assess the history and needs of a young person requiring alternative care and to recommend a placement for them. This can sometimes be with extended family in a kinship care arrangement, or it can be with an unrelated foster family. These two avenues of alternative care are always preferable; however, when this is not possible, or if these arrangements break down, then a young person may be placed in a residential OOHC service. All but one of the OOHC residences are managed by non-government organisations, and are staffed full-time by direct support workers.

Similarly, voluntary OOHC (VOOHC) is a residential arrangement that has children and young people, mainly with disability, living together and cared for by support workers on a full-time basis. The parents of these young people retain full legal responsibility of their children but are unable to provide for their ongoing daily care for various reasons and so seek the support of VOOHC.

Over the past 18 months, I have had the great privilege of visiting over 30 residential OOHC and VOOHC homes in my role as an OCV. I am continually amazed by the strength and resilience that so many of these young people seem to have despite the hardships they have faced. I like nothing better than to sit at a kitchen table or in a lounge room of a home of one of these young people and have an honest, lively and often entertaining chat about their lives and their experiences living in residential OOHC.

Of course, this is not always the case, and one of the greatest challenges I face is building rapport with the young people I visit and helping them to feel safe and comfortable enough to talk with yet another adult. I find that one of the best ways of doing this is to try and tap into their hobbies, goals, frustrations or interests so that each time I visit I can ask them about something that is meaningful to them and then begin to build a foundation of trust.

**ONE OF THE MAIN FUNCTIONS  
OF MY ROLE AS AN OCV IS TO  
LOOK AT WHETHER YOUNG  
PEOPLE IN RESIDENTIAL OOHC  
ARE RECEIVING THE CARE,  
SUPPORT AND OPPORTUNITIES  
THEY WOULD IF THEY WERE  
LIVING AT HOME.**

This not only includes their physical, emotional and psychological needs, but also specific issues that are unique and important to each of them. These can include family access, cultural connections, access to adequate education, health care and developing life skills in preparation for independent living, among other things.

I like to spend the majority of my visiting time talking to the residents and staff; however, this is not always possible if the young people are not home or if they are not in the mood for talking. I will then take some time to review the client files, which may include the residents' health records, behaviour support plans, daily communication notes, or incident reports. It is after all of this that the other main function of my OCV role occurs, which is to raise and resolve any issues of concern that have arisen from my visit. In the first instance this is done with the staff and house managers that are on duty. I also back this up with a written report that is sent to senior management of the service.

**I PUT A FOCUS ON RAISING CRITICAL ISSUES THAT NEED TO BE ADDRESSED TO ENABLE CHILDREN AND YOUNG PEOPLE THAT I VISIT TO RECEIVE THE HIGHEST QUALITY CARE, AND TO ACHIEVE THE BEST POSSIBLE OUTCOMES THAT WILL ENABLE THEM TO HAVE A STABLE, POSITIVE AND FULFILLING LIFE ONCE THEY ENTER ADULTHOOD.**

Aside from the many inspirational and insightful young people I meet, I am continually impressed by the number of house managers and senior staff that I have encountered who are so passionate about a job that can be very demanding. The bonds they have created and the commitment they show to the young people in their care is certainly a positive aspect of my experience of visiting residential OOHC. These same staff members are often doing their best to think 'outside the box' in search of supports for their residents, engaging them in activities such as equine therapy, art therapy, and training programs at Taronga Zoo.

However, the residential OOHC sector continues to face many challenges. Across the services I visit, I feel there are several areas where

outcomes for young people are consistently not being met. For example:

- Participation in some kind of education program for the majority of the young people is very low. Some do not go to school at all and many others go for only very short periods, such as one hour a day.
- A large proportion of the young people I visit have been involved with the juvenile justice system. Some have several charges against them and seem to make many trips to court. Many have spent time in detention.
- There is a large over-representation of Aboriginal children in residential OOHC.
- The preparation and readiness of young people to leave care at 18 with the necessary skills and support to live a productive and independent life remains low.
- The very nature of residential OOHC requires a rotating roster of staff, and much of the sector relies heavily on agency staff to fill the gaps when regular staff are not available. This can result in an inconsistent and unpredictable environment that makes it difficult for young people to feel safe and supported.

Thankfully, in my view, FACS has recently announced that it will be replacing the residential OOHC service system with an Intensive Therapeutic Care (ITC) model. I understand the main aim of the ITC service system will be to help create more pathways into permanent, supportive and caring homes for the highest needs children and young people in the OOHC system. ITC is one of four main components of the Permanency Support Program, and is one of the most significant reforms of the child protection and OOHC sector happening in NSW for many years. It is expected that, over time, a flow on from the ITC will see reduced pressure on not only OOHC services but also Health, Education, Justice and other agencies that often come into contact with children and young people leaving and re-entering institutionalised care.

In NSW, ITC services began on 1 July 2018. Clearly in its infancy, time will tell if the ITC and Permanency Support Program will be effective in bringing about the change and reforms that the OOHC sector needs. Until then, I will visit in hope that it will, and look forward to my continuing role as an OCV

## Resolving fundamental issues

### A FRESH SET OF EYES WHEN VISITING A GROUP HOME HAS MULTIPLE BENEFITS AND THE OCV ROLE FITS THAT BILL.

On a visit, an OCV noticed a clear perspex box had been placed around the air conditioning controls on the office wall. The box was locked. Five young residents live at this house. It was a cool day and the house felt chilly to the OCV. As a local resident herself, the Visitor knew how cold it would get in the middle of winter, if there was no access to the air conditioner it would be a problem as the months got colder. The OCV asked staff on duty why the heating was not in use, why the perspex box had been installed, and who held the keys. Staff replied that they did not have access to the key, so could not turn the heating on. In the house communication book there was a handwritten instruction telling staff 'Please do not turn the heating on and ask residents to put on extra clothes if they are cold.'

## Self-esteem building

During a regular visit, an OCV met Tegan, who had recently transitioned to the house after a period of incarceration. The Visitor spoke with Tegan and explained her role, and asked her how she was settling in. During the conversation, Tegan mentioned that she hadn't come to the accommodation with many belongings and was running out of clothes to wear. Tegan told the OCV that she only had a couple of outfits and was feeling self-conscious that she was wearing the same clothes repeatedly.

The OCV raised this concern with the service provider through her OCV visit report. Management discussed the matter and sought approval for funds to be allocated to enable Tegan to purchase new clothes and other essentials. The day after the visit report was submitted, the OCV was advised that a clothing allowance had been approved and Tegan would be going shopping that evening to buy herself new clothes.

### THE OCV RAISED THE ISSUE OF ACCESS TO HEATING IN HER REPORT. SERVICE MANAGEMENT ADVISED THAT THEY WERE UNAWARE OF THIS ISSUE AND THANKED THE OCV FOR BRINGING IT TO THEIR ATTENTION.

They indicated that this practice was counter to service policy, and immediately had the locked box removed. The OCV's observation brought the matter to the attention of service management and it was resolved. It benefited the young people living in the house, and led to a warmer and more comfortable home to live in.

### ON THE OCVS NEXT VISIT, TEGAN WAS VERY EXCITED TO TELL HER ABOUT THE CLOTHING SHE HAD BOUGHT, AND SHOWED THE OCV HER NEW PURCHASES. IT OFTEN DOESN'T TAKE MUCH TO RAISE AN ISSUE, BUT AS A YOUNG PERSON WHO MAY BE FEELING VULNERABLE, HAVING AN OCV DO IT ON YOUR BEHALF MAKES ALL THE DIFFERENCE.

## A clear foundation of care

Sally is 11 years old and lives in residential OOH. During the OCV's first visit, she took some time at the end of the visit to look through Sally's client file to get a better understanding of her circumstances and the planning for her future. The OCV was unable to locate a client file relating to Sally and the available information was limited to sporadic notes in the house communication book and handwritten daily reports, some of which were written on the back of other documents.

The OCV was not able to locate a care plan, behaviour support plan, or any personal documentation relating to Sally. This immediately raised concerns for the Visitor, as numerous incidents had been reported that involved Sally, and staff had been required to support Sally without any behaviour support guidance or information.

The OCV was concerned about the lack of documentation relating to Sally and her required supports, and the way information was recorded and communicated about her care and support needs. The OCV was also concerned about the impact the lack of key information may have on Sally and the quality and appropriateness of her care.

The OCV raised his concerns in his visit report. The service responded quickly to the issues and developed a care plan, a behaviour support plan, and reporting guidelines for staff. The service placed copies of these documents in a file at

the house that enabled staff to read and refer to these as needed. In addition, the service developed clear communication strategies and personal development goals in consultation with Sally. A clinician then met with staff working with Sally to discuss the implementation of the behaviour support plan. The service also developed a more effective staff communication and reporting system with the implementation of electronic progress notes and incident reporting.

**FOR THE OCV, THE DEVELOPMENT OF THESE PLANS AND REPORTING SYSTEMS SHOWED THAT WORK CAN BE DONE TO IMPROVE STAFF AND SERVICE PRACTICE THAT WILL HAVE A POSITIVE IMPACT ON THE CARE PROVIDED TO SALLY AND HER HOUSEMATES.**

Her needs would be met through more consistent support and care on a daily basis. These changes should also assist Sally in knowing what to expect from staff and increase her sense of security in her placement.

## Preparing for emergencies

John lives in a group home with two other young people. All three young people have a disability and high support needs. They have lived together for many years and enjoy being together and participating in activities in the community. Because of personal safety issues, the service made the decision to lock all external doors at the house at all times. The service identified this as a restrictive practice and had a restrictive practice authorisation in place.

Given all external doors were locked, the OCV asked about evacuation procedures in the event of an emergency and whether staff and residents were aware of what they needed to do. The OCV viewed the Personal Emergency Evacuation

Plans for the residents and the client and house records, and noted that there had been no recent Emergency Evacuation Drill.

**THE OCV WAS CONCERNED THAT RESIDENTS AND STAFF WERE NOT AWARE OF WHAT TO DO IN AN EMERGENCY,**

especially given the physical and health needs of the residents, and raised the concerns in his visit report. The service confirmed that while it reviewed the individual Personal Emergency Evacuation Plans every year, there had not been a drill for some time.

Following the OCV's visit report, the service conducted an emergency drill with all residents and staff. They identified gaps in their plan, and physical obstacles for residents that would make safe evacuation impossible. They got in contact

with their local fire service, and received detailed advice. With the support of the fire service, the provider conducted a second drill that was successful, and everyone felt confident that they knew what to do in an emergency.

## A plan of support

Over the past 18 months, an OCV has visited a number of residential OOHHC placements.

THE OCV HAS SEEN THE IMPLEMENTATION OF SOME INNOVATIVE PRACTICES AND STRATEGIES BY A PARTICULAR SERVICE PROVIDER THAT APPEARS TO BE ADDRESSING THE ONGOING ISSUES SURROUNDING YOUNG PEOPLE LIVING IN RESIDENTIAL OOHHC.

ONE OF THE INNOVATIONS THE OCV HAS OBSERVED HAS BEEN A GENUINE COLLABORATION WITH FAMILIES OF THE RESIDENTS LIVING IN CARE.

The service has made great efforts to support families to meet the goals for restoration. For one young person, the service provider has arranged to support the young person to stay with his mother on an increasing basis, which is now up to three nights per week. The service provides practical support such as shopping, meal planning and house cleaning; as well as opportunities for the mother to access counsellors, parenting courses and regular phone contact to give emotional support. Together, the family and the service have developed a structured and consistent plan for the young person when he is at home with mum. This plan has been operating for the last 10 months, and everyone seems satisfied with the progress.

THE YOUNG PERSON IS DEMONSTRATING IMPROVED BEHAVIOUR AND RESPONSES TO STAFF. HIS MAIN GOAL IS TO RETURN HOME TO LIVE WITH MUM.

In another example, the service has supported a family of five children to live together. They are working collaboratively with the children's mother with the ultimate aim of restoring all of the children back into her care. The team that supports the family comprises therapeutic care workers and foster carers, who provide consistent interaction throughout the week. This strategy is in place to provide an environment that will enable the children to thrive while their mother addresses her issues and is able to provide a stable environment for her children to return to live with her. The mother is encouraged to stay with the family, as do older siblings who are living independently in the community. Each child has their own personal development plan, which addresses their individual needs, but importantly

THE SERVICE TREATS THE FAMILY HOLISTICALLY, WITH THE ULTIMATE AIM TO RESTORE THE CHILDREN BACK TO MUM.

Both of these strategies show a concerted effort by the service provider to understand the needs and challenges of the families and provide a supportive environment.



## Coordination of the OCV scheme

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

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



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

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

**This year, the NSW Ombudsman's OCV Team:**

- inducted 12 new Visitors, who commenced visiting in February 2018
- recommended the reappointment of 20 OCVs for a second term in the role
- commenced recruitment of new OCVs from across NSW, with 12 OCVs appointed in October 2018
- consulted and liaised with OCVs on the multilateral review of community visitor schemes across Australia and their intersection with the NDIS
- facilitated the regular regional group meetings of OCVs across five regions – Metro North, Metro South, Southern/Western, North Coast/New England and Central Coast/Hunter
- held regular OCV consultation group meetings with a representative group of OCVs from across the five Visitor regions
- worked with a representative group of OCVs to review and update the OCV guidelines manual, which guides OCV day-to-day practice
- organised and ran the two-day OCV annual conference, which included presentations on the NDIS Quality and Safeguards Commission; the continuing roll out of the NDIS; the new model of residential OOHC – Intensive Therapeutic Care, advocacy support; and the experiences of two young people consultants in residential OOHC.
- coordinated and facilitated meetings between Ministers and representative groups of OCVs to discuss systemic issues identified in the visitable services sectors.

**The NDIS Quality and Safeguarding Framework does not include a community visitor scheme. At the time of writing, a review of existing community visitor schemes for people with disability is examining the intersection of the scheme with the NDIS. The review is expected to inform the future operation of the NSW OCV scheme for adults with disability.**

# Financial

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

Costs that are not included here are items incurred by the NSW Ombudsman in coordinating the scheme, including Ombudsman staff salaries, and administration costs such as payroll processing, Employee Assistance Program fees, and workers' compensation insurance fees.

Full financial details are included in the audited financial statements in the Ombudsman *Annual Report 2017-18*. Copies of this report are available from the NSW Ombudsman's website at [www.ombo.nsw.gov.au](http://www.ombo.nsw.gov.au).

**Figure 14:** Visitor related expenses 2017-18

<b>Payroll expenses</b>	<b>2016-17</b>	<b>2017-18</b>
Salaries and wages	611,309	613,940
Superannuation	58,361	58,251
Payroll	33,722	33,438
Payroll tax on superannuation	3,196	3,175
<b>Subtotal</b>	<b>706,588</b>	<b>708,804</b>
<b>Other operating expenses</b>	<b>2016-17</b>	<b>2017-18</b>
Advertising – recruitment	1,121	48,690
Fees – conferences, meetings & staff development	17,407	19,238
Fees - other	1,641	359
Publications and subscriptions	490	-
Postage & freight	887	157
Maintenance - equipment	100	-
Stores	791	955
Travel – petrol allowance	137,906	123,827
Travel & accommodation	97,949	70,175
<b>Subtotal</b>	<b>258,292</b>	<b>263,401</b>
<b>Total</b>	<b>964,880</b>	<b>972,205</b>

## **Appendix**

## OCV Classification Codes

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

## OCV Classification Codes

3.6	Communication needs are assessed and met, including development and use of appropriate communication systems
3.7	Sufficient communication systems located on premises to allow residents to contact staff in the case of an emergency
3.8	Residents have a key role in informing service delivery
3.9	Food safety and mealtime requirements are met
3.10	Safe storage of chemical requirements observed
3.11	Fire safety evacuation plans, regular safety drills, and safety equipment are in place and exits are kept clear
<b>4</b>	<b>Individual development</b>
4.1	Plans are developed, documented, implemented and reviewed according to relevant legislation, policy, consents, approvals and assessments
4.2	Relevant, appropriate and comprehensive assessments are conducted regularly to identify the needs of the individual
4.3	Residents and people important to them are actively involved in planning and decision-making about their lives
4.4	Leaving care and transition plans are developed early, implemented and clearly documented
4.5	Living skills and routines are developed, implemented and reviewed
4.6	The use of restricted and restrictive practices complies with requirements (including appropriate consent, authorisation, and review)
4.7	Individuals are treated with respect and dignity by staff and the service
4.8	Support to residents is least restrictive and least intrusive as possible, focusing on their needs, abilities and interests
4.9	Behaviour support and management practices have a positive focus and plans are developed and approved by appropriately qualified persons
4.10	Resident information (such as birth certificates, medical records, legal and placement information) is evident and the information is kept confidential
4.11	Residents are supported to access services to address their individual needs and in their interaction with other agencies (e.g. CS, ADHC, Education, Ombudsman, Juvenile Justice or Police)
4.12	Individuals are supported and encouraged to participate in appropriate educational or vocational activities
4.13	Residents have access to personal clothing and footwear that is age and seasonally appropriate, and adequate to allow for laundering and repair

## OCV Classification Codes

<b>5</b>	<b>Governance</b>
5.1	The service provider operates ethically, and in the best interests of residents
5.2	Staffing levels are sufficient to cater for the needs of residents, as individuals and as a group
5.3	Staff members have the required knowledge, skills, values and support to provide services to the people in their care
<b>6</b>	<b>Activities of choice and participating in the community</b>
6.1	Residents are actively encouraged and supported to participate in their community in ways that are meaningful and important to them
6.2	Residents have opportunity for and are involved in planning and participating in holidays
6.3	Residents are supported to maintain appropriate family contact, friendships and relationships of their choice
6.4	Residents are able to practice religious and cultural customs
6.5	Residents are supported to exercise their rights as citizens, such as the right to vote
<b>7</b>	<b>Finances</b>
7.1	Residents (or their financial administrators) have access to protections of their financial position, residential statements, service agreements, financial information and records of expenses, fees and assets
7.2	Residents have access to and discretionary rights over their individual finances, where appropriate
7.3	Residents have access to financial managers, powers of attorney or informal supports to discuss their financial position
<b>8</b>	<b>Complaints and feedback</b>
8.1	Residents, and their supporters are provided with relevant information about the service, their rights and responsibilities, and are encouraged to comment on, or complain about, service delivery when they have an issue
8.2	A complaints policy is in place, promoted, and easy to access and understand
8.3	The management of complaints is appropriate to the seriousness of the complaint
8.4	Residents and complainants are treated fairly and respectfully and are involved in the resolution of any complaint raised by them or on their behalf
8.5	Resident views are encouraged, sought and recorded, in a manner that is meaningful, whenever there is significant change to service delivery
8.6	Information about and access to Official Community Visitors is evident
8.7	Information about and access to advocates, guardians, and relevant departmental officers/caseworkers is evident

## OCV Classification Codes

<b>9</b>	<b>Abuse and Neglect</b>
NB – If raising an issue under any of the categories here, the OCV should consider contacting the OCV team to discuss the matter	
9.1	Residents are free from abuse & neglect
9.2	Allegations and incidents of abuse and neglect are identified, appropriately managed (including risk management and provision of support), and notified to the Ombudsman, as appropriate
9.3	Staff are aware of their responsibilities to protect residents from abuse and neglect and of their reporting responsibilities
<b>10</b>	<b>Contact with Police</b>
10.1	Police are called to attend incidents in accordance with procedures or policies, and records are kept of all Police attendance at the service.
10.2	Staff respond appropriately during and following an incident, and behaviour support strategies are developed, reviewed, renewed and implemented to manage specific situations which involve Police contact.
10.3	Staff are aware of their responsibilities and requirements outlined in the Joint Protocol to reduce the contact of residents with Police and the criminal justice system (or any other relevant protocols or guidelines).



## Contact us

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

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General inquiries: 02 9286 1000  
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Email: [nswombo@ombo.nsw.gov.au](mailto:nswombo@ombo.nsw.gov.au)

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

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

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