



OCV
Official Community Visitors

ANNUAL REPORT
2012 – 2013

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

Letter to the Ministers

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

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

Dear Ministers,

I am pleased to submit to you the 18th Annual Report for the Official Community Visitor scheme for the 12 months to 30 June 2013, 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



Bruce Barbour

Ombudsman

Message from the Ministers



I am pleased to comment on the 2012-2013 Official Community Visitor Annual Report. Official Community Visitors play an important role in promoting the legal and human rights of residents of a service. It is especially important to have OCVs seeing children in out of home care as we continue to deliver on Justice Woods' recommendation to transfer out of home care to the non-government sector.

OCV Roz Armstrong highlights the important role OCVs can play in the lives of children in residential out of home care. Roz's example of her work advocating for Tammy demonstrates the need for young people in residential care to have additional and independent avenues to communicate their frustrations and needs. OCVs can provide this by bringing issues of

concern to young people in out of home care to the attention of the agency caring for them.

More broadly, OCVs can communicate systemic concerns directly to me. This provides information that can assist us with continuous improvement of the system as we continue with the transfer of out of home care to the non-government sector.

I am pleased to note some highlights this year. There has been an increase in the OCV scheme budget allowing for an increase in the allocation of visitable services to OCVs. 83% of all visitable services were allocated an OCV as at 30 June 2013 and 55% of all identified issues raised by OCVs were resolved during the reporting year. Well done by all.

I congratulate OCVs on their achievements this year and look forward to continued work across the sector.

A handwritten signature in blue ink that reads "Pru Goward".

Pru Goward

Minister for Family and Community Services
Minister for Women



It was a great honour to be appointed as the Minister for Ageing and Minister for Disability Services in August 2013. As Minister, I have had the privilege of seeing the tremendous work that goes into providing disability services and the positive impact these services have on the lives of people with disability.

In my meetings with Official Community Visitors, I have become aware of the important role they have in ensuring the ongoing quality of care for some of the most vulnerable people in our community.

OCVs are great listeners and their ability to resolve issues makes a real difference to the lives of people with disability, and their family and carers. This is highlighted in the case

studies in this year's report, where OCVs worked with service providers to provide a smoke-free outdoor area in an Assisted Boarding House, and have found ways for people to participate in activities the rest of us take for granted, such as fishing and going to watch a football game.

More than 2000 official visits were made to disability services and Assisted Boarding Houses throughout 2012-2013, with OCVs seeing over 7200 residents. During these visits, OCVs identified over 3,000 issues, many of which were resolved at the local level. An increase in funding means that more visits will be conducted in the coming year.

I would like to thank all of the Official Community Visitors, including those who are leaving at the end of their appointment and those who have recently started, for their ongoing work and commitment to improving the lives of people with disability.

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

John Ajaka

Minister for Ageing
Minister for Disability Services

Message from the Ombudsman



I am always pleased to have the opportunity to introduce this report and speak about the important work of the Official Community Visitors (OCV). Each year, the report shows the very real difference they can and do make to the lives of people living in care.

It was very pleasing this year to have a budget enhancement of \$200,000 provided by the government to fund the OCV scheme. This additional funding will help to increase the number of visits conducted, and is very welcome. I feel it is also an indication of the government's recognition of the ongoing importance of the scheme.

There are certain aspects of our lives that most of us take for granted. We assume we will be able to decide what we do, where we go. We will do what we can to make sure we are safe, happy and live enjoyable and fulfilling lives. Many of those living in group homes, boarding houses and assisted accommodation do not have the same level of certainty. This is why it is important that there is someone they can talk to, someone they know and trust.

One of the great advantages to the OCV scheme is that OCVs can get in and resolve matters quickly and easily. This is good for residents, and it is also good for staff and service management, as it can help to maintain a good, positive relationship. The OCVs build up strong connections with residents and staff, and with this comes trust. It is this trust that helps OCVs to bring about real change in the lives of those they visit. This could involve helping to get a smoke free area outside to enjoy the sun, talking about how best to regain a driver's licence, or ensuring people are provided with the support they need when travelling on public transport.

There are a number of different stories throughout this year's report. Some are written by OCVs and some by residents. For example, Diane tells us about her experience living in supported accommodation since leaving home in 2000. Diane says she is happy because she is safe and calm, and knows she has the support of caring staff if she needs help. Diane worked with her OCV Susan to write her story. Roz, an OCV with a great deal of experience, talks about the importance of building and maintaining relationships, and the challenges and opportunities this can present.

I would like to thank the OCVs for their commitment, understanding, compassion and skill. Without your hard work and dedication, many of those you visit would not have the essential and everyday services and support they are entitled to. Your regular contact also provides essential information to our office, which helps us to perform our work more effectively. I and my staff look forward to continuing to provide you with the support and assistance you need to perform your vital function.

A handwritten signature in blue ink that reads "B. A. Barbour". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Bruce Barbour

Ombudsman

Introducing 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, under the *Community Services (Complaints, Reviews and Monitoring) Act 1993 (CS-CRAMA)*.

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

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

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 in the service that relates to the operation of the service, and
- report on matters regarding the conduct of the service.

When visiting services, OCVs:

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



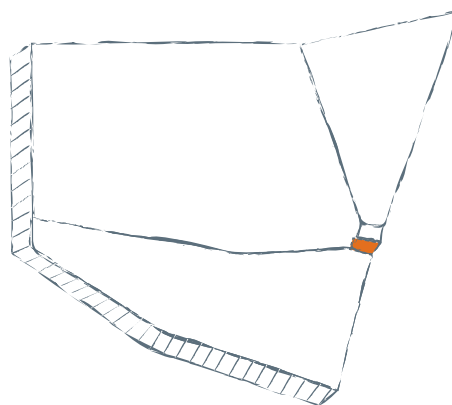
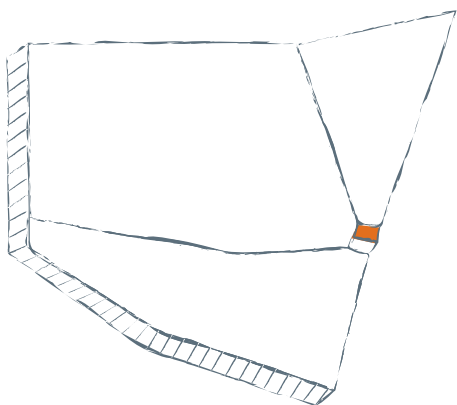
Meet the Official Community Visitors

Metropolitan Sydney — North

- Susan Alexander ●
- Frank Kuiters ●
- Lyn Porter ●
- Elizabeth Rhodes ●
- Rhonda Santi ●

Metropolitan Sydney — South

- Paul Armstrong*
- Lyn Cobb ●
- Irene Craig*
- Denise Fallon ●
- Dianne Langan*
- Linda Larsen ●
- Jo Pogorelsky*
- Dennis Robson ●
- Gary Sandri*
- Carolyn Smith*
- Neale Waddy ●



Official Community Visitors

are independent statutory appointees of the Minister for Disability Services and the Minister for Family and Community Services, under the *Community Services (Complaints, Reviews and Monitoring) Act 1993 (CS-CRAMA)*

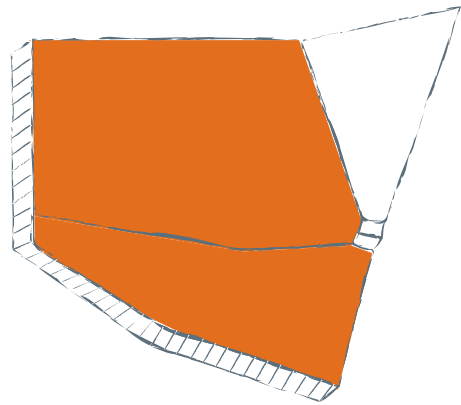
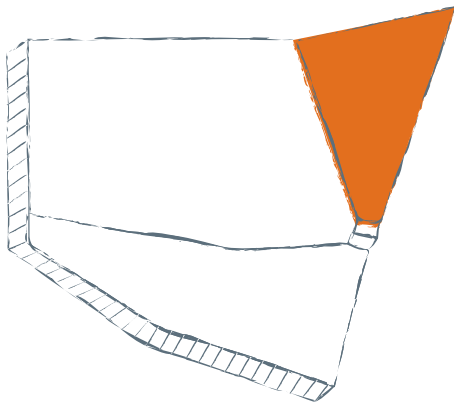


Northern region

- Roz Armstrong ●
- Arwen Carroll ●
- Bernadette Carter* ●
- Ariane Dixon* ●
- Bruce Donaldson ●
- Maryanne Ireland ●
- Judy James* ●
- Ann-maree Kelly ●
- Jackie Klarkowski ●
- Ricki Moore ●
- Paul Moulton ●

Southern and Western region

- Barbara Broad* ●
 - Cathryn Bryant* ●
 - Mahalia Willcocks ●
 - Marcia Fisher ●
 - Jennifer Leslie ●
 - Virginia Nolan ●
 - Rebecca Prince* ●
 - Karen Zelinsky ●
- * no image available



Diane's story

a voice of a resident living in care

My name is Diane and Susan, my OCV, is helping me tell my story. Susan was the OCV who visited me at my last house and now she visits me at my new house. I am 38 years old and since 2000 I have lived in supported accommodation run by an agency that was started up by parents and supports many people to live in different ways in the northern areas of Sydney. I want to tell my story because I am very happy where I live now. It is the best!

When I first moved out of my parents' home I went to live in a house where there was one other man and we had 24 hour staffing. I stayed there for about three years but it wasn't very good because the other person and I, we didn't really get on. I wanted to live independently and my carers wanted to help me to do that, so I rented a unit and they gave me drop-in support. After a while I moved to another unit and we tried again.

Living on my own was not so good because I used to muck up a bit when things went wrong. Really I got lonely and wanted someone to be there with me. After four years I moved to another house with full time care where there were two other people living, a man and a woman. That didn't work too well either because they had lived there together for a long time and I felt that they didn't want anyone new to move into their home with them. This is when I met Susan, my OCV. I told her my problems and she thought it would be a good idea for me to move to my own villa with staff support.

Where I live now is the best! It is perfect! I have my own unit which is called a villa and it is part of a cluster. Four other people live here and one more will move in after a while because we have two share villas for two people and two one person villas. I like all the people who live here, two men and two women and I like all the staff. There is always one staff person here, 24 hours

a day and they sleep over in a room next to the office. If I feel stressed or upset I can walk out my door to see them or I can call them on my mobile in an emergency.

I have my own special support staff as well. Every afternoon my key worker or another staff member comes in to help me with my cooking or housework and my key worker also helps me with my shopping, budgeting and menu planning. She has helped me to learn about healthy eating so now I don't eat junk food anymore and have lost seven kilos! I have fish and salads and can make ham or prawn salad, also fruit salad, and I can cook roasts and meat loaf.

I go to work two days a week where I do packing and I also go to an arts studio another two days where I do painting and drawing. I feel very proud of my art and the studio has asked me if they can use one of my pictures on their Christmas card this year. My eyesight has not been good lately. My glasses don't work anymore and I bump into things but now they have said I can have an operation and after that I want to do a First Aid Course.

Sometimes a friend comes to visit me and I have made good friends here where I live. We go out together sometimes but mostly I like going out one-to-one with my key worker to the beach or Darling Harbour. I can travel independently to work and to visit my parents on the train every three weeks.

I think the reason I am happy is because I feel safe and calm. I have a home of my own and I look after myself but if anything goes wrong the staff are there to help me. I have the company of the other residents and we support each other and I always know I have the support of my caring staff.

—Diane and Susan Alexander

Message from Official Community Visitors

By Roz Armstrong
Official Community Visitor

The role of an Official Community Visitor as defined by CS-CRAMA is amongst other things, 'to promote the legal and human rights of residents of a service and act on issues raised by residents'. How an OCV does this is, in reality, as many and varied as the services that are visited, the people you talk to and the types of issues you identify in that process. Throughout the pages of this annual report are many articles that highlight the role and show how the activities of each OCV have made a difference to the lives of people in care.

There are 30 or so OCVs and each one has their own reasons for working in the role. But I know that, whatever our personal and professional experience is, our work as OCVs is underpinned by a shared view of life, a strong sense of equality and a commitment to upholding basic

human rights such as those articulated by the United Nations in the rights of the child and rights of people with a disability.

The opportunity for me to become an OCV came at a time when I had left the community services industry and moved back into a small business environment. After 12 months of doing this I realised that I missed the strong values of the community services sector and the opportunity to work with marginalised groups of people and other professionals who shared similar values to mine.

I decided that I was tired of the tug of war that I had to go through in my previous jobs between achieving outcomes for the person and the requirements of the organisation, and I was tired of telling people that they didn't fit the criteria for the service that they wanted. So I looked for a role where I could put the person first and support them to meet their needs. The independent nature of the OCV role provides this opportunity, however it does not come easily. I found that I had to work quite differently from the way I was used to.

This difference was highlighted early on in my appointment when one long-standing OCV said to me 'There are many ways to do this job and they don't all depend on getting your ducks in a row'. I never forgot those words, it made me rethink my previous bureaucratic approach to solving problems and helped me reconsider the way I interacted with all the people I met, not just the people living in care but those who cared for them as well.

Building relationships is easier said than done, especially given the diversity of people that an OCV meets and interacts with. I often pondered whether there is a single important key to being able to do this well, other than depending on old-fashioned management theories. It wasn't until a visit to a young woman in an OOHC service



that I realised that it wasn't terribly difficult - but you had to be mindful about how you went about it. For me, the key was being able to remain professional but at the same time be personable. It was being able to give something of yourself that the other person could relate to without being too personal.

An example of this is how I worked with Tammy. I had been visiting Tammy, a young woman in OOHC, living by herself in a cottage with 24 hour staff support. Diagnosed with oppositional



defiance disorder, Tammy found it difficult interacting with people in a reasonable way and she often refused to attend medical appointments or follow her clinically recommended diet and take her medication. When we first met, she indicated she wasn't interested in talking to me but she did agree to sit down with me while I explained my role. In doing this I focused on the independent nature of my appointment and how she could talk to me about any issues that she had not been able to resolve with her support staff. I explained to her that, when looking at resolving these matters on her behalf, I would take into account the various assessments and plans that had been undertaken to assist in providing her with the best care. I also explained that, whilst I may be able to support her to ask for second opinions in regard to her issues, I was not in a position to question recommendations that had been made by clinical therapists and doctors regarding her care. Her response to me was 'well you're not really my friend are you?' I responded by saying 'no, you are right, I'm not your friend but that doesn't mean to say we can't be friendly and work together'. She responded by walking

away. I thought about this exchange for some time. I knew that Tammy was lonely and while the compassionate part of me wanted to fix this by being her friend, the professional part of me knew I would be treading on dangerous ground.

When I arrived at my next visit, Tammy was outside shooting hoops. I asked her how things were going. She replied '*It could be better if I had a friend to do stuff with*'. That's when I realised that, for Tammy, friendly didn't just mean smiling or shaking hands, and nor did it mean that I had to agree with her and always do the things that she wanted me to do. It meant that, sometimes, I would have to do things that friends did, like shoot hoops. I put down my bag and said '*give me a go*', pointing at the basketball. Tammy was a good sports woman and tall for her age. I didn't have a chance of meeting her score, but what I had given myself was a chance to build a relationship with her so that, when she was ready, she could open up to me about things that made her happy or unhappy. At a later visit, she did just that. She told me about not having access to food when she wanted to, because of her 'diet'. I raised the matter with the management of the service and was able to bring them to an understanding that approval to restrict a person's access to some kinds of food because of their medical needs was not an approval to restrict access to all food. This is just one example of a positive outcome following the development of a relationship between an OCV and a resident.

Building relationships with people who are profoundly intellectually and/or physically disabled is more difficult. You cannot engage as easily in the usual way of shaking hands, talking or walking together, but you can still engage by understanding their communication styles and their needs. In these cases I have found a smile and a touch can help this process. Touching, such as a gentle hand on a shoulder or a rub of their hand, can be important for people with significant disabilities. An example is the way in which I say hello to one woman I visit who is visually impaired. I go up to her chair, crouch down in front of her, say hello and touch her hand. She in turn runs her hands over my hair and eyes and reaches for my identification tag. She then nods and waves me on. Touching a person can be fraught with difficulties, but I have always taken comfort in the array of guidelines in the industry that don't say you can't touch, they say how you can touch appropriately.

There have been many changes in disability and child protection policies over the last six years that I have been an OCV. I have seen those changes result in improved quality of life for some of the people I visit. However, no amount of legislative or policy reform will bring about its intended change if the implementation is not rigorously applied and monitored. In my view, there seem to be two main factors that assist a new policy in its implementation and take up by the sector - budgetary issues and a willingness to participate by agencies.

Budgetary concerns apply not only to the various government departments that have funding and monitoring roles but also to the OCV Scheme. In 2012 the percentage of visitable services that were allocated to OCVs dropped to 63%. OCVs expressed their concern about this through representations to the Minister's office and to the Ombudsman, who made a budget variation submission for an enhancement. The then Minister for Disability Services supported the submission and an additional \$200,000 pa was received for the OCV Scheme. This is very welcome and will be put to good use by the OCV scheme.

In my time as an OCV, I have been a regional representative on the OCV Scheme's Consultation group. This group is made up of OCV representatives and OCV team staff from the Ombudsman's office, who work together to resolve systemic issues. In my role, I have written



submissions on sector issues and appeared before a state government Senate Committee. I have contributed to focus groups and attended Practice Review Group Meetings to put a voice

to some of the issues I have reported on in the hope that it will bring about change. I have also mentored new OCVs and learned about the work of other dedicated people in the OCV role.

The independence of OCVs means that, as a group, we do not always agree on all issues but the breadth of opinion and the discussion it generates is essential. Part of the OCV role is to speak up about issues affecting the people we visit who are living in care. I have taken this point seriously and been vocal about the need for reform in the Boarding House Sector and whilst I welcome recent legislative changes, I am not sure that it will resolve concerns that I have been raising over my years of visiting licensed boarding houses as an OCV. In the 2009-2010 OCV Annual Report¹ I wrote that *'people with disabilities living in licensed boarding houses are generally likely to receive a lower quality of service than their peers living in other types of disability services'*. Only time will tell whether significant change can be achieved in this sector. However, I believe that a strong and continuing OCV Scheme is one way to ensure that people in care will continue to have support that will assist them to have a voice and to improve their quality of life.

In the 2008-2009 OCV annual report I wrote the Northern region message on behalf of my regional colleagues.² In the last paragraph, I wrote:

'The role of a Community Visitor is not always understood by service organisations or their clients. So taking the time to inform people about what we do is often a prerequisite for each visit. Sometimes this can be frustrating, but nothing brings more satisfaction than the look of relief on a person's face when they do understand. Relief, that there is somebody who will take some time to get to know them. Relief, that there is somebody who can help. And relief, that there is someone who will make a difference.'

These words are still true today. On leaving my role as OCV, I take with me three things. Memories of people who have enriched my life, comfort in the knowledge that there are other passionate people in the OCV role who will continue to achieve outcomes for the people we visit and the realisation that I did make a difference. Thank you to all who supported me to do this.

1 Official Community Visitor Annual Report 2009-2010 page 19.

2 Official Community Visitor Annual report 2008-2009 page 42.

Case Study – Disability



Getting a driver's licence

Audrey is a woman in her late thirties who has been living in a group home with other women for many years. She loves to have a chat and is able to express a strong view of what she would like to achieve as her life goals.

During a conversation, Audrey spoke with the OCV about her wish to regain her driver's licence which she last had as a teenager. The OCV and Audrey talked through the steps she would need to take to achieve this, starting with obtaining identification in the form of a new birth certificate.

At a follow up visit, the OCV learnt that Audrey had, with the support of staff, made the trip into the city to the Registry of Births, Deaths and Marriages and filled out the forms necessary to get a new birth certificate. On that same trip Audrey had also bought herself an iPad.

Using her iPad, Audrey accessed the online Learner Driver's Manual and spent a lot of time

studying the questionnaire for the theory test and completing the practice tests online. After only her second attempt she passed the written test and became the extremely proud holder of a Learner Drivers permit!

Meeting with Audrey on a recent visit, she was very excited to show the OCV the business card of her driving instructor and to tell her that - after just two lessons - he had told Audrey that she was ready to sit the driving test.

Audrey talked about the possibility of buying a car, but was quick to say she was not in a hurry to do that or to drive anywhere, but that she was very proud of what she'd achieved.

This outcome for Audrey highlighted to the OCV the importance to a resident's self esteem and confidence of being able to pursue and fulfil their goals and being positively supported in this by caring staff and the community.



Message from Official Community Visitors

By Ann-Maree Kelly,
Official Community Visitor

There is a saying that when one door closes, another opens. This happened for me literally on the day I retired as a principal with the NSW Department of Education and Communities. It had been an emotional day, full of goodbyes and tears. I was looking forward to kicking my heels up at my retirement dinner that evening and as I locked the office door for the last time and just as I was handing over the keys and giving last minute instructions, my phone started ringing in my handbag. I struggled to juggle the keys and to whip out the phone before it stopped ringing.

The OCV Team Leader was calling to offer me an interview for the position of Official Community Visitor. I took this as an omen and felt very positive about the forthcoming interview. One of my concerns with retiring was that the skills and knowledge I had built up over years in education would no longer be used. With a background in special education and a strong welfare focus from working with disadvantaged young people, I felt I still had something to offer even though I no longer wanted to work full time.

A couple of months previously, I had stumbled across the advertisement for Official Community Visitors in the positions vacant section of the local paper. The criteria appeared to match my skills and abilities, and I spent the weekend writing my application. Now I was being offered the opportunity to take the next step.

When I received the post-interview phone call from the OCV Team Leader informing me that I was successful and inviting me to attend an induction program, I felt as excited as a child on her first day at school. I was looking forward to this new phase in my life.

At induction I met the other new appointees and we quickly clicked as a group. We were all eagerly looking forward to the adventure ahead of us. Our backgrounds varied. There were disability care workers, teachers, police, case workers and managers from State and Federal departments, and one forging a new career as an actor. Some were still working part time, some were on contracts and some, like me, had recently retired.

The days of the induction were a blur of understanding the legislation, OCV Code of Conduct, filling out forms, OCV Online, writing reports and asking questions. We heard from experienced OCVs and had an opportunity to go on a team visit. Each night my head was a scramble of new information and I tried to put everything in order in my hotel room overlooking the Cenotaph in Hyde Park.

Like the others, I was looking forward to the Friday when I would see my draft caseload. My photo was taken, my ID was ready, I had a laptop and a shiny new OCV satchel. I had a first aid kit and a fire extinguisher. I was ready to be an OCV! All I needed was my appointment letter from the Minister and I could start visiting.



The last day of induction was also the day when we met our mentors. Each of the new OCVs was allocated a mentor, an experienced OCV who would guide us through the maze of our first year. As we were to discover as the year progressed, our mentors were invaluable. They took us on visits, taught us the ropes, provided a listening ear, directed us through bureaucratic labyrinths and picked us up and dusted us off when needed.



By mid-November I was making my first tentative phone calls to arrange introductory visits, and by January I began visiting in earnest. The induction and mentoring visits had provided a good foundation and my confidence increased with each visit. I felt like I was beginning to know what to look for.

Surprisingly, the most challenging part of the Visitor role in those early days was finding my way around. Even with a fairly good knowledge of my geographic area and a GPS device, I had difficulty finding some residences. There is no “typical” residence and they can vary from regular homes in a regular street, to purpose built properties, flats, villas and large homes on acreages. My main anxiety when fronting up to a new residence with no house number or distinguishing features was that I would be knocking on the wrong door and frightening some unfortunate neighbour and being told where to go. Some streets do not exist online, in the street directory or on the GPS. With enough driving around and flagging down dog walkers, they usually appear!

For one visit, I had phoned ahead to make an appointment and was running close to time. The house was nowhere to be found, and I was parked in front of a block of units. I had a moment

of mild panic then took stock. I called the service office - to be told that I was indeed at the correct place and that everyone was waiting for me in the garage down the driveway at the rear. The garage had been converted to an office. Now when I visit it appears to be perfectly normal and natural, but on that first visit it seemed odd.

Many of the houses I visit are rental properties and the facilities are not always brilliant. As an OCV that is one of the issues we look for. Is the house homelike and does it reflect the residents' needs and personalities? Over the past year I have seen some of these properties improved by the application of a fresh coat of paint, a tidy of the lawns and gardens or new furniture in response to questions I have asked. The residents and staff are usually proud to show off the improvements when I next visit.

Sometimes I find that issues are glaringly obvious. A quick scan of incident reports or the staff communication book might reveal some serious and continuing problems around safety concerns such as incorrect administration of medications or food handling. Sometimes there are physical problems that could cause injury to clients (or workers) such as damaged paths and stairways. Often these matters need to be resolved quickly and after talking with staff on duty, the next step is to get a visit report written and submitted as soon as possible. If my visit is out of hours (and they often are) then the main office is usually closed with no one available to respond to calls.

Sometimes all appears to be going well for residents and it is only after a bit of forensic work that issues begin to bubble to the surface. Statements made in one place might not match actions in another, information provided by direct service workers may be at odds with the responses from management, and strategies for goals in resident case plans may not match the reality.

On one occasion, I was reading a client file and it stated that, on Thursday mornings, Angela would participate in a craft activity. As I read through the file it occurred to me that it was Thursday morning and Angela should have been involved with the day program activity. She was sitting opposite me propped in front of the television. I went looking to investigate further and found the activity officer was not on site. The resident was missing her scheduled activity. I then checked to see how frequently this occurred and found she often missed day programs. I raised this with the service.

My visiting schedule, includes a large residential facility, OOHC services and disability supported accommodation. Some are operated by non-government providers and some are ADHC homes. I usually need to visit late in the afternoon or early evening when residents are home from school or day programs. Sometimes I am warmly welcomed and everyone wants to chat and show me around. Sometimes I receive a sullen reception (usually from the teenagers) and sometimes I am met with suspicion or hostility. Usually these circumstances are rare and once people get to know who I am they become more receptive.

Some of the houses I visit have had OCVs for years and people are familiar with the role and its requirements. For others, it is a new experience and the staff are hesitant until they learn the scope of the role. I have found the documents provided by the Ombudsman's office very helpful in breaking the ice and providing information.

Sometimes I call ahead and make an appointment and at other times my visits are unannounced. There are advantages and disadvantages to both approaches. When I schedule a visit, the case manager is often present and I can ask questions on the spot and discuss potential issues. When I drop in unannounced, I often get the chance to chat with key workers and see the service

operations and routines which can also be revealing. Visits when no-one is at home can also occur when I have not checked ahead, but so far these have been rare and as my services are geographically close I can always call in on another one in the vicinity.

Sometimes I find visiting frustrating. Issues and their solutions are obvious (to me at least) yet the response I receive from services makes me query if they are reading an entirely different report and I wonder what question they could possibly be answering. Sometimes I am gratified to receive a response that says thanks for pointing this out, yes we missed it and it has been remedied.

Even in the short time I have been in the OCV role I have seen some improvements in the living and recreational options for people with disabilities and young people in care. There are some challenges ahead for services and in particular I am seeing matters around the provision of appropriate training for staff who provide direct care to residents.

The year has gone quickly and I have learned so much in this short time. My mentor, my regional group colleagues and the OCV team at the Ombudsman's office have provided brilliant support. I am looking forward to what the next year might bring.



Year in Summary

Visitable services

OCVs visit children and young people in statutory and voluntary out-of-home care (OOHC) and people with a disability in accommodation services that are operated, funded or licensed by Community Services or Ageing, Disability and Home Care, where the residents are in full-time care. At 30 June 2013, there were:

1,424 visitable services in NSW; accommodating 7,235 residents and over 80% of services were allocated to an OCV for visiting on a regular basis.

Visits conducted

During the year ending 30 June 2013, Visitors made: 2,056 visits to services.

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

There are 208 visitable OOHC services, accommodating 475 children and young people in statutory and voluntary OOHC, including children and young people with disabilities. During the year, OCVs made:

427 visits to these services.

Services to adults with a disability

There are 1,190 visitable disability services, accommodating 6,125 adults with a disability. During the year OCVs made:

1,569 visits to these services.

Services to residents in licensed boarding houses

There are 26 licensed boarding houses, accommodating 635 adults with a disability. OCVs made:

60 visits to these services during the past year.



In 2011-2012, the Ombudsman sought a budget enhancement for the OCV scheme. This year, the NSW government granted the scheme an additional \$200,000 pa to support OCVs in visiting more services across the state.

In 2011-2012, only 63% of visitable services were able to be allocated for visiting in the second half of the reporting year. In 2012-2013, due to the increase in budget, OCVs were able to visit an average of 75% of visitable services and this will continue to increase in the new financial year as the scheme benefits from a full 12 months of increased funding.

Please see page 22, 'Summary of activities and outcomes' for more information on allocation of services and numbers of visits undertaken by OCVs in 2012-2013.

OCVs identified 3,938 issues about service provision to residents during the year. Of these, OCVs reported that 2,784 (70%) were finalised. The remaining 1,154 (29%) of concerns were identified in the database as ongoing issues and carried over into the new financial year for continued monitoring and resolution.

In 2012-2013, the main concerns related to:

- Residents are safe –

1,216 issues (31%)



- Residents have quality health care and personal care –

743 issues (19%)



- Residents are treated with respect and dignity and have opportunities for privacy, personal growth and development –

688 issues (17%)



- Residents live in a home like environment –

668 issues (16%)



The Role of Official Community Visitors

Objectives and legislative framework

The Official Community Visitor scheme was established in 1995 pursuant to the *Community Services – Complaints, Review and Monitoring Act 1993* (CS-CRAMA) and Regulation.

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

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

The OCVs' functions are to:

- inform the Ministers and the Ombudsman about the quality of accommodation services
- promote the legal and human rights of residents
- act on issues raised by residents
- provide information to residents and services
- help resolve complaints, and
- report to the Ministers.
- The Ombudsman's functions in relation to the scheme are to:
 - recommend eligible people to the Ministers for appointment as a Visitor
 - determine priorities for the services allocated to OCVs for visiting, and
 - investigate matters arising from OCVs' reports.

The role of the NSW Ombudsman

The Ombudsman's Official Community Visitor (OCV) Team and other staff within the Human Services Branch and the office support OCVs. The Ombudsman is responsible for:

- the day-to-day operation and administration of the scheme, including management and maintenance of the electronic database (OCV Online),

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

Visitor numbers

At the beginning of the reporting year, there were 35 OCVs. During the year, six OCVs left the scheme; either reaching the end of their appointments or resigning prior to completing their term.

In 2013, the OCV team undertook recruitment to fill regional gaps and prepare for long-standing OCVs reaching the end of their terms and the Ombudsman recommended 11 candidates for appointment. These new OCVs are expected to commence visiting early in 2014.

Training and development

The Ombudsman coordinates training to enhance visiting practices and skills, and also arranges briefings about key community service sector issues and initiatives.

Training in 2012-2013 focussed on:

- the roll out and focus of the National Disability Insurance Scheme (NDIS)

- briefings to Ministers and Executive Directors of ADHC and CS
- improving the quality and consistency of OCV visit reports
- how to be an effective mentor
- the annual OCV Conference, with presentations from the Minister for Disability Services, the NSW Mental Health Commission, National Disability Services (NDS), the Public Trustee & Guardian, Northcott on the use of electronic communication aides, and staff from the Ombudsman's office.

Case Study – Disability

Providing for a safe and caring environment

An OCV has been visiting a group home over a number of years. There had been a number of issues raised over a long period of time about the level of support that residents were receiving in areas such as health care, support for challenging behaviours, response to incidents and individual planning. The OCV had been working with management to seek improvements in all of these areas.

Some changes were being made at the group home, including new house management and the introduction of clinical behaviour support. The service's response to the OCV's reports also referred to training and support for staff and various policy and systems changes.

However, overall, the service's responses to the issues raised by the OCV often failed to show an appropriate level of insight into the seriousness of the issues. Over time, the OCV did not see any significant or sustained improvement in outcomes for the residents. During one visit, the OCV saw that the number of serious incidents had increased, combined with an increase in the use of PRN (as needed medication), and that one client was continuing to use public transport independently despite her psychiatrist recommending that she be supervised in her access to the community due to her mental health problems. The OCV also noted that one client had been hospitalised after a wound became severely infected; despite living in a service with 24 hour care, seven days per week.

On a subsequent visit, the OCV became increasingly concerned about the safety and wellbeing of the residents and formed the view that the staff lacked the capacity to provide appropriate levels of care and that the style of management may have been inhibiting genuine service improvement. The OCV referred these issues to the OCV team and the complaints team at the Ombudsman's Office, who worked with her to resolve the concerns. After discussions with the service the executive management team instigated a three month monitoring and improvement plan. As a consequence, the house manager's office was relocated to provide extra space for residents to relax and have recreation time. The resident who had been using public transport unsupervised was provided with staff support to get to and from her day program and improvements were made in the reporting of, and response to, resident health matters. Changes to staffing led to increased support for residents during the afternoon and evening periods, helping to ensure their safety and provide the support they needed.

With the persistent work of the OCV and an escalation of the issues to senior management and the Ombudsman's complaints team, the issues were adequately resolved. The OCV continues to monitor the situation at the house.

Summary of activities and outcomes

Visiting services

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

During 2012-2013, there were 1,424 visitable services – a decrease of 58 services compared with 2011-2012. However, the number of residents living in visitable services across NSW increased from 7,104 in 2011-2012 to 7,235 in 2012-2013. The decrease in the number of services and subsequent increase in the number of residents can be attributed to the policy of integrating ageing people with a disability into the general aged care system, the movement of boarding house residents into independent living models, and the change of funding model in the residential OOH sector - seeing some young people transitioning into semi-supported or independent living at an earlier age.

In August 2012, the Government announced an additional \$200,000 per annum to support OCVs in visiting more services across the state.

This year, we have increased the number of services allocated but there has been a slight decrease in the number of visits conducted. Three factors contributed to this.

At the beginning of the reporting year, the budget allocation for the OCV scheme was reduced in accordance with ongoing budget savings that were applied across government. The OCV team, at the time, had to make the difficult decision to significantly reduce the number of services allocated for visiting. Although a funding increase was later confirmed, this funding was not made available to the office until mid-way through the reporting year and the full amount could not be committed in 2012-2013. The unspent funds will be utilised to support our work schedule in 2013-2014.

In addition, a number of OCVs resigned or completed their appointed terms. The recruitment process for OCVs is lengthy, and new OCVs who were recruited in June 2012 to replace them did not commence their visiting schedules until December 2012/ January 2013. The role of an OCV is complex and often unlike any other role that new OCVs have undertaken. With this in mind, new OCVs generally start with a reduced schedule of allocated services, and increase this over their first year as they become more experienced. Next year, we anticipate that the OCVs appointed in 2012-2013 will increase their schedules from 90 hours (in the six months to 30 June 2013) to between 150 and 400 hours per annum. We also anticipate the appointment of a further 11 OCVs to fill vacancies and increase the number of visits conducted.

Finally, at the time the additional funding became available, 19 of our 35 OCVs were at full capacity in the number of services and visit hours allocated to them; either because they could not commit to any more hours or because all services in their geographical area were allocated. In 2013-2014, the appointment of new OCVs and the allocation of full schedules to existing OCVs will enable us to increase the number of visits by OCVs to visitable services.

Number of services allocated for visiting – comparison over time

We aim to allocate over 80% of visitable services for visiting. The number of new services allocated for visiting at any time is dependent on the number of appointed OCVs, individual OCVs'



availability and the number of unallocated visitable services in OCVs' geographic locations.

On the basis that most services should be allocated two visits per year of three hours duration, our funding proposal stated that the additional funding would allow for the allocation of approximately an additional 400 services over time.

At the beginning of 2012-2013, ongoing reductions to the budget allocation for the OCV scheme meant that the OCV team had to significantly reduce the number of services allocated for

visiting – so that only 63% of visitable services could be allocated as at 1 December 2012.

Fortunately, the subsequent announcement of an increase to the scheme's budget allocation and the successful recruitment of an additional 13 OCVs in 2012-2013 meant that an additional 66 services were allocated during the year. By the end of the reporting year over 80% of visitable services were allocated to an OCV. We anticipate that this level of allocation will be maintained in 2013-2014 as the scheme benefits from a full 12 months of increased funding.

Figure 1: Number of services allocated for visiting – three year comparison as at 30 June

Year	2010-2011	2011-2012	2012-2013
Number of services allocated	1,092	1,078	1,188
Total number of services (registered on OCV Online)	1,477	1,482	1,424
Visitable services allocated %	74	73	83

Number of Visits and Service (visit) Hours – comparison over time

This year, OCVs completed 2,056 visits compared with 2,215 visits last year. As noted above, this slight decrease can be attributed to the decision to reduce the number of services allocated for visiting in the first half of the reporting year and that a number of the available OCVs were at full capacity in the number of visit hours allocated to them. In addition, despite our close

monitoring of completion rates, some OCVs were unable to complete all of their allocated service hours during the schedule period due to other commitments or changed circumstances.

We will continue to closely monitor OCV completion rates. We anticipate that, in 2013-2014, we will again be able to increase the number of visits completed as the OCVs recruited in 2012 increase their allocated schedules and we recruit new OCVs to commence in 2014.

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

Target Group	No. of Services			No. of Residents			No. of Service Hours			No. of Visits		
	10/11	11/12	12/13	10/11	11/12	12/13	10/11	11/12	12/13	10/11	11/12	12/13
Boarding Houses	32	27	26	766	679	635	389	268	248	116	80	60
Children & Young People in OOHC (incl. children with a disability)	215	210	208	487	477	475	1,117	1,307	1,225	539	452	427
Adults with Disability	1,200	1,245	1,190	6,241	5,948	6,125	4,421	4,648	4,661	1,535	1,683	1,569
Total	1,447	1,482	1,424	7,494	7,104	7,235	5,927	6,223	6,134	2,190	2,215	2,056

Identifying and resolving issues

How OCVs help to resolve service issues

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

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

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

OCVs will sometimes refer concerns to other agencies. This may include referring residents and their families for legal advice or to advocacy services and reporting child protection matters to Community Services' Helpline.

During 2012-2013, OCVs raised 3,938 new concerns about the conduct of visitable services in NSW.

In the same period, services resolved 55% of all identified concerns to the Visitor's satisfaction (2,151 issues). Sometimes, OCVs are unable to resolve an issue to their satisfaction, or other changes mean that the issue originally identified is no longer relevant. Services made genuine attempts but were unable to resolve 8% (319 issues) of the concerns reported by OCVs.

This year, 8% (314 issues) were finalised as **'outcome unknown'** (figure 4) – because the Visitor could not establish what had happened in response to their report, the Visitor had not entered the outcome prior to completing their appointment or because the Visitor was continuing to monitor the issue at 30 June 2013. See Figure 3 for the number of issues reported by service type and Figure 4 for a breakdown of the outcome of issues reported by OCVs.

Figure 3: Issues reported by OCVs by service type 2012-2013

Target Group of Services	Total no. of visitable services	No. of issues identified	Average issues reported per service %
Boarding Houses	26	173	6.6
Children & Young People in OOHC	208	749	3.6
People with Disability	1,190	3,016	2.5
Total	1,424	3,938*	2.8

* NOTE: This figure include issues carried over from 2011-2012.

Figure 4: Outcome of issues reported by OCVs 2012-2013

Target Group of Services	No. of ongoing issues %	No. of issues unresolved %	No. of issues outcome unknown %	No. of issues resolved %	Total issues (%)
Boarding Houses	97	10	5	61	173
Children & Young People in OOHC	227	94	80	348	749
People with Disability	830	215	229	1,742	3,016
Total (%)	1,154 (29% of total issues)	319 (8% of total issues)	314 (8% of total issues)	2,151 (55% of total issues)	3,938 (100%)

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

OCVs may refer serious, significant, urgent or systemic issues to the NSW Ombudsman, who may make inquiries or take other action to resolve these matters.

For example, the Ombudsman may take up individual and systemic concerns reported by OCVs and conduct further inquiries about the impact of these problems on residents. During 2012-2013, in response to concerns identified and reported by OCVs, the Ombudsman's staff:

- Handled 43 complaints made by OCVs or based on information provided by OCVs.
- Provided detailed phone advice and information to OCVs regarding 156 complex service issues.
- Worked with OCVs to present education and training on the role of the Ombudsman and OCVs for residents, staff and management in supported accommodation services, to licensed boarding house intermediaries, advocates and to non-government OOHC service providers.
- Accompanied OCVs to meetings with senior managers of services to assist in negotiating the resolution of issues.

Additional Support to OCVs

This year, as part of an ongoing strategy to improve the quality and consistency of visit reports that are provided to services, the OCV

team reviewed over 50 visit reports that had been completed and provided feedback on the identified issues to OCVs at the annual conference. A session on 'asking good questions' at the conference highlighted the importance of using visit reports to ask questions that are focused on the identified issue, prompt services to consider how issues can be resolved, and obtain a detailed response about resolution.

An additional focus this year was on work health and safety for OCVs. OCVs work in isolation, travel significant distances and often interact with very vulnerable and potentially volatile people in the services they visit. The OCV team will continue to work with OCVs to identify significant risks from a work health and safety perspective, develop strategies to address these risks and review and develop relevant policies and procedures.

During 2012-2013, the Ombudsman also provided other supports to OCVs, including:

- Providing regular information bulletins to OCVs about developments in the visitable services sector, good practice ideas and initiatives, referral services and other relevant, available resources.
- Communicating with service staff and families who had queries about the scheme or wanted to contact an OCV.
- Consulting regularly with OCVs through the four regional groups and the OCV-Ombudsman Consultation Group.
- Supporting the OCV Ministerial Working Group through the provision of information for briefings and maintaining contact with the Minister for Disability Services and Minister for Family and Community Services.



- The OCV Policy and Practice Working Group, comprising OCVs and Ombudsman staff, who review and develop policies and procedures. This work included developing

the Service Prioritisation Policy, Managing Work Performance Policy and reviewing the OCV Gifts and Benefits Policy and Work at Home Policy.

- The allocation of extra hours to OCVs to attend special training sessions and conferences and follow up on serious and urgent service issues.

Promoting the scheme

This year, OCVs and Ombudsman staff jointly presented information sessions to community service agencies, peak bodies and other community, public and private sector agencies, via in-house staff meetings, community and service worker forums and through Ombudsman community education training events.

Case Study — Disability

Weekend activities

An OCV visits a group home that accommodates four women who have a variety of support needs. The women range in age from early 30s to late 50s. Two of the women need walker or wheelchair support when they are out in the community and all the women need the support of staff at all times.

The service had made the decision to allocate only one staff member per shift for Saturdays and Sundays. This decision meant that all residents had to go out together for errands, shopping trips, health appointments and other activities, even if they did not want to participate in the activity. For example, one of the women regularly goes to stay with a family friend on the weekends and this means all four women have to make the drive to the family friends' house, regardless of whether they feel like going out or not.

The OCV raised the issue of the weekend staffing model in her visit report to service management. In response, the service acknowledged the limitations the model imposed on the four women and said that they would review the matter and look at resolving it.

When the OCV followed up on the issues, she was pleased to find that there had been an increase in shift hours on the weekend to allow for an increase of staff numbers on each alternate Saturday and Sunday. This allowed the women to schedule activities that they wished to participate in individually.

The OCV noted that the residents were happier now that they had a greater choice in community activities on the weekend. Staff also reported a decrease in unsettled behaviour and a more positive atmosphere in the house.

Alumita's story

a voice of a resident living in care

My name is Alumita, I am 37 years old and I live in a licensed boarding house in Bundanoon in the Southern Highlands. My background is Fijian and I have Lupus (that's a kidney disease that I have had since I was 15) but I take medication for it.

My family live in Sydney. I have a mother, sister, brother-in-law, three nephews and three nieces. I also have a brother who lives in Sydney with his partner and their son.

I am a process worker for Disability Services Australia (DSA). We pack coffee, put labels on books and do cigarette lighters as well. This year at DSA we had a footy tipping competition and it was fun to do. I came fifth and my points were 108, but my friend Marlene came first she had 117 points. We had a barbecue to celebrate the end of season and we had to wear our footy team colours on that day. At the barbecue I won a trophy, a football that was signed by the Legends of Origin of NSW Rugby League since 1980, and a DSA hat. I also got a certificate with my first and last name on it for best dressed.

The carers at my home are really nice, they are John, Phyllis, Myra and David. David is the one that makes good pancakes and French toast every Tuesday morning. All of the residents like this very much and we like Myra's rice puddings because she puts raisins and fruit in them.

I am a good helper in the kitchen and like doing the mashed potatoes and serving dinner every Thursday with John. I serve the vegetables. The food here is good and I like it very much. I also have other friends who live with me their names are Steve, Malcolm, Vera and Martin.



Carolyn Smith our OCV visits all of us here at our home. I have known her for a long time and I think it is four years she has been coming to visit us. I know that I can talk to her about anything and she always asks me about how my work is going and when I go on holidays I always tell her about them.

I really like living here because it is really like a home for everyone and we have a roof over our heads.

I hope you like my story, the end.

By Alumita



Outcomes for residents

Services for people in licensed boarding houses

Over the past few years, the boarding house sector has undergone some significant reforms. With a new Act and regulations, the *Boarding Houses Act 2012* and the associated *Boarding Houses Regulation 2013*, the sector and residents throughout NSW have been given a future of increased safeguards and opportunities.

OCVs only visit Assisted Boarding Houses, as one of the focuses of the OCV scheme is to provide oversight of the care being provided to people with a disability living in residential care, and in this case people with a disability living in Assisted Boarding Houses.

Both types of boarding houses will be receiving greater general oversight and monitoring because of the new legislation and, along with ADHC boarding house staff, OCVs will continue to play an integral part in this changed landscape.

The 26 licensed boarding houses subject to visits accommodate up to 635 residents. In the past year, OCVs made 60 visits to licensed boarding houses and raised 173 issues of concern about services provided to residents.

OCVs reported that licensed boarding houses resolved 61 (35%) of the issues they identified. The remaining issues are ongoing and continue to be monitored by the Visitor, or are unable to be resolved. There are also a number of issues that are reported as outcome unknown. Please see note on page 24 for further explanation.

See Figure 5 for a three-year comparison of the number of boarding houses and the number of visits conducted in this sector. See Figure 6 for a three year comparison for the outcome of issues raised by OCVs.



Under the new Act, Licensed Boarding Houses are now known as Assisted Boarding Houses and must be licensed if they have residents with a disability living on the premises. Unlicensed boarding houses are now known as General Boarding Houses and are subject to legal requirements and regulations. General Boarding Houses are defined within the legislation as accommodating five or more people, and Assisted Boarding Houses accommodate two or more 'persons with additional needs'; for the purpose of the OCV scheme this is taken to mean people with an intellectual, physical or psychiatric disability.

Figure 5: Three year comparison of data for visitable services for residents of licensed boarding houses

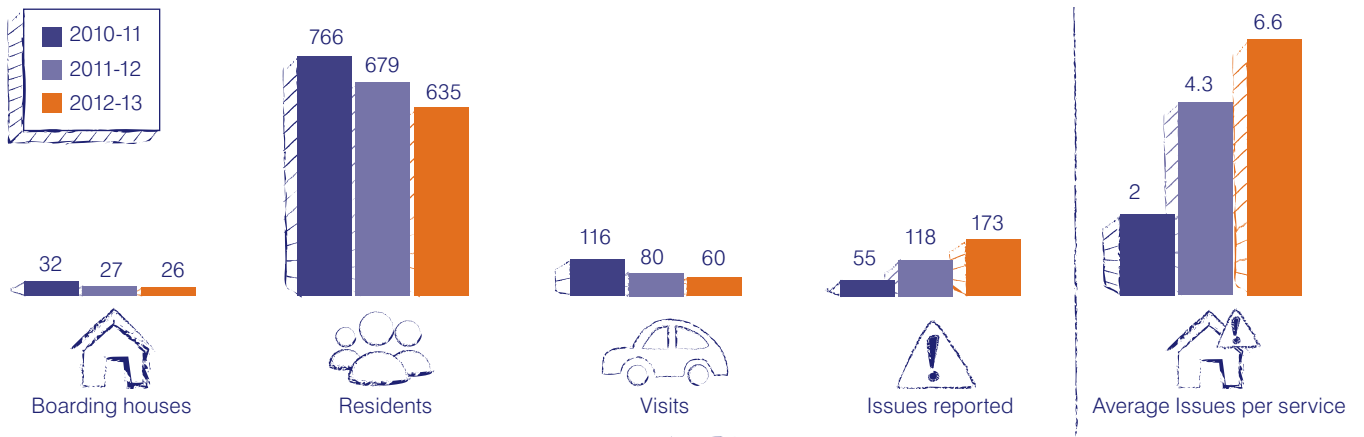
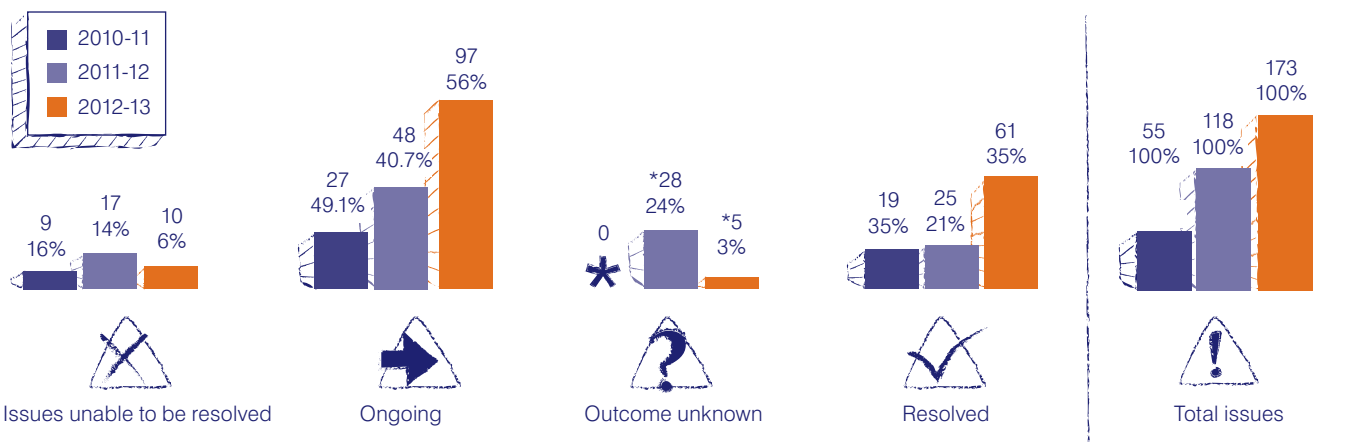


Figure 6: Three year comparison – outcome of issues raised by OCVs



*NOTE: Prior to 2011-2012, we only reported on the number of issues closed. Figures from 2011-2012 onwards include issues where the outcome was unknown at the end of the reporting year.

Major issues by subject, number and percentage

The service issues of concern that OCVs most frequently identified and reported in 2012-2013 are similar to those raised about licensed boarding houses in the past:

Issue 1 – 54 (31%)

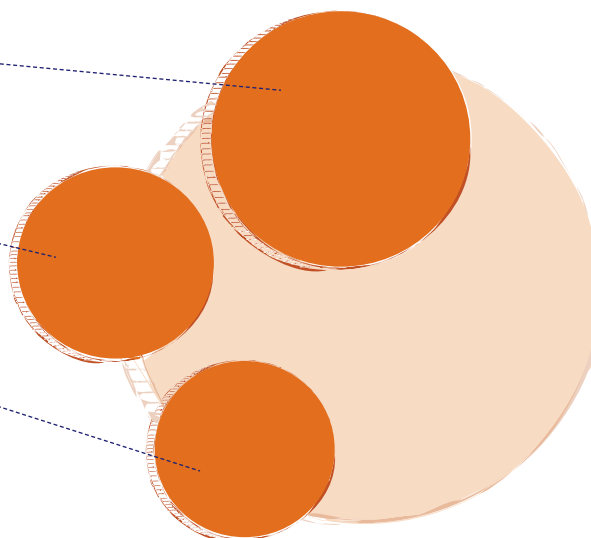
Residents live in a home like environment

Issue 2 - 39 (23%)

Residents have quality health care and personal care

Issue 3 – 34 (20%)

Residents are treated with respect and dignity and they have opportunities for privacy, personal growth and development



Official Community Visitor Message

By Jackie Klarkowski,
Official Community Visitor

As a newly appointed OCV, it was with some trepidation that I agreed to visit a large boarding house in my local area. I had never set foot in a boarding house in my life. Thankfully, an experienced OCV was already visiting the boarding house, and through team visiting she provided me a great introduction to the issues, and to the residents, management and staff.

My first tour of the boarding house was a bit confronting – a large, sprawling building with around fifty residents, many of whom, when I first met them, were standing around outside smoking, or sitting around inside watching daytime TV. The smell was one of the first things I noticed – cigarette smoke outside and lingering urine odours inside. The large common rooms of the house were well equipped and had big screen TVs and comfortable seating. In the bedrooms there was a maximum of two people to a room, with several residents having a single room. However, one of things that I noticed was that there was nowhere for residents to get a drink of water or make a cup of coffee or tea. Upon raising this directly with the proprietor, he suggested that people could use the bathroom taps if they needed a drink. I noticed that the kitchen was locked, and at mid-morning residents queued up on the verandah for a cup of milky tea dispensed from a huge teapot. The laundry contained large baskets full of shoes, socks and underwear, and racks of clothes all for common use. After this first visit, I knew that visiting boarding houses as an OCV would be a challenge and breaking through the barriers of institutionalisation that existed for the residents even more of a battle.

Happily, many of my colleagues visit boarding houses which present a much more positive

picture of communal life. Boarding houses provide accommodation for many vulnerable people whose background, disabilities and mental health problems mean that they could otherwise be homeless. Many boarding house proprietors and managers go to considerable efforts to assist their residents with daily life and provide a stable and comfortable home. These experiences are a great antidote to the occasional horror story reported in the media.

In response to the many concerns raised over the years, the *Boarding Houses Act 2012* was passed to provide a legislative framework for the regulation of boarding houses in NSW. Two types of boarding houses are required to be registered – General Boarding Houses accommodating five or more people, and Assisted Boarding Houses which accommodate two or more ‘persons with additional needs’ – that is, people who need daily ongoing care and support services because of their age, mental illness or other disability. The Boarding Houses Regulation commenced on 1 July 2013, and provides a range of required standards for Assisted Boarding Houses that are designed to protect residents and improve their quality of life. Standards include establishments having a maximum of 30 residents, accommodation in single bedrooms, and minimum requirements for staffing, resident facilities, record keeping, health and wellbeing, food and nutrition, and safety.

This new legislation has been greatly welcomed by OCVs. In October 2011, the Ombudsman’s Special Report to Parliament ‘More than board and lodging - the need for boarding house reform’ identified serious concerns about the safety, health, welfare and rights of the residents of licensed boarding houses, and the adequacy of the system that is meant to protect them.

Individual OCVs made submissions to the consultation process for the new boarding house

legislation, and the final regulations represent significant improvements to the quality of accommodation and care expected of the operators of Assisted Boarding Houses. Licensed Boarding Houses that were operating when the new regulations were introduced have a period of five years to meet the requirements for the maximum number of residents and for single rooms, but some have already started to move towards meeting the new standards.

ADHC is responsible for monitoring the standards, and Compliance Officers have started visiting Assisted Boarding Houses every six weeks or so, providing advice and educational support, and documenting instances of non-compliance. An NGO has been contracted to work with operators to help develop the required suite of policies, an Operator's Guide is being prepared to assist boarding house managers to interpret the Regulations and understand how compliance will be assessed, and some subsidies are available to assist with meeting these new standards.

The lack of choice and control over many aspects of their everyday lives is a continuing issue for many boarding house residents. Examples include having no say in the meals provided, limited access to medical practitioners of their choosing, little opportunity to have input into how their home is run (for example, through resident meetings) and having limited access to their own funds. In some cases, a resident's pension or other income is paid to the boarding house operator who then gives the person 'pocket' or 'comfort' money, and holds ATM cards and bank documents for safekeeping. In these cases, residents can be unclear about the fees they are paying and any savings they might have.

The new regulations require residents to be provided with support to independently manage their financial affairs, or if they are unable to do so, given support in arranging for assistance, such as applying to the Guardianship Tribunal for a financial management order. Boarding house operators are also required to provide assistance for residents to select and attend a health care provider of their choice and other support and advocacy services. Although some of the required standards were also included in the previous *Youth and Community Services Regulation 2010*, the new regulatory framework and compliance checking processes should lead

to progressive changes in the sector's response to community and agency expectations for individual rights and quality of life for residents of boarding houses.

These changes have the potential to encourage real improvements in the daily lives of boarding house residents. Outside of the regulations, funding for services such as ALI (Active Linking Initiative) and HASI (Housing and Support Initiative) is essential in providing opportunities for community participation, educational and employment support, and group and individual activities. However, even when these programs are available, the funds available are limited and the service providers find that group outings in a minibus are often the only way to reach all the residents in need. All too often, boarding house management have a major say in deciding who goes on what outings. While it is true that boarding house staff need to ensure that residents are well enough, and appropriately dressed, before the scheduled outings, this can easily become another area where residents' choice and freedom of movement can be routinely restricted, and even used as a means of behaviour control.



Boredom is a major problem in boarding houses – I have observed many people who do not have much to do from day to day other than sitting around smoking. Some managers have been proactive in helping residents find suitable employment and training opportunities, including offering jobs and paying residents to undertake

various domestic duties around the house, but this is not the case for the majority.

One aspect of life in boarding houses that strikes all OCVs is the prevalence of smoking. The rate of smoking among boarding house residents is many times higher than that of the general community, and for most residents who have little money left over each week after paying for board and lodging, much of what they do have is spent on cigarettes, particularly as the cost of cigarettes continues to rise. The practice of bartering with cigarettes reinforces the smoking culture, and there is an overall negative cycle with the health and financial position of residents continuously affected. Much more concerted effort and professional assistance is needed to encourage and assist people to give up smoking – calling a Quit Line or talking to a GP is unlikely to be of much use to these residents, particularly when in some cases it appears that boarding house managers use the availability of cigarettes as another means of control.

There is a huge potential for the National Disability Insurance Scheme (NDIS) to offer access to services that could make important differences to the lives of many boarding house residents. Very few residents have had the opportunity

to access individualised case planning and the sort of specialised help that can lead to greater independence, skills development and employment. For people eligible for NDIS funding this could be life-changing, but it will be a few years before the NDIS expands to cover the geographic areas for most Assisted Boarding Houses. For older people and others not eligible for NDIS, other community services will become even more important.

As experience grows in administering the new boarding house legislation, there will be greater opportunities to focus on related issues such as the adequacy of the Screening Tool for Entry, the regular monitoring of ageing residents with increasing needs, and options for people needing higher levels of care than Assisted Boarding Houses can currently offer. In particular, the Screening Tool does not adequately address the complexity of medication routines needed by many residents, especially for early morning or evening administration when staffing levels may be inadequate.

There are still challenges ahead, but the recent changes are a real and positive move towards improving the lives and the homes of these most vulnerable people.

Case Studies – Boarding Houses

Enjoying a smoke free space

On the OCV's first visit to the boarding house, considerable time was spent looking over the amenities of this spacious home including the outside area. Most of the land was taken up by the boarding house itself - leaving very little outdoor space. In the backyard there was a covered courtyard with comfortable seats that were used by residents who smoked. When asked where the non-smokers could sit if they wanted to enjoy the sunshine, the manager replied that there was very little room available to those residents apart from a small area where an unused clothes line was placed. The area was not particularly attractive or suitable for a table, chairs and outdoor plants.

Many of the residents, who did not smoke, told the OCV that they didn't often venture outside as the only place to sit was the smoking area. When they were asked if they would like a designated non-smoking area in the backyard, many said that they would. A check of resident health records found that many had vitamin D deficiencies and this brought further impetus to raise the matter as an issue in the visit report.

The OCV took the matter up with the service; noting that such an area would allow non-smoking residents a space to enjoy being outside without the noise of a television or other interruptions, as well as having potential health benefits by allowing them to sit in the sun for

brief periods to improve their natural exposure to vitamin D.

Further discussion with the manager ensued, and possibilities were explored for creating a small outdoor space dedicated for use by non-smoking residents. However the manager said that she had no additional funds in her budget to use for improvements to the area.

A Move forward

Peter is in his 50s and has lived in a licensed boarding house for many years. Previously, he enjoyed living in a cottage on the grounds of the boarding house that he shared with seven other adults. The OCV regularly visited Peter and the other residents in the cottage, and Peter was always eager to have a chat and tell her what he had been doing at his work, and the outings he had been on with his friends from the house. However, due to recent changes within the licensed boarding house, Peter was moved from the cottage and into the larger congregate care part of the boarding house.

On her subsequent visits to the boarding house the OCV would meet up with Peter, and it was clear that he was not at all happy living in the new arrangement with so many other residents. His lifestyle had changed and he had become depressed. The OCV informed the licensee of Peter's concerns and change of demeanour and that he was not happy with his current living arrangements.

The licensee, with the assistance of his family, organised for Peter to move out into temporary accommodation, whilst suitable community based accommodation was being found that would meet his needs and lifestyle.

Once Peter had moved, the OCV lost contact with him. However, several months later she received a great surprise when she visited one of her regular group homes and was introduced to the new resident. The new resident was Peter and it was his first week at his new home. Peter was a changed man from the last time the OCV had seen him. He was happy and told the OCV that he loved living in his new home.

On follow up visits, the OCV observed that Peter had settled in very well and made great

The OCV contacted the licensee/owners and raised the issue with them. The owners responded positively to these concerns and agreed to allocate funds for the purpose of creating an outdoor sitting area in the space identified. This is currently under construction and the OCV is looking forward to her next visit and hearing residents' responses to the new space.

progress, particularly relating to his health and his lifestyle choices. His smooth transition into the house and the positive outcomes that have been achieved with the support of staff had made a great difference in Peter's life. His health improved so much with a new healthy diet and subsequent weight loss, that his doctor was trialling Peter's withdrawal from diabetes medication.

Peter told the OCV that he attends Tai Chi once a week, is learning how to use the computer and is also enrolled in a literacy course at the local Community College. At his new home, Peter goes shopping for the first time and with the assistance of staff he does the weekly food shopping for the house and also buys some things for himself.



As she continues to visit Peter at his new group home, the OCV is very pleased to see him thriving and making great achievements in his life.

Outcomes for residents

Services for children and young people

This year, we are reporting on OCVs' work with 208 visitable residential services for children living in care. These Out of Home Care (OOHC) services include services providing full-time, residential care for children and young people with a disability. As these children and young people are exceptionally vulnerable, the Ombudsman prioritises visiting resources to this sector to more closely monitor the quality of their care. During 2012-2013, OCVs made 427 visits to 208 residential OOHC services.

OCVs visit children who are in voluntary or statutory OOHC placements. A small number of children and young people who are in statutory OOHC are placed in residential services – that is, not foster care, relative care or kinship care

placements. Another group of children living in residential care are placed under voluntary OOHC arrangements. These are generally short term placements, which are reviewed at regular intervals. OOHC agencies providing care for children in voluntary placements must report to the NSW Children's Guardian, who monitors the progress of the children.

OCVs identified 749 issues of concern. Of these, 348 (46%) were resolved by services. Another 227 (30%) issues remain ongoing, with OCVs monitoring the action being taken by services to address them. There are also a number of issues that are reported as outcome unknown. Please see note on page 24 for further explanation.



Figure 7: Three year comparison of data for services for children and young people in OOHC

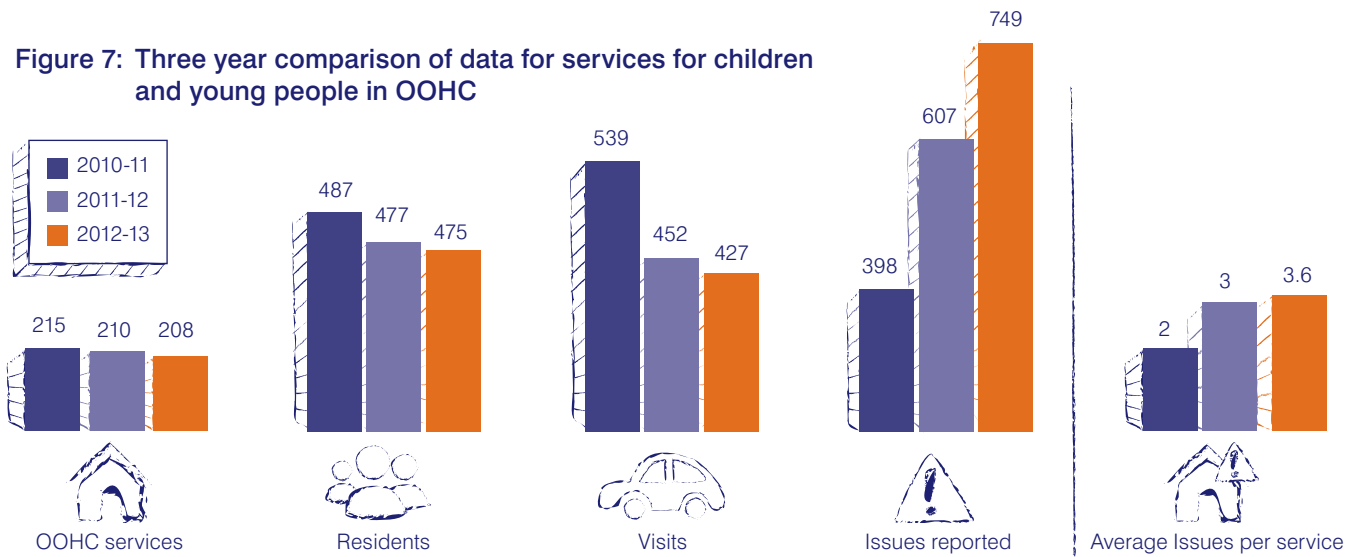
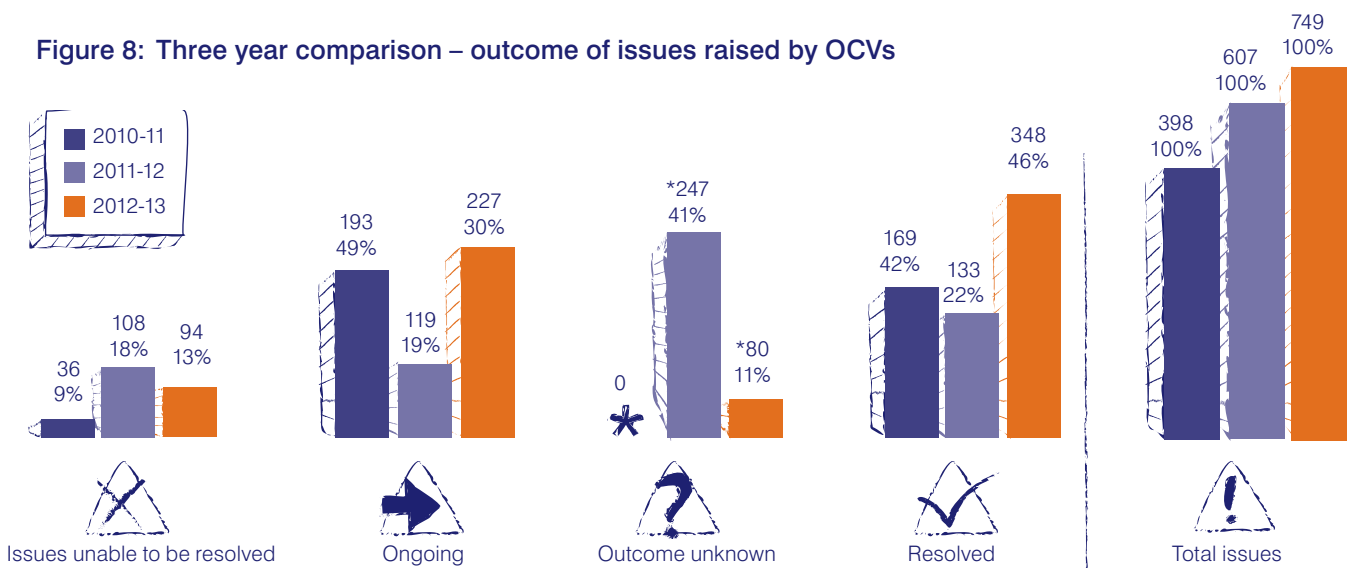


Figure 8: Three year comparison – outcome of issues raised by OCVs



*NOTE: Prior to 2011-2012, we only reported on the number of issues closed. Figures from 2011-2012 onwards include issues where the outcome was unknown at the end of the reporting year

Major issues by subject, number and percentage

The service quality issues OCVs most frequently identified in 2012-2013 were:

Issue 1 – 208 (37%)

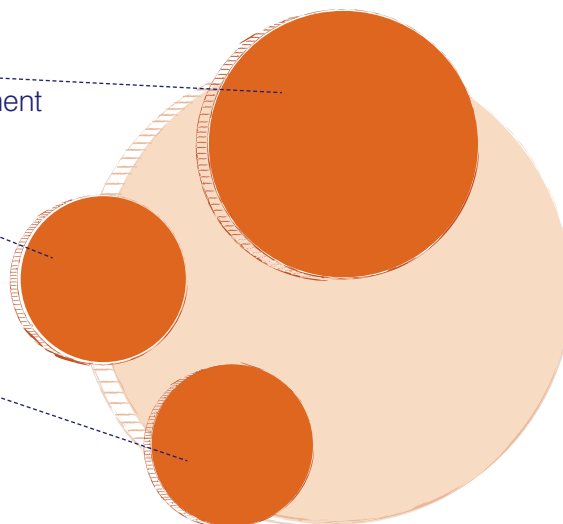
Residents live in a home like environment

Issue 2 – 124 (17%)

Residents have quality health care and personal care

Issue 3 – 123 (16%)

Residents are treated with respect and dignity and they have opportunities for privacy, personal growth and development



Official Community Visitor Message

By Bernadette Carter,
Official Community Visitor

Imagine yourself living in a house with people you have never met before, and being looked after by other people you have never met – nice enough people who come and go throughout the day and who are paid to be there. Then imagine that this living arrangement is the best possible outcome or only possible outcome available to you after you have been through some of the toughest years of your life. Picture all this and at the same time see yourself as a young teenager, maybe 13 or 14 years of age.

This is one of the things I try to think about, as an OCV, when I go to visit young people in Out of Home Care (OOHC). I confess I often find it difficult to imagine how I would have coped with the amount of stress and loss these young people have experienced. I try to think about what sense I would have made of my living situation after the unthinkable has happened and my family – my home, my protection, the source of my economic and physical survival - has broken down.

Most of the young people I visit are being provided with 'Intensive Residential Care', which means that they live in groups of two to four with one or two paid staff around the clock. Young people in Intensive Residential Care are commonly described as having high and complex needs and come with a formidable list of well-worn labels to do with their background and behaviour.

Beneath the labels though, is the reality that these young people face the task of developing their identity, completing their education, laying a foundation for future vocation and developing the ability to form healthy relationships. They have to master their adolescence and lay the groundwork

for their life as an adult without the protection of their family. It's a big ask for someone who has had a tough time and is asked to start over in the company of strangers at the age of 13 or 14 and sometimes even younger.

When I visit young people in OOHC I can observe the day to day activity of their household, but it can be difficult to meaningfully conclude how a young person is doing from observation alone. I also need to access what written information I can, in order to inform what I see.

It is easy to be overwhelmed by what I find – children who have been victims of sexual assault, born drug addicted, have relatives in prison, been witness to homicide, experience serious mental illness including suicide attempts, have poor attendance at school and limited education, demonstrate assaultive behaviour to other residents, are regularly absconding, or using drugs and alcohol. It is difficult to know where to start or what to reasonably expect from the care of young people who assault other residents.

The NSW Department of Family and Community Services' OOHC service model for Intensive Residential Treatment Programs (April 2007) indicates that programs throughout the State will incorporate elements from a range of standard approaches into their practice in order to help and support these young people. The most commonly used approaches from around the world include: therapeutic communities, points systems or token economies, positive peer culture models, psycho-educational models and approaches based on attachment theory.

The NSW Children's Guardian accredits service providers in OOHC according to 22 standards (NSW Standards for Statutory Out-of-Home-Care 2010). The standards outline what is expected of service providers and state that the service must clearly articulate its philosophy. They are not

specific, however, about the model or method to be used.

For me as an OCV, this can be a little confusing. In effect, each service has its own philosophy and approach to care and subsequently its own approach to tracking and documenting the highs and lows of a young person's progress. On top of this, a service will also have a Statutory Care Plan (which does have a standardised template) and other case planning and review mechanisms. For example, behaviour management or mental health plans which use templates and approaches that are unique to their service.

How then, in the midst of varying approaches and documents, do I as the OCV gain an assured understanding of how these young people are going with the colossal task of navigating their adolescence and preparing for adulthood without a family to back them? I would love to be able to see that everything is going according to plan and the future is looking good, and be able to see evidence of that neatly recorded in self-explanatory documents in the front of a file. But there is little that is neat and tidy about looking after a child or young person who is trying to develop healthy 'attachment' or the ability to 'self-regulate' or a young person who is trying to develop a strong sense of 'belonging' or 'mastery', after extensive childhood trauma.

As an OCV then, this means I need to listen to staff and young people and observe what I can of their current home life, while at the same time adapt to and learn the approach to care that each service takes. This is quite daunting initially and especially at times when the young person is not going well. Over time though, as I learn the 'care language' of each provider and as I become more familiar with and to the individual young people, this becomes less intimidating and I become more confident about how to understand and explore each young person's progress and what to ask for in terms of further information.

Observation does inform me also. When visiting I have found staff to be enthusiastic and warm with the young people and welcoming to me. I have also found the young people to be surprisingly tolerant towards me - even though conversation can be difficult and my role is often too obscure for them to fully conceptualise what I am doing there. At a bare minimum I can observe that the young person is putting themselves in the path

of people who care and want to nurture their development, that they have a roof over their head and some food on the table and ultimately, in every young person some sign (no matter how small) that they are developing core strengths to help them deal with the world that lies ahead of them.

So while it is not possible to witness an orderly uniform story in Out of Home Care with its array of documents and frameworks and the extent of personal trauma can be a little overwhelming, I do see the benefits or outcomes of care for the young people. I see some signs of growth and development and I have, for example, seen a couple of young people move into foster care which is truly wonderful. I appreciate being able to visit and be part of promoting whatever growth and development outcomes are possible for these young people and it is genuinely encouraging when - out of the blue - a young person in the midst of all of this wants to know when I will be coming back to visit them again.



Case Studies — OOHc

Supporting Nathan

The OCV had been visiting Nathan, a young man with autism who has very high support needs for some time and was impressed and inspired by the way the staff who care for him have adapted the environment to meet his needs. Nathan has a lot of family support and has been fortunate to have staff that have known and supported him for many years.

The OCV took time to look at Nathan's client file and the documentation supporting his detailed and complex care. Upon review, the OCV could see that the behaviour and support protocols written for him were well out of date. In the OCV's report to the organisation, she acknowledged that the working knowledge of Nathan's support staff was invaluable, but

this would not be available if key personnel were absent or unable to carry out their role in supporting Nathan.

As Nathan's development has been difficult to manage due to his very specific and complicated needs, the OCV indicated that up to date written protocols were a safeguard for him and staff, she asked what the service would do to update and develop new documents.

In response, the Manager initiated a review of Nathan's circumstances and the updating and documenting of the existing protocols for his care. The service also instigated a service-wide review of all of their clients who needed updated behaviour management plans.

Locked In

On a recent visit to two young people in OOHc, a senior manager accompanied the OCV to the residence. When they arrived at the house, they found the door locked from both the inside and outside and one young person inside the house on his own. The manager was surprised and concerned to find this situation. The OCV and the manager walked around the premises until they found a staff member and the other young person in the shed in the backyard.

It turned out that the young man inside the house had recently moved from a one to one arrangement into this household where there was only one staff member to two boys, and that on this day the boy inside the house was 'grounded' for difficult behaviour the previous week. The staff member had needed to go outside to support the other young man with some recreational activities but was worried

that the boy inside the house would abscond if left to his own devices and so had locked the door, going against the organisation's policy in this regard.

As a result of the OCV's visit, the situation for the young person was immediately rectified and the issue of locking residents in the house was raised at the staff meeting. Staff discussed how the actions on that day were out of line with the organisation's policies and procedures regarding security at the house. Management ensured that all staff were aware of, and agreed to adhere to, its policies in regards to resident safety and wellbeing. This is just one example of how visiting can be an effective way to identify issues of concern that, once addressed, greatly enhance both the safety and the dignity of residents.

Managing risk at meal times

On a visit to a group of boys living in OOHc, the OCV got into conversation with them about how things were going in the house. He was

told by a 14 year old boy that he and his house mates did not have access to metal cutlery when eating their meals. The boy said that he

thought this was because of the behaviour of a previous resident. He was unhappy about having to eat with plastic cutlery but was unsure how he could have this reviewed and changed.

Raising this issue in his visit report, the OCV asked if this situation could be reviewed. He was advised that metal cutlery had previously been used as a weapon in the house and that this had necessitated the change to plastic cutlery. However, as a result of the visit report, the issue was put on the house meeting agenda and staff were instructed to discuss with the young people issues such as responsibility and

Family Contact

The OCV visits Vernon, a 15 year old in OOHC. He is one of eight siblings, and five of his other siblings are also in care. His mother resides with two of her children in a country town and his father is incarcerated.

Vernon complained to the OCV that he wanted to have contact with all of his siblings and his parents. The OCV had seen documentation showing that the service provider had contacted Community Services (CS) on several occasions with promises by CS of a case discussion on the issue - but nothing had progressed. With Vernon's permission, the OCV rang the CS office and was told that, as his siblings were in care and his father was in gaol, there were problems with contact and that it would be best to wait until circumstances improved. The OCV disagreed with this assessment and contacted

Negotiating to go out

The OCV had been visiting an OOHC service for a couple of years. There were six young people living in the house - aged between 15- 17 years. Each time the OCV would go for a visit, the young people would complain that they were bored because they didn't get an opportunity to go anywhere, saying there was never enough money in the house budget.

The OCV reviewed the minutes from the house meetings for the previous six months and noticed that there was hardly anything recorded about this issue, even though the young people

safety, and where metal cutlery should be kept and how it should be used correctly and not become a weapon.

The organisation further advised that, after the house meeting, the matter would be discussed at a staff team meeting to ensure that all staff were aware of the young people's request and, where possible, provided metal cutlery to them at meal times. The organisation also agreed to provide staff with support in assessing and managing risk in their work with the young men in care.

CS regional management with a request that this decision be reconsidered. This proved to be constructive.

It is well known that family contact can be beneficial and that young people in care often miss their family and a lack of family contact may contribute to unsettled behaviour. The OCV discussed the situation with CS and pointed out that many children visit or have contact with their parents in gaol, and that this can be a positive experience if this contact is well managed. Within a short time, CS staff had contacted Vernon's case worker and a Contact Plan was compiled. Vernon was able to visit some of his siblings and had phone contact with his father. As a consequence he is a much happier young man.

said that they had raised this issue several times at the weekly house meetings and made complaints to staff.

The OCV spoke with the house manager who acknowledged that, due to staff changes, the meetings had not been conducted properly, she said that she would be happy for the young people to take their concerns up with her directly. The OCV suggested that it might be beneficial for a meeting to be held with the young people, the house manager and her to discuss this issue. The house manager agreed

and the OCV scheduled a visit for a fortnight later. She told the young people to think about what they wanted to say and what outings they would like or places they wanted to visit.

The meeting was held, the young people spoke up, and there was meaningful and respectful discussion about the issue. The house manager was able to listen to the young people and also had the opportunity to explain the cost of outings and how the budget for the house was worked out. The young people negotiated well with the support of the OCV, and an agreement was reached about what the household could

Working to find the best solution

The OCV visited an OOHC home for young children in an emergency response placement. The house was configured into two separate areas with an enclosed kitchen at the centre. Over the two first visits, the OCV saw that it was a very challenging and demanding environment, with three children on one side of the house and two children on the other. The OCV worked hard to try to get to know the children and the staff and to understand the complexities of the situation.

In the following weeks, the three children were moved to a permanent OOHC placement in another house and a new resident was placed at the home. The OCV was concerned that the needs of the residents were not being met in a number of areas.

The demands on staff were great, with a very high level of difficult behaviours being exhibited by some of the residents and the constant need for intervention and redirection. The OCV noted that one boy was not attending school due to his behaviour and another of the boys was regularly removing his clothes and trying to access the toilets in the house to play with the water. The OCV reviewed the residents' client files and saw that the boys had comprehensive support plans developed by clinicians aimed at assisting with communication and importantly meeting their significant sensory needs. The plans stated that the implementation of a 'sensory diet' (sensory activities throughout the day) would assist them to feel at a 'just right' level and allow them to carry out the tasks of daily living.

afford in relation to outings. The young people accepted that if they wanted an expensive outing, they would have to give up a few smaller outings and they were willing to make that compromise.

The meeting had a positive outcome for the young people because they felt that they were listened to. With the support of the OCV, they were able to negotiate with each other and the manager about achieving better quality outings. It also gave them some appreciation of how difficult it is to manage on a budget - something that they will have to learn very soon as they transition into independent living arrangements.

The OCV also found that the boys' diet consisted of a limited range of highly processed foods. The demands of the house meant that staff had very limited capacity to prepare meals, so easy options of highly processed and easy to prepare foods were chosen. Adding to this issue was the nature of the boys' disabilities meaning they could only eat a very limited diet.

Meanwhile, the new resident - a very young boy - had arrived with a limited amount of information about his support needs. The staff had been doing their best to get to know him and provide a home-like environment. The OCV contacted the Office of the Children's Guardian to raise her concerns about the placement, and escalated a complaint to the Ombudsman's Office about the boy's placement and the plans for his future. The OCV also raised issues about the implementation of clinical recommendations regarding the boy's care, provision of a home-like environment, provision of a healthy diet and opportunities for activities and participation in the community.

Over subsequent visits, the OCV met and spoke with staff and management about continuing work on improving the quality of care being provided to all three young boys. Over time and through observations and reviewing documentation, the OCV was able to see that many improvements were implemented.

On a recent visit, the OCV joined staff in the kitchen. She saw plates of rice and vegetables being prepared for the boys' dinner. The staff

member said that through persistent efforts and trial and error, the boys were now eating a wide variety of foods including fresh fruit and vegetables. During the visit, one of the boys who had previously not been attending school, arrived home from his half day there. He entered the kitchen and ate his afternoon tea, and later took the OCV by the hand to lead her to a swing in the backyard where he sat and enjoyed a ride.

Documents on file showed that the boys had been going on afternoon walks to explore their neighbourhood, which they had come to enjoy.

Transitioning to independent living

The OCV was impressed with the standard of care and accommodation provided for a group of young women living in OOH. Suzie, Kylie, Anna and Melissa were all attending vocational training or school. The house was clean and home-like and the young women's health care needs were being met.

The young women had all come from chaotic and traumatic family backgrounds. They had experienced breakdowns in foster care placements and in the initial stages of their placement in OOH they had presented many challenges; with episodes of absconding and risk taking behaviours. However, over a long period of time there had been gradual improvements – due in part to a lot of hard work on the part of the staff.

During her visits, the OCV tried to gain an insight into how the young people lived, taking the opportunity to observe household routines, the homeliness of the environment and perhaps most importantly, the nature of the relationships that were being formed. For example, one of the girls came home from school and hugged a staff member - apologising for her poor behaviour the previous day.

In this house, the girls had close, positive relationships with their carers. However, they were approaching the age when they must soon leave care. The OCV was concerned about how the young women would manage the transition into independent living and what supports the service had in place to assist them. The OCV asked to see leaving care plans; these should be made in consultation with a young person

The OCV was shown photos of a recent trip to the beach and heard of the various plans for the upcoming school holiday period. The service had organised additional support from a social worker who was working with staff to implement the boys' clinical plans. Despite further changes to the resident group over the following months, with additional residents moving in, the OCV has been able to see wonderful improvements in the quality of the day-to-day lives of the boys and continues to work with the service to address ongoing challenges.

when they are 16 years of age, but none had been completed.

The OCV raised this issue with service management and they responded in a positive manner. On a follow up visit, the OCV noted that the plans had been completed and signed off. Staff had accelerated their efforts to prepare the girls by giving them increased responsibility for shopping and meal management. The service had also developed links with a local housing association with a view to arranging accommodation for each of the girls when they left care.



Leaving care will be difficult for the girls and while the preparation of leaving care plans can cause distress for young people who feel unprepared

Making a nice place to live

Damien, John, Daphne and Joseph are four young people who live together in a group home. They all have moderate intellectual disabilities and other conditions including autism, sensory disabilities and health problems. They have limited verbal communication skills and require high levels of support, supervision and assistance with their personal care.

In the house, there are a number of authorised restricted practices in place because of the need to keep residents safe. Daphne will abscond if the opportunity arises. She has limited vision and cannot cross the road safely without assistance. John requires consistent management and can become aggressive towards staff and other residents, when he is not following his routine.

The OCV called in one Sunday and was concerned to find that for a period of time there was only one staff member on duty. This was a casual staff member who had not worked with the residents before. As part of her visit the OCV reviewed client files in the office, but she had trouble locating essential information because the filing had not been attended to and documents were all over the place. Given that the casual worker was on her first shift, she did not know where critical documents, such as

for independent living, it is essential that they are developed early to give them the best possible basis for independence.

behaviour management plans and medication plans, could be located.

The OCV also observed that the interior of the house was drab and depressing. There were no decorations that would make it home-like and there were large holes in some of the walls.

In her visit report, the OCV asked management how they could improve the staffing situation, as she had been made aware that several full time positions were vacant. She also asked how the service could improve the standard of record keeping.

The OCV explained that there was considerable risk to residents if staff, including casual agency staff, could not easily access information that would assist them in providing adequate care. The OCV also noted that, while she was aware of some residents destroying items in the house and making holes in the walls, some simple decoration could make the place more home-like and cheerful for all who lived there. The OCV pointed out that the appearance of a house is not only important for residents, but pleasant surroundings can encourage family members to spend time at the house and contribute to higher staff retention rates.

The OCV was impressed with the manner in which the service responded to the issues she raised. Recruitment of permanent staff was made a top priority and all positions were filled over the following months. The staffing roster was changed to ensure that two staff were always on duty during the day and in the evenings. Even with the extra work to be done, the OCV noticed the standard of record keeping was improved.

Staff members told the OCV that they were pleased about the changes made to rosters and the overall appearance of the house. The walls were repaired and the interior decorations were chosen with safety in mind. It is now a much brighter and more home-like environment for these vulnerable young people and a nice place to live.





Outcomes for residents

Services for adults with a disability

Over the past few years, the disability sector has been working towards the implementation of a National Disability Insurance Scheme (NDIS). The NDIS commenced its operation in a trial format in 2013. As the NDIS website states:

'The scheme will deliver a life-long approach to support people with disability through individualised funding. This means rather than providing support based on the number of places in a limited number of programs, the scheme will provide funding so people can get the care and support they need, based on their individual support needs, goals and aspirations.'



choice and support will provide people with a disability with greater opportunities to participate meaningfully in the community and make decisions that suit their own needs.

During 2012-2013, there were 1,190 services for adults with a disability (not including licensed boarding houses), accommodating 6,125 residents.

OCVs made 1,569 visits to disability services and identified 3,016 issues of concern. Of these concerns, 1,742 (58%) were resolved. Importantly, OCVs reported that they are continuing to monitor the action taken by services to resolve 830 (27%) of issues of concern. There are also a number of issues that are reported as outcome unknown. Please see note on page 24 for further explanation.

There are three different types of disability services for adults that OCVs visit:

- Large residential centres – usually comprising several units on one site. These units can accommodate up to 25 people.
- Community based group homes – usually ordinary houses in local communities, accommodating up to six residents. Most adults with a disability are placed in group homes.
- Individual support – supporting adults with a disability who are housed in single accommodation options.

The first stage of the roll-out of the NDIS scheme in NSW commenced on 1 July 2013 in the Newcastle local government area. OCVs who currently visit people with a disability living in care in that area will play an important role in monitoring the roll-out of the scheme. OCVs will be looking at what changes the scheme will provide for individuals with a particular focus on individual choice and control. Whilst it is very early days in the life of the NDIS, OCVs are optimistic that a refocus of policy on individual

Figure 9: Three year comparison of data for services for adults with a disability

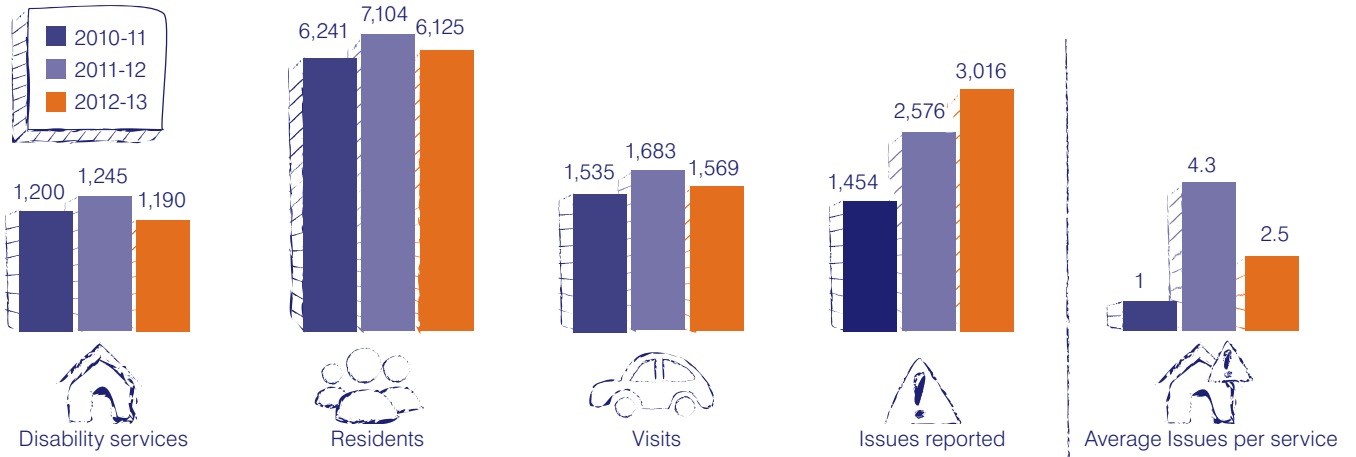
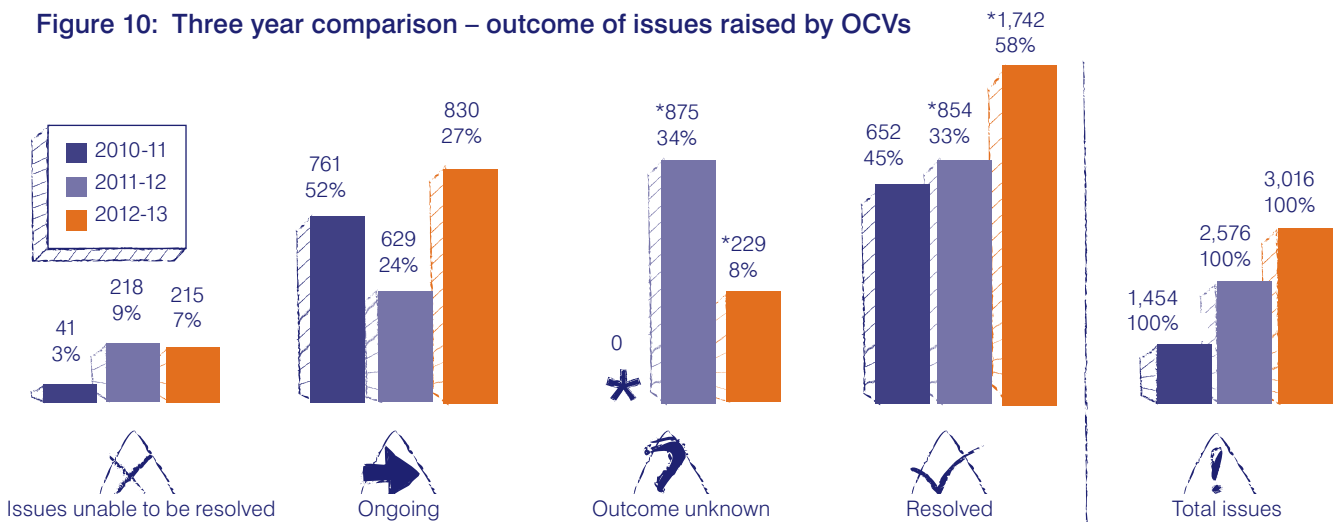


Figure 10: Three year comparison – outcome of issues raised by OCVs



*NOTE: Prior to 2011-2012, we only reported on the number of issues closed. Figures from 2011-2012 onwards include issues where the outcome was unknown at the end of the reporting year.

Major issues by subject, number and percentage

The service issues of concern that OCVs most frequently identified in 2012-2013 were:

Issue 1 – 922 (31%)

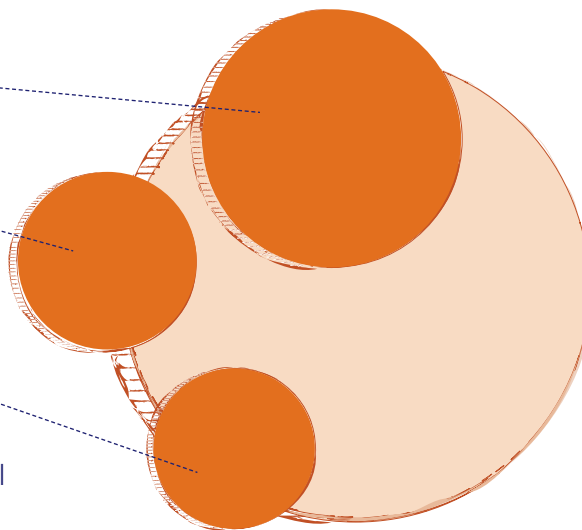
Residents are safe

Issue 2 - 612 (20%)

Residents have quality health care and personal care

Issue 3 – 531 (18%)

Residents are treated with respect and dignity and they have opportunity for privacy, personal growth and development.



Official Community Visitor Message

By Rhonda Santi,
Official Community Visitor

The biggest sector area that OCVs visit is adults with disabilities in supported accommodation. In visiting these services, OCVs provide an independent view of each person's quality of life and everyday experience - their opportunities to make choices, opportunities to participate in their community in meaningful ways and the opportunity for each person to enjoy the same rights as every other citizen in our society.

The services that OCVs visit vary greatly, as do the needs of the people who live in them. Across every area of NSW there are people with disabilities living in residential or supported accommodation. Services are provided to children and young people, some as young as nine, through to adults in their 80s. The models in which these people live also vary - from group homes in suburban streets to clustered housing arrangements and large residential centres that are slowly being devolved.

The type of skill and the expertise required to provide that support is as varied as each individual in care. Different models of care, therapeutic approaches and intervention strategies are used to provide the best quality of care that can be offered. What remains a constant for me as an OCV is the commitment to visiting people in supported accommodation - listening and talking to them, their families and staff; observing the quality of care provided and their day to day experience; identifying any issues that are impacting the persons quality of life or compromising their health, safety or wellbeing; and highlighting the barriers to them accessing opportunities that other people may choose to enjoy freely.

One of the difficult aspects of working as an OCV is that you never really know what you are going to find on the other side of the door when you turn up to conduct your visit. It may be a service that you have not been to before, or one that you have visited over many years. As an OCV, I get such joy and excitement out of discovering situations beyond those doors where people with disabilities have experienced something that has improved their lives. These things, I am glad to say, do happen often.

Whether entering a home to see happy, smiling faces in a pleasant home-like environment where previously that was not the case, or hearing of holidays, outings and experiences, I can't help but feel excited. I have seen groups of people with disability this year participating in art projects and short film projects in partnership with local organisations and the increased use of technologies to augment their communication and enhance their leisure time. The increasing implementation of the 'Person Centred Planning' approach for people with disability has led to a more aspirational type of planning where not just needs and wants but dreams and fancies are considered. I have seen the building in capacity of people with disability joining the mainstream workforce through training and study.

Over the last few years of visiting children and young people and adults with a disability, I have observed a large increase in the number of services where children with disabilities are living. While some of the children are in statutory Out of Home Care (OOHC), that is, under the care of the Minister of Family and Community Services, the majority have been in Voluntary Out Of Home Care (VOOHC). VOOHC refers to those situations where a parent of a child or young person makes a voluntary arrangement with an organisation for the placement of their

child in residential VOOHC. The parent retains parental responsibility, and importantly continues to play an active role in the child's life. In January 2010, the Government introduced legislation to better safeguard the interests of children and young people in VOOHC.¹ The Children's Guardian has a regulatory role in VOOHC and for children in residential placements that role is one of monitoring whether children and young people in longer term VOOHC receive care that is appropriately planned and supervised.

The circumstances through which many children and their families enter into VOOHC arrangements are often difficult and, at times, the placement occurs at a point of crisis when the family is no longer able to support their child or young person at home. For many of the children and young people that I visit entering the VOOHC system through such an emergency placement, sets them and their families, on an often changing and uncertain road of multiple emergency placements across many locations and with many different service providers. In the majority of cases, the staff at the residential services strive to care for the children and young people the best that they can with the available resources. The challenge of this situation is that while the sector struggles to find appropriate placements for the children and young people, their needs are not always adequately met and often times there is an escalation in incidents of challenging behaviour, making it even harder to provide a nurturing and safe environment.

The roll out of the NDIS may be an opportunity for children to remain at home with their families as access to the support that they need improves and provides them with more choice and control over their lives.

The challenge as I see it in my role as OCV is to balance the needs of the children and the organisation. This includes liaison between different agencies, and access to the therapeutic support that is needed to allow these children to participate in their daily life and, more than that, be happy and supported to reach their potential. The provision of the right kind of service in what can often be highly challenging and dynamic environments is not easy - but it is vital if these children are to grow and develop the skills and

capacities that will be a foundation for them into adulthood. Particularly for children in residential services who have not yet reached adolescence, a once-only window of opportunity exists to support them to reach their potential. If the children do not receive the support that they need, they are robbed of their potential and the cost of such a failure into their future is beyond measure. The type and level of support that these children will need in the future can be affected by the quality of the service that they receive today as young developing minds and bodies.



As in any other type of visitable service, an OCV can work closely with the staff and service management to identify issues and seek improvements to the everyday experience of the children and young people with a disability. I work to build a picture of the quality of care and experience through conversations, observations and reviewing records. As an OCV I look at a number of areas for evidence of quality service provision that enhances a person's life, ensures safety and wellbeing and upholds their basic human rights. These areas include:

- The development and implementation of case plans and individual plans. I can ask questions and prompt services to ensure that a person's current capacity, skills and needs are assessed and that meaningful goals are identified and met.
- The presence and/or implementation of behaviour management plans and

¹ [http://www.kidsguardian.nsw.gov.au/voluntary-out-of-home-care-what-is-voluntary-out-of-home-care-\(voohc\)-fact-sheet](http://www.kidsguardian.nsw.gov.au/voluntary-out-of-home-care-what-is-voluntary-out-of-home-care-(voohc)-fact-sheet)

appropriate recording and response to incidents. I can ask questions and prompt services to ensure that incidents of challenging behaviour or behaviour of concern are recorded, and that staff have adequate information, training and support to assist clients and keep them safe. I ask questions and monitor the implementation of positive programs that help to meet the needs of the resident and prevent incidents from occurring.

- The assessment of communication and occupational therapy needs, the implementation of recommendations and development of associated plans. This area has been particularly important for the client group I visit in VOOHC. These young people



have significant clinical needs that should be assessed and met to ensure that they are able to communicate with those around them, and that their sensory needs are met, allowing them to be able to participate meaningfully in activities of daily living.

- Access to health services, access to healthy food and lifestyle.

In my role as an OCV, I have worked hard to support services to resolve identified issues and to recognise their positive practices and outcomes. I have also worked to raise concerns about the difficulties of VOOHC as an increasing

placement choice for children and young people, with the NSW Ombudsman, the Department of Family and Community Services and the Office of the Children's Guardian.

I must acknowledge that I have seen significant movement in this area over the last 12 months with changes to accommodation placements, services providers and most importantly to the provision of recurrent funding to ensure that placements become long term, rather than requiring new funding submissions to be written every three months. Planning is underway within government that will identify groups of children who can live together and in some cases build homes that can meet their specific needs and provide safe and stable environments for their continued care. The decisions that are being made now about who will provide the service, what level of support, where the homes are located and who the children will live with must be made carefully, cognisant of the impact that inappropriate decisions could have on the young people's future.

My passion and commitment to people with disabilities in our community is as strong now as it has ever been. My role as an OCV is one I see as a privilege. To be able to meet with people in their homes, get to know them, raise my voice against failings or injustices and share in their achievements and goals is an experience that few get to have across such a broad range of services and people. It is a very dynamic time across the disability sector with the rollout of the NDIS and redevelopment of the remaining Large Residential Centres and ongoing rollout of Stronger Together 2. These ongoing improvements to the sector represent wonderful opportunities for people with disabilities, both adults and children, and their families. I can only highlight the continued need for independent monitoring and access to advocacy that must be maintained to ensure that the voice of this vulnerable group continues to be heard and positive outcomes continue to be achieved.

Case Studies – Adults with a disability

Travelling out of town

On a visit to a group home with five older people with disabilities, the OCV was pleased to see that there had been a monthly house meeting between the residents and staff and the minutes from the meeting were on file. In the notes, the OCV found that residents had let staff know they were not happy that their regular out-of-town drives had been cancelled. Living in a small rural community, they had limited access to outings to nearby shopping centres, beaches and other attractions that would be part of a stimulating and satisfying lifestyle.

The OCV asked the service why the outings had been cancelled and whether there was any way they could be reinstated. She was advised that house staff had misunderstood a recent

policy change that the organisation had made regarding out-of-town activities. Management told the OCV that the outings were still possible but required additional planning in order to ensure that enough staff were available to support the group and that rising petrol costs had been considered. Prior to the OCV raising the issue in her visit report, management were unaware that staff had put an end to out-of-town activities thus upsetting the residents.

The issue was then discussed and clarified at the next staff meeting. On the OCV's next visit to the service she was able to follow up with residents to see if they had been able to visit and enjoy their favourite places lately. She was pleased to find out that they had.

Access to a pool

In a group home that accommodates five men with various support needs and communication issues, three of the five residents have significant behaviours. The group home is in a quiet street, has five bedrooms, an open plan living area and an in ground pool – used at times by some of the clients. Most of the residents have lived together for a long time.

Recently, the service changed the configuration of the house, moving two of the men to another group home and placing a new resident into the house. The new resident was placed because his behaviours were managed with daily access to a pool, swimming for over an hour each day. At his previous home he did not have easy access to a pool.

The OCV reviewed the client files and communications book and saw that the new resident had allegedly assaulted his housemates on a number of occasions. His behaviour towards the other residents was making them fearful.

The staff working at the group home were trying very hard to manage the new resident's

behaviours but found it difficult to cope during the busy times of the day, especially in the afternoons and evenings. The behaviour support plan that had been developed for the resident was brief and provided little guidance on how to properly support him.

The OCV approached senior management to discuss resident compatibility, behaviour intervention support, managing resident risk, and staffing levels in the house. Management responded quickly by increasing staffing levels in the afternoons and evenings.

When following up on the issue, the OCV noted that this change had resulted in reduced incidents and that the new resident's behaviour management plan had been enhanced and lifestyle planning and goal setting was underway. Whilst not all the issues in the group home were resolved following that visit, the OCV continues to monitor the house and is impressed with how the service has managed to resolve some of the issues raised.

The case of the padlocked fridge

On a visit to a group home, the OCV, after introductions to residents and staff, walked around the home to familiarise himself with the house and take the opportunity to have further chats with those present.

In the kitchen, the OCV observed that the fridge was padlocked. He was aware that this restriction is often required due to the complex behaviours by some individuals but was also aware that in order to restrict access to the fridge there would need to be a Restricted Practice Authorisation currently in place.

The OCV asked the team leader why there was a padlock on the fridge and questioned whether there was any authorisation to support its use. The Team Leader advised him that she was 'fairly new' in the role and that the padlock had been there since she had started working at the house. She had assumed that the reason for it was that one of the residents was seeing a dietician due to his weight issues and so had not questioned the matter any further.

A variety of food choices for all

At a group home, the OCV was unable to observe any evidence of meal planning for the residents. When talking with one of the residents, Samuel, the OCV asked about his involvement in choosing his meals. He advised that he didn't have any input and that the staff would choose the meal for him when they came on shift each day.

The OCV raised his concern with the house manager. The manager stated that she was confident her staff knew how to cook and that they were providing appropriately nutritious meals, that there was always plenty of available food options in the freezer and that expecting staff to plan ahead would be increasing their workloads.

The OCV explained that it would be in the interest of the service provider and residents to plan meals ahead of time. One main reason was to allow residents to have some choice and control in their lives, as well as acknowledging their specific dietary needs, which included pre-diabetes and high cholesterol, and how

The Team Leader was unable to produce any documentation within the client files that related to the decision around this restricted practice.

In raising this issue with the service, the OCV phoned the service manager to discuss the matter. The manager was able to confirm that there were no current restricted practice authorisations within this residence. The manager went on further to explain that there had been another resident living at the house who did need to have his access restricted to the fridge and that the padlock had never been removed after he had moved out.

The padlock was subsequently removed and staff were told that residents could have access to the fridge as appropriate. As a further follow up, service management undertook a review on how restricted practice was managed within their group homes, how staff were informed of the use (and suspension) of restricted practices and what training was needed for all staff on the use of restrictive practices.

lack of meal planning may not have been supporting residents to manage their ongoing health conditions. The manager agreed that more could be done to improve the situation. She also agreed that the planning process would make a few things easier including budgeting and consistency when casual or agency staff were working in the house.

During the OCV's next visit it was evident that changes to attitudes and meal planning were being implemented. Staff were now assisting residents to identify meals they would be interested in trying, by using magazines, cook books and by taking them to the supermarket to buy the weekly groceries. The staff were also being encouraged to bring in recipes from home, which they thought would be healthier meal choices. The service provided training in how to best support residents in making informed decisions around their choice of meal.

On a follow up visit, the OCV spoke with Samuel about the changes that had been made. He expressed pleasure that he now

knew what was on the menu for the week and that he could choose the meals that he wanted to try as well as enjoying his favourites. Samuel

also told the OCV that when his sister visits him she brings him new recipes to try and he really liked that.

The importance of healthy companion animals

On her initial visit to a group home, the OCV met with six women who shared a large group home. Five of the women had happily shared this house together for many years. Recently, Deidre had joined the household along with her cat and small dog.

The OCV observed that although the cat was clean and well groomed, the dog, Jenny, had a severe flea problem and its bedding area, which was situated within a communal space, was also flea infested and smelly. The dog did not seem happy and the other women told the OCV it upset them when she 'cried' all the time.

To the OCV, this situation appeared to create some tension between Deidre and the other residents, thus not allowing Deidre to be able to settle happily into her new home. The OCV was concerned not only with the negative impact the situation may have been having on all the residents but also the possible health risk for all the residents using the communal area.

After raising the issue with staff and management, it was agreed that a treatment for fleas would be used on the dog, but it was acknowledged that the cost of taking the dog to the vet may be prohibitive for Deidre. Inquiries were made by management and the OCV about veterinary services that may provide treatments for clients with limited finances. The OCV also suggested funds be set aside from Deidre's weekly pet food bill to start treating the dog's fleas and provide her with new bedding.

Management followed up the OCV's concerns, the NSW Trustee and Guardian was contacted to request increased funds to cover vet costs

Going fishing

A group home resident complained to the OCV that he did not have enough spending money to buy his own special items. John told the OCV that he recently lost an item of jewellery that he always wore and wanted to purchase a new one to replace it. He also wanted to buy a

new fishing rod and fishing equipment so that he could enjoy fishing on his weekends away with the other residents and the staff from his home. He told the OCV that he had no money for these special purchases.

for the pets, and a veterinary practice was found who agreed to see the dog and bulk bill for the treatment provided.

On a follow-up visit, the OCV was pleased to find the dog had been to the vet twice and was now being treated for the fleas. It was discovered that the cause of the dog's crying



was a bacterial ear infection, which had been treated. Deidre told the OCV that the vet had been wonderful and had provided written reports of the dog's treatment and had clearly explained everything to her - including showing her how to administer Jenny's medication.

As a result, Deidre's dog is now comfortable and no longer crying, and the communal area is clean and flea free. The other residents told the OCV they were happy with things now and Deidre felt much more settled in her new home.



John was working very hard five days per week and was committed to his long term job. The OCV thought that John should be able to decide what he would like to purchase, with appropriate support, from his own money to meet his daily lifestyle needs. Over the five years that she had been visiting she had found him to be a proud and usually happy man who was meticulous with his clothing and belongings. However, John had become unhappy with

A fan attending the game

At a visit to a group home, the OCV was talking to one of the residents, Martin. Martin is a very keen rugby league fan and the team he supports is the local team. The team play their local games and train at a field quite close to where the group home is located.

Martin showed the OCV his collection of football clothing, posters and footy cards. He told the OCV that he likes to watch the Friday night football on the television but no other residents are really into the football. The OCV asked Martin where he likes to go on the weekend and he said he sometimes goes for coffee with a staff member to a local café. He also said that all of the residents go as a group every fortnight to the local club for dinner at the Bistro.

The OCV could see that Martin was really footy mad and that he may enjoy going to a football match on a Friday night when his team was playing at home. The OCV discussed with the Team Leader the possibility of Martin becoming a member of his local team's club and attending home games with staff when possible. Over the next few weeks, with the support of his

his situation, especially as each of the other residents had their own fishing rods and equipment to take on their fishing weekends. The OCV had never seen John so unhappy during the years she had been visiting him.

The OCV notified the Team Leader of John's complaint, raised it with the management of the organisation, and raised the issue as a concern in the OCV visit report. She was informed that John's family manage his finances and previous attempts by the service provider to obtain additional spending money for him had failed.

Management arranged a meeting with John's family and were able to provide them with the information concerning John's complaint to the OCV. The role and function of the OCV was explained to John's family and that the OCV was providing a voice for John in this matter. As a result of this meeting, John's family agreed to provide additional weekly spending money for him and he is now able to make his special purchases and go fishing with his friends.

key worker, Martin joined his local club and attended several home games with a staff member who also loves footy.

The Team Leader made sure that the roster was organised so that this staff member could accompany Martin at the football. This has made a real difference to Martin's life, and he is very proud of his membership card. He has never been a member of a club before and he is over 40 years of age. Whilst he can't go to every home game because of staffing limitations he does go quite regularly. He also goes to dinner at his local club with his keyworker instead of his co-residents.

On seeing the OCV on a recent visit, Martin expressed to her how happy he is and how much he enjoys being a part of the football community. It highlighted to the OCV that, people with disabilities don't always get the same opportunities as people generally to participate in their local community. However, small changes can be made relatively easily that can have a significant impact on the quality of a person's life.

Meeting reasonable community standards

On entering a group home, the OCV immediately noticed the poor physical condition of the house. The interior was dirty, the kitchen was very messy and unclean, there were rusty fittings in the bathrooms, cupboard doors and insect screens were hanging loose, water leaks were damaging the floors, and general household equipment such as the vacuum cleaner were not available to be used. The OCV was aware that the house was owned by one of the residents, Debbie, and that the property was managed through a local real estate agent.

The OCV was very concerned - not only about the state of the house and how it was negatively affecting the residents - but also by the lack of protection of Debbie's major asset. Adding to the OCV's concerns about the quality of care being provided to residents was that iPads had been bought for each resident, with their own funds, as a means to assist them in their communication; these devices were in a drawer in the staff office as no one knew how to operate them. Further, the OCV noted that the individual plans for each resident were out of date and there was very little

documented evidence of any progress against any of the identified goals. One resident with major behavioural problems had a behaviour management plan that was three years out of date and addressed specific past behaviours that were no longer a concern.

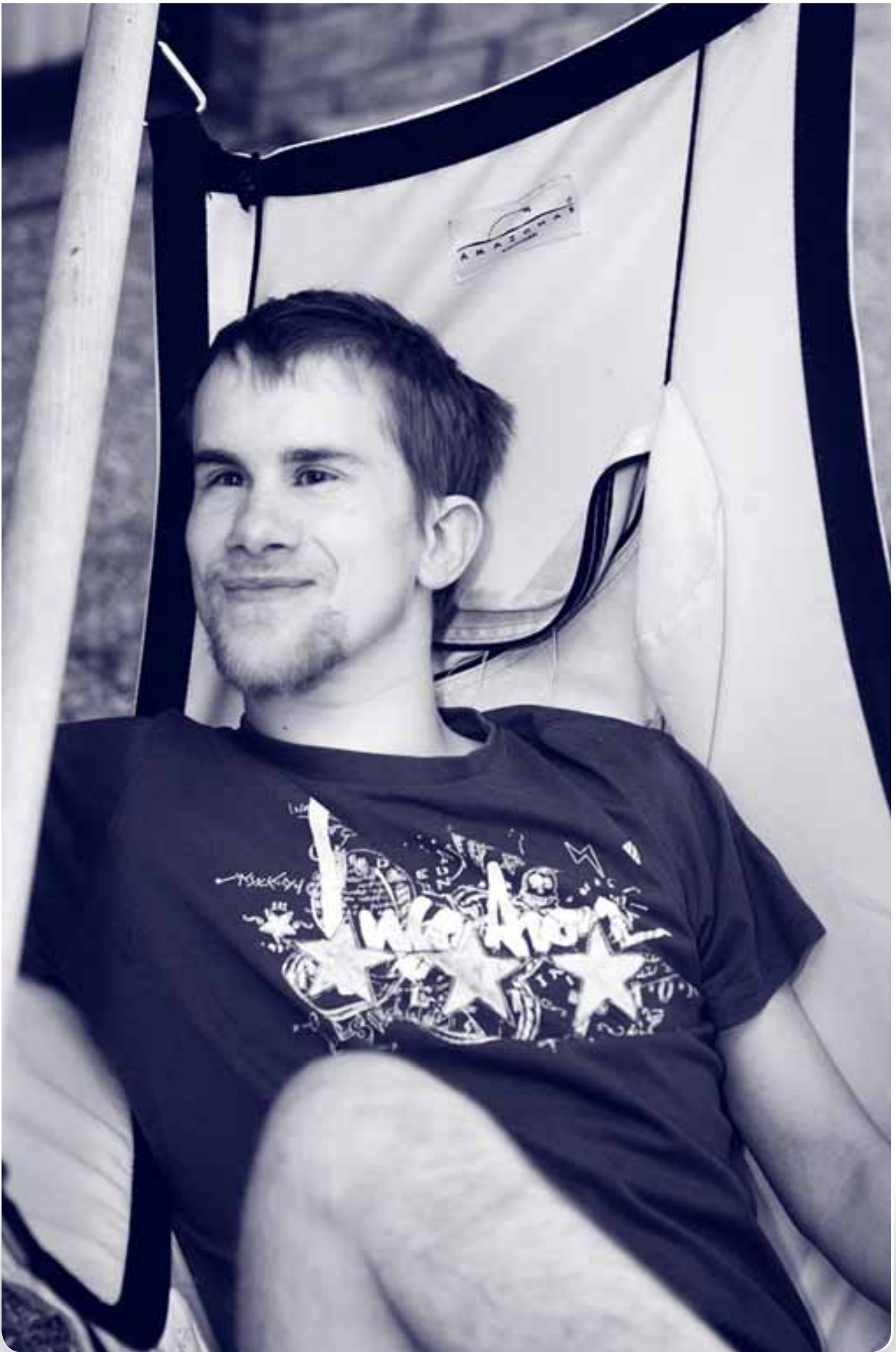
The OCV wrote a lengthy visit report and asked a number of questions about the state of the house and the standard of care provided to residents. The organisation informed the OCV that they would be conducting an internal review. This verified the concerns that had been raised by the OCV. The organisation took immediate action to address the issues. The house was professionally cleaned and all the identified maintenance issues were addressed. The organisation put in place new policies and procedures and reinforced these with staff at regular team meetings. A staff training program was developed to assist staff in the individual planning process, to teach them how to use iPads and to make sure that the residents' goals were identified and met. The OCV has allocated extra visits to this house for the next few months to ensure that the improvements continue.

Road safety

When looking at keeping people safe, we consider their home environment as well as their surroundings. Earlier this year, an OCV visited a group home located on a busy road with cars racing past and a busy bus stop right outside the house. After entering the home the OCV heard a commotion outside and saw a staff member attending to one of the residents. Mary, a lady in her mid 60s, had come home after walking to a nearby shopping centre. Not as agile as she once was, Mary had been trying to cross the road and fallen and grazed her hands and knees. She needed first aid from staff and the OCV could tell by her injuries that Mary had fallen heavily. Afterwards, staff told the OCV that they were fearful for all of the residents living so close to a busy road and the possibility of them being knocked over and seriously injured.

The OCV wrote a visit report and sent it to the organisation outlining his concerns and the possible consequences. The organisation reviewed the matter, spoke to residents and staff and came to the decision that the location of the house was too much of a risk for the current group of residents. With a quick transition period, the organisation moved all of the residents to another group home in the same suburb. This house was located in a nice, quiet area, with little road traffic. The old house on the busy road remained open and new residents were moved in. These residents were younger, more capable and mobile and would make daily use of the bus stop outside the house to go to work.

Mary and her co-residents now walk to the shops from their new home, without the need to cross busy roads.



Waking up too early

One of the houses that an OCV visits has four men who have lived together for many years. One man is in his 60s and the others are in their mid to late 40s. After reviewing client files and having conversations with the residents, the OCV asked Ben, one of the residents, why he needed to get up at 5:00am every morning, including on the weekends! The resident replied that that was the time staff woke him up so that he could be assisted to have his shower. The resident's response highlighted to the OCV that the focus of the support being provided in the house was on the needs of the staff roster and not on the needs of the residents.

When the OCV questioned the staff about this practice, he was told that because Ben went to bed early he needed to get up early. When the OCV asked the staff member if they thought this

practice was reasonable and met the community standard, the staff member on further reflection did think this was early for Ben to be getting up when there was no real need to do so.

The OCV raised the issue in his visit report to senior management and asked how the timing of house routines had been established, who had been consulted and how the final decision had been made. The OCV was advised that staff would be working with the residents on this issue and spending time to find a solution. Following consultation with the residents, the house routines were changed. When the OCV visited again a few months later, the residents spoke very positively about the changes that had been made in the house and that they felt much more relaxed living in their home. Ben was now able to sleep in!

Better Communication

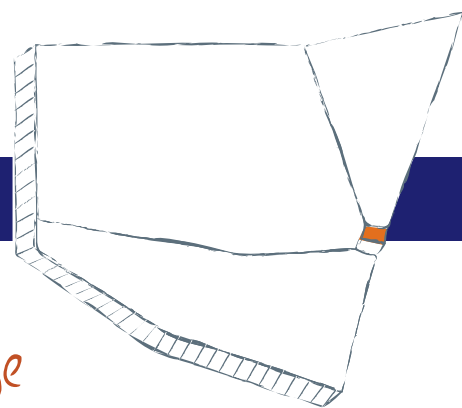
Following recent visits to a group home, the OCV noticed an increase in the number of incident reports that identified 'behaviour' as the reason for the incident. Reviewing the details of these reports, the OCV identified the need for better communication systems between staff and residents. Looking at the individual client files, the OCV noted that the communication systems that were in place had not been reviewed for more than a year. The OCV was concerned that these systems may not be reflecting the current communication needs of the residents. Further, when the OCV observed staff interact with the residents it was evident that the communication systems as described in the client files were not being followed.

The OCV raised the issue of communication in his visit report. As a result, senior management undertook an in-house review of the communication systems being used and made the decision to employ a speech pathologist to professionally review the systems. The speech pathologist's review identified a need to develop more individualised communication systems to reflect the different communication needs of each of the residents. Over the next three months this was done. In addition,

management arranged specific training for staff so that they could implement the new communication strategies effectively.

The review also identified the residents' ability to access computers and the internet to aide them in their communication. Management organised for residents to have regular access to computers and made sure that identified communication programs were available.

On subsequent visits the OCV noticed that the number of incidents had reduced considerably and that the residents were much more communicative and eager to engage. Staff spoke positively about the training they had received and it was evident from watching the staff interact with the residents that they were much more engaged with the residents and the residents were responding well.



Official Community Visitor Message

By Susan Alexander,
Official Community Visitor

OCVs in Metropolitan Sydney - North region have been pleased to welcome a new OCV, Frank Kuiters, to the region this year. Frank was appointed as an OCV after a long career in the public sector. Frank finds his new role rewarding and appreciates the interaction with residents, the opportunity to hear their views and to observe what is happening for them first hand.

Rhonda Santi is our longest serving OCV and unfortunately will be leaving us at the end of the year as she completes her six year term. Rhonda has had extensive experience working with adults and children with a disability and will be greatly missed by members of the regional group. For the past two years she has been our representative on the Ministerial Working Group and her strong and unwavering advocacy for people in care, particularly those in the Large Residential Centres, has brought about some significant outcomes.

The other three members of the group are Lyn Porter, Elizabeth Rhodes and Susan Alexander - all of whom were appointed in 2011 although Lyn and Elizabeth had both held the position of OCV for six years in the past. All come from different professional backgrounds and share a wide range of skills, knowledge and experience.

In Metropolitan Sydney - North, which extends from the Blue Mountains through the North Western suburbs, Hills District and North Shore to the Northern beaches, there are visitable services of all types. OCVs in the region all visit people with a disability who live in disability accommodation and Lyn, Frank and Susan also visit children in OOHC. There is also specialisation within the team as Lyn visits adults in houses operated as part of the Community Justice Program (CJP), Rhonda is responsible for adults living in the Large Residential Centres

and Elizabeth for visiting people in licensed boarding houses.

Regional meetings, which are held four times a year, are structured and task-focused so we convene for an hour before the meetings in a less formal way. These gatherings are for the purpose of peer support and are particularly effective because the group is small. We use both forums to share our observations and experiences and identify systemic issues of concern. We discuss service quality and its impact on residents and we acknowledge improvements that have been made in response to our reports. The Metropolitan Sydney - North team is a cohesive, supportive group and members are willing to contribute their expertise for the long term benefit of the people that we visit.

Systemic issues identified in our region

In the disability sector:

- The introduction of the NDIS is an exciting time for people with a disability and their families, however, it is also a time of uncertainty and is likely to lead to some anxiety about the future.
- There are still children and young people with a disability in non-permanent care arrangements although there has been a good deal of progress with this issue and a number of children in emergency response housing have been granted permanent places.
- Planning for the redevelopment of the Large Residential Centres is progressing and OCVs have seen evidence that the redevelopment team is working closely with residents, family and staff to identify the best possible options for each person. The team has worked with allied health staff to develop augmented communication tools to keep residents informed of what is happening.
- The redevelopment presents many challenges and, of particular note to OCVs, is the challenge of maintaining quality of care

and experience for clients on a day to day basis while the process is under way.

- It is also a challenge to capture and maintain the current strengths in the new models of disability supported accommodation. These include the provision of medical and health care, meeting the needs of people with complex behaviours and ensuring access to a team of allied health professionals. The long history of service at these large residential centre sites must be acknowledged and the fact that for hundreds of people, this has been their home for most of their lives.
- While the concept of person centred planning has real merit and has made a difference in the lives of many individuals, OCVs see a variable standard in the quality of person centred plans and have noted that the development and implementation of effective plans is dependent on the commitment of staff and management.
- OCVs continue to hold concerns about the ongoing shortage of advocates for people with a disability.

In the OOHC sector:

- The models of residential care that are currently funded do not allow for a great deal of flexibility, making it hard for service providers to address the individual needs of young people when there are at least four young people in each house.

- While many services are facilitating and supporting educational and/or training options for young people in their care, OCVs have noted the inability of some service providers to motivate other young people who are unwilling to engage in any education, training or work.
- OCVs have identified a number of factors which impact on the quality of care for children and young people including; the difficulties non-government organisations face in recruiting and maintaining staff and the instability caused by frequent moves because leases are not renewed.

In the Licensed Boarding Houses sector:

- The outcome of legislative changes and the introduction of a new screening tool continue to improve the situation for many residents of boarding houses. More appropriate placements have been arranged for some of the more vulnerable people, particularly those with high support needs.
- Further legislative amendments have changed the status or category of some boarding houses and this is likely to lead to new visitable services being created and registered.

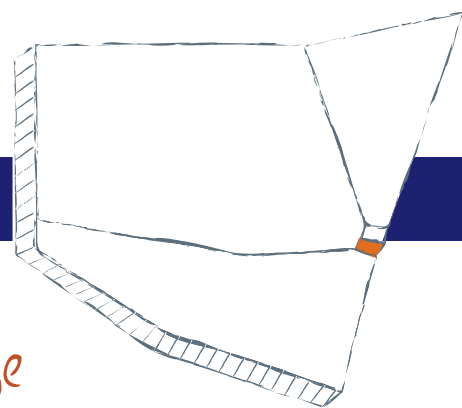
In Metropolitan Sydney – North region we will continue to promote the best interests of the people that we visit and look forward to another year of working together as a team of OCVs.

Figure 11: OCV identified issues – Metropolitan Sydney - North

Target group of services	Total no. of visitable services	Number of issues identified	Key issues
Boarding Houses	1	8	<ul style="list-style-type: none"> • Residents have quality health care and personal care • Residents live in a home like environment
Children and young people in OOHC	57	232	<ul style="list-style-type: none"> • Residents are safe • Residents are treated with respect and dignity and they have opportunities for privacy, personal growth and development • Residents live in a home like environment
Adults with disability	393	827	<ul style="list-style-type: none"> • Residents are safe • Residents are treated with respect and dignity and they have opportunities for privacy, personal growth and development • Residents have quality health care and personal care
Total	451	1,067	

Visitors in the region:

Susan Alexander, Lyn Porter, Elizabeth Rhodes, Rhonda Santi and Frank Kuiters.



Official Community Visitor Message

By Lyn Cobb,
Official Community Visitor

I have been a member of the Metropolitan Sydney - South regional group for the past five years. I'm now in my last year as an OCV and I will be sad to say goodbye to all the people I have visited and staff who support them whom I've got to know during my time in the role.

The Metropolitan South grouping, is based on where we live in the southern parts of Sydney. We visit disability, boarding house and OOHC services in the greater Sydney area, the South Coast, the lower Central Coast and some country locations. This year the Metropolitan South region welcomed a number of new OCVs - Paul Armstrong, Irene Craig, Denise Fallon, Linda Larsen, and Dennis Robson. Existing members of the group are Gary Sandri, Carolyn Smith, Neale Waddy and me, Lyn Cobb. All OCVs come from a variety of professional backgrounds with considerable years of experience. This collective knowledge is a wonderful resource to draw on when we meet as a regional group.

There is a large range of service providers in all of the visitable sectors, and the issues discussed at our regional meetings can be vast and detailed. Recent examples of discussion have been: the differences between legislated disability standards and service providers' standards; the engagement of families of people living in care; the differences in individual OCV approaches; complaint handling in different settings and when to raise issues as a formal complaint to the Ombudsman's office.

Input from all Metropolitan South OCVs is valued at the regional level. Discussion helps us to see different points of view whilst at the same time allowing us to realise the value of OCVs' support for each other. OCVs are of the view that healthy group discussion is a way to overcome the feeling that we are often working alone with

challenging issues to resolve. The regional group is an excellent forum to exchange information and generally share knowledge and skills. This is seen as a particularly important tool to encourage and assist new OCVs to the Scheme.

During the last three years I have been the Metropolitan South regional representative on the Ministerial Working Group; the aim is to regularly meet with the Ministers from the two portfolios pertinent to the OCV jurisdiction. During 2012-2013, we met with the Minister for Disability Services about the Disability and Boarding House sectors and with the Minister for Family and Community Services for the OOHC sector. These meetings have proved invaluable to provide an opportunity to raise systemic issues. This engagement is of particular importance at this time following the Special Commission of Inquiry into Child Protection Services in NSW (by Justice Wood) and the NSW Government's response with 'Keep Them Safe' funding. One major recommendation of the Special Commission of Inquiry was for the case management of children/young people in care to be transferred to the non-government sector. Arising from this transfer, a number of challenges have emerged regarding young people in care and the agencies which now provide services for their case management.

General Issues discussed at the Metropolitan South regional meetings are as follows:

OOHC Sector

We have a standing agenda item regarding OOHC. This has worked well to promote ongoing discussion about the challenges faced in this changing and challenging sector. These include: changes in the service provider funding model, mixed gender in residential group homes; young people with alcohol and/or drug issues; mental health diagnosis; consistent staffing; leaving care

plans; transition to ADHC care; and healthy and supportive contact with family for young people in care.

Disability Sector

Since the introduction some time ago of the person centred planning approach, service providers have often had difficulty in progressing these plans in a timely way. It is acknowledged that this is a new approach to goal setting for people with disability, but it is accepted that person centred planning will provide much better outcomes. Some agencies are yet to offer comprehensive training and support to their staff to achieve this. Another significant change in the disability sector is the recently introduced NDIS and the individualised funding model. This

scheme should provide excellent opportunities for support of people with disability.

Boarding House Sector

A recent achievement in this sector was the successful transition of residents from a problematic licensed boarding house in the Southern Highlands to group homes run by non government providers.

All Metropolitan South OCVs have a commitment to enhance the lives of adults and young people in care who sometimes have no family, friends or advocates to speak on their behalf. We regularly remind ourselves what a privilege it is to work as an OCV and meet the wonderful people whom we visit. As I leave this role after six years, I know that I will miss this work very much.

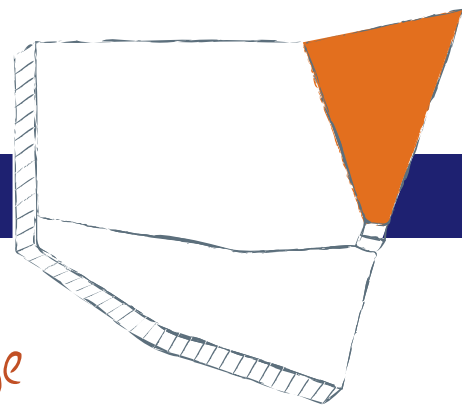
Figure 12: OCV identified issues – Metropolitan Sydney - South

Target group of services	Total no. of visitable services	Number of issues identified	Key issues
Boarding Houses	8	47	<ul style="list-style-type: none"> Residents live in a home like environment Residents have quality health care and personal care Residents are safe
Children and young people in OOHC	28	131	<ul style="list-style-type: none"> Residents are safe Residents are treated with respect and dignity and they have opportunity for privacy, personal growth and development Residents live in a home like environment
Adults with disability	245	577	<ul style="list-style-type: none"> Residents are safe Residents live in a home like environment Residents are treated with respect and dignity and they have opportunity for privacy, personal growth and development
Total	281	755	

Visitors in the region:

Lyn Cobb, Gary Sandri, Carolyn Smith, Neale Waddy, Denise Fallon, Linda Larsen, Paul Armstrong, Irene Craig and Dennis Robson.

Jo Pogorelsky (resigned in December 2012) and Dianne Langan (resigned in January 2013).



Official Community Visitor Message

By Ariane Dixon and Ricki Moore,
Official Community Visitors

The Northern region is comprised of a large variety of visitable services which include both government and non government service providers. Historically, the Northern regional group has encompassed an area from the Hawkesbury River to the Queensland border, as well as the New England and the North West parts of the state.

OCVs in the Northern region visit services providing support to children and young people in OOHC, adults and children with a disability living in supported accommodation, large residential centres accommodating people with a disability, and Licensed Boarding Houses.

OCV numbers in this region have increased in the last 12 months, with five new OCVs joining the group. We have also lost three regional members over the past year, Roslyn Baker, Gwen Teasdale and a greatly respected team member Bruce Donaldson who came to the end of his second term. We extend our best wishes and thanks to them all. Our current mix of OCVs gives the region a depth of experience and skill, which we are confident is being utilised within all the services we visit.

As of July 2013, the Northern regional group will split to form two separate regions, Northern region and Far North Coast region. The Far North Coast region will cover the area from the border of Queensland to Forster, and the Mid-North Coast to New England and the North West parts of NSW. This change will enable OCVs in both regions to continue to provide targeted high level support to the residents in those areas while also being able to focus on local issues and spend more time working on region-specific services and challenges.

Our current regional group meets every four months to discuss systemic issues, current trends, new legislation and policy and, most importantly, to give each other the professional and collegiate support required in a role that involves us working predominantly in isolation and from home.

With the changes that the NDIS is bringing the sector, OCVs received training in the new NDIS scheme, which was particularly relevant to the Northern region as the Newcastle/Hunter NDIS pilot has just commenced. Several OCVs will be monitoring the new service models and it is important to remain abreast of the processes and issues that residents may face as part of the roll out and ongoing changes in service provision.

Some of the specific challenges for the Northern region include three large residential centres in the area, one of which, Casuarina Grove, is home to over 85 ageing residents with a disability. This unique service type is still generating some discussion within the disability sector as the recent trend has been toward smaller group home type models in the community.

The Northern region also includes several Licensed Boarding Houses, which bring with them their own challenges. Several regional members visit licensed boarding houses and each use their skills and experience to manage the issues and concerns that are raised by residents in that model of care.

Two systemic issues which are ongoing in our region are:

1. The wellbeing and education of the young people in statutory and voluntary OOHC and particularly their continued need for quality education services in an environment where they often find themselves suspended due to their emotional and behavioural outbursts.

2. The physical condition of the buildings in some of the large residential centres and the dilemma of spending government funds on capital improvements when the buildings will be closed within the next few years due to the devolution process. The increasing age of many of the residents housed in these buildings is starting to place new demands on the facilities, equipment and care that need to be provided.

We are very optimistic about the future, and look forward to the continued roll-out of the NDIS in our region and to working with the many dedicated staff and managers in the services that we visit to achieve quality improvements for all residents and vulnerable people in our community.

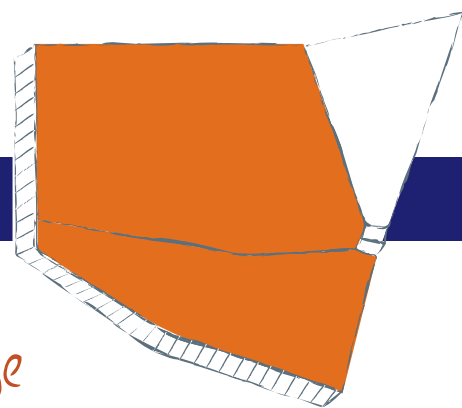
Figure 13: OCV identified issues – Northern region

Target group of services	Total no. of visitable services	Number of issues identified	Key issues
Boarding Houses	7	79	<ul style="list-style-type: none"> Residents are treated with respect and dignity and they have opportunities for privacy, personal growth and development Residents have quality health care and personal care Residents live in a home like environment
Children and young people in OOHC	89	255	<ul style="list-style-type: none"> Residents are safe Residents are treated with respect and dignity and they have opportunities for privacy, personal growth and development Residents live in a home like environment
Adults with disability	286	1,125	<ul style="list-style-type: none"> Residents are safe Residents have quality health care and personal care Residents live in a home like environment
Total	382	1,459	

Visitors in the region:

Roz Armstrong, Ariane Dixon, Maryanne Ireland, Ricki Moore, Paul Moulton, Arwen Carroll, Bernadette Carter, Jackie Klarkowski, Ann-Maree Kelly and Judy James.

Bruce Donaldson (finished his term in June 2013).



Official Community Visitor Message

By Rebecca Prince,
Official Community Visitors

The size of the Southern and Western Region can be overwhelming. The wide area covers the Southern Highlands, Illawarra/Shoalhaven, Far South Coast, Central West and Far West, and the Riverina/Murray region. This means that OCVs in our regional group are committed to travelling widely to visit services of all types.

OCVs in this region visit services within all sector areas - children and young people in OOHC, people with disabilities in group homes and large residential centres, and adults living in licensed boarding houses. The services we visit include both government and non-government run organisations. Some services are located in small country towns, which may only have one service and the next visitable service is several hundred kilometres away. OCVs in our region have a great commitment and passion to ensure an active presence is maintained in these isolated pockets.

There has been significant change within our regional group this year. We have five OCVs working in the area, recently welcoming two new OCVs, Karen Zelinsky and Virginia Nolan. During the last year we have farewelled three experienced OCVs, Cathryn Bryant, Barbara Broad and Jennifer Leslie. We wish them well in their future endeavours and we also look forward to welcoming new OCVs following recent state-wide recruitment.

OCV change within our region provides us with an increase and variety of skills to draw from these varied professional backgrounds and encourages fresh approaches, perceptions and insights. Change ensures that there is continued improvement, identification and resolution of issues for all residents that are visited by OCVs.

The Southern and Western Region meets four times during the year. At regional meetings we raise and discuss a broad spectrum of issues. These meetings also provide a valuable opportunity for OCVs to come together, network and reduce the feelings of isolation that can sometimes arise in the role.

In promoting the best interests of the people living in care, as a regional group we each come across many similar issues in the services we visit. Some of the main issues identified by OCVs in the Southern and Western region over the past year have been access to electronic records within services, balancing a person centred approach with Duty of Care, the lack of resources in regional and remote communities, inconsistency in the service provision provided in group homes, services needing to take a collaborative approach in OOHC and how the new NDIS will be received by the wider disability community.

All members of our region are passionate about raising issues of concern with service providers and advocating for better outcomes for residents. As a region we welcome change and diversity. We celebrate the outcomes achieved by individual OCVs each year in the challenge to create positive change in people's lives.

Figure 14: identified issues – Southern and Western region

Target group of services	Total no. of visitable services	Number of issues identified	Key issues
Boarding Houses	10	39	<ul style="list-style-type: none"> Residents live in a home like environment Residents have quality health care and personal care Residents are safe
Children and young people in OOHC	34	131	<ul style="list-style-type: none"> Residents are safe Residents live in a home like environment Residents are treated with respect and dignity and they have opportunity for privacy, personal growth and development
Adults with disability	266	487	<ul style="list-style-type: none"> Residents are safe Residents are treated with respect and dignity and they have opportunities for privacy, personal growth and development Residents have access to quality health care and person care
Total	310	657	

Visitors in the region:

Marcia Fisher, Rebecca Prince, Mahalia Willcocks, Virginia Nolan and Karen Zelinsky.

Cathryn Bryant (resigned in January 2013), Barbara Broad (finished her term in March 2013) and Jennifer Leslie (resigned in June 2013).



Financial report

The Official Community Visitor scheme forms part of the Ombudsman's financial statements (or budget allocation from the NSW Government). OCVs are paid on a fee-for-service basis and are not employed under the *Public Sector Employment and Management Act 2002*. However, for budgeting purposes these costs are included in Employee Related Expenses (see Visitor Related Expenses below).

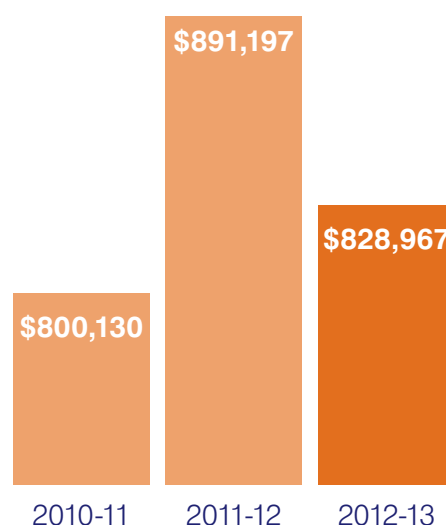
Costs that are not included here are items incurred by the Ombudsman in coordinating the

scheme, including Ombudsman staff salaries, and administration costs such as payroll processing, employee assistance program fees, and workers' compensation insurance fees. Full financial details are included in the audited financial statements in the Ombudsman Annual Report 2012-2013. Copies of this report are available from the Ombudsman on 02 9286 1000, toll free on 1800 451 524 or on the website at www.ombo.nsw.gov.au.

Figure 15: Visitor related expenses 2012-2013

Payroll expenses	2010-2011	2011-2012
Salaries and wages	573,721	523,219
Superannuation	46,833	49,459
Payroll tax	26,889	31,031
Payroll tax liability	2,528	2,705
Subtotal	649,971	606,414

Other operating expenses	2010-2011	2011-2012
Advertising – recruitment and other	11,257	8,771
Fees – conferences, meetings & staff development	14,883	9,902
Fees – contractors	2,045	0
Fees - other	207	261
Printing	8,902	8,260
Publications and subscriptions	0	644
Maintenance and equipment	0	135
Stores	4,590	122
Travel – petrol allowance ¹	117,341	115,443
Travel – subsistence, accommodation and transport	82,001	79,015
Subtotal	241,226	222,553
Total	891,197	828,967



¹ Meal allowances are included in 'Travel – subsistence'

