



OCV
Official Community Visitors

ANNUAL REPORT
2011 – 2012

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Contents

Letter to the Ministers	3
Message from the Ministers	4
Message from the Ombudsman	6
Introducing Official Community Visitors	7
Meet the Official Community Visitors	8
Message from Official Community Visitors	11
Year in Summary	16
Visitable services	16
Visits Conducted	16
Budget enhancement	16
Key issues about service provision	17
OCV Online	17
The Role of Official Community Visitors	20
Objectives and legislative framework	20
The role of the NSW Ombudsman	20
Visitor numbers	20
Training and development	20
Summary of activities and outcomes	21
Visiting services	21
Identifying and resolving issues	22
How Visitors facilitate the resolution of service issues	22
Coordinated action by Visitors and the NSW Ombudsman to address service issues	23
Additional Support to Visitors	23
Promoting the scheme	23
Outcomes for residents	24
Services for people in licensed boarding houses	24
Services for children and young people	30
Services for adults with a disability	36
Regional Focus	46
Metropolitan Sydney - North	46
Metropolitan Sydney - South	49
Northern region	52
Southern and Western region	55
Financial	59

Letter to the Ministers

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

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

Dear Ministers

I am pleased to submit to you the 17th Annual Report for the Official Community Visitor scheme for the 12 months to 30 June 2012, as required under section 10 of the Community Services (Complaints, Reviews and Monitoring) Act 1993.

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

Yours sincerely,

A handwritten signature in blue ink that reads "B. Barbour". The signature is written in a cursive, flowing style.

Bruce Barbour
Ombudsman

Message from the Ministers

The Official Community Visitor scheme has proven itself yet again to be an effective and far reaching initiative making a positive impact on some of the most vulnerable people in our community.

The personal stories of the Visitors, residents and staff members presented in this report details the unique position of Visitors and how they are assisting residents of the services they visit to exercise greater choice and control over their lives.

Visitors have also proven to act as a bridge between staff and residents. In many cases they have played a key role in solving problems, some of which are new, others more long standing and complex.

Significantly many of these issues have been resolved at a local level.

That is why I'm very pleased to announce that additional funding has been allocated to support the Official Community Visitor scheme in 2012–13.

This year there were 1482 visitable services, an increase of 40 services on the year before and over 7100 residents were visited.

The increase in funding will enable more visits to take place.

Official Community Visitors are said to be the 'voice of people in care' but I believe they are much more than that. Their role in listening cannot be underestimated in addressing issues which arise and their ability to solve problems.

Visitors by virtue of their status as independent statutory appointees are able to interact with residents and staff in a way that is not always possible due to the more formal nature of the relationship between staff and residents and as an extension of that, the management of services.

The Official Community Visitor scheme helps to breakdown those barriers and foster more informed decision making to take place at all levels.

For this I would like to thank the Visitors engaged in the program. To those that are leaving and the new recruits coming on board this year, I would like to thank them for the energy they dedicate to their visits and reporting duties as well as the care and sensitivity they show, which is an inherent part of the role.



Andrew Constance

Minister for Disability Services

Minister for Ageing



Vera's story — a voice of a resident living in care — demonstrates the vital importance of the Official Community Visitor scheme. Official Community Visitors provide a voice for people who may not otherwise be heard. The simple things that we all take for granted, such as opening a door, can make such a difference to the quality of a person's life. Vera's story clearly demonstrates the importance of having someone to listen and see the things that need to change to make every day more enjoyable.

Official Community Visitors have made 2215 visits this year. Visitor messages throughout the report identify the challenges and the complexities of working in the community services field. They also identify the positive outcomes and achieving change for those most vulnerable in our community.

Whilst their work is clearly challenging it provides transparency, important information and learning for service providers, staff and for Government. The opportunity for staff and services to be supported and encouraged to respond to client needs is invaluable.

The independence of the Official Community Visitor places them in a unique position of being able to look objectively and hear clearly what a client might be missing out on or need to improve the quality of their life. This information can then be used to support services to respond to those needs.

I commend and encourage agencies and staff for their openness to hearing and learning from the feedback they receive from Official Community Visitors. We must continuously work to improve outcomes for vulnerable people in NSW and the Official Community Visitor scheme is an important tool in achieving this.



Pru Goward

Minister for Family and Community Services
Minister for Women



Message from the Ombudsman

I am always very pleased to have the opportunity to introduce this report. The work of the Official Community Visitors is so important, as they provide a voice for some of the most vulnerable in our community. Time and again they help to both ensure the needs of residents are met and that they have choice and control in their lives. That is why my office puts a great deal of effort into providing support and assistance to the Visitors to allow them more time to get out and talk with people.

This report yet again shows the very real results Visitors can achieve. This could be as simple as listening and gaining the trust of someone who is not usually very outgoing, or helping someone to make the most of a talent or skill. At the same time, Visitors also provide vital assistance to those with extremely complex or high needs. They work with residents and services to try and resolve misunderstandings and concerns quickly and informally. This is good for everyone, as it means that the important relationship between services and residents and their families. I am very pleased that this year's report outlines Minister Constance's commitment to provide additional funding to support the Visitors in 2012-13. This will help to ensure Visitors get to as many services as possible.

Each year, I am struck by the passion and commitment each Visitor brings to their role. This comes through in their messages, and I would like to thank all those who took the time to share their experiences. These messages show the challenging nature of being a Visitor, and this makes their ongoing involvement all the more commendable. As Kim's story at the start of the report shows, the contribution the Visitors make can and does change lives. I would like to thank all of the Visitors for their hard work, and I look forward to continuing to do what we can to help them.



Bruce Barbour

Ombudsman



Introducing Official Community Visitors

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

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

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

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

Under s8(1) CS-CRAMA Visitors 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, Visitors:

- 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. Visitors help those children, young people and people with disabilities who have little or no family or other support by linking them with ongoing advocacy support, and
- where appropriate, assist residents and their service provider to resolve any issue residents may have about their service.

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

- provides feedback about service quality issues and the wellbeing of residents,
- asks the service to respond to any identified service quality issues,
- may refer serious issues to the Ombudsman for complaint action, and
- may be provided to the Minister for Disability Services, the Minister for Family and Community Services or the Ombudsman to inform them about issues and concerns relating to the conduct of services.

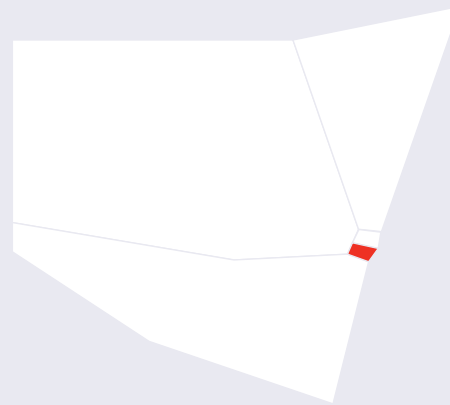
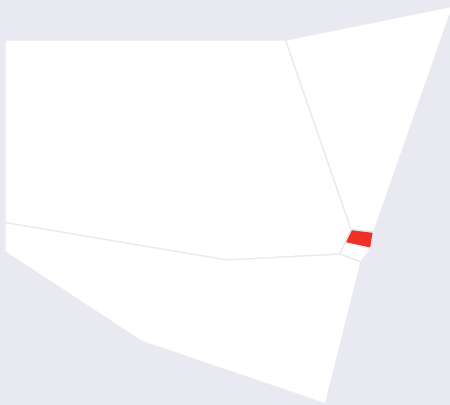
Meet the Official Community Visitors

Metropolitan Sydney — North

- 2. Susan Alexander
Steve Jones
- 17. Alana Klingenberg
Graham McCartney
- 19. Lyn Porter
- 3. Elizabeth Rhodes
- 6. Rhonda Santi

Metropolitan Sydney — South

- Lyn Cobb
Freda Hilson
- 4. Dianne Langan
- 9. Jo Pogorelsky
- 7. Gary Sandri
- 1. Carolyn Smith
Donald Sword
- 5. Neale Waddy



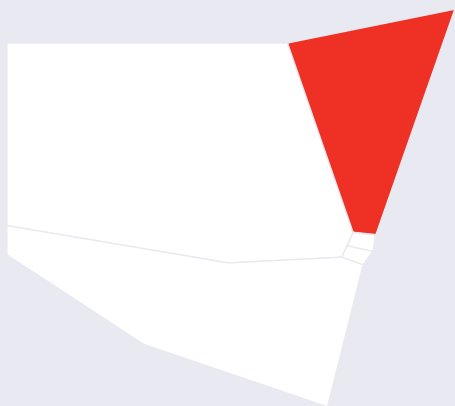
“An OCV coming into a service as an independent observer and monitor can be of great benefit and support to service providers, but even more so to residents.”

— Paul Moulton, OCV



Northern region

- 20. Roz Armstrong
Roslyn Baker
- 21. Ariane Dixon
- 10. Bruce Donaldson
- 18. Maryanne Ireland
Bernadette Mears
- 12. Ricki Moore
- 14. Paul Moulton
Gwen Teasdale



Southern and Western region

- 8. Barbara Broad
- 16. Cathryn Bryant
- 11. Marcia Fisher
Jennifer Leslie
- 13. Rebecca Prince
- 15. Mahalia Willcocks



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

Kim's story

a voice of a resident living in care

My name is *Kim*¹ and I am 42 years old. Carolyn Smith, who is an Official Community Visitor, is helping me to tell my story. I have known Carolyn for the past three years. I live in a group home managed by a very good community organisation in country NSW.

I used to live in a Licensed Boarding House in another country town for a long time and Carolyn used to visit me there also. I liked Carolyn coming to visit me at the boarding house. When she visited we would always have lots of talks about my life there. I was not very happy there and wanted to move out to somewhere better. I told this to Carolyn and two other Official Community Visitors who also visited me there with Carolyn. It was a bit hard for Carolyn and the other Official Community Visitors to make life better for me at the boarding house because of the way things were managed there.

But then life got better for me after Carolyn and the other Official Community Visitors helped me and some of the other people who lived at the boarding house to move out to new houses. These new houses are called group homes.

I was able to say where I wanted to live and now I share the house with other people from where I used to live at the boarding house. These people are my friends and we now have a good life together with the help of the nice staff at the group home. Mark is the Manager of the staff who work at the group home and they are all very helpful and kind to us all.

Some of the activities I do now are going to day programmes. I go to bingo at the local club each week and I like ten pin bowling and am in the Ten Pin Bowling Team. I am very good at ten pin bowling. The staff at the group home also organise special outings for us and sometimes we go for BBQs and sometimes we go for

country drives. Whenever there are special things happening in the town where I now live, the staff help us and we go along to those too. I also visit my Mum a lot who lives close by and we go out to dinner together.

At the group home we each take turns in helping cook the dinner and we all have a say on what will be on our weekly menu. The food is real good. I now have my own bedroom and I have all my belongings and things I want. I like to go shopping and I have my own money to buy things that I need. I like this part very much.

I am now very happy living where I am and it is good that Carolyn still comes to visit me and my friends in our group home. She always offers to help in any way she can but I now tell her each time she visits how happy I am and my life is good.

— *Kim and Carolyn Smith, OCV*



¹ All names in this report have been changed to protect residents' privacy.

Message from Official Community Visitors

By Barbara Broad,
Official Community Visitor

You may have seen the words that describe an OCV as a 'voice for people in care' and when I started working as an OCV nearly six years ago, I thought these words were an OK description. The words explain how OCVs listen and talk with the residents (in the various services we are allocated), how we observe the quality of care and delivery of services, and how we identify issues and work to resolve those issues with service providers. OCVs also work closely with staff and family members, who often express concerns that may be previously unresolved through normal complaint processes.

In my work as an OCV, I have definitely been the 'voice' for each and every resident I visit, especially the more vulnerable residents who have not always had family or friends to look out for them. My voice has been one of open and honest communication with all, strong negotiation and problem solving, and collaborative work with the staff and management of the services I visited.

What I understand now as I come to the end of my OCV work is that, at times, being that voice can be a difficult and challenging task. Sometimes I have had to express my concerns regarding ongoing lack of care or residents' access to programs and my voice has been raised against managers and parents who have not always seen the need for change, and who at times have had to be reminded that it is better to try and fail in life, than to never try at all. The greatest joy and satisfaction in my OCV work has been the positive outcomes in some of these difficult negotiations, when afterwards I have received feedback (from residents, staff, parents and managers) on the value of my intervention. In this I am not alone. All my OCV colleagues are

active in this type of work and I encourage them to continue with this challenging aspect of our work.

At the end of my OCV appointment, I know the words 'voice for people in care' are not just OK words but that these words are at the core of being an OCV.

It is not always easy to challenge established patterns of care. However, as an OCV I always worked on evidence that supported each issue or problem and closely monitored service delivery against the *Disability Standards of Care* and other relevant policies. The majority of service managers I worked with appreciated my approach and saw my work as a tool that assisted them to improve the delivery and quality of their care to residents. Often when I had identified an issue in one home, managers would check across their cluster of services for the same issue and many times improvements were made to procedures and policies for all their group homes. Prevention of accidents and promotion of healthy lifestyles for the residents were common themes. I thank the service managers, along with their staff, for the collaborative work through which we have achieved many great outcomes.

I am not currently visiting in OOHC or the Boarding House sectors but I acknowledge and am proud of the work of my OCV colleagues. Through their individual and systemic work and through their input into submissions and working groups, they have contributed to some major reforms in these sectors, as well as improving the individual day to day care for residents.

During my OCV work, parents and family members have often contacted me with their concerns and they have appreciated the confidentiality in which OCVs work. Early in my OCV work, one parent called me her 'guardian angel', as I helped bring about some positive

change and major improvement for her son's care. I hope I have been a guardian of the rights of all the residents in the homes that I have visited. It is easy to fight for the rights of one person in care but it is much harder to work for the rights of all residents, who at times may have conflicting needs. My OCV colleagues and I work hard to ensure that we work for the group, as well as the individuals within that group. As professional and collaborative workers, we know the power of supportive networks and what can be achieved through good working relationships with managers and staff of the services we visit.

There are many positive outcomes from my OCV work and although OCVs normally work alone, outcomes are only achieved through the residents welcoming OCVs into their homes, and also staff, parents and others sharing their concerns. During my six year appointment, I have met many dedicated and professional staff and I thank them for the trust they have put in me to be a catalyst for improving the quality of care they provide. There have been other staff who have needed more training and supervision in their work. When I did identify such gaps in staff training, the majority of managers acted quickly to address these gaps and work on a continuous improvement framework.

When I first started in my OCV role I felt very isolated, especially as I visited homes in country area and I had little opportunity for team visits as some of my OCV city colleagues may have had. However, the support of my colleagues at regional meetings and during training sessions helped me overcome this isolation.

Also over the six years, I have seen major improvements in the OCV scheme and in particular the management of the scheme. The Ombudsman's office has always been approachable but the systems, policies and procedures that have been developed over the past few years have greatly improved the facilitation, liaison and support for OCVs. OCVs are a diverse bunch of people, mainly due to our varied work, life experiences and professional backgrounds (including social workers, lawyers, psychologists, public servants, nurses and teachers). The independent nature of the role of OCVs has been a vital factor since the CS-CRAMA legislation was first enacted and this independence continues. However, OCVs still need support in our work and the OCV team

at the Ombudsman's office has provided professional support, advice and training on a consistent basis.

In the last few years, the implementation of OCV Online – an electronic database for writing OCV reports and submitting claims – has assisted me in streamlining my work and reduce a vast amount of the paperwork I used to produce. I am now able to email reports to service providers and this has aided communication between managers and me. My OCV reports remain confidential, that is, OCVs generally only share our reports directly with the service managers as we negotiate to improve services. If a major issue is unresolved and a formal complaint is lodged with the complaints team at the Ombudsman's Office, it is only then that my OCV report will be shared with Ombudsman's complaints staff.

Other improvements in the last few years have been the extension of OCV working and consultative groups, where OCV representatives from each regional group work with Ombudsman's staff or other key stakeholders to improve the development and evaluation of policies and practices of the OCV scheme. I have been fortunate to be a member of some of these working groups. I have gained knowledge of the OCV scheme but also learnt different strategies from my colleagues that have assisted me in my practical day to day work.

From my work in some of the OCV consultative and working groups, I have gained insight into the budget limitations that the Ombudsman's staff work under in administering the OCV scheme. I am encouraged that our Ministers are currently aware of the value of the OCV scheme – not only for the monitoring and quality improvement of the services that OCVs visit but also for the savings we generate through many aspects of our work. With the implementation of *the National Disability Insurance Scheme*, OCVs will continue to be a valuable resource for our Ministers, as we continue to assess the value and quality of visitable services.

After I have left the role of OCV and have reflected on my leaving, I know my memories will fade of my professional and skilled OCV colleagues, the staff and managers from the services I visited, the Ombudsman's staff and other key stakeholders who assisted me in my work, the complaints team who dealt with my serious concerns, and may I say even the Ministers.

All will fade but never will I forget the people who I visited, in their homes - the young and the old; those who smiled and greeted me; those who were unable to smile but who in time got to know me; those who shared their lives with me, their joys and sorrows; those who were unable to speak or share but who I was able to speak for; those who loved me and shook my hand; those who took years to shake my hand, but what joy in that first ever handshake; those who died during the years of my visits and those few people who moved out of group homes with their increased independence. Each and every one of them I will remember.

Yes, I was 'the voice' for all those people living in full time care in the homes I visited and what a joy and privilege it has been. Being an OCV is like no other position I have ever held.

By Jennifer Leslie, Official Community Visitor

I started as an Official Community Visitor in 2011 and I am half way through my first term. Let me tell you - the time has passed very quickly! I feel privileged to have been appointed to the role of OCV. From the start, I believed the appointment would provide me with an opportunity to work with services to provide positive and proactive support for people with disability and young people living in care. This has been the case.

My introduction to the OCV scheme occurred several years ago, before I became an OCV. I was newly appointed to the position of Residential Services Manager for a non-government disability service. During my induction as manager I was handed an OCV report listing a significant number of outstanding issues for the service to address. Despite a few years working in the disability sector, I had no knowledge of the OCV scheme. I reviewed the issues listed in the report and decided to contact the Visitor directly. Over the next few weeks I discovered just how much of a positive influence the OCV scheme could have. The Visitor worked with me and supported me to resolve the identified issues. The results were good for the residents and the service. It was a very rewarding experience.

Since that time I became a proactive supporter of the OCV scheme and encouraged other service staff to recognise it as positive and to welcome

Visitors as a valuable 'pair of eyes and ears' to recognise gaps in support and to assist in the resolution of issues.

Now, I am privileged to be an OCV myself and to my advantage I am working with that same Visitor who provided me with such a positive introduction to the role, all those years ago. I continue to see this particular Visitor as a role model for my own work on how to be a positive instrument for change in the lives of the people we visit.

One of the elements which define the role of OCV is our independence. We are appointed by the Minister for Disability Services and Minister for Community Services. The scheme is administered by the NSW Ombudsman however we are independent from them also. This means that as a Visitor I can be frank and open in sometimes challenging situations. I am persistent where necessary and provide input to services by raising issues of concern and working with them to negotiate often complex outcomes that are in the best interest of the residents living in care.

I visit disability services and children and young people living in OOHC, both government and non-government run, in the Central West from Lithgow to Dubbo. The services I visit generally welcome my input and the rapport I have developed continues to be enriched over subsequent visits. There are many committed staff members, team leaders and service managers in the houses that I visit. They respond to my reports and provide me with valuable information which assists me to support them to find the best outcome possible for the residents who live in their care.

Sometimes the role can be a little lonely. There is plenty of time on the road, and staying in motels and on the occasional night away from home the absence of company can be a little daunting. The scheme provides OCVs with regular opportunities to catch up with and talk to other OCVs which can be invaluable, as can support from the OCV team at the Ombudsman's office.

Sometimes the role of visitor is challenging and it's not always easy to gauge what impact my visits have on services and residents. However there have been many examples of day to day positive outcomes, some small and some larger, that strengthen my relationship with residents and services and continue to enhance the support required to meet their individual needs.

My approach to visiting services is to conduct an initial introductory visit. I take the opportunity to introduce service staff to the role of Visitor; I gain an understanding of the residents and the dynamic of the house. I also discuss with the service provider their current challenges and find this makes an excellent platform for future visits.

My approach when visiting a house for the first time is to chat with residents and spend a good amount of time communicating directly with them. I listen to the concerns they raise and take some time to review resident files and follow up issues with staff on duty. Once I leave the service, I write up my visit report and follow up with service management, where relevant, to try to resolve the issues identified and achieve a positive outcome.

One such example involves Lynne, who was a resident of a disability service. When I spoke to her for the first time, she told me that she had an eight year old daughter who lived with her mother. Lynne told me she had not seen her daughter for over three months. She had had many previous visits with her daughter and they enjoyed their time together. Lynne said she wanted to see her daughter more often so that she wouldn't forget her. Lynne was clear about what she wanted and said she would like to see her daughter twice a month and would prefer supervised access in a neutral space.

I reported this to the service, asking them how they would work toward supporting Lynne to see her daughter more regularly. The service responded by contacting a disability advocacy service and a Community Options service provider who agreed to provide case management and mediation between Lynne and her family. Following several meetings with all the parties, it was reported back to me that Lynne had begun meeting her daughter every third Sunday for two hours. Lynne is also in contact with staff at a Family Relationship Centre where she is seeking advice on her legal rights with regard to her daughter. This is a great outcome, which was achieved by listening to the needs of a resident.

Another example of the benefit of the role of OCV is with Sonya. When I first met her, she was very keen to chat to me about her situation, particularly around her lack of mobility and how this affected her independence and ability to go out. During our conversation, I noted that there were faded remnants of a large bruise at the corner of her eye. I asked Sonya about it and she told me she had fallen because she was unstable

on her feet. She expressed concern about an operation she might soon be having and that she could 'end up in a wheelchair'. Sonya explained that she used to be in a wheelchair as a child and she hated the thought of going back to that. She said that whilst staff supported her in her community access, she wanted to be able to go out by herself and exercise her independence.

Upon reviewing her files, I noted that Sonya was currently getting cortisone injections in her hip to help with pain management. However, this was now having limited effect. Speaking with staff I gathered some more information. It appeared that there were compatibility issues between Sonya and her three housemates and the service was looking to move her to a new residence. It was thought that she would be better suited to another house as she would receive more support and be able to interact with a wider range of residents. Sonya was interested in moving to a new house and voiced another of her concerns - that if she ended up in a wheelchair, this move to the new house would no longer go ahead.

There were many complex medical and health issues for Sonya, so I requested a meeting with service management to discuss what action they were taking and what plans they had made to address these issues. Following our discussions, the service developed a transition plan for Sonya with specific actions to address her needs and plan for her future move. They also spent time talking to her and explaining what would be happening over the next few months; including explaining why she needed to have an operation and making sure she understood all aspects.

These two examples of my work as an OCV highlight a few of the concrete ways in which I can help improve the lives of the people I visit. The importance of developing a rapport and communicating with residents cannot be underestimated. This is the key to maximising the opportunity for me as an OCV to provide a new perspective to a situation and be a voice for the person living in care.

One Operations Manager of a service, following much fought for positive outcomes, commented 'what a superb resource is a well-placed OCV!' This made me feel very proud.

I look forward to the journey that is the role of OCV and I am thankful for the opportunity to continue providing support and achieving outcomes for residents, who are some of the most vulnerable people in our community.



Year in Summary

Visitable services

Visitors visit children and young people in statutory and voluntary out-of-home care (OOHC) and people with a disability in accommodation services that are operated, funded or licensed by Community Services or Ageing, Disability and Home Care, where the residents are in full-time care. At 30 June 2012, there were

**1,482 visitable services in NSW;
Accommodating 7,104 residents.**

Visits Conducted

During the year ending 30 June 2012, Visitors made

2,215 visits to services.

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

There are 210 visitable OOHC services, accommodating 477 children and young people in statutory and voluntary OOHC, including children and young people with disabilities. During the year, Visitors made

452 visits to these services.

Services to adults with a disability

There are 1,245 visitable disability services, accommodating 5,948 adults with a disability. During the year, Visitors made

1,683 visits to these services.

Services to residents in licensed boarding houses

There are 27 licensed boarding houses, accommodating 679 adults with a disability. During the past year, Visitors made

80 visits to these services.

Budget enhancement

This year, the Ombudsman made a budget variation submission for enhancement funding of \$200,000 for maintenance of the OCV scheme. Visitor representatives from the OCV Policy and Practice working group and the Ministerial working group also wrote to the Ministers seeking their support for the proposed increase to the OCV budget. Visitors expressed their concern that, due to budget constraints, only 63% of visitable services were able to be allocated for visiting in 2011-12, and further decreases were likely in the context of the increasing number of visitable services in NSW.

We were advised by the Minister for Disability Services, the Hon. Andrew Constance, that an additional \$200,000 would be provided over 2012-13 to support OCVs in visiting more services across the state.

An additional \$200,000 has been granted to increase the number of services being visited

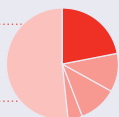
Key issues about service provision

Visitors identified 3,301 issues about service provision to residents during the year. Of these, Visitors reported that 2,505 (76%) were finalised. The remaining 796 (24%) of concerns were identified in the database as ongoing issues and carried over into the new financial year for continued monitoring and resolution.

In 2011-2012, the main concerns related to:

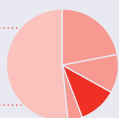
- Individual plans, Health care plans, Behaviour management plans and other relevant plans and strategies are in place, implemented, and reviewed –

479 issues (14.5%)



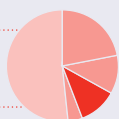
- Premises, fittings & facilities are accessible, clean, suitable, well maintained and homelike –

358 issues (10.8%)



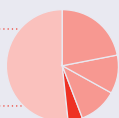
- Access to health assessments, screening, specialists and reviews –

300 issues (9%)



- Residents have opportunities for recreation, occupation and education with dignity of risk –

107 issues (3.2%)



Other frequently raised issues included:

- Medication storage and proper administration procedures.
- The alleged abuse or neglect of residents.
- Residents' participation in activities related to their interests, preferences, strengths and capacities.
- The creation and maintenance of incident records.
- The number and suitability of staff.
- The stability of residents' accommodation.

OCV Online

OCV Online is the scheme's electronic database and reporting framework that has been in operation since 1 July 2010. This system allows Visitors to do most of their administrative work electronically. The flexibility of the web-based program allows them to access and use OCV Online during visits throughout the state.

Visitors, services and the Ombudsman report that OCV Online is a more effective and efficient system than the previous paper based system, for classifying, analysing and reporting on service issues. According to Visitors, the new IT system has realised efficiency savings in their administrative activities, and the Ombudsman's office has seen corresponding efficiencies in trend reporting and the processing of claims. We continue to work on the system to make it even better.

Handshakes and dances

the voice of an OCV visiting people living in care

By Barbara Broad,
Official Community Visitor

On a visit to a disability group home, a resident, Bradley, hesitantly puts his hand in mine when I greet him. This is an achievement in itself for someone who is wary of most people. His eyes are fearful and alert; he moves quickly from one spot to another, one room to another almost without pause. It is difficult to know where he is when I am talking with him as he moves to my side, in front of me and then behind me. As he walks right round me, I smile, reinforcing that I am no threat to him. That I am a friendly visitor.

Although Bradley has a slight handshake, I feel his soft hand and think to myself 'who else has shaken his hand with kindness?' Not many, I would think.

Bradley lived for decades in large institutions across the state before he moved to this small group home that I now visit. Something must have happened to him all those many years ago that resulted in him developing no speech, bar two words. When he left his last institution more than ten years ago, he still had no new words. I have often wondered about what happened to make him so wary of people? I describe him as a gentle man, but a gentle man who can turn unexpectedly and aggressively animated. Suddenly, and with some effort, he works hard to speak his two words that have been forged into his brain to protect him from harm. He repeats over and over, "No cops, no cops".

"No, no cops" I say to try to reassure him "No cops here".

This scenario, and those outlined below, describe some of the brief introductory handshakes that I have had as a Visitor when visiting residents who are living in care. Although these are only brief descriptions, the handshakes and dances

I describe show the effort that OCVs need to make to communicate well with each resident depending on their needs and circumstances.

George is angry and upset. He likes his routine and if it is changed by the slightest unexpected event, he lets everyone know about it. I am at one of those events on a late afternoon visit where I am following up on issues previously raised. As he comes towards me, the other four residents move away. They may have intellectual disabilities but they have learnt from experience to move to a safe area, shut the door, and get space between them and George when he is angry.

Apart from George's yelling, everything is very quiet in the house. I move out of the way - but not towards the other residents who have retreated to their rooms. I walk around the dining table as George tries to grab my wrist and push me towards the front door. There is no gentle hand shake in this encounter.

The worker on duty tries to redirect George, while I try to let him know that I am not a threat. This does not work. This is my second visit to this house and I have not had a chance to read George's behaviour management plan which could have listed strategies to help me respond in such a situation. I make the decision to leave the house and return another day. As I leave, I note the staff member working with George helping him to calm down. Another day. Another dance. Another handshake.

On my visit to William's home, I find him lying in bed. He is a young man in his twenties with big beautiful eyes and dark hair. As I bend down to greet him, he opens his eyes and I gently stroke his hand as I speak to him. He does not reach out to me as he cannot control his body which, due to his disability, is painfully twisted and packed against pillows to provide him with comfort.

There is no handshake from William or any physical reaction from him. William has no speech and cannot express his needs verbally. I do what I can as a Visitor. I check all aspects of William's care and I'm reassured that he is being well cared for by staff with help from the palliative care team. I know that staff will mourn his death when the time comes, and even as an occasional visitor to William, I will mourn his death and know that on my next visit I will just see an empty bed or a new resident in William's place. I know that staff, who always shake my hand and welcome me to William's home, will tell me about William's last days.

On another visit to another house, the door is opened by Efram. He is always the one to let me into the house. In all of the years that I have been visiting him, he has never shaken my hand. Staff are close behind to help him with the door as Efram is of slight build. Efram has Autism and does not speak. On my visits, Efram usually sits in the lounge room watching his favourite football game on TV, but I know from experience that he is closely observing my interactions with the other residents.

Through my three years of visiting these residents, I have learnt that a quick handshake is a good handshake. I bend down to greet Patrick who has come over to me in his electric wheelchair. It has to be a quick handshake with Patrick, so as to avoid sticky wet kisses that he managed to plant on my cheek when we first met. He occasionally needs a reminder from staff that 'we shake hands' meaning 'not kiss', but I can't help but smile as he tries again each visit. Patrick's speech is difficult to understand but his mind is quick and his sense of humour always a delight. In my visits to the house we have shared many stories and laughter together and I look forward to our interaction each time.

I'm about to leave the house when Efram jumps out of his lounge chair and quickly steps towards me with his hand outstretched. I can see that he is anxious. There is no smile, but we shake hands. "How great is that, Efram, that you can shake hands with me. You have made my day", I say to him encouragingly. The staff member on duty says, "I've never seen him do that before!" and Efram smiles and sits back in his chair. I leave the house smiling even more than him.

My day was made by that handshake. My role as an OCV is not always an easy one. A handshake is not listed on my outcomes or list of achievements but that handshake with Efram highlights what building a relationship and taking the time with people can achieve.

A handshake is often the beginning of a Visitor's communication with residents. The scenarios above give a small insight into the detailed observations that Visitors make during their visits. Visitors try to ensure that each resident has the opportunity to communicate with them, whatever their capacity, about any concerns they may have. As a Visitor I am only able to visit every few months, and sometimes it takes a while for a trusting relationship to develop and to understand the history of each resident. However, it is important for these relationships to be fostered and developed over time, as it allows an opportunity for me as an OCV to work with service providers to achieve great things, however small they may be. Like a handshake.



The Role of Official Community Visitors

Objectives and legislative framework

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

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

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

The Visitors' functions are to

- inform the Ministers and the Ombudsman about the quality of accommodation services,
- promote the legal and human rights of residents
- act on issues raised by residents
- provide information to residents and services
- help resolve complaints, 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 Visitors for visiting, and
- investigate matters arising from Visitors' reports.

The role of the NSW Ombudsman

The Ombudsman's Official Community Visitor (OCV) Team and other staff within the Human Services Branch and the office support Visitors. 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 Visitors to assist them in their work and ensuring resources are used as effectively and efficiently as possible
- providing professional development
- supporting Visitors to respond to concerns about people living in visitable services
- assisting Visitors in the local resolution of service quality issues they identify
- identifying and addressing issues of concern requiring complaint action
- coordinating the responses of Visitors and the Ombudsman to individual and systemic concerns affecting residents of visitable services, and
- working strategically with Visitors to promote the scheme as a mechanism for protecting the human rights of people in care.

Visitor numbers

The 2011 - 2012 year began with 29 Visitors. During the year, five Visitors left the scheme; either reaching the end of their appointments or resigning prior to completing their term.

In 2012, we undertook recruitment across the state and have recommended 13 candidates for appointment. The new Visitors commenced visiting in November 2012.

Training and development

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

Training in 2011 - 2012 focussed on:

- developing mentoring skills for experienced Visitors who have undertaken to support the newly appointed Visitors during their first year
- training and information on complaint processes and complaint education

- briefings to Ministers and Executive Directors of ADHC and CS
- the use of OCV online,
- improving the quality and consistency of visit reports
- the transition of out of home care to the non-government sector, and
- the annual Visitor Conference, with presentations from the Minister for Disability Services and the Minister for Community Services, the Children's Guardian, a non-government organisation - Touching Base, a sector based psychiatrist, the Cancer Council and staff from the Ombudsman's office.

Summary of activities and outcomes

Visiting services

During 2011-2012, there were 1,482 visitable services - an increase of 35 services on the number of visitable services operating in 2010-2011. However, the number of residents living in visitable services across NSW decreased from 7,494 in 2010-2011 to 7,104 in 2011-2012. This decrease 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 following the closure of a number of licensed boarding houses, 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. See Figure One for a breakdown on the number of visits made by Visitors.

The Ombudsman allocates most services two visits per annum. A higher number of 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.

In 2011-2012, the budget for the visiting scheme was \$832,000. However, in accordance with sector-wide government efficiency targets, the OCV budget was reduced by approximately 5% and this resulted in fewer services being allocated to OCVs this year.

Target Group	No. of Services			No. of Residents			No. of Service Hours			No. of Visits		
	09/10	10/11	11/12	09/10	10/11	11/12	09/10	10/11	11/12	09/10	10/11	11/12
Boarding Houses	*See note	32	27	*See note	766	679	* See note	389	268	*See note	116	80
Children & Young People in OOH	138	215	210	249	487	477	511	1,117	1,307	499	539	452
Children & Young People with Disability	36	**See note	**See note	122	**See note	**See note	313	**See note	**See note	168	**See note	**See note
Adults with Disability	***1,053	1,200	1,245	***5,995	6,241	5,948	***4990	4421	4,648	***2,603	1,535	1,683
Total	1,227	1,447	1,482	6,366	7,494	7,104	5,814	5,927	6,222	3,270	2,190	2,215

* NOTE: This data was included in Adults with a Disability to 30 June 2010.

** NOTE: This data now included in Children and Young People in OOH.

*** NOTE: This data included Boarding Houses to 30 June 2010.

Figure 1: Number of visits made by Visitors – three-year comparison

Identifying and resolving issues

How Visitors facilitate the resolution of service issues

After every visit, Visitors provide a written report to service staff or management identifying any issues or concerns about the quality of care and services provided to residents. When Visitors identify significant concerns about the safety, care or welfare of residents, they generally discuss these directly with service management at the end of a visit so that prompt action can be taken. Other matters are generally raised with the service provider within 14 days of the visit.

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

Parents, advocates or staff may also contact Visitors to discuss their concerns about a visitable service. Visitors may follow up these concerns when they next visit a service. At times, Visitors will refer these people and their concerns to the Ombudsman, who may undertake inquiries into the issue or complaint.

Visitor reports are recorded in the Ombudsman's OCV Online electronic database. During 2011-2012, Visitors reported 3,301 new concerns about the conduct of visitable services in NSW.

During 2011-2012, services resolved 30.6% of all identified concerns to the Visitor's satisfaction (1,012 issues). Sometimes, Visitors 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 10.4% (343 issues) of the concerns reported by Visitors. This year, 34.8% (1,150 issues) were finalised as 'outcome unknown' (figure 3) – 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 2012. Future enhancements to the electronic database, OCV Online, will allow this category to be more accurately reported. See Figure 2 for the number of issues reported by service type and Figure 3 for a breakdown of the outcome of issues reported by Visitors.

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

Target Group of Services	Total no. of visitable services	No. of issues identified	Average issues reported per service
Boarding Houses	27	118	4.3
Children & Young People in OOHC	210	607	3
People with Disability	1,245	2,576	2
Total	1,482	3,301	2

Figure 2: Issues reported by Visitors by service type 2011-2012

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	48	17	28	25	118 (100%)
Children & Young People in OOHC	119	108	247	133	607 (100%)
People with Disability	629	218	875	854	2576 (100%)
Total	796 (24.2% of total issues)	343 (10.4% of total issues)	1150 (34.8% of total issues)	1012 (30.6% of total issues)	3301 (100%)

Figure 3: Outcome of issues reported by Visitors 2011-2012

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

Visitors 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 Visitors and conduct further inquiries about the impact of these problems on residents. During 2011-2012, in response to concerns identified and reported by Visitors, the Ombudsman's staff:

- Handled 35 complaints made by Visitors or based on information provided by Visitors.
- Provided detailed phone advice and information to Visitors regarding 127 complex service issues.
- Worked with Visitors to present education and training on the role of the Ombudsman and Visitors for residents, staff and management in supported accommodation services, licensed boarding houses and to non-government OOHC service providers.
- Accompanied Visitors to meetings with senior managers of services to assist in negotiating resolution of issues.

Additional Support to Visitors

During 2011 - 2012, the Ombudsman also provided other supports to Visitors, including:

- The Policy and Practice Working Group, comprising Visitors and Ombudsman staff, reviewing and developing policies and procedures. These policies and procedures included the OCV review policy and OCV working group's policy. The group is currently drafting a visit prioritisation policy to help with the allocation of visitable services.
- The allocation of extra hours to Visitors to attend special training sessions and conferences and follow up on serious and urgent service issues.
- Consulting regularly with Visitors through the four regional groups and the OCV-Ombudsman Consultation Group.
- Providing regular information bulletins to Visitors 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 a Visitor.

Promoting the scheme

This year, Visitors and Ombudsman staff jointly presented information sessions to community service agencies, peak bodies and other community, public and private sector agencies, such as Disability Expos and Ombudsman Outreach Forums and through Ombudsman community education training events.

Outcomes for residents

Services for people in licensed boarding houses

ADHC licenses boarding houses under the *Youth and Community Services Act 1973* (YACS Act) to provide accommodation for adults with disabilities. Licensed boarding houses operate as private-for-profit businesses. Residents are charged for meals, rent and other basic needs. Residents of licensed boarding houses are many and varied, but are mainly middle-aged and older men. Residents may have an intellectual or psychiatric disability, physical disability, acquired brain injury or other medical and health problems that affect their capacity to live independently in the community.

In 2010, the Government amended the regulations in the YACS Act to more clearly specify the obligations of licensees and proprietors in relation to the quality of accommodation, provision of medication to residents and other areas of service provision.

In recent times, the number of licensed boarding houses has reduced. This may be attributed in part to the regulatory changes, which have increased the cost and complexity of operation for some boarding house operators. This has led to a number of boarding house licensees and proprietors reviewing their operations and deciding to relinquish their licence to operate. Over time, there has also been a growth in the available alternatives, such as disability supported accommodation models, for some residents.

This year, the OCV scheme is reporting on visits to 27 licensed boarding houses in NSW. See Figure 4 for a three-year comparison of the number of boarding houses and the number of visits conducted in this sector.

Further reforms in the boarding house sector

This year, the government continued its work on reforming the regulation of the boarding house sector - introducing legislative change to more clearly safeguard the rights and obligations of residents. Visitors participated in consultations with key stakeholders and community groups and provided a submission to the Boarding House Reform working group outlining their systemic concerns about the sector.

The 27 licensed boarding houses subject to visits accommodate up to 679 residents. In the past year, Visitors made 80 visits to licensed boarding houses and raised 118 issues of concern about services provided to residents. Most issues concerned the accommodation providing a home like environment, adequate access to health professionals to maintain a reasonable level of health, and the quality and quantity of meals.

Visitors reported that licensed boarding houses resolved 25 (21.2%) 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 22 for further explanation.

Issues in licensed boarding houses can often be difficult to resolve because of the limitations to the legal obligations of boarding house proprietors under the YACS Act and because of variation in the skills, capacity and will of proprietors to address and resolve issues of concern. See Figure 5 for a three year comparison for the outcome of issues raised by Visitors.

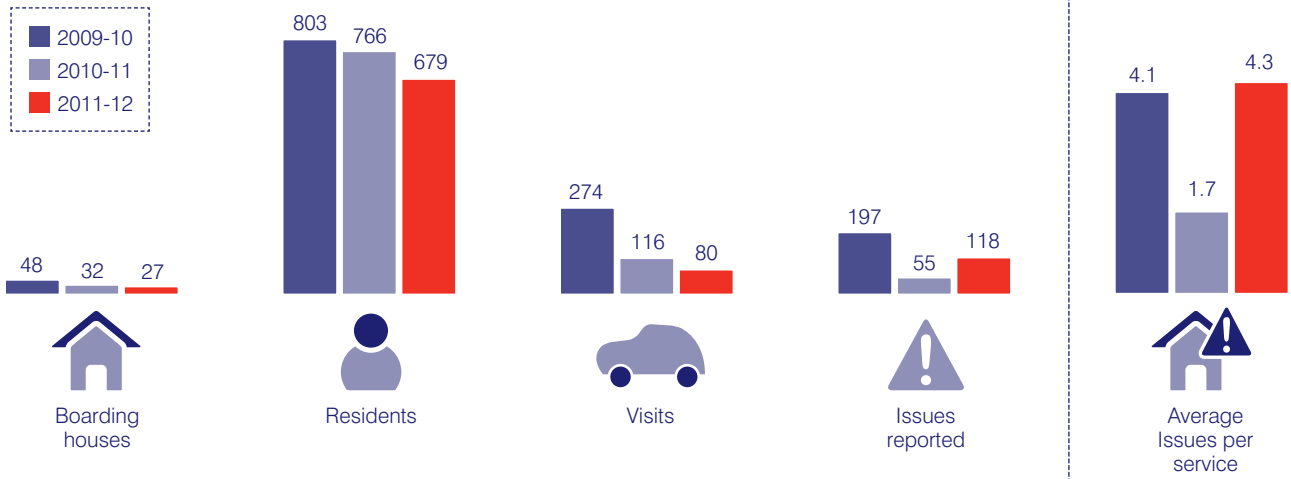
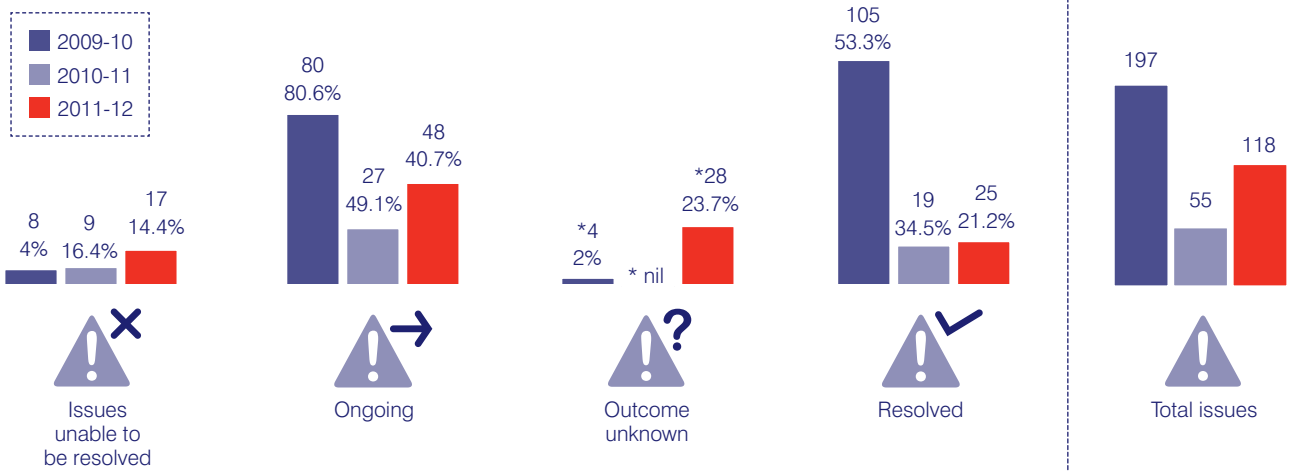


Figure 4: Three-year comparison of data for visitable services for residents of licensed boarding houses



*NOTE: We have previously reported on number of issues closed. We are now reporting on 'outcome unknown'.

Figure 5: Three year comparison – outcome of issues raised by Visitors

Major issues by subject, number and percentage

The service issues of concern that Visitors most frequently identified and reported in 2011-2012 are similar to those raised about licensed boarding houses in the past:

Issue 1 - 15 (13%)

Premises, fittings & facilities are accessible, clean, suitable, well maintained and homelike

Issue 2 - 9 (7.5%)

Access to health assessments, screening, specialists and reviews

Issue 3 - 8 (6.8%)

Quantity, quality, variety and choice of meals

Other issues - 86 (72.5%)

Official Community Visitor message

By Elizabeth Rhodes, Official Community Visitor

I am fortunate to be a Visitor to licensed boarding houses during a time of significant change for this sector. The government has commenced legislative reform to the *Youth and Community Services Act* that governs the licensed boarding house sector. It is clear that any reform to the Act will mean significant change for all those involved in this part of the supported accommodation sector.

As an OCV, I have seen a number of positive changes in the licensed boarding house sector. In particular and most rewarding, the capacity for licensees and Active Linking Initiative (ALI) providers to give residents the choice of going on holidays, participating in meaningful activities, engaging in supported employment opportunities and having regular health assessments.

I wish to acknowledge the work of the Home and Community Care (HACC) staff that I have met during my visits to boarding houses. They provide a caring and supportive service and do it with compassion and dignity. They are a valuable resource for boarding house residents.

It is pleasing for me as an independent observer to see how the lives of so many in this sector have been improved with the support of ALI and HACC workers.

I also appreciate the efforts of boarding house licensees, boarding house managers and staff who continue to work towards improving the day to day lives of the residents in their care, such as finding suitable employment options for those living in boarding houses.

However, at the same time I continue to see residents of licensed boarding houses who have less choice in their daily lives. This may be because of limited employment or income options, limited ALI resources, chronic health issues, or decisions made by the licensee or boarding house management. The issue about individual choice continues to be one which I raise in my role as a Visitor.

In my view, choice is a basic human right; it can be provided easily and does not always come with a hefty price tag. As a Visitor I advocate choice as a common courtesy - one which could allow a resident something as simple as the right to choose when to have a cup of tea or when

friends and family can visit. We cannot fail to remember that the licensed boarding house is their own home for which they pay board and lodgings.

An issue that I continue to see in the boarding house sector is the use of cigarettes as a form of currency. As a Visitor I spend a lot of time outside of the boarding house premises talking to residents who are smoking. It is a concern that the high cost of cigarettes reduces the amount of money available to residents and thus also restricts further opportunities and choice. A further concern for me is that at times it appears that residents are smoking black market cigarettes (sometimes called 'chop-chop' cigarettes). As a Visitor within the sector, my colleagues and I will continue to work with licensees, managers and ALI providers to look for alternatives to support residents who want to quit smoking, such as nicotine replacement patches and other anti-smoking strategies.

During my time visiting I have seen a gradual change in the demographics of residents who are in licensed boarding houses. I have noticed, and been told, that resident profiles have changed, mostly due to the increased use of the ADHC screening tool that is applied prior to placing a person in a boarding house. The tool provides for a more rigorous assessment and should ensure that only those with a certain level of capacity and skill are placed in boarding houses.

The tool has also identified those residents who are more vulnerable, mainly due to physical or mental health problems, age or fragility. Those at the higher needs, less capable end of the scale are being assessed and placed in more suitable disability supported accommodation models, such as group homes. I believe the continued application of the ADHC screening tool will continue to change the 'face' of boarding house residents and will present a new set of challenges for all involved in the continued provision of service. Whether in a licensed boarding house or a group home, a person's needs remain the same - it is the manner in which they are met that is my job to monitor as a Visitor.

As residents in licensed boarding houses continue to age, age related issues will impact on all who care for these residents, as is the case in other supported accommodation sectors. Boarding house licensees will have to consider the physical environments of the boarding house, as well as the necessary staff support required to enable them to continue to provide a supportive accommodation option for residents in their care.

Licensed boarding houses provide a home for some of our most vulnerable in the community and with a large group involved in the sector continuing to work towards providing adequate support for them whilst also seeking to acknowledging the individual and ensuring each has a safe, pleasant home, with a variety of choices. We all seek a home that is our haven and we are all - regardless of age, gender, health, history or circumstance - entitled to one.

Case Studies - Boarding Houses

Fostering an Indigenous talent

On a first visit to the boarding house, the Visitor met John as he was sitting in the foyer of the house. His demeanour appeared low as she observed him sitting by himself, head down and staring at the floor. The Visitor stopped, sat down next to him, introduced herself and started up a conversation about his current mood and what they could do to change things. What neither of them knew at this point was how this conversation would open up an exciting new project for John.

John informed the Visitor in that first conversation that he enjoyed painting, and in particular, indigenous painting that was of cultural importance to him. In the past he had completed two artworks but could not do that any more as he had run out of funds to purchase new paint and canvas to continue his hobby and passion. Taking the Visitor to his room he keenly showed her his paintings. They were very creative!

Identifying this as an issue of concern, the Visitor raised this matter with management. The boarding house manager had not been fully aware of the situation and informed the Visitor that they would respond.

The manager's first action was to photograph John's art and display it in the foyer of the boarding house. The manager then assisted John to find employment; helping him earn a small income which could be used to purchase his much needed art materials. Within a few weeks of the issue being raised by the Visitor, John was back to his painting. Within the next month, he had sold his first work at market price to a guest visiting the boarding house.

On a follow up visit a few months later, the Visitor observed John studiously painting. He informed her that he had now completed three more pieces, had sold another piece and had a potential opportunity to exhibit six artworks at a nearby regional hospital. He was being assisted to do this by a local art gallery manager that the boarding house manager had put him in contact with.

Now with the support of his ADHC case worker, the art gallery manager and the continued support of the boarding house staff and management, John has a new goal in life and an opportunity for public recognition of his talent. Hopefully, he will never return to the lonely hours spent sitting in the foyer with his head down.

Breakfast issues

An OCV has been visiting a boarding house that accommodates 20 people for the past two years. The residents are a mix of those who are active and in part time or full-time employment, supported employment, and those who are unemployed or retired.

As a means of supporting all of the employed residents to get to work on time, the boarding house manager prepared breakfast very early in the morning to allow the employed residents time to eat before leaving for work.

Those residents who did not work or were employed part-time have two breakfast choices - eating early with everyone else or not having breakfast at all - with the next available meal at morning tea, some three or four hours later.

The residents adversely affected by the early breakfast schedule spoke with the Visitor. They reported that getting up early for breakfast was

not easy, particularly on cold winter mornings when they had no real need to. Some residents told the Visitor that they often went without breakfast and were hungry and thirsty by the time morning tea was ready.

The OCV met with the boarding house proprietor and raised the issue on behalf of the residents, explaining their concerns and the situation that the rigid breakfast time was causing. The Visitor and the proprietor discussed a modified timetable to accommodate the needs of all the residents at breakfast time.

On a follow up visit, the Visitor was happy to find that breakfast was now staggered over a two hour period, allowing for residents to have breakfast at a time that was more suitable to their needs.

One size fits all

At a visit to a boarding house the Visitor noticed several elderly residents wearing oversized slippers. They were causing the residents to walk unsteadily and to grab hold of chairs, tables, walls etc. to stabilise themselves as they moved around their home.

The Visitor asked boarding house staff why this particular footwear had been chosen. The Visitor was told that residents found them comfortable and the previous custom made shoes (organised via a secondary health care agreement) were pinching the toes of one resident.

On further review, the Visitor found that the slippers that residents were wearing had not been fitted with the individual custom orthotics that residents regularly wore, and had been purchased without individual consultation as to style, colour or type of shoe.

The Visitor took the opportunity to discuss her observations about resident mobility with the boarding house licensee and raised her concern about the increased risk of accidents and falls. Working with the licensee, the Visitor was able to facilitate negotiations between the licensee and the provider of the previous custom made shoes to make a second pair of custom shoes for each resident, with the inclusion of the orthotics. The residents were consulted on style and colour from within the range available.

The residents now wear the custom made shoes most of the time and the slippers (newly purchased in the correct size) are worn in the evening, whilst watching television.

Vera's story

voice of person living in care

My name is Vera and I am 62 years old and I live at a Hostel in Bundanoon. I have lived here for the past four years after I moved from Queensland.

I know Carolyn who is the Official Community Visitor who visits the hostel, she visits us a lot and when she visits she makes sure that we are happy and have a good life. I always tell Carolyn that I am very happy living at the hostel with people who are my friends. I have a bedroom of my own, we all have our own bedrooms and I have all of the things I like around me in my bedroom, my things. It is comfortable and I keep my things tidy.

I go to the workshop two days a week - the bus takes me there with some of the other residents. At the workshop we do lots of things like put labels on books. I do everything myself and I get paid each week. My pay goes straight into my back account and I get a pay slip. I save my money in the bank for special things I want to buy. I am also saving up for a holiday some time soon.

We do lots of things at the hostel and John and Myra and the staff help me arrange the activities I want to do. I do knitting and craft classes and arts and crafts at the church at Bundanoon. We go to the movies and also we go on picnics. John and Myra are my carers and they are very good to me and look after me and everyone else at the hostel. We have lots of good food. Each of the meals we eat are very tasty with lots of different things.

We have a Christmas party each year and last year Carolyn came to our Christmas Party. We had a very happy day, the local Lions Club cooked our BBQ and we had a band and sang Christmas carols together, then did lots of dancing. I love dancing and I danced a lot at the Christmas Party and the workshop party too. I am looking forward to our Christmas Party again in December this year. We all got nice Christmas presents from John and Myra.

I am very happy living here. I am happy to stay here because 'this is my home'.

— Vera and Carolyn Smith, OCV



Outcomes for Residents

Services for children and young people

This year, we are reporting on Visitors' work with 210 visitable residential services for children living in care, compared with 215 in 2010-2011. These OOHHC services include services providing full-time, residential care for children and young people with a disability.

There are almost 18,000 children and young people in NSW who are placed in out of home care (OOHC). Many of these children and young people are placed in statutory OOHHC pursuant to legal orders by the NSW Children's Court because of serious family breakdown, abuse or neglect. For some, particularly children with disabilities, their families may no longer be able to meet their increasing care and health needs and the families may make care arrangements with relevant agencies for the children to be placed in voluntary OOHHC. Most children and young people in OOHHC are placed with, and cared for by, relatives or foster families.

OCVs visit children who are in voluntary or statutory OOHHC placements. A small number of children and young people in statutory OOHHC are placed in residential services. These children and young people require special supports and programs to meet their often high needs that exceed the capacity of a family placement. Community Services has parental responsibility for the majority of these children and young people and arranges placements for most of them in funded and fee for service non-government agencies.

Other children living in care are placed under voluntary OOHHC arrangements. These are generally short term placements, which are reviewed at regular intervals. OOHHC agencies

providing care for children in voluntary placements must report to the NSW Children's Guardian, who monitors the progress of the children.

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 2012-2012, Visitors made 452 visits to 210 residential OOHHC services.

Visitors identified 607 issues of concern. Of these, 133 (21.9%) were resolved by services. Another 119 (19.6%) issues remain ongoing, with Visitors 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 22 for further explanation.

This year, the Ombudsman has worked with Visitors to address issues arising from the move from Individual Care Agreements (ICAs) to funding arrangements based on 'unit prices'. This included convening a meeting between Visitors, Community Services, The Children's Guardian, AbSec and ACWA on handling complaints about individual circumstances of children in care. The Ombudsman has also published a report concerning his inquiry into services' responses to habitual school non-attendance which was based, in part, on issues raised by Visitors arising from their work. The report from Roz Armstrong, a Visitor working in the OOHHC area, provides additional information about these issues and the impact on children and young people.

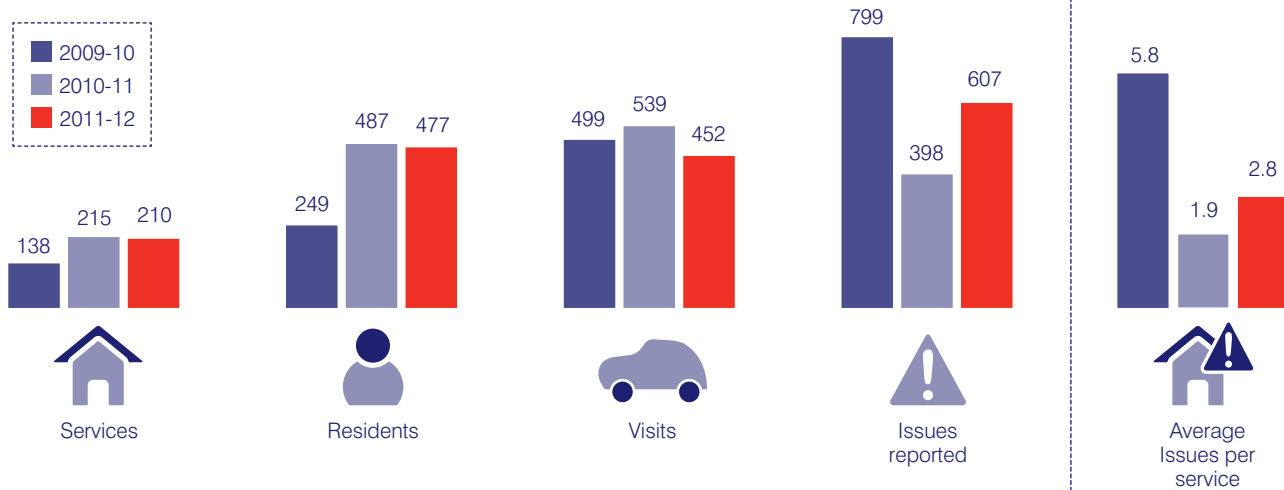
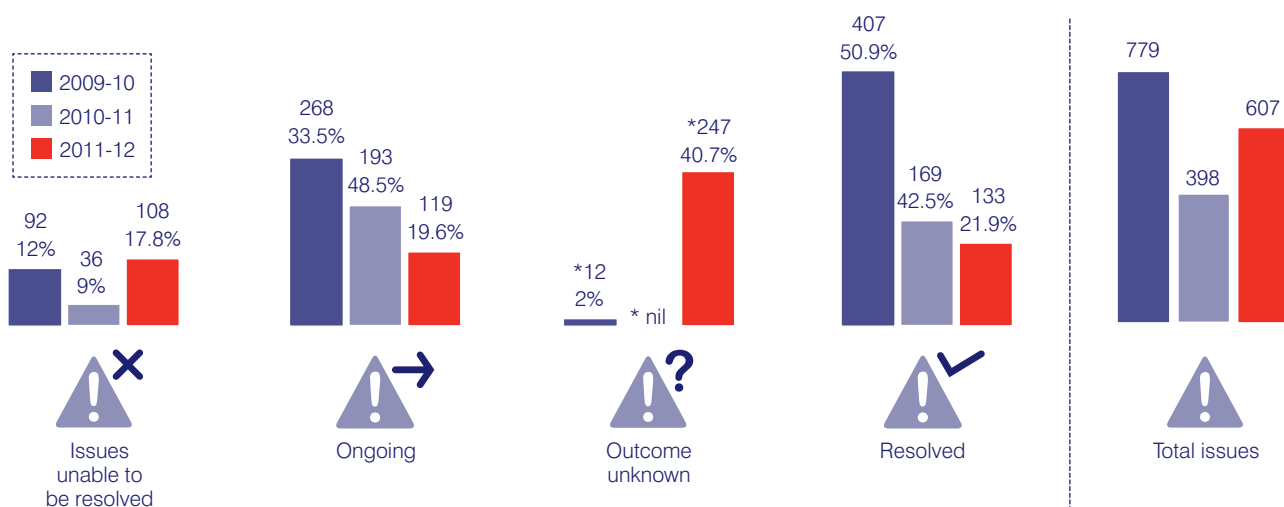


Figure 6: Three year comparison of data for services for children and young people in OOHC



*NOTE: We have previously reported on number of issues closed. We are now reporting on 'outcome unknown'.

Figure 7: Three year comparison – outcome of issues raised by Visitors

Major issues by subject, number and percentage

The service quality issues Visitors most frequently identified in 2011-2012 were:

Issue 1 - 83 (14%)

Individual plans, health care plans, behaviour management plans and relevant strategies are in place, implemented, and reviewed

Issue 2 - 51 (8.5%)

Incidents are recorded and appropriately managed

Issue 3 - 42 (7%)

Premises, fittings & facilities are accessible, clean, suitable, well maintained and homelike

Other issues - 431 (70.5%)

Official Community Visitor message

By Roz Armstrong, Official Community Visitor

The UN convention on the rights of the child prescribes 54 articles of a child's human rights that should be honoured throughout their childhood by people involved in their lives. It is, however, a disturbing truth that some children live in supported accommodation services that are visited by OCVs because sometime in their life, their rights have been ignored or denied, or their care needs are so great that families are unable to care for them full-time. As a Visitor, I have a passionate commitment to doing all that I can to restore those rights. This means, in part, working with providers to ensure that Article 3 is adhered to. Article 3, in plain English, states that 'all adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children'¹.

During the four years that I have been visiting children in OOHC, there have been many changes in respect to both legislation and policy for children and young people in care - starting with the Special Commission of Inquiry into Child Protection (the Wood Inquiry) in 2008, the handing down of Justice Wood's report in 2009, and the subsequent NSW Government's policy response - 'Keep Them Safe - A Shared Approach to Child Wellbeing'.

I often ask myself a question as a Visitor visiting OOHC: 'are these legislative and policy changes reflected in the support, service delivery and quality of life of the children I visit?' At the present time, I think the answer is a cautious 'I think so'.

The 2010 amendments to the *Children and Young Persons (Care and Protection) Act 1988* - in the form of voluntary care provisions - has seen a greater and much needed focus on children who are in care because families are unable to care for them; either due to their complex needs or the family situation itself. In my work as a Visitor, I have seen an increased focus on and evidence that the long term needs of children and young people in voluntary OOHC are being planned for and considered in the context of their ongoing needs. For example, I have seen an increase in shared care arrangements, and I have seen organisations facilitating regular family

contact whilst co-ordinated family assistance is found and put in place so positive restoration programs can be initiated. In 2010, as a result of a recommendation arising from the Wood Inquiry, the *Community Services (Complaints, Reviews and Monitoring) Act 1993* was changed and OCVs, the Ombudsman and the Children's Guardian entered into a Memorandum of Understanding to enable Visitors to share information obtained about OOHC residential services with the Children's Guardian. The Children's Guardian can then take this information into account in its work accrediting and monitoring designated agencies that provide statutory care to children in NSW.

Prior to these changes, it was difficult for Visitors to express concern to the Children's Guardian about the performance of services providing OOHC because of the strict privacy provisions in place. The Memorandum of Understanding has meant that Visitors can now provide information that raises serious or systemic concerns about an agency's OOHC services directly to the Children's Guardian. This change provides yet another avenue by which a Visitor can ensure services to young people in statutory OOHC can be improved and I believe that, in the longer term, it will assist services.

The implementation of 'Keep Them Safe' has also resulted in contractual reforms relating to the funding provided to services supporting young people in statutory residential OOHC care. This new funding system moves the system from one based on an assessment of the individual needs of the child at the time of coming into care (Individual Care Agreements (ICAs)), to one where uniform unit prices and incentives now apply for agencies providing OOHC placements to children and young people.

Funding bodies² seem to view these new funding arrangements as essentially positive since their recurrent nature will bring about some sustainability to the care arrangements that ICAs often did not. This positive view is, in part, the result of the Minister for Community Services' assurances that unit costs will be flexible enough

¹ UN Convention on the Rights of the child in children friendly language. Unicef

² Andrew McCallum CEO Association of Children's Welfare Agencies (ACWA) 13th March 2012

so when a child or young person in care has additional needs beyond their funded level of care, additional resources can be arranged³.

As a Visitor, I hope to see positive service changes over time for children and young people in OOHC. However, it is the role of a Visitor to support services to improve the quality of residents' care by identifying issues that impact on residents and bringing them to the attention of staff and management. In this context, Visitors have expressed concern about the need for adequate transition planning when a child or young person is moved from one service to another as, sometimes, placement changes can occur quickly and it is not always clear that consideration has been given to the needs of all residents. This year, Visitors have raised this issue with the Ombudsman's office, the funding body and the Minister for Community Services so that some action can be taken to address Visitors' concerns.

Another issue that Visitors have raised this year relates to children in OOHC and their access to the education system. Education is not only a right within the UN Convention⁴, in Australia a young person's attendance at school is compulsory.

In 2009-2010, 11.3% of all OOHC issues reported by Visitors were about access and opportunities for education and activities, and in 2010 -2011, this issue remained high at 8%. This year, 5% of OOHC issues reported by Visitors related to children and young people's access to education and activities. It is well known that school attendance can be poor for children and young people at risk and that the circumstances of children and young people in OOHC can be vastly different from their peers. As a Visitor, my focus is on ensuring that when a child or young person is placed into statutory care, services aim to improve the child or young person's engagement with the education system. When seeking to resolve education issues, Visitors can discuss their concerns with services or contact OOHC school liaison officers, from across the state, to ensure that school-aged children in care have education plans. Where these plans focus predominantly on academic goals, my role as a Visitor can be to ask what is being done to address other issues, such as behaviour management and improving school attendance.

Visitors can also consider and ask questions about what services are doing to support and

assist the transition of young people in OOHC to living independently in the community. This is particularly important for young people who have a mild to moderate intellectual disability, who can be additionally vulnerable when leaving care.

Article 23 of the UN convention on the Rights of the Child says that you have the right to special education and care if you have a disability. In Australia, young people in care who are diagnosed with an intellectual disability are entitled to receive funded support to enable them to move into semi-independent living arrangements in the community when they reach the age of 18. Relevant protocols suggest that planning for leaving care should commence around the age of 15; by assisting young people to develop independent living skills that he or she will need when they are ready to leave care.

As a Visitor, I can check if a service has made plans to support a young person in their transition from OOHC, and ask questions to prompt relevant services to work together to complete the necessary assessments and develop plans. These plans should be based on an assessment of the young person's current skills and their ongoing support needs. With proper planning, services can anticipate problems and ensure that:

- Planning is started early enough
- Skills development programs are implemented
- Moves from residential care are determined by the young person's readiness to move rather than the availability of accommodation
- A reassessment process is in place to ensure that the skills that were identified as needing development have actually been attained by the young person and the planned support is adequate, and
- Funding is based on current information and is targeted to facilitating the necessary support.

I believe that being a Visitor carries with it the responsibility to voice concerns and make it known when the system is not working. It is of great concern to me that, without a proper focus on the quality of accommodation services, children may remain living in situations where their basic rights are not met, sometimes denied, and all too often taken away. It is my role as a Visitor to ensure that children and young people are heard, and that adults who are responsible for making decisions about them aim to continually improve the quality of their care.

³ Minister for Family and Community Services press release 13th March 2012

⁴ Article 28 UN Convention on the Rights of the Child



Case Studies - OOHC

Meeting the needs of children in care

The Visitor visits two boys aged 10 and 12, who live in OOHC. They are both non-verbal and have a diagnosis of Autism. On each visit the Visitor observed that there are limited activities for the boys to participate in to support them to interact with each other and communicate effectively. On these visits the Visitor would read reports of regular incidents of property damage by the boys.

On further review, in an attempt to understand the dynamic in the house more clearly, the Visitor worked out that there were only two permanent staff who worked at the house. The other staff that provided care to the boys were supplied by an agency and would only work one or two days before they moved on to a different house. It was apparent that there was no real way of communicating with the boys effectively, especially for staff who were working there on a temporary basis. One permanent staff member, who knew the boys well and had worked with them for the past year, could communicate with them effectively.

The Visitor raised her concerns in a visit report and arranged to meet the manager at the head office to follow up on the issues. As a result of the meeting, the manager agreed to take steps to address the issues facing the two boys.

The service organised for new communication assessments to be conducted for each child and augmented communication systems were developed and implemented following the assessment. All staff members of the house attended training on Autism and sensory activities were created and provided to the boys to be used in the house. Further funding has been identified and will be used by the service to set up a sensory room at the house.

On follow up visits, the Visitor noted a reduction in incidents of property damage and found staff able to communicate more effectively with the boys and thus better meet their needs. The boys are now stimulated and engaged in meaningful activities when at home.

When placements are not in the best interests of children

A Visitor went to an OOHC service which she had been visiting for the past 18 months. The service was providing a great service for the young people living in the house. Despite working through some challenging behaviours, the residents were regularly attending school, were focussed on their schoolwork and achieving good results. The staff at the house were, in the view of the Visitor, professional and committed to the care of the young people.

On this visit, the Visitor was informed of a new resident who had recently moved in. Conducting a review of the client files, the Visitor noted that there had been an escalation of incidents since the arrival of the new resident.

Further enquiries revealed that since his arrival, the new resident had been at the centre of a number of serious incidents and his behaviour was beginning to adversely impact on the behaviour and attitude of the other residents. It appeared that the placement of the young person in this house was not working out as planned and was neither in his best interest nor in the best interests of the other residents.

The Visitor spoke with staff on duty to gather more information. The staff said that they had raised their concerns with service management, but nothing had changed. The Visitor raised the issue in a visit report. The service responded by conducting a compatibility and placement review. Following the review they acknowledged that the resident mix was not appropriate and were able to identify a more suitable placement for the resident, this not only had a positive outcome for him but it was also a positive outcome for the other young people in the house.

Outcomes for Residents

Services for adults with a disability

During 2011-2012, there were 1,245 services for adults with a disability (not including licensed boarding houses), accommodating 5,948 residents.

Visitors made 1,683 visits to disability services and identified 2,576 issues of concern. Of these concerns, 854 (33.1%) were resolved. Importantly, Visitors reported that they are continuing to monitor the action taken by services to resolve 629 (24.4%) of issues of concern. There are also a number of issues that are reported as outcome unknown. Please see note on page 22 for further explanation.

Most visitable services for adults with a disability in NSW are supported accommodation services. Many residents have an intellectual disability, some have physical disabilities and some have multiple disabilities. All residents need varying levels of staff support throughout their lives. Services are provided by ADHC or non-government services funded by ADHC. There are three different types of disability services for adults:

- Large institutional facilities – 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.

With the growth in the disability supported accommodation sector due to the roll out of 'Stronger Together II' and the continued devolution of large residential centres, Visitors continue to be challenged by more complex issues that are difficult to resolve and often involve systemic problems. These include the implementation and review of individual plans, appropriate access to health specialists and medical screening tools, the creation of a home-like environment, and the recruitment and training of experienced, qualified staff.

While, on the whole, services provide reasonable care and do their best to meet the needs of their residents, service users, together with family members and Visitors, seek continued improvement in the quality of care rather than accepting the status quo.

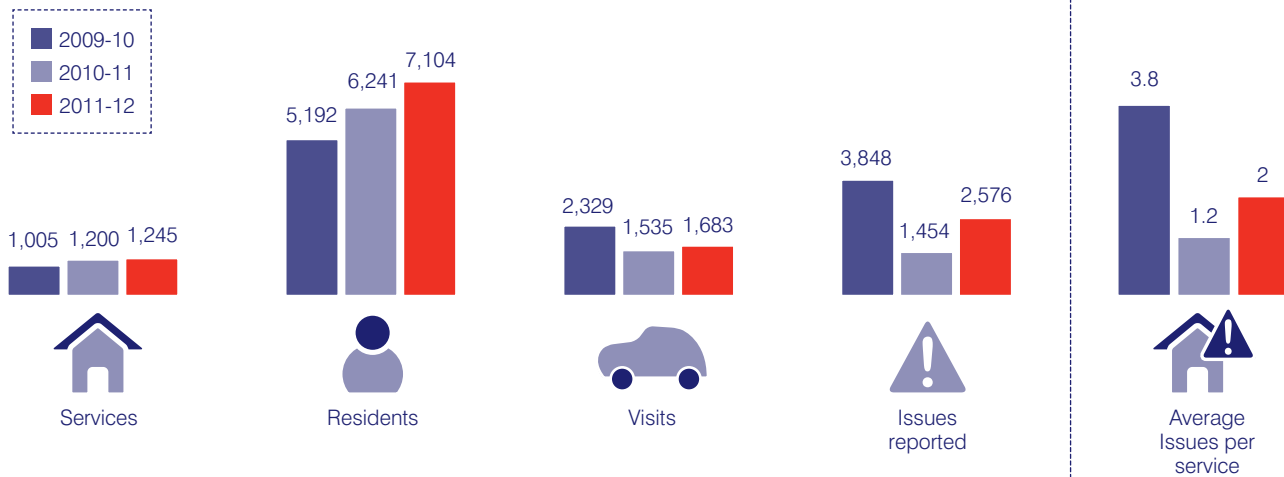
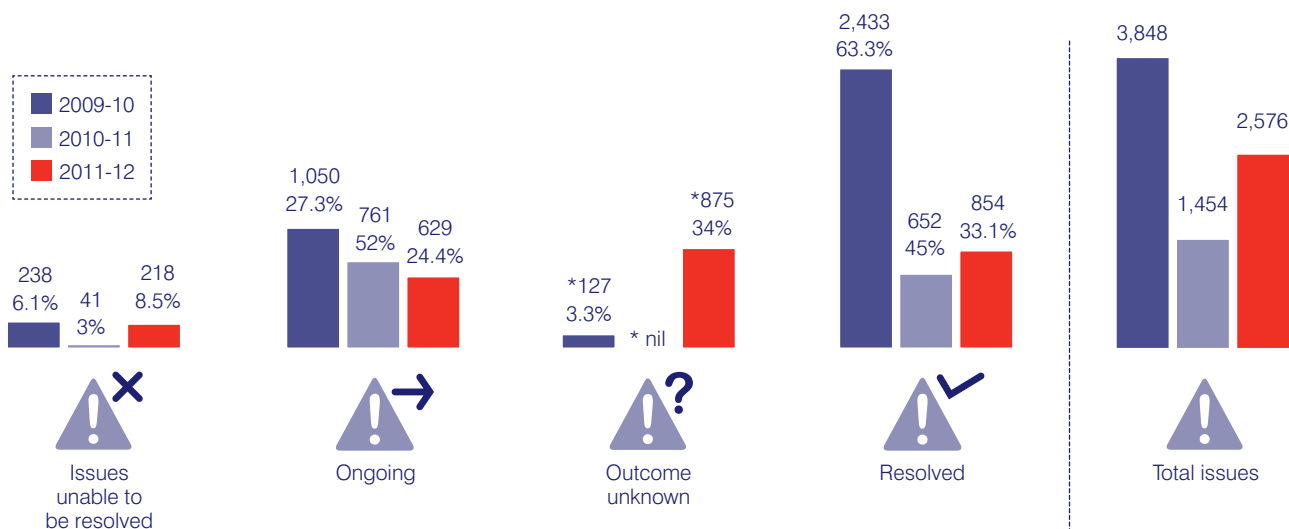


Figure 8: Three-year comparison of data for visitable service for adults with a disability



*NOTE: We have previously reported on number of issues closed. We are now reporting on 'outcome unknown'.

Figure 9: Three year comparison – outcome of issues raised by Visitors

Major issues by subject, number and percentage

The service issues of concern that Visitors most frequently identified in 2011-2012 were:

Issue 1 - 396 (15%)

Individual plans, Health care plans, Behaviour management plans and strategies which are in place, are implemented, and reviewed

Issue 2 - 218 (8.5%)

ISPs and other relevant plans are in place with proof of implementation & review in consultation with the resident & people important to them

Other issues - 431 (70.5%)

Issue 3 - 301 (12%)

Premises, fittings and facilities are clean, suitable and well maintained

Issue 4 - 270 (10.5%)

Access to health assessments, screening, specialists and reviews

Official Community Visitor message

Asking the right questions as a Visitor

By Paul Moulton, Official Community Visitor

As a new OCV, I was very fortunate that I was following on from a well-respected and effective OCV when I started working as a Visitor in the New England / North West region of NSW. When I started, it was quite common to hear of real change in the quality of people's lives as a result of the previous Visitor's work. This was heartening to hear and made my transition into the role a smooth one.

Generally as a Visitor, I have felt welcomed by services and have not been seen as a threat but as an independent set of eyes in monitoring and reviewing the support given to people living in the accommodation services that I visit.

Of course at times I do raise issues and concerns that question what the service is doing and this can be confronting. However, success in the work comes from building a relationship of trust between all involved. For the reality is that we all aim to ensure that people are supported to have the quality of life we should all expect.

Finding a balance between the many complexities of providing lifelong support to people with disabilities can be challenging. As a Visitor, an important part of my role is assessing how that balance is maintained. At the back of my mind when reviewing a service, I ask myself the question 'what's in it for the resident?'

This question is critical in assessing whether the needs and wants of the individual are the main focus of how decisions are being made and how a service is provided to a resident. But there are many other questions - such as 'how does a service provider balance duty of care against dignity of risk?' and 'can a balance be reached between the two for someone living in care?'. Another equally important question is whether independence is being encouraged and maintained for residents or whether the culture in the home has become over protective and institutionalised.

In a couple of the houses I visit, I have found a tendency for staff to answer every question posed to a resident regardless of whether the resident has capacity to answer the question or not. For me as a Visitor, the answer to

my questions is not always of paramount importance, but what is important is that the resident and I are having a conversation and developing rapport. My concern with this culture of over-protectiveness in the houses that I visit is that it can erode the independence and confidence of the individual resident. On a recent visit to a house, this was an issue I raised and discussed with staff. After hearing my concerns and receiving my visit report, the organisation introduced ongoing training to support staff to become aware of the impact of this sort of behaviour. Whilst what the staff were doing was not really wrong, residents could have been better supported and encouraged to maximise their capacity and social skills.

As a separate issue, I acknowledge in all of the houses that I visit that documentation requirements are extensive. A question I ask myself often in these situations is 'can there be a balance between meeting the support needs of the individual and the needs of the organisation by maintaining comprehensive files on each resident?'. For example, behaviour support plans and critical incident reports are very important for staff to document to ensure the welfare of a person is optimised. To make behaviour support plans work, there is often a lot of time and patience required to understand the person and to know how best to support them in managing their behaviour. On a number of occasions, I have been unable to locate these documents on site at the house. I have needed to raise the issue of these plans not being readily accessible to staff, especially in emergency or crisis situations. In most cases the organisations have addressed the issue and created copies to be kept on site. On follow up visits, staff have provided feedback on the benefit of having these documents on site and how challenging behaviours have reduced due to staff on duty being aware of resident need and strategies to properly support them.

Another question I pose to myself on each visit is 'is there a fair balance between meeting the needs and rights of the person and the needs of the organisation?'. The issue of privacy

is one that I come up against on a regular basis. Once, during a first visit to a house, I observed that a resident's bedroom was being used as an access corridor to an adjoining unit. I immediately raised this issue with the organisation and asked them whether they thought this was reasonable and met community standards for privacy and personal space. The service provider acknowledged the situation to be inappropriate and worked to resolve the situation. In response to my visit report, the service informed me that they were reconfiguring the bedrooms in the house and would be making the bedroom an office space. The resident would be moved to a bedroom with no through access and adequate privacy. On a follow up visit I noted the changes and observed a house full of happier residents.

In the disability sector, 'Person Centred Planning' is a positive initiative and there are a diverse range of approaches, processes and terminologies that are being developed. It is pleasing as a Visitor to see an emphasis on individualised support and not a general 'one size fits all' approach being used in most services.

Another question I consider when thinking about planning for residents is 'is there a good balance between nice-looking and decorative documentation and meaningful and appropriate goals relevant to a resident's needs, interests and capacity?'. In reviewing a resident's individual plan during a recent visit, I noted a

goal that was recorded as 'Patrick wants his sound system repaired'. Whilst feeling a little exasperated that this could be considered an individual goal, I raised the issue immediately with staff on duty. I asked them whether they considered repairs to a non-working sound system to be a meaningful life goal for Patrick, as opposed to it being a matter of ongoing maintenance of equipment. I also raised the fact that the 'goal' had not been achieved in the five months since the plan was written, which raised the issue of how often plans are reviewed to see if goals were being met. The service provider agreed that the goal was inappropriate and not focused on Patrick's needs. A review of his individual plan was organised and his stereo was repaired within the following fortnight.

As a Visitor, I remember what I learnt during my induction into the role - when a long term Visitor said that you should celebrate the incremental changes as much as the systemic changes you achieve. In providing care to people in disability accommodation services, small things can often get overlooked in the day to day requirements of supporting many people. An OCV coming into a service as an independent observer and monitor can be of great benefit and support to service providers, but even more so to residents.

As an OCV, finding a way of not giving answers but asking questions that stimulate the rethinking of approaches is my challenge. When it happens it is incredibly rewarding.

Case Studies - Adults with a disability

Introducing iPads to augment communication

It is not always clear for a Visitor how the work they do impacts on the lives of residents. However, in following up issues in one particular house, the Visitor could track the subsequent changes and observed a pattern of positive change over time.

Alex is a young man who lives in a house with four other residents. He has cerebral palsy. He uses an electric wheelchair and has no language. The Visitor had raised the issue of Alex's communication in previous reports and asked if more could be done to assist him to communicate. Staff seemed positive and some attempts were made with photos and charts but they did not seem to be meeting Alex's needs. On reviewing the reports from speech pathologists that Alex had visited, the Visitor noted that Alex understood verbal language very well, was interested in everything that was

happening around him and had strong social skills. In raising the issue again with the service, the Visitor asked what other avenues or aides they had explored to help Alex communicate, suggesting there were other avenues and tools that could be used.

At a follow up visit, the Visitor was delighted when Alex approached her and began communicating with the use of an iPad. The Visitor found out that Alex had attended a TAFE course to help him use the iPad and was quite skilled in its use. The iPad took him through graphic menus to help him talk about himself, his family, and his choices in daily life and also contained a photo record of events important to him.

The outcome achieved for Alex highlighted for the Visitor the tremendous impact that her work could have on those she visits.

Meeting changing support needs

A service that is visited for adults with disability has struggled for some time to manage the deteriorating health condition of one of its residents, Toby. Toby has Down Syndrome and, through his illness, has become progressively less communicative. He has engaged in behaviours that worry the staff and disturb the other three residents in the home.

Toby finds it difficult to sleep at night and often wanders about the house, sometimes engaging in unsafe behaviour in the kitchen and shouting out, waking the other residents. Another part of his behaviour is that he wants to shower often. Toby is also experiencing incontinence.

On a recent visit, Toby seemed to the Visitor to be unhappy, unsettled and confused by his environment. Reviewing his client file, the Visitor read that the service had responded with behaviour management reviews and had developed strategies that supported staff to respond to Toby's behaviour to a limited extent.

The service was also monitoring Toby's physical health and trying to address his communication needs. Whilst a lot of work was being done to help support Toby, it seemed that neither Toby nor the staff were managing very well.

In the Visitor's reports she asked for updates of the behaviour plans and asked questions about how staff were being supported and trained to manage Toby's behaviour. These reports also included questions about how Toby's complex needs were being met and the impact his increased support had on other residents.

The service undertook a full and comprehensive review of Toby's situation, including his ability to have meaningful access to the community. Following the review, Toby was moved to a respite service which could meet his higher support needs. He was consulted in the process and the move happened incrementally. The Visitor continues to visit him at the respite service and has noted a marked difference in his mood and behaviour. He now seems more relaxed and is communicating more freely. Toby will soon be moving out of respite and into a purpose built house where he will be provided with the level of care that he requires.

The Visitor acknowledges that changing the circumstances of Toby's care has created a more relaxed atmosphere for the other residents in the house and in particular Toby.

Balancing the needs of residents

Three women, all in their forties, have happily lived together in a group home for many years. About four years ago, a 30 year old male moved into the group home as the fourth resident. He was very unhappy from the start and the dynamic of the house changed dramatically. The male client told his family, staff and service management that he hated living with the three women and wanted to move. His behaviour towards his co-residents and staff became increasingly verbally and physically aggressive. The female residents reported that they were frightened of him and spent more time in their bedrooms because they felt unsafe in the common areas of the house.

On a recent visit, the women spoke to the OCV about how unhappy they were and upset that nobody was listening to them. The women explained that they had complained to staff and service management many times about their concerns, but nothing seemed to happen. The Visitor confirmed with the management of the service that the male resident had made many

requests in person and in writing to them to be moved from the group home. There were many reports on file identifying his behaviour as unmanageable and the police were being called regularly to the house because of his threatening and abusive behaviour. His family, however, was insisting that he remain at the group home.

Because of the serious nature of the situation the Visitor made a complaint to the NSW Ombudsman. The complaints staff visited the home and spoke with the residents. The complaints staff and the Visitor participated in a meeting with the service management and discussed their concerns with the current situation. As a result, the management of the service held meetings with the male resident and his family and identified a suitable alternative accommodation option. The male resident was subsequently moved to a different accommodation model and he is much happier. The women are now settled and very happy in their home.

The importance of accurate resident files

The Visitor had noticed that the resident files of one service were in a poor state; with outdated information and reports and assessments filed in the wrong section, making it difficult to locate documents crucial to residents' care. Three of the four residents individual plans had received no attention for the past 10 months. Two residents had goals to participate in a gardening program and another had a goal to commence in a swimming program but there was no evidence that anything had been done in relation to any of these goals.

The Visitor spoke with the staff at the time of the visit, and the permanent staff member said that there was no time to do anything about the goals because they didn't have enough permanent staff. The staff member told the Visitor that there had been no staff meetings for about six months.

The Visitor raised these issues in her report and the newly appointed service manager agreed to meet the Visitor on-site to discuss the issues. The manager also undertook to do a file audit and

speak with the house staff before the scheduled visit. The Visitor agreed to conduct this visit in three months time to give the service time to make necessary changes.

During the next visit the manager told the Visitor that there had been many staff changes at middle management level in the previous eight months that had affected the support that staff were provided within the group homes. She agreed that the files were in need of attention, and advised the Visitor that she had been able to transfer a number of staff to the group home and that all residents were now allocated key workers. The identified goals in the Individual Plans in relation to gardening and swimming programs had now been implemented and were being monitored.

The Visitor observed that the resident files had been updated and contained current information. Regular staff meetings were now occurring and staff were feeling much better supported by management.

Promoting community access for residents of a group home

A group home in a metropolitan area has four women living together. They have lived together for many years. There is a large age gap between all of the women, but the group dynamic is generally harmonious and there are no significant issues.

Recently, two of the older women suffered falls, resulting in serious injuries and both now require walkers and/or wheelchairs to assist them when they go out. The house vehicle didn't accommodate wheelchairs and the staffing arrangements did not provide for two staff on outings, so this meant a marked reduction in the opportunities for all of the women to leave the house.

The Visitor raised this issue with senior management. The service then reviewed the situation and advised that an additional staff member would be made available every second weekend and a wheelchair accessible vehicle would be borrowed from another group home in the area to help facilitate the residents to go out on activities together. Management has also agreed to consider a different vehicle when the lease agreement on the current vehicle expires.

The Visitor continues to monitor this issue.

Balancing gender needs in a group home

Three women and one man have been living together in a group home for the last couple of years. The majority of staff supporting the residents are female. The male resident wanted opportunities to take part in activities with a male support worker. Listening to the resident's concern, the service made arrangements to have male staff members on shift.

Soon after the new staffing arrangements were implemented, family members of two of the female residents raised concern with the Visitor, saying that they felt the women living in the house were in danger with a male worker.

The Visitor spent time listening to the concerns raised by the family members. The Visitor also spoke with the residents to see what, if any, concerns they had about the support being provided to them. The residents did raise concerns, but they did not match the concerns of their parents.

The residents said that they didn't know the staff members very well and did not know how to address that. It was evident to the Visitor that there had been little opportunity for communication between the staff and the residents and little discussion about the reasons for the recent staff changes.

The Visitor spoke with service management about these concerns and raised the issues in her visit report. Following these discussions, the service arranged a 'meet and greet' afternoon tea as an opportunity for all staff, residents and their families to get together and get to know each other. Further changes were made to staffing rosters in the group home in consultation with residents and their families.

On a subsequent visit, residents let the Visitor know that they were happy in their home and things were working well with the staff that supported them.



Supporting residents' interests and hobbies

David has been in a group home for a number of years. He has a 'green thumb' and takes a great interest in the garden at his home; spending a lot of time looking after all of the plants and flowers.

On visits to the house, David often shows the Visitor his new plants and mentions how much he likes working in the garden. He talks about having quiet, personal space when he is in the backyard and how he takes pride in the garden he has created. He also mentions how much he enjoys visiting the local garden centre and being able to choose plants to put into his garden.

Whilst reviewing David's client file, the Visitor noted that he had not been on a holiday for some time. Although David has regular overnight stays with his family, he had not been on a structured holiday for more than three years.

The Visitor raised the concern about David's lack of a recent holiday in his visit report. In response, staff explained that David had been offered a holiday in the past but had said he did not want to go. The Visitor suggested that they look into finding a holiday focused on his interests, especially gardening, and offer it to him as an option.

The staff took on this challenge and found a number of holiday options to present to David. David was very interested and staff are now supporting him to arrange a holiday that will take him to many different gardens and travel with people who share his interest in gardening.

Supporting residents' need for intimacy

Roger is a man with a significant physical disability who has lived in a large residential centre for the last forty years of his life. As Roger has spent a large amount of his life in an institution, he has had very little opportunity to form intimate physical relationships with women. Roger has expressed his unmet needs for some time to his carers.

The Nursing Unit Manager has been sympathetic and understanding of Roger's needs and in consultation with him attempted to provide Roger with access to sex workers. However, his access to a sex worker was stopped by management of the large residential centre. Roger's frustration boiled over when hearing of this outcome and led to him damaging some property as a means of expressing himself.



The Visitor reviewed Roger's file during a visit and became aware of the recent events and raised them in a report to management, requesting information about the large residential centre's policy in regards to facilitating residents' access to the sex industry or other appropriate opportunities to express their sexuality.

Following receipt of the Visitor's report and a review of the organisation's policy, Roger has been able to visit a sex worker and fulfil his needs in a way that meets a reasonable community standard. Roger's positive experience has now opened the way for other residents, with proper consultation, to explore their sexuality and need for intimacy.

The importance of fresh, appealing meals for residents

Ian is a man in his early sixties with a moderate intellectual disability. He has lived in group homes for most of his adult life and has shared his current home with the other residents for the past 20 years. Ian has the condition PKU, which is an inability of the body to break down protein, and he has to adhere to a strict no-protein diet.

During a visit, the Visitor noticed whilst looking through the home's communication book that, every Saturday, the staff on duty would cook a whole week's worth of meals for Ian and freeze them. As the Visitor generally visited in the late afternoon or early evening which ensured that she was able to meet with all the residents, she was aware that the other four residents of the house had their evening meal freshly cooked every night.

During the visit, the Visitor asked the staff on duty about Ian's frozen meals and was shown several. It was explained that each Saturday the worker would cook up one batch of vegetables, separate them into seven lots and place a different protein substitute in each one. These were then placed in the freezer to be used during the following week. The Visitor was assured by staff that Ian enjoyed the meals and he also had the opportunity to eat out on occasion.

The Visitor was concerned about the nutritional value and monotony of these meals and the inequity in that the other residents had freshly cooked meals every night. Ian's meals also looked particularly unappetizing.

The Visitor raised this issue in a report to the organisation, acknowledging his dietary requirements. The Visitor included in her report information about another group home that she visits (that is run by the same organisation) that also has a resident with PKU and is able to provide for his dietary requirements in creative ways. The Visitor was aware that within the other group home freshly cooked evening meals were provided for the resident, and that the Team Leader of the group home was working with local medical and dietary professionals with expertise in PKU to assist in the management of the resident's health.

In responding to the Visitor's report, the service said that they would be changing their routine and that Ian would be served freshly cooked meals every night. The service also agreed that staff from this house would liaise with the Team Leader from the other group home and seek their support and guidance to help them with better managing the resident's medical condition.

Improving the dispensation of medication to residents

An organisation had established a long-term relationship with the local pharmacy to provide all of the medication for the residents in their local group homes. The medication was prepared by the pharmacy and delivered in the form of 'Webster-Paks'. When visiting the house, the Visitor regularly checked client medication notes and reviewed how medication was distributed to each resident within the group home.

During a visit to one of the group homes, the Visitor had a look at one of the 'Webster-Paks' and found that it had a significant number of large and small tablets concentrated into each individual blister of the packet. Because there were so many tablets in each blister, the Visitor was unable to count the actual number of tablets in each section and compare it to the medication notes for the particular resident. The Visitor pointed out his concern to the House Manager, who also attempted, without success, to count the number of tablets contained within the blister.

It emerged upon further discussion of the situation that the service was relying on the pharmacy to accurately dispense and package the medication. The service was not doing its own checks to make sure that the correct medication was being dispensed to each resident.

On reviewing the organisation's medication policy, the Visitor found inconsistencies which raised additional concerns. The Visitor suggested to the house manager that the organisation review its medication policy and establish a series of checking and dispensing procedures. As a result of the review, a new medication policy and procedure was established across the organisation. Additionally, comprehensive staff training was initiated to ensure that consistency occurred in the implementation of the new measures for managing medication.

The importance of independent mobility

A Visitor has been visiting a particular group home for the past four and a half years. On one occasion, the Visitor noted that an electric wheelchair used by a resident called Sam was in need of maintenance and repair. Sam's wheelchair had been specifically designed and modified to provide independent mobility. Sam has very limited upper and lower body movement and limited communication skills due to his disability.

At the time of the visit, the state of Sam's wheelchair had meant that he had very limited opportunities for independent mobility and community access over the past few weeks. Discussions between the Visitor and the House Manager revealed that a request had been made to have the wheelchair repairs completed, however these had been delayed. The reason for the delay had not been recorded and could not be recalled by staff.

Safeguarding residents' quality of life

Yusef is a young man with an acquired brain injury living in a group home with two other adults. On a visit to the house, Yusef raised with the Visitor the issue of wanting to buy a new mobile phone, as his old one was no longer in working order. He informed the Visitor that he had been told by staff that he did not have any money in his bank account to purchase a new phone or any of the other items he wanted to buy.

During a review of his file, the Visitor located correspondence from his appointed financial manager relating to his proposed annual budget. It was clear that there was a significant deficit in Yusef's finances and it was not clear how this could be the case.

Yusef's finances were managed by an interstate Public Trustee, who had been appointed following his accident and a compensation settlement. The documents in Yusef's client file indicated that because of his significant budget deficit, he would not have adequate funds available to him for his clothing, Christmas and birthday needs for the rest of the year.

The delay in having the repairs completed was causing Sam great concern, frustration and anxiety. The Visitor established and reminded the organisation that funding was available to facilitate these sorts of repairs. It was also established that extra resources such as Occupational Therapists and technical support services were available and could assist in these situations.

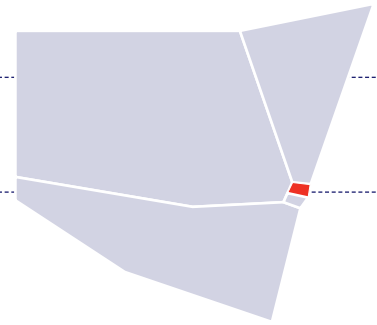
It was agreed that Sam's chair required immediate attention. The Visitor remained in contact with the service, and within a week the wheel chair problem and related mobility issues had been resolved. The frustration experienced by Sam was reduced and he was again able to experience his former level of independent mobility.

The Visitor was very concerned about this situation and raised the matter immediately with the service provider. The main issue the Visitor identified was what appeared to be the high amount Yusef was paying for his board, care, support and lodgings in comparison with other residents in the house who were receiving the identical level of care.

By raising this issue, the Visitor was involved in a complex and lengthy process to resolve the matter. This included attending numerous meetings with the service provider, writing reports and other correspondence to the interstate Public Trustee and also to the NSW Ombudsman. The outcome was very positive for Yusef. His payment for fees for his day to day care were reassessed and significantly reduced, reflecting the same amount that the two other residents in his group home were paying. Following this change, his budget was reviewed and he had sufficient funds to purchase a new mobile phone and other special items, plus money for clothing, Christmas and birthday presents

Regional Focus

Metropolitan Sydney - North



Official Community Visitor message

By Susan Alexander, Official Community Visitor

The Metro North Region is currently a group of five visitors. Even amongst our small group, the level of expertise and knowledge is vast. Each of us comes from a different professional background and there is a wide range of skills, knowledge and experience amongst us. Of the five, one is half way through her second term, two of the group previously completed six years as Visitors and have returned to the role after a few years break, and two are half way through their first term.

Metro North covers the north western and western suburbs, hills district, north shore and northern beaches and contains visitable services of all types. While there is a degree of specialisation within the group - one Visitor is responsible for the large residential centres for people with a disability, one for licensed boarding houses and two visit homes for children in OOHC – we all share responsibility for the many different accommodation services operated by ADHC and the non-government disability sector. We visit all of the following types of supported accommodation: group homes, purpose built houses and villas offering different levels of staffing, Community Justice Program houses, Integrated Services Project homes and houses for residents with high medical needs.

When visiting services, we engage with residents and staff and at times are in contact with families and advocates. Issues about the service quality and its impact on one or more residents may come to light through our discussions with residents and staff, observations and/or the review of documents. We bring these issues to the attention of staff and management through our visit reports and, at times, arrange to meet with senior management to raise serious and/or intractable issues and to give feedback. Positive

feedback is also provided in the visit reports and we acknowledge improvements that have been made in response to issues we have raised.

Visitors from Metro North meet as a group four times a year at our regional meetings. We value this opportunity to identify systemic issues of concern, share stories, provide peer support and recognise the positive changes that have taken place to enhance the lives of the people that we visit.

In Metro North, systemic issues identified in the Disability sector include:

- Slow progress in the devolution of the large residential centres. However, while this significant change is implemented, Visitors will endeavour to stay informed, meet on a regular basis with relevant representatives involved in the redevelopment and maintain a focus on the residents' quality of life.
- The need for improved planning for the long term needs of children and young people with a disability in voluntary out-of-home care who appear to 'have fallen between the cracks'. As with the OOHC sector, these children are often subject to frequent moves, and may not have access to therapy and clinical support or to case management support.
- Concerns for adults with a disability who have a high incidence of challenging behaviours. Services have difficulty in recruiting and retaining staff, staff require additional training and support, and Visitors have noted delays in the development of Behaviour Intervention Support Plans. Some residents have been without a day program for many years because of challenging behaviours.

In the Out-of-Home Care sector:

- There have been significant changes, including the ongoing transfer of case management responsibility to the non-government sector.
- Funding arrangements for non-government agencies providing care have changed and, in some cases, this has led to frequent staff movements and resident compatibility problems with children and young people living together.
- A number of young people have had placement moves with limited consultation or transition planning. Visitors are closely monitoring the implementation of these changes in the region and their impact on children and young people.

In Licensed Boarding Houses there are ongoing concerns about:

- Over-reliance on medication, and
- Poor diet.

However, there have been positive outcomes for some boarding house residents with high support needs who have been found more appropriate placements since the adoption of the new boarding house screening tool.

Visitors in Metro North region strongly believe in the Official Community Visitor Scheme and support its aims. We endeavour to make a difference in the lives of the people we visit and will continue to promote their best interests in the coming year.

Target group of services	Total no. of visitable services	Number of issues identified	Key issues
Boarding Houses	1	18	<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	63	144	<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	421	540	<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	485	702	

Figure 10: OCV identified issues – Metropolitan Sydney - North

Visitor profiles

Susan Alexander

- Visits children and young people in OOHC and people with disability in the Sydney metropolitan area
- Has held a number of senior positions in the community services sector, in child protection with Community Services and the Children's Guardian, in disability as CEO of large residential centres in western Sydney and as a direct service provider
- Has extensive experience in working with people with disability and children and young people living in residential care
- Holds a Master of Arts (Psychology)

Steve Jones

- Visited children and young people in OOHC and children and young people with a disability in the Sydney metropolitan and Central Coast areas
- Experience as a special education teacher and in various roles for NGOs working with young people who are homeless or at risk of homelessness
- Bachelor of Education and a Certificate IV in Assessment and Workplace Learning
- Steve finished his term as a Visitor in December 2011

Alana Klingenberg

- Visits people with disability living in care in the Northern Beaches and metropolitan north region of Sydney
- Experience as a residential accommodation manager in disability services, a trainer in the community services sector and working with children and young people in a community respite setting
- Holds a Diploma of Community Services Management and Certificate IV in Training and Assessment

Lyn Porter

- Visits children and young people in OOHC and adults and children with disability in care in the metropolitan northern and Blue Mountains areas
- Lyn previously held the position of Official Community Visitor for six years, finishing her appointment in 2007 and resuming in 2011
- Has extensive experience working with people with disability, including residents of large residential centres and young people with disability living in care, and handling complaints about the community services sector
- Holds a Graduate Diploma in Social Sciences (Community Services)

Graham McCartney

- Visited adults with a disability in western Sydney
- Experience in case management, dispute resolution, and rehabilitation and detention settings
- Previous experience working for ADHC and Corrective Services
- Graham finished his term as a Visitor in June 2012

Elizabeth Rhodes

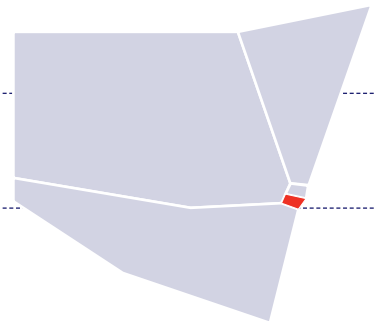
- Visits licensed boarding houses in metropolitan Sydney, people with disability and children and young people living in out-of-home care throughout metropolitan north and west
- Elizabeth has previously held the position of Official Community Visitor for six years, finishing her appointment in 2009 and resuming in 2011
- Experience in conflict resolution and is a skilled negotiator
- Has worked with people with disability living in large residential centres, disability supported accommodation and licensed boarding houses
- Worked as a complaints officer handling complaints about ADHC and Community Services

Rhonda Santi

- Visits adults with a disability and children and young people with a disability in western Sydney and the Blue Mountains
- Experience in group home management, working with people with disabilities as an advocate and as a service provider
- Holds a Diploma of Community Services (Welfare)

Regional Focus

Metropolitan Sydney - South



Official Community Visitor message

By Carolyn Smith, Official Community Visitor

The Metro South group consists of six visitors - Lyn Cobb, Carolyn Smith, Neale Waddy, Jo Pogorelsky, Dianne Langan and Gary Sandri. During the year, we farewelled two Visitors who finished their terms of appointment - our previous regional convener Freda Hilson and Donald Sword. They were valued members of the group and we wish them well in their future endeavours.

The Visitors in this region visit children and young people in OOHC and children, young people and adults with disabilities who reside in group homes, licensed boarding houses and large residential centres. Members of the group bring a vast wealth of experience, primarily in the areas of education, community services, social welfare and justice. The services visited are located in a broad geographical area from Sydney's eastern suburbs, south west to Liverpool and south covering the Sutherland Shire. Visitors also visit some country areas in the western areas of the state, the Southern Highlands and the South Coast. We travel a vast number of kilometres in our region and beyond in our visiting work. A significant amount of work has been performed during the year by Visitors relating to the closure of a large Licensed Boarding House and the relocation of its residents to more suitable accommodation. Some of these residents have been reunited with family members after many years, and their relocation has provided a very positive change to their lifestyle and quality of life.

Metro South regional meetings are held four times a year, where the focus is on a wide range of issues concerning children and young people in OOHC and people with disabilities. This is an excellent opportunity to raise issues, particularly systemic issues the group has identified from

across the region. We all find these meetings invaluable, as they are an opportunity to share knowledge and provide support. Visitors also come together during the year for training and also the OCV Annual Conference.

A regional representative from Metro South is on the OCV Ministerial Working Group, which facilitates regular meetings with the Minister for Disability Services and the Minister for Community Services to discuss systemic issues identified by Visitors. Another regional representative is on the OCV Consultation Group and the OCV Policy and Practice Working Group; they work with the OCV Team at the Ombudsman's office to develop and review policies and procedures across many areas of the OCV scheme. Members of the group are also involved in the mentoring program for new Visitors, providing peer support and developing a collaborative and cohesive approach when identifying and addressing issues of concern.

All members of the Metro South regional group are committed to making a difference to the lives of the children, young people and people with disabilities who we visit, promoting their best interests at all times. We value the opportunity of being a voice for people in care, some of whom are the most vulnerable in our community. Our aim is to achieve positive outcomes to issues we raise which impact on their everyday life and to make a difference to their quality of life. It must also be said that providing positive feedback to services is just as important as raising issues of concern. We have found that there are very professional and committed staff across the sector that provide excellent support for people living in care and who appreciate our comments.

Target group of services	Total number of visitable services	Number of issues identified	Key issues
Boarding Houses	8	49	<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 opportunities for privacy, personal growth and development
Children and young people in OOHC	34	231	<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 opportunities for privacy, personal growth and development
Adults with disability	253	707	<ul style="list-style-type: none"> Residents are safe Residents live in a home like environment Residents have quality health care and personal care
Total	295	987	

Figure 11: OCV identified issues – Metropolitan Sydney - South



Visitor profiles

Lyn Cobb

- Visits adults with a disability and children and young people in OOHC in southern and inner-western Sydney
- Experience working with children and young people in OOHC, working in Family Support services and in a support role with people living in Licensed Residential Centres
- Bachelor of Arts (Psychology), and Post Graduate Diploma in Child Development

Freda Hilson

- Visited adults with a disability and people in boarding houses in western region and southern Sydney
- Experience working with people with disability living in group homes and as a public guardian
- Bachelor of Social Work
- Freda completed her term of appointment as a Visitor in March 2012

Dianne Langan

- Visits children and adults with a disability and children and young people with a disability in OOHC throughout metropolitan Sydney
- Experience in education, music therapy, research and community services
- Masters degree in Education, Bachelor of Education and Music, and Graduate Diploma in Music Therapy

Jo Pogorelsky

- Visits children and young people in OOHC and children, young people and adults with a disability in western Sydney
- Experience working with vulnerable people, in particular children, young people and adults with a disability. Skills in advocacy and alternate communication techniques
- Bachelor of Social Work and Certificate in Special Education

Gary Sandri

- Visits adults with disability and children and young people in OOHC in south eastern and south western Sydney
- Experience in criminal justice and dispute resolution
- Experience working with adults with a disability and children and young people, skills in negotiation and dispute resolution

Carolyn Smith

- Visits services for children and young people with a disability, adults with a disability and boarding houses in metropolitan Sydney and regional NSW
- Experience in criminal justice, mental health, child protection, alternate dispute resolution and negotiation
- Training and experience in management and organisational planning
- Volunteer with frail aged care and children with disabilities

Donald Sword

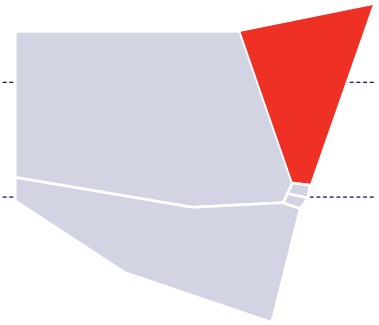
- Visited adults with a disability and people in boarding houses in inner-western Sydney and western region
- Experience in disability and mental health. Previously an Official Visitor to mental health services
- Degrees in arts and science
- Donald completed his term of appointment as a Visitor in March 2012

Neale Waddy

- Visits children and young people in OOHC and children, young people and adults with a disability throughout the Sydney metropolitan area
- Experience in working with children and young people with a disability and children and young people in OOHC including practical skills in negotiation and advocacy
- Bachelor of Arts, Diploma of Education, Graduate Diploma in Special Education

Regional Focus

Northern region



Official Community Visitor message

By Ariane Dixon, Official Community Visitor

The Northern region has seven active OCVs - visiting all service types from north of the Hawkesbury River to the Queensland border and out west as far as Moree. We anticipate a continued growth in the services in our region over the next few years due to the increase in funding through Stronger Together II in the disability sector and through the changes in models of care in the OOHC sector.

The Northern region contains all residential service types - disability accommodation, licensed boarding houses and OOHC services. Since 2011, the region has seen the closure of a large residential centre, Peat Island, and the slow phasing down of Stockton and Kanangra large residential centres, along with the creation and consolidation of a new large residential service for aged residents with a disability in the Wyong Shire.

During 2011/2012 one of our colleagues completed her appointment and another left the scheme due to other personal commitments. Our current small band of Visitors has been kept busy and is keenly awaiting the appointment of new Visitors to the region by the end of 2012.

Our team meets as a region three times a year and we look forward to the opportunity to share our skills, experience and expertise. We discuss and identify systemic issues and follow these issues up by bringing them to the attention of the OCV Consultation group and OCV Ministerial working group. We review the OCV policies and procedures and give our feedback to the Policy & Procedure working group. We have had the privilege of having a very knowledgeable and dedicated group of Visitors and we wish to make special mention of Roz Armstrong who has been

regional convener for the past few years and has kept us focused, productive and informed at each of our regional meetings.

Some of the identified challenges within our region over the past year include:

Out of Home Care Sector

- The continued growth of the OOHC sector
- The frequent movement of young people within the same organisation to multiple locations
- Young people absconding from their residences for significant periods of time and the issue of their safety and wellbeing
- The number of young people who have spent time in court or entering the juvenile justice system
- The number of suspensions on these young people by the Department of Education and Communities and low school attendance by young people in OOHC
- High carer turnover which leads to inconsistency of care for young people

Boarding Houses

- High prevalence of smokers in these residences
- Lack of opportunities for residents to engage in a meaningful way in the community
- Accommodation not providing the privacy and confidentiality other visitable services have acquired as a minimum standard
- Access to quality healthcare
- Financial constraints on residents

Adults with Disability Sector

- Finding suitable placements close to family, to assist in maintaining contact
- Accessing appropriate and affordable day programs
- Finding employment opportunities for those wishing to work within the community
- Adequate transport for those in wheelchairs
- Coping with the added demands of those with a disability that are aging and residing in group homes
- Staff training in Person Centred Planning

A challenge for OCVs across the Northern region is the move to electronic record keeping within services. This has meant more time spent by Visitors learning individual systems and time taken away from interacting with residents.

Our goal for the coming year is to continue ringing doorbells, chatting to residents, observing, reading and most importantly identifying any issues and making services aware of them so that they can then implement strategies to improve the wellbeing and quality of life of the residents in their care.

Target group of services	Total number of visitable services	Number of issues identified	Key issues
Boarding Houses	13	51	<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 opportunities for privacy, personal growth and development
Children and young people in OOHC	76	168	<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 opportunities for privacy, personal growth and development
Adults with disability	312	767	<ul style="list-style-type: none"> • Residents are safe • Residents live in a home like environment • Residents have quality health care and personal care
Total	401	986	

Figure 12: OCV identified issues – Northern region

Visitor profiles

Roz Armstrong

- Visits children and young people, and people with a disability in the Hunter and Central Coast areas
- Experience working with and providing service to people with disabilities, including residents of boarding houses, and as a senior public guardian
- Degree in Arts, majoring in Sociology

Roslyn Baker

- Visited people with a disability living in care and children and young people in OOHC in the Far North Coast
- Has a background in Psychology working with veterans and in adult and adolescent mental health. Experience working with children with developmental and learning difficulties
- Bachelor of Arts (Psychology and Linguistics) and a Graduate Diploma of Applied Psychology
- Roslyn finished her term as Visitor in January 2012

Ariane Dixon

- Visits children and young people in OOHC, people with disability and licensed boarding houses in the Central Coast area
- Experience providing services to children and young people in a special education setting and in the child care sector. Skills in negotiation and issues resolution with a strong client focus
- Bachelor of Education (Early Childhood)

Bruce Donaldson

- Visits children and young people with a disability on the Central Coast
- Experience in the areas of management, training and development and disability services
- Former special educator and School Principal

Maryanne Ireland

- Visits adults with a disability in group homes and large residential services in the Hunter
- Experience providing support services, advocacy and administration in an NGO providing service for adults with a disability, including the identification and assessment of unmet needs for this group
- Bachelor of Arts (Hons) (Psychology) and a Masters of Visual Arts

Bernadette Mears

- Visited children and young people in OOHC and children and young people with a disability in the Hunter
- Experience working with children and young people and families in crisis, including mental health, disability, child protection and drug and alcohol problems
- Bachelor of Social Science
- Bernadette finished her term as Visitor in December 2011

Ricki Moore

- Visits children and young people in OOHC, and people with disability in supported accommodation in the Mid North Coast area
- Experience working with people with disability in direct service provision, as a social educator and living skills trainer
- Certificate IV in Disability Studies

Paul Moulton

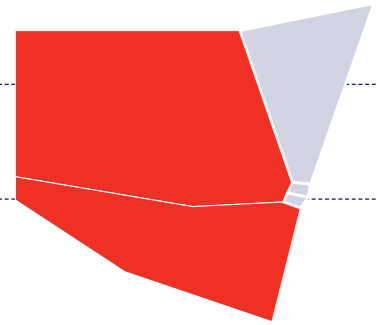
- Visits children and young people in OOHC and people with disability living in supported accommodation in the New England and Upper Hunter areas
- Experience working in the disability sector in rural and remote settings, providing direct care and employment support
- Bachelor of Arts (Community Organisations Management) and Advanced Certificate in Community Welfare

Gwen Teasdale

- Visits adults and children with a disability living in care and children and young people in OOHC in the Hunter and Newcastle areas
- Experience as a social educator and day program worker in the disability sector, with skills in assisting people with a disability develop living and pre-vocational skills
- Bachelor of Social Science and Diploma of Health Counselling

Regional Focus

Southern and Western region



Official Community Visitor message

By Cathryn Bryant, Official Community Visitor

A response often heard by Visitors in the Southern/Western region when visiting services is, 'What is an OCV? I don't know if I'm allowed to let you in'.

So we start the process once again and explain who we are, why we are visiting, show our identification and encourage staff to call their managers to seek advice. After that initial 10 minutes we are let in and our visit begins. We often find that on the following visit, we are received warmly and get a hearty welcome back.

The Southern/Western Region covers a large geographical area. We cover the Southern Highlands, Illawarra/Shoalhaven, south to the Victorian border, parts of the Central West north to Dubbo and the Riverina/Murray area west to West Wyalong and Griffith. Many of us travel hundreds of kilometres to undertake visits and are often away from home for a few days at a time throughout the year. However, there are many positive aspects to travelling. The one that stands out for me as a Visitor travelling in this region is being able to see the countryside change as the seasons change. This parallels the way things change in the services I visit - because of the work I do identifying issues and helping service providers resolve them.

Being able to reflect on this as I drive to my destination, I think about the visit I have planned and the people that I will encounter when I arrive. In a world of continuous change, this reflection time is quite useful. As an OCV, I can see that by assisting others and promoting positive outcomes, I can have a significant impact as resident individual needs and requirements change. Just like the seasons change.

Our region currently has six members scattered throughout. We come from varied backgrounds and experience. We visit many of the state's

most vulnerable people within our society. These include children in OOHC, children and adults with disabilities in residential care including large residential centres, and people with a disability in the Community Justice Program houses. Our longest serving Visitor, Barbara, is nearing the end of her second term. She has a wealth of knowledge and experience, which she generously shares within our small Visitor group. Marcia and I are at the beginning of our second term as Visitors and have another two and a half years ahead of us. Rebecca, Mahalia and Jennifer are in their first term as Visitors and have become productive and beneficial members of our group.

We are a committed group, with an aim to continually promote the best interests of those living in care. We do this by raising issues of concern, whilst endeavouring to provide positive outcomes for those we visit. We also acknowledge good service practices and standards in the service providers we visit, including the efforts of many diligent staff who strive to provide quality care for people they work with and for.

As a regional group, we meet four times a year. These meetings are productive and beneficial for all who attend. Not only is it a chance to come face to face with each other, but also to be able to share our visiting experiences and work as a group to discuss systemic and individual issues and strategise different ways the problem may be dealt with.

Each of us has differing reasons for joining the OCV scheme. However, overall we have a similar goal - a desire to be able to facilitate and achieve meaningful and positive outcomes for people that live within the services we visit. This extends to making sure that every resident is provided

with opportunities to have a safe, stable and suitable environment to live in, and that each resident receives opportunities for education, recreation and leisure activities and is involved in and integrated within their community regardless of their circumstance.

The number of visitable services continues to grow each year. Funding is an issue that we all need to consider as Visitors in the OCV scheme. This has meant that we have had to find innovative ways to be able to visit as many services as possible within the resources available. This has meant resting services and decreasing the number of services we can visit over a 12 month period. The OCV Ministerial

working group and the Ombudsman, Bruce Barbour, have both raised the matter of the OCV budget with the Minister for Community Services and the Minister for Disability Services.

We were very excited to hear that there has now been an increase to the OCV budget. The Southern/Western region wishes to thank the Ministers for their support of the OCV scheme and assure them that, with an increase in OCV funding, Visitors will be able to continue raising issues, praising good service practice, promoting growth, and most of all facilitating opportunities for positive outcomes for all the residents that we visit, which should enhance the quality of their lives.

Target group of services	Total number of visitable services	Number of issues identified	Key issues
Boarding Houses	16	24	<ul style="list-style-type: none"> Residents live in a home like environment Residents have quality health care and personal care Residents are treated with respect and dignity and they have opportunities for privacy, personal growth and development
Children and young people in OOHC	37	64	<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 opportunities for privacy, personal growth and development
Adults with disability	260	562	<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 opportunities for privacy, personal growth and development
Total	313	650	

Figure 13: OCV identified issues – Southern and Western region

Visitor profiles

Barbara Broad

- Visits people with a disability in the Goulburn/Queanbeyan and South Coast areas
- Experience working for ACT Health, the Department of Veterans' Affairs, and the Commonwealth Department of Health and Ageing
- Qualifications and experience in Nursing, degrees in Applied Science, a Master of Education, a Graduate Certificate in Health Economics, and Graduate Certificate in Management

Cathryn Bryant

- Visits children and young people in OOHC and children, young people and adults with a disability in the southern region of NSW
- Experience in the disability sector and as a provider of direct care to residents in large residential centres and in group home settings
- Associate Diploma in Social Sciences (Developmental Disabilities)

Marcia Fisher

- Visits children and young people in OOHC and children, young people and adults with a disability in the southern region of NSW
- Experience in direct care services to people with disabilities and the implementation and development of programs for people with disabilities
- Bachelor of Applied Science (Intellectual Disability), Bachelor of Primary Education Studies and Certificate in Integration Aide Training

Jennifer Leslie

- Visits children and young people in OOHC and people with a disability in supported accommodation in the western region
- Experience working with people with a disability in direct care and as a community development worker Skilled trainer in the community services sector
- Diploma of Education and Certificate IV in Disability Work

Rebecca Prince

- Visits children and young people in OOHC and people with disability in the Shoalhaven and Illawarra areas
- Experience working with adult carers of children with a disability and provided direct care to people with a disability as a community support worker and in day programs. Experience in foster care
- Bachelor of Education (Habilitation)

Mahalia Willcocks

- Visits people with a disability in the Illawarra and children and young people in OOHC in the Southern Highlands
- Experience working with children with a disability in an educational setting and adults with a disability in an employment setting
- Certificate IV in Workplace Training and Assessment



Financial

The Official Community Visitor scheme forms part of the Ombudsman's financial statements (or budget allocation from the NSW Government). Visitors 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).

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 2011-2012. 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

Costs that are not included here are items incurred by the Ombudsman in coordinating the scheme, including Ombudsman staff salaries,

Payroll expenses	2010-2011	2011-2012
Salaries and wages	474,435	573,721
Superannuation	41,124	46,833
Payroll tax	25,058	26,889
Payroll tax liability	2,246	2,528
Subtotal	542,863	649,971

Other operating expenses	2010-2011	2011-2012
Advertising – recruitment	18,227	11,257
Advertising – other		
Fees – conferences, meetings & staff development	16,926	14,883
Fees – contractors	5,648	2,045
Fees - other	677	207
Printing	8,766	8,902
Publications and subscriptions	4,998	0
Stores	1,676	4,590
Travel – petrol allowance	112,816	117,341
Travel – subsistence ¹	49,464	48,977
Travel – other ²	38,071	33,024
Subtotal	257,267	241,226

¹ Meal allowances are included in 'Travel – subsistence'

² 'Travel – other' includes Visitors' costs, such as air, bus, train and taxi fares, postage, stationery and telephone bills



Figure 14: Visitor related expenses 2011-2012



Contact us

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OCV Team Leader

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

Special needs
Audio loop and wheelchair access on the premises.
