

ANNUAL REPORT 2013–2014

OCV

Official Community Visitors



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ANNUAL REPORT
2013–2014



OCV scheme 2013-2014 highlights

Provided visiting services to

7,320

children and young people in OOHC and adults with disability in supported accommodation and assisted boarding houses

Visited

1,192

government and non-government run visitable services

Conducted

2,799 visits

Raised

4,289

issues following visits

Resolved

64%

issues

Inducted

13 new OCVs

into the OCV scheme

Updated the scheme's

electronic administration database - OCV Online

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

Message from the Ministers



I am pleased to comment on the 2013-2014 Official Community Visitor Annual Report. Official Community Visitors (OCVs) play an important role in promoting the legal and human rights of residents of a service. I am grateful to OCVs for their work with children in residential out- of-home care and residential care service providers, as we work to improve the outcomes for children and young people.

I am especially pleased to see the increased number of OCVs and to note that 13 new people were appointed and inducted into the scheme.

The increase in the Official Community Visitors budget by \$200,000 per annum has meant that OCV's were able to visit more people and more services. There was an increase in the number of visits completed in comparison to the previous year – 2,799 visits as compared to 2,056.

The benefits for children from the OCV scheme shine through in this report. Kristen's story demonstrates the direct and positive influence that OCVs have on the lives of children in out-of-home care. For Kristen the Visitor helped the agency caring for her and Family and Community Services to ensure that her educational needs are met, which we know is critical for a child's longer term prospects.

I congratulate OCV's on their strong and vital contribution to improving children and young people's lives.

A handwritten signature in black ink that reads "Gabrielle Upton". The signature is fluid and cursive.

Minister Gabrielle Upton

Minister for Family and Community Services



As Minister for Disability Services, for the past 16 months I have had the privilege of seeing the important work that goes into providing disability supports and services, and the positive impact they have on the lives of people with disability, their families and carers.

The Official Community Visitors (OCVs) play a crucial role in the disability sector, providing an essential safeguard for some of our most vulnerable people. OCVs ensure ongoing quality of care and the rights of people with disability and children in supported accommodation are upheld, particularly the rights of dignity, respect and privacy.

As I told the OCVs at their conference in May this year, they are key participants in the disability sector and they contribute to the continued improvement of disability services through their focus on the people receiving those services. This is highlighted in some of the case studies in this year's annual report where I was particularly touched by the adults with disability section – including the case of Marjorie who has now joined a local bridge card club; and Bob who can now access and read his books comfortably from his wheelchair.

Some of the issues raised by residents with OCVs this year include personal safety, health and personal care, being treated with respect and dignity, and living in a home-like environment – things many of us take for granted. By shining a light on these matters, OCVs help us make progress towards a better service system – progress we are all embarking upon together.

The NSW Government is proud to support the work of the OCVs and through an increase in funding, there have been more than 2,208 official visits made to disability services and Assisted Boarding Houses throughout 2013-14, an increase of 36 per cent compared to last year. This has meant OCVs have seen more than 6,819 residents to assist in promoting their rights and to identify and resolve issues where possible.

I would like to thank all of the OCVs for their passion and commitment to improving the lives of vulnerable people within our community.

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

Minister John Ajaka

**Minister for Ageing
Minister for Disability Services**

Letter to the Ministers

The Hon Gabrielle Upton MP
Minister for Family and
Community Services

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

Dear Ministers,

I am pleased to submit to you the 19th Annual Report for the Official Community Visitor scheme for the 12 months to 30 June 2014, as required under section 10 of the *Community Services (Complaints, Reviews and Monitoring) Act 1993*.

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

Yours sincerely



Bruce Barbour
Ombudsman

Message from the Ombudsman



I am honoured each year to have the opportunity to make some brief comments at the start of this report. The work of the Official Community Visitors and those within my office who support them is vital. The Visitors can and do achieve very real and very important changes and improvements for children and young people in out-of-home care and people with disability living in supported accommodation and assisted boarding houses.

This report begins each year with the observations of Visitors and the experiences of those they visit. Visitor Neale's reflections on leaving the OCV scheme in this year's report struck a note with me. I am nearing the end of my time as Ombudsman, with my term ending in the middle of 2015. This will be the last time I introduce this report. Like Neale, I have watched the OCV scheme improve the lives of people living in residential care. I agree with his observation that there has been a change to the way support is provided, and I am encouraged to continue to see real person-centred planning and service delivery. None of us are the same, and taking this approach allows individuals to live their lives how they want to.

During my time as Ombudsman, I have seen the OCV program expand. We have worked with the Visitors to find ways to make their work easier, with developments such as the introduction of the OCV Online system. We have sought additional funding when necessary, and this has allowed for increasing numbers of Visitors and more frequent visits. This year, OCVs completed 2,799 visits. This is an increase of 27% on the previous year. There was also a marked increase in visit hours, up from 6,134 to 8,261 hours.

My office relies on the experience, understanding and judgement of the Visitors. We have received invaluable information over the years. This has helped us to perform our complaint-handling function as well as identify systemic issues and areas for reform.

The OCV scheme is an important one, and I have been privileged to be involved in supporting it. I am sure it will continue to get real results for those in supported accommodation in the years to come. This could be making sure people are living where they want to, have the help they need to plan for leaving care, or are given the care and support they require to meet their needs. I wish all of the current and future Visitors the best of luck.

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

Bruce Barbour
Ombudsman

Who are Official Community Visitors?

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

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

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

OCVs have the authority to:

- enter and inspect a visitable service at any reasonable time without providing notice
- 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 to the Ombudsman and the Ministers.

When visiting services, OCVs:

- listen to what residents, their families and advocates have to say about their accommodation and the care they are receiving
- 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
- 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.

Case Study - Disability

Being able to read his books

An OCV visits Bob, who has very limited speech, and is in a wheelchair during the day. The OCV had noticed previously that Bob had difficulty leaning forward in his chair due to his physical disability and limited movement. On this particular visit, the OCV saw that on the tray of his wheelchair, was a pile of books for him to look at. It seemed to the OCV that it would be difficult for Bob to lean forward far enough to handle and read the books. In effect, Bob could do nothing with the books except carry them around, transforming his wheelchair into a mobile coffee table.

The OCV raised the issue in her visit report to the service and asked if they had considered how they might be able to better support Bob to read. The service subsequently organised a bookstand support that would allow the books to be raised and angled, so that it would be easier for Bob to access them.

On her next visit, the OCV noticed that a book was placed on the support stand on Bob's tray and that he was reading comfortably in his wheelchair.



Meet the Official Community Visitors

Far North Coast

Arwen Carroll
Bernadette Carter
Ricki Moore
Paul Moulton

Metropolitan Sydney – North

Susan Alexander
Frank Kuiters
Meryllyn McClung
Lyn Porter
Elizabeth Rhodes
Rhonda Santi
Rachel Tozer

Hunter/Central Coast

Roz Armstrong
Ruth Chalker
Ariane Dixon
Judy James
Ann-Maree Kelly
Jackie Klarkowski

Rebecca Horn
Maryanne Ireland
Barbara Rodham



Southern and Western region

Taryn Bankier
Sue Curley
Marcia Fisher
Jo Hibbert
Virginia Nolan
Rebecca Prince

Mahalia Willcocks
Bart Yeo
Karen Zelinsky

Metropolitan Sydney – South

Paul Armstrong
Lyn Cobb
Irene Craig
Denise Fallon
Claire Galvin
Reinhard Hitzegrad

Linda Larsen
Dennis Robson
Gary Sandri
Carolyn Smith
Neale Waddy



Susan Alexander



Paul Armstrong



Roz Armstrong



Taryn Bankier



Arwen Carrol



Bernadette Carter



Ruth Chalker



Lyn Cobb



Irene Craig



Sue Curley



Ariane Dixon



Denise Fallon



Marcia Fisher



Claire Galvin



Jo Hibbert



Reinhard Hitzegrad



Rebecca Horn



Maryanne Ireland



Judy James



Ann-Maree Kelly



Jackie Klarkowski



Frank Kuiters



Linda Larsen



Marilyn McClung



Ricki Moore



Paul Moulton



Virginia Nolan



Lyn Porter



Rebecca Prince



Elizabeth Rhodes



Dennis Robson



Barbara Rodham



Gary Sandri



Rhonda Santi



Carolyn Smith



Rachel Tozer



Neale Waddy



Mahalia Willcocks



Bart Yeo



Karen Zelinsky

Reflections on leaving the OCV scheme

**By Neale Waddy,
Official Community Visitor**

I am now coming to the end of my second term of visiting. After completing my first six months of visiting, I contributed to the Official Community Visitor 2008-2009 annual report. I wrote that 'every time I visit I am reminded that my role as an OCV is an important one as it provides many opportunities to strengthen and improve the supports for the people I visit.' I still believe that today. OCVs are a voice for people in care.

Over the years, I have visited people living in large institutions, group homes where up to five people live, and apartments and townhouses that are shared by two to three people. The amount of direct support provided to people living in residential care varies greatly and is determined by a number of factors. I have learned that it isn't a one-size fits all approach.

I have watched the way the OCV scheme works to improve the lives of people living in residential care. Significant changes for people are made

because of the work of OCVs. The case studies in this annual report provide just some examples of the changes that result from the OCV Scheme.

I have been overwhelmed by the way most people have welcomed me into their homes and have genuinely taken the time to sit down and talk with me. Others give me a smile when I arrive and a certain turn of the head beckoning me to come and sit with them. While I visit regularly, some of my visits are several months apart, so this is something that I have valued. I am also now very conscious of the fact that I will be yet another person that comes into their lives and then disappears.

What a privilege it has been spending time listening and talking with people. I have spent many hours chatting with adults and young people with disability in a range of living arrangements.

During these conversations, I have heard tales of wonderful holidays to beaches, mountain escapes, cruises and adventures overseas. I have enjoyed many opportunities to sit down with the people I visit and look at the photos taken on these holidays and share the laughs and happy times captured in them. I have also shared the excitement as many of these people plan their next holiday.

The people I visit openly share their excitement of things that are clearly very important to them. Jim was always very proud to show me the latest improvements he had made to the garden, and was keen to show me his latest plant purchases. Jenny was always eager to show how much more knitting she had done. Sofia was very excited when I commented about the weight she had lost. She was so proud of the benefits from her exercise program and her new diet. A group of men living in a house took great delight in showing me the produce that they were about to eat from their own vegetable garden. And there was Mark, who was determined to do something that he had never done before – rock climbing. He was so excited as he told me about his climb.

We know from recent research undertaken that the life outcomes for people with disability are poor, despite a number of recent legislative changes and other initiatives. Through my



visiting, I have seen firsthand the way in which some people with disability are living and this has given me real insight into matters that affect people with disability every day. I have learnt that choice and control, something most of us take for granted, is often very limited for many people living in residential care.

People I have visited have expressed frustration that they have been unable to choose who they live with. Others have made this decision on their behalf. Recently, I met a woman in her early forties who had moved into a new group home. She explained how difficult it was settling into the house. She was living with people she didn't know, and with whom she felt she had nothing in common. She explained that her mum was getting older and not able to look after her anymore and she was concerned that there was now no one looking out for her mother.

It is apparent that resident compatibility is an ongoing issue for many people. John said how frustrated he got because of the constant loud noises made by one of his housemates. I remember him telling me that it was difficult to invite people around because he knew that his friends and family would not like the noise. He therefore spent much of his weekend out of the house.

I was confronted on several occasions to find some adults getting ready for bed in the afternoon. I remember being told by a staff member that the people living in one house needed to go to bed early because they got up early. I also found people eating their dinner at around 5:00pm.

As an observer, it seemed to me that the people living in these houses were not involved in making the decisions affecting them. It seemed that these decisions were being by made others and were not necessarily focused on serving the residents but on staffing arrangements.

Some residents also spoke about not feeling completely safe in their own home. This was often due to the behaviours of other residents.

As an OCV, I have talked to staff providing direct support to the people I visit and to senior managers. Through raising issues with them, I have seen practices change. I have been encouraged that most of the organisations I communicate with use my visit reports to improve their services. These changes are clearly visible when I next visit. The people I visit also comment on the changes. I remember

being told very clearly how Billy liked the way the routine in his household was changed to better support his needs.

Some services respond to my reports by justifying why things are the way they are rather than considering improvements. You learn very quickly how to write a visit report that will elicit action.

I have focused much of my work as a Visitor on raising issues about the way the service providers are meeting the needs, desires and wishes of the people they serve. It is a good time to be raising these issues, as they align well with much of the activity happening in the disability field both within our state and nationally. The National Disability Insurance Scheme (NDIS) for example is meant to focus on giving people with disability more choice and control to achieve their goals, including independence, involvement in community, employment and health and wellbeing.

I have seen changes to the way some organisations are having conversations with people with disability. I have also seen changes to the way supports are provided, and evidence of real person-centred planning, to enable residents to realise their dreams and goals. I feel that I have been able to influence the way some organisations are supporting people with disability to achieve positive outcomes.



The benefits reaped by organisations that invest in professional learning for staff, and provide ongoing support to staff to encourage this change in thinking and working are very visible. But there is still further change needed. I have observed that there is varying understanding in the disability sector on what person-centred planning is. The practice varies widely across organisations and at times varies within organisations.

As my time as an OCV is coming to an end, I have been reflecting on the things that have changed in these last six years. I have obviously gotten older but so too have the people I have been visiting. I have watched the needs of the people I visit change. For a couple of the people I have visited, this has meant that they have moved into alternative accommodation where their families feel that their health care needs can be better supported. I have also watched how the services providing residential support have started to acknowledge that their residents are getting older and are responding differently to residents' changing needs.

I have watched some residents move from large residential settings into houses and flats. Watching these people plan their move with support was exciting, but it wasn't always all smiles. Some of the residents shared their concerns with me. Being part of this as an OCV I was able to provide a voice for the people I was visiting by raising their concerns with service management.

Through the OCV scheme, Visitors have the opportunity to catch up each year at the OCV conference. This couple of days has been an important date on my calendar. The conference programs are topical and add value to our work as OCVs. The conferences always provide a welcome opportunity to catch up with colleagues. The support, advice and insights other Visitors so willingly provide has been invaluable to me.

I have had firsthand experience in the way Visitors can work together to influence the way organisations are supporting people. It is not uncommon for different Visitors, visiting different houses run by the same organisation, to be raising similar issues. Working together makes sense and results in better outcomes.

The friendship I experienced with the regional Visitor group that I have been a member of was also invaluable. Having this more regular

contact with other Visitors living in the same area meant that I could ring people who I knew well to talk things over.

The establishment of the OCV Ministerial Working Group, about four years ago, working in collaboration with the OCV team at the Ombudsman's office, has also been instrumental in providing a regular opportunity to raise systemic issues with the Minister for Disability Services and the Minister for Family and Community Services. This is an effective way to raise issues that are affecting large numbers of people.

Having the support of the OCV team in the Ombudsman's Office is significant. The timely assistance, sharing of information and constant communication makes us feel valued and helps to equip us to fulfil our role as Visitors.

I have learnt much in this unique role. I have learnt to listen, respect and value people. I have learned to question and think strategically and in doing so, I have been able to influence the way organisations are supporting people living in residential care. I really do feel that I have been a voice for people living in residential care.



A voice of a resident living in care

I am proud of my real name and feel that it is part of me but I have chosen the name Jasmine for this story because I live in OOHC and we have to protect my identity. Susan Alexander, my OCV, has offered to write the story for me, using my words, although I could write it myself as I am studying advanced English for the Higher School Certificate.

I am 16 years old and live in an OOHC group home with four other young people and we have rostered staff caring for us. I have been in care since I was 13 and don't want to talk about my past life or the reasons I came into care. In the first year, I was in six different places, one was a crisis foster care placement for a few weeks, the others were residential care. It was OK really and I kept going to school all along. Then they found me a long-term placement and I have been here for two years.

My school is a mainstream high school and I have just gone into Year 12 and will do the HSC next year in Advanced English, Modern History, Business, Society and Culture, General Maths, and Community and Family. Human rights is my passion, so I am aiming to study International Law at university and my goal is to work for the United Nations.

Life in care can be difficult, it is a lonely life. It is good too though. There are lots of workers to do different things for you, and you always have the option to choose the right one for what is happening at the time. If I need help with my studies I ask one of the smart ones. If I need a special favour I ask a sweet one. Some of the staff give you really good support. I feel I have got used to living in care and I can't imagine living in a family or having my own family. I may always stay on my own.

One of the hard things about living with other kids is that we are all so different – there are so many different personalities and we all clash a lot – it's like living in a school yard! We have different cultures too but everyone adapts to those things; it is harder to adapt to different backgrounds and values. I have a strong work ethic and have wanted to go to university since I first started school because others in my family have been to uni, but some children have been in care since they were four years old

and they haven't had that model. There are so many distractions in this house and there can be nights when I have five assignments due the next day; the others are mucking around because they don't have to study; someone might be going off the air and then the police might turn up about one of them. It is complete chaos! My bedroom is downstairs but I can't do much work there because I don't have an internet connection and have to study in the main area with all the noise.

When we make complaints to management, they sometimes listen but sometimes they don't take us seriously. We have made complaints through Susan, the OCV, too. The problem with all of us living together is that if you solve the issue for one, someone else won't like it. I made a complaint to Susan about the food and menu planning and management responded. Then next time she visited, another kid complained to her that we have to have roast dinner on Sundays now and he was missing his takeaway! We need guys from outside, like Susan, to come and make sure we are OK but the people at the top don't always listen.

Something I don't like about OOHC is being institutionalised. There are too many rules and it doesn't seem like a family. There is a rule that you can't see your workers outside work, you can't meet their families. This is not normal and makes us feel we are the bad ones. Also, I can go to visit my friends but I can't invite them over. You can get close to people but there is always a line, you can't get too close. I have no contact with my parents but I love seeing my half brother and sister every two weeks. I really miss them, they are four and seven and live with my mother and step-dad. I used to care for them before – they are my babies.

So even though living in care is lonely, we do have good times and I am very fortunate that I have the support to continue with my studies. I really care about human rights, especially for women and children in poorer countries where governments are not able to help. I will continue to strive for my goal to advocate on their behalf.

- *Written by Jasmine and Susan Alexander, OCV*

Reflections on becoming an OCV

**By Ruth Chalker,
Official Community Visitor**

I saw the advertisement for the position of OCV one Saturday morning in 2013. I was taking a break from other work, had taken the dog for a walk, bought the newspaper and as I finished reading a story about an ex-pupil of mine, who had become an advocate for other young people with disabilities, an advertisement caught my eye: 'Could you be an Official Community Visitor?' As I read the rest of the ad, it certainly sounded like I could. I applied and was interviewed soon after.

That part of the process happened quickly. The next part didn't. I was told that I was being recommended for appointment to the role and was cautioned to be patient. But I didn't find out that I was appointed until the end of January 2014. In March, I felt pretty excited as I headed down to Sydney for induction, knowing that I was about to take another leap out of my comfort zone, into an area that shared some of the characteristics of my 'old' professional life.

Like many OCVs, I'd had experience of working with people with disability. I was a Special Education teacher who had worked with different populations of students over the years; students who had physical disabilities, hearing impairment, intellectual disabilities and/or emotional/behavioural disorders. Even with this background, my induction brought what seemed like a truck-load of new information to read over and familiarise myself with. I think I did a great job of not looking overwhelmed! At the end of my induction I had the strong feeling that I was going to be part of a team that was doing something very challenging, worthwhile and rewarding.

On the second day of my induction, I was introduced to my OCV mentor – Maryanne. Maryanne was very experienced in the role and had made a huge difference in the lives of the residents she visited. I enjoyed making my first team visits with her to the Stockton Large Residential Centre. She was very encouraging to me and I began to feel confident that I could perform well, although the volume of new acronyms I had to learn was threatening to make my head explode!

The majority of the visitable services on my first allocation as an OCV were OOHC services. At one of the first houses I visited, I met two very unhappy young women, who had been living in the Newcastle area for only a short time and were extremely homesick. They said (and the worker at the house confirmed this) that they generally cried themselves to sleep every night. All they wanted to know was 'when can we go home?' I left with their comments playing over and over in my mind. I would find that this would happen every so often as I continued to visit new houses and new people.

As I continued to make more first visits to services on my allocation, I found myself often feeling nervous as I parked my car outside houses and prepared myself to go in. One of the first houses I visited had two teenage boys living together. When I arrived, they were inside playing a video game and paid scant attention to me. I got a few grunts in reply to my attempts at conversation and spent the rest of my visit looking around the house and reading client files. As I was leaving, the two boys did say 'yeah' when I said 'I'll see you again in a couple of months', so I took that as a positive and wondered what I had been so nervous about.

At another house I visited, it was rather different. I could hear a loud voice shouting at me from behind the front door. 'Who are you?' was shouted in my direction and 'Why is she here?' to someone else inside. I knocked and called out that I was an OCV. A staff member opened the door and asked me who I was, while the resident peeked at me from behind the staff member. I got out my identification tag and began to introduce myself. I heard the young person say 'Tell her to **** off, I didn't ask her to come!' I persevered and told the staff member that I was there to see if I could be of any help to the young woman, but that if she didn't want to see me, that was OK. I said that I would just check that everything inside was in good shape and have a read of the files. On hearing this, the resident took my arm and led me to the kitchen where she told me 'every night there's about a million cockroaches running around in here!'

I told her that I hated cockroaches too and that I'd include this as an issue in my visit report, and suddenly the mood changed and the young woman took me to show me her 'stuff'. One of the items was the 'school-home communication book', of which she was very proud. Following a difficult start, the visit ended with the two of us having a pleasant chat about school and the fact that she was making good progress both academically and socially.

From my previous role, which included teaching students who lived in OOHHC settings, I was aware that stability is really important, including in their homes and among their caseworkers and carers. Those young people were fully aware that others had a strong influence over their life and circumstances, but were not often convinced that the right decisions were being made on their behalf.

For me as an OCV, developing a relationship with a young person involves a bit of a catch-22. It takes time to build a trusting relationship and without trust the young people will tell you nothing or feed you information that they think you want to hear. However, as an OCV I don't have a lot of time to build relationships. I may visit a service once every three months for two hours at a time. I am not there as a young person's caseworker or as an individual advocate. My role is as a skilled professional who monitors the quality of care being provided. I try to locally resolve problems with service providers on behalf of the residents and achieve positive outcomes for them.

Being very conscious of time constraints, I sometimes pre-arrange the date and approximate time of my intended visit with the service management, especially if the visit will involve a lot of travel. The last thing I want to do is spend an hour or two driving to a house to find no one at home. If I've pre-arranged a visit, I can usually meet with the case manager and case workers. This can save me some time as some issues can be clarified and resolved on the spot. At other visits, I just show up (having already gained an idea of household routines and timetables at my initial meeting with the service management) and get a snapshot of how the house operates that can be more 'genuine'.

Following every visit, even those futile ones, I write a report using OCV Online, the electronic database for OCV administration. I detail issues that I have observed during my visit,

and can provide positive feedback. The visit report gets emailed to the service manager and a response is expected within a specific timeframe dependent on the significance of the issue. Some responses I receive from services are reasonable – the service agrees that there is an issue and undertakes to resolve the situation. Some responses are inadequate – the service does not accept that there is an issue, or downplays it. If I receive an inadequate response and feel that I have exhausted the extent of my OCV powers, I can consider escalating the issue to a complaint. The complaint is dealt with by the complaints team at the Ombudsman's office. I can also talk about my concerns and seek advice from the OCV team, my mentor, members of my regional group or my OCV peers. Whilst I may work independently most of the time, I am never alone in dealing with issues.

A very large part of my Visitor role is working independently. I enjoy working by myself, but consider it very important to have opportunities to meet with Visitor colleagues. This happens once a year at the annual OCV conference, through a variety of working groups, and with five regional OCV groups who meet semi regularly. These occasions are not only professionally valuable, but also personally enriching. It is an opportunity to share our stories, ask our questions and generally network with our peers.

As a new Visitor, I would like to acknowledge the OCV team at the Ombudsman's office. They give us advice and support on all matters pertaining to our work. They coordinate our training, provide briefings about key issues and initiatives, and provide the technical support required to keep our day-to-day work rolling along smoothly.

I love my new role. Being part of this important scheme, one that is changing peoples' lives for the better, is a natural progression for me. I hope that as time passes, I'll become as experienced as my mentors and be able to, in turn, mentor another new OCV as well as my mentors did for me. Ultimately, I hope to be active in achieving positive outcomes for the young people and people with disability that I visit.



Year in summary

Visitable services

OCVs visit children and young people in statutory and voluntary OOHC and people with disability in accommodation services that are operated, funded or licensed by Family and Community Services (FACS) or Ageing, Disability and Home Care (ADHC), where the residents are in full-time care. At 30 June 2014, there were **1,495 visitable services** in NSW accommodating **7,320 residents** and 80% of services were allocated to an OCV for visiting on a regular basis.

Visits Conducted

During the year ending 30 June 2014, OCVs made **2,799 visits** to services.

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

There are 199 visitable OOHC services, accommodating 501 children and young people in statutory and voluntary OOHC, including children and young people with disabilities. During the year, OCVs made **591 visits** to 176 of these services.

Services to adults with disability

There are 1,275 visitable disability services, accommodating 6,354 adults with disability. During the year OCVs made **2,154 visits** to 1,000 of these services.

Services to residents in assisted boarding houses

There are 21 assisted boarding houses, accommodating 465 adults with disability. OCVs made **54 visits** to 16 of these services during the past year.

Key issues about service provision

OCVs worked on **4,289 issues** about service provision to residents during the year. Of these, OCVs **resolved 2,743 (64%)**.

In 2013-2014, the main concerns related to:

- Residents are safe – **1,118 (32%) issues**
- Residents are treated with respect and dignity and have opportunities for privacy, personal growth and development – **697 (20%) issues**
- Residents have quality health care and personal care – **690 (20%) issues**
- Residents live in a home like environment – **521 (15%) issues.**

Budget enhancement

In 2011-2012, the Ombudsman sought a budget enhancement for the OCV scheme. An extra \$200,000pa was granted to the OCV scheme in 2012-2013 to support OCVs to visit more services across the state.

In 2013-2014, 114 more services were allocated a visitor than in 2011-2012.

The Legislative Role of Official Community Visitors

Objectives and legislative framework

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

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

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

The OCVs' functions are to:

- inform the Ministers and the Ombudsman about the quality of accommodation services
- promote the legal and human rights of residents
- act on issues raised by residents
- provide information to residents and services
- help resolve complaints, and
- report to the Ministers.

The Ombudsman's functions in relation to the scheme are to:

- recommend eligible people to the Ministers for appointment as a Visitor
- determine visit priorities for the services allocated to OCVs, and
- investigate matters arising from OCVs' reports.

The role of the NSW Ombudsman

The Ombudsman's Official Community Visitor Team administers the OCV scheme and supports Visitors on a day-to-day basis. Other Ombudsman staff also provide support to OCVs on sector related issues, complaints and issues resolution.

The Ombudsman is responsible for:

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

Visitor numbers

At the beginning of the reporting year, there were 31 OCVs. During the year, four OCVs left the scheme after reaching the end of their second three-year appointment and two resigned prior to completing their term.

In January 2014, 11 new OCVs were inducted and commenced visiting in February/March. They have filled gaps in regional and remote areas, and boosted the number of OOHC and boarding house sector Visitors.

In April, the OCV team conducted a targeted recruitment for the Albury/Wagga Wagga area. Two candidates were recommended for appointment following interview and were appointed by the Ministers in August. The two new OCVs commenced visiting in September 2014.

Training and development

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

Training in 2013-2014 focused on:

- Ageing Disability and Home Care's (ADHC) lifestyle planning tool
- improving the quality and consistency of the use of OCV online
- three rounds of OCV induction for newly appointed OCVs
- OCV sector group roundtable meetings, and
- the annual OCV Conference, which included presentations from: the Minister for Disability Services; ADHC on restricted and restrictive practices; Ombudsman staff on the roll out of the National Disability Insurance Scheme (NDIS); Community Services on OOHC therapeutic care models; and a social work practitioner on Resilience and Mindfulness.

Case Study – OOHC

Becoming part of a school community

Kristen had been living in an OOHC service for a month. She was removed from her family because her mother had a long standing drug problem and a history of involvement in abusive relationships. Kristen had witnessed many episodes of violence over the years and she had suffered serious neglect.

Kristen had a range of concerning behaviours including self harming and problems with anger management. This was not surprising considering the trauma she had suffered. Kristen was diagnosed as having a traumatic stress related disorder.

On meeting Kristen, the OCV took sometime to talk to her, learn about her interests and review her client file. The OCV saw that Kristen was not enrolled in school. The team leader at the house explained that they were unable to enrol her at a school because she was case managed by FACS. Court proceedings were current and no final orders had been made.

The OCV knew from previous experience that the longer a vulnerable young person is away from school, the harder it is for them to resume their education. She raised the issue in her visit report and asked for this matter to be followed up as a matter of urgency. The OCV learned that the FACS caseworker was new and she had not understood that it was her responsibility to enrol Kristen in school. The service had also not been sufficiently proactive in following up the issue.

Once the issue of responsibility for enrolment had been settled, the service recommended a school that could provide Kristen with the special support she needed. They made sure that Kristen had the uniform and equipment required and they also established a positive working relationship with the school.

On her next visit, the OCV found that after a difficult start, Kristen was settling in at her new school. She had new school friends and she was about to attend a school camp.

She still had occasional bouts of rage, triggered by seemingly minor incidents. However, the self harming incidents had decreased following her school enrolment. Given her previous life experiences, the OCV was heartened to see that once some stability and normality had been created in her daily life, Kristen was making good progress under the care of supportive staff at home and at school.



Summary of activities and outcomes

Visiting services

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

- OCVs completed 88% of their allocated visit hours (8,261). The visit hours completed in the previous financial year were 6,134. This has meant an increase of 2,127 visit hours
- OCVs undertook 2,799 visits as compared to 2,056 visits the previous year.

Number of services allocated for visiting – comparison over time

We aim to allocate over 80% of visitable services to a Visitor. The number of new services allocated at anytime is dependent on the number of appointed OCVs, their individual availability and visiting capacity, the number of unallocated visitable services in OCVs' geographic area and the available budget.

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

Year	2011-2012	2012-2013	2013-2014
Number of services allocated	1,078	1,188	1,192
Total number of services (registered on OCV Online)	1,482	1,424	1,495
Visitable services allocated %	73	83	80

Number of visits and service (visit) hours – comparison overtime

This year, OCVs completed 2,799 visits compared with 2,056 visits last year. This is an increase of 27% on the previous year. There are two main reasons for this increase; an increase

in the number of OCVs in the scheme, filling gaps in rural and remote areas, and an increase in resources allowing more visitable services to be allocated an OCV.

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

Target Group	No. of Services			No. of Residents			No. of Service Hours			No. of Visits		
	11/12	12/13	13/14	11/12	12/13	13/14	11/12	12/13	13/14	11/12	12/13	13/14
Boarding Houses	27	26	21	679	635	465	268	248	162	80	60	54
Children AND Young People in OOHC (incl. children with disability)	210	208	199	477	475	501	1,307	1,225	1,652	452	427	591
Adults with Disability	1,245	1,190	1,275	5,948	6,125	6,354	4,648	4,661	6,448	1,683	1,569	2,154
Total	1,482	1,424	1,495	7,104	7,235	7,320	6,223	6,134	8,262	2,215	2,056	2,799

Identifying and resolving issues

How OCVs help to resolve service issues

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

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

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

OCVs will sometimes refer concerns to other agencies. This may include referring residents and their families for legal advice or to advocacy services and reporting child protection matters to Community Services' Helpline. OCVs also escalate significant issues of concern to the Ombudsman's office for formal complaint action.

During 2013-2014, OCVs raised 3,504 new concerns about the quality of care provided in visitable services across NSW.

In the same period, services resolved 64% of all identified concerns to the satisfaction of the visitor or the resident (including both new and ongoing concerns). Sometimes, OCVs are unable to resolve an issue to their satisfaction, or other changes mean that the issue originally identified is no longer relevant. Services made genuine attempts but were unable to resolve 9% of the concerns reported by OCVs.

This year, 11% of issues raised were finalised as 'outcome unknown' (figure 4) – because the Visitor could not establish what had happened in response to their report or the Visitor had not entered the outcome prior to completing their appointment. See figure 3 for the number of issues reported by service type and Figure 4 for a breakdown of the outcome of issues reported by OCVs.

Figure 3: Issues reported by OCVs by service type 2013-2014

Target Group of Services	No. of visitable services	No. of issues identified	Average issues reported per service %
Boarding Houses	21	129	6.1
Children & Young People in OOHC	199	847	4.3
People with Disability	1,275	3,313	2.6
Total	1,495	4,289*	2.9

* NOTE: This figure includes new issues as well as issues carried over from 2012-2013.

Figure 4: Outcome of issues reported by OCVs 2013-2014

Target Group of Services	Ongoing issues	Issues unresolved	Issues outcome unknown	Issues resolved	Total issues
Boarding Houses	37 (29%)	9 (7%)	26 (20%)	57 (44%)	129 (100%)
Children & Young People in OOHC	114 (13%)	115 (14%)	83 (10%)	535 (63%)	847 (100%)
People with Disability	547 (17%)	273 (8%)	342 (10%)	2,151 (65%)	3,313 (100%)
Total (% of total issues)	698 (16%)	397 (9%)	451 (11%)	2,743 (64%)	4,289 (100%)

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

During 2013-2014, OCVs raised a number of significant complaints about the quality of care being provided to residents. The Ombudsman and individual OCVs worked together to achieve outcomes in the best interests of residents.

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

In response to concerns identified and reported by OCVs, the Ombudsman's staff:

- handled 20 complaints made by OCVs or based on information provided by OCVs
- provided detailed phone advice and information to OCVs regarding 137 complex service issues
- worked with OCVs to present education and training on the role of the Ombudsman and OCVs for residents, staff and management in supported accommodation services, assisted boarding house staff, advocates and non-government service providers, and
- accompanied OCVs to meetings with senior managers of services to assist in negotiating the resolution of significant issues.

Additional Support to OCVs

During 2013-2014, the Ombudsman provided other supports to OCVs, including:

- consulting regularly with OCVs through the five regional groups and the OCV-Ombudsman Consultation Group
- supporting the OCV Ministerial Working Group through the provision of information for briefings and maintaining contact with the Minister for Disability Services and Minister for Family and Community Services
- developing an OCV scheme Gifts and Benefits policy and reviewing the current OCV classification codes with a view to creating an up-to-date list of codes, as part of the work of the OCV policy and Practice Working Group (comprising OCVs and Ombudsman staff)
- allocating extra hours to OCVs to attend special training sessions and conferences and to follow up on serious and urgent service issues
- providing regular information bulletins to OCVs about developments in the visitable services sector, good practice ideas and initiatives, referral services and other relevant, available resources, and
- communicating with service staff and families who had queries about the scheme or wanted to contact an OCV.

Promoting the scheme

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

A voice of a resident living in care

My name is Joanne and I am 59 years old. I'm really looking forward to turning 60 in January, as I'm having a big birthday party. When I turned 50, I had a fantastic party. We hired a hall, and someone I know got their swing band to come along and play music – it was such a fun night!

I was born in Sydney, and have lived in Sydney my whole life. I was seven when my dad died, so my Mum brought me up herself, along with my brother and sister. I went to school, but I didn't really like it much – I got teased by some people and I didn't know why.

After school, I was still living with my Mum, and I went to work in a workshop.

My Mum had diabetes, and after a while, I stopped going to the workshop to look after Mum, which was like a full-time job; cooking, cleaning, washing, and looking after the swimming pool.

When my Mum died, I was in my late 30's and I moved into my group home – there were three other people with disability living there, plus the people who were helping us. It felt like a crowd when I first moved in! I wasn't used to sharing a house with a lot of people.

Some of the good things about living there were the nice meals, and getting to know people and becoming friends. Some of the hard things were that it was difficult settling into a new house – I felt like a stranger, plus I was really missing my mum.

Over the years, some of my housemates died, and after a time there were new people that moved in. Some people I have been good friends with, but some I haven't.

Over the years, we've celebrated lots of parties, anniversaries, and holidays together. There have also been a lot of people, like staff, who come and go. That can be hard, I always have to start new relationships and explain things all over again, plus it's sad when people move on.

I'm pretty much retired now – for years I worked in a really good job packaging utensils for Qantas. Eventually I was sick of the early morning starts. I had to leave home at 5:30am to get the bus to work. So, I got a job for a few years at a workshop closer to home. After a few years I got sick of that too, so retired.

Now I do art and craft, go walking, and am involved with my church. In the future, I'd like to do a computer course. I've done community college courses before, like tap dance, and jewellery making. They were fun.

About every six months at my house, we have an OCV pop in. The last few years it's been Linda, she's nice! She asks us how we're going in the house, and checks to see that we're being properly cared for. I've seen that she checks that the books are up-to-date, and that our money is well spent, too.

I don't mind having people come to visit – I think it's good that they check up on us. I know from some of the friends I had at work, there are some group homes I would not want to live in at all. Then I would really need an OCV to help make some changes, or get me out.

- By Joanne and Claire Galvin, OCV



Outcomes for residents

Services for people in assisted boarding houses



With the advent of the *Boarding Houses Act 2012* and the *Boarding House Regulation 2013*, proprietors of assisted boarding houses now have clearer standards and requirements for the provision of board and lodgings. OCVs only visit assisted boarding houses, where two or more residents are identified as having 'additional needs'. OCVs do not visit general boarding houses.

OCVs have been seeing the changes imposed by the regulations slowly roll-out across the boarding house sector. They have reported on some proprietors being aware of the regulations and complying with them, and others being very resistant to the change and indicating that they will wind up their business as they are no longer financially viable. Where boarding houses have closed, requiring residents to be rehoused, OCVs have been active in listening to residents' concerns and raising issues on their behalf.

The 21 assisted boarding houses accommodate up to 465 residents. In the past year, OCVs made 54 visits to assisted boarding houses and raised 129 issues of concern about services provided to residents.

OCVs reported that assisted boarding houses resolved 57 (44%) of the issues they identified. The remaining issues are ongoing and continue to be monitored by the Visitor, or are unable to be resolved.

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

Three year comparison

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

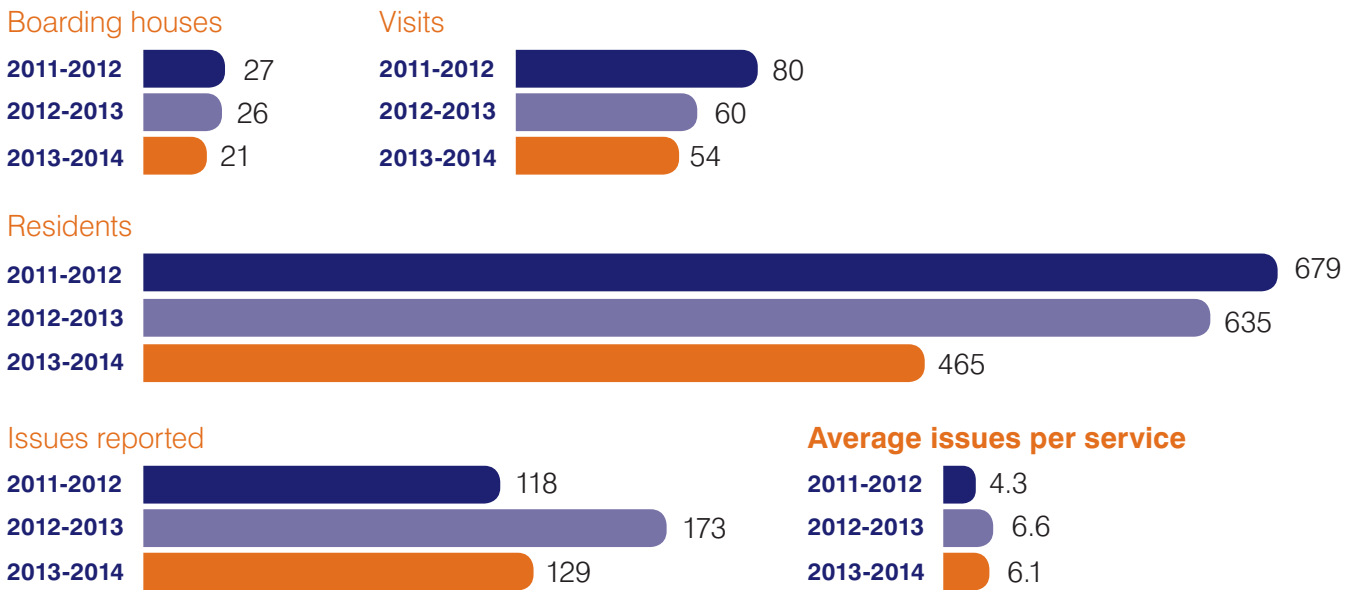
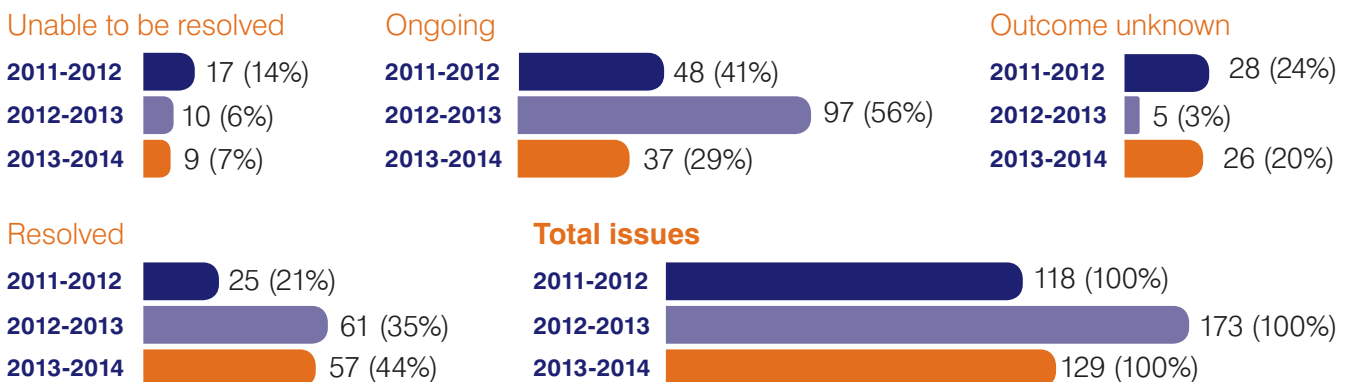
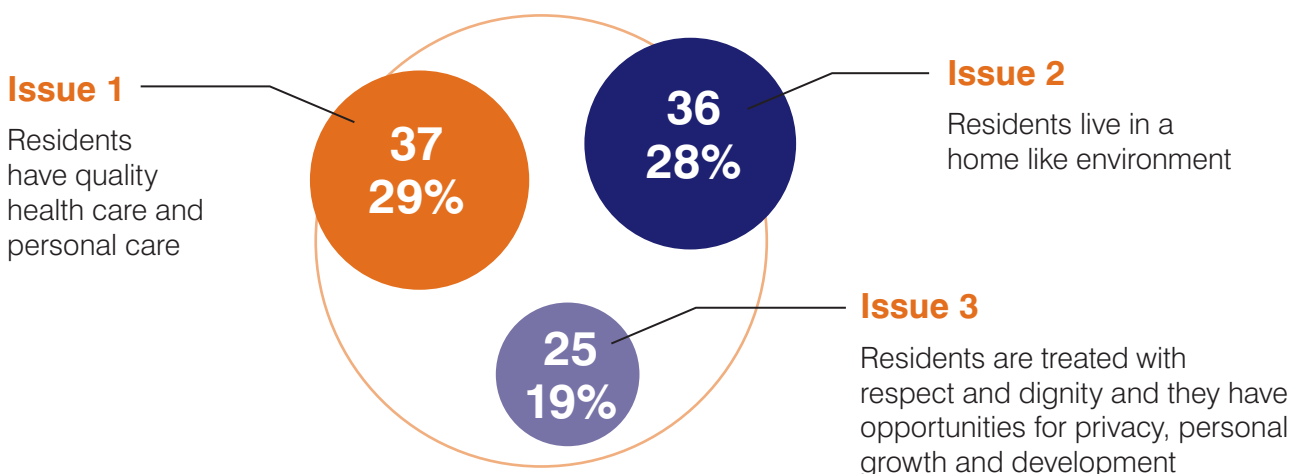


Figure 6: Outcome of issues raised by OCVs



Major issues by subject, number and percentage

The service issues of concern that OCVs most frequently identified and reported in 2013-2014



Official Community Visitor message

**By Karen Zelinsky,
Official Community Visitor**

Since my appointment as an OCV, I have had my expectations challenged, my preconceptions altered, and I have shared in the highs and lows in the lives of some of the people I have visited.

Some of the experiences that have had the most impact on me have been during my visits to assisted boarding houses. Residents, staff, management, friends, community and family members have all played a role in developing and expanding my understanding of the lives of people who live in boarding houses.

My knowledge of assisted boarding houses was once extremely limited. I believed that a boarding house placement was 'cookie cutter' stuff, filling the gap that existed in accommodation for people who didn't 'fit' anywhere else due to a lack of available options. My understanding was that residents were very vulnerable; often with multiple disabilities, including mental health issues, and that the majority had limited financial means and lacked family and service support.

What I have discovered since commencing visits to several assisted boarding houses is that whilst some of this holds true, there are a lot of misconceptions about assisted boarding houses, who lives there and why. Although these residences come under state legislation, it doesn't mean that they are all operated in the same way, in fact they can be vastly different from each other.

So what is an Assisted Boarding House?

Under the legislation, it is a boarding house which accommodates two or more 'persons with additional needs', and is also required to be authorised by ADHC.

What does it mean by 'additional needs'?

The *Boarding Houses Act 2012* defines a 'person with additional needs' as a person who is frail aged, has a mental illness and/or an intellectual, psychiatric, sensory or physical disability and needs support or supervision with daily tasks and personal care, such as showering, preparing meals or managing their medication.

Many people who live in assisted boarding houses do so out of circumstance, rather than choice, but there are others who prefer this style of accommodation.

Jonathon is a resident I visit who told me of the difficulties he regularly experienced when he was living in government housing. Jonathon rarely had visitors to his home and he preferred to stay in. This led to him feeling lonely, which resulted in his mental health deteriorating and his isolation increasing. Now in his boarding house, he has daily interaction with other residents, regular visits from health care providers, and contact with advocacy and other service providers, so he feels supported and safe. For Jonathon, the structure of boarding house accommodation provides him with the support he requires to function, while slowly regaining his independence.

A large number of people in assisted boarding houses are long term residents; some have lived in the one place for over 30 years. Some of them had previously just accepted the standards of living in boarding houses, but many are now embracing the opportunities and changes that have been brought about by the Boarding Houses Regulation 2013. In particular, I regularly hear the joy in the voices of those who now have the privacy and security of individual rooms, and I see the recognition of worth individuals gain through simple things like involvement in meal planning or providing ideas for social activities.

There is evidence that the lives of some of these people have significantly improved over the last few years. Residents are more often able to make informed choices, particularly around accessing support services, financial services, legal services and advocacy services.

Resident health needs are being addressed through both primary and secondary healthcare treatment. Residents have the opportunity to select their own health care providers and be provided with reasonable support to access them. For those not wishing to leave the residence, often medical services are available at the boarding house, including specialist services such as podiatry.

OCVs have reported progress in the way that food at boarding houses is planned and delivered, with improvements in the quantity, variety and nutritional value of the food. There is also extra consideration going into planning the specific dietary requirements of residents, including health, cultural, religious and dietary preferences. Variety also in the way that meals are delivered means that residents in some boarding houses are now provided with opportunities to eat at a time that suits them. A typical day might mean that the resident prepares their own breakfast from a range of options, takes a pre-packed lunch to work, and then eats dinner in a communal dining room with other residents.

Some of the boarding houses are embracing the opportunity to provide a more home-like atmosphere for the residents. One colleague told me how the photos of residents on their holidays have been used, with their consent, to decorate a large dining room, creating a personalised area and generating topics of interest which may increase communication between residents. Another boarding house that I visit has begun decorating the walls and halls with paintings beautifully created by a very talented resident.

Residents' access to service providers has also increased and they have wider choice and greater input into the planning of social outings and individualised support. Residents have been able to get better support in areas of interest to them, including such things as self development, work preparation skills, computer training, volunteering, personal shopping, visiting family and managing financial affairs.

There is still a lot of room for improvement in most assisted boarding houses but things are definitely moving in the right direction.

However, a culture of isolation and inactivity still exists. Despite more service providers entering the boarding houses, many residents still live a life of inactivity and boredom. Lack of privacy is still prevalent, even with the introduction of private rooms, as some residents have chosen to continue to share rooms. There are limited options for those vulnerable people who might change their mind about sharing, they also have limited opportunities for their own space when needed, such as when their mental health is unstable.

Some community members have explained to me how they are still ambivalent about having a boarding house in their neighbourhood. Regardless of the positive information they receive and the good relationships that they may have developed with the boarding house and its residents, some neighbours are confronted by communal outdoor spaces in which residents are sitting around, often smoking.

Possibly the biggest issue that I have heard from operators of assisted boarding houses is around financial viability. Some operators have expressed concerns that the costs associated with compliance with the new boarding houses regulations are beyond their reach. This is commonly due to the maintenance and repair costs of ageing premises and the reduction in numbers of residents in boarding houses.

The NDIS is another area in which the residents of assisted boarding houses will require additional support from advocates in order to have the capacity to speak for themselves and to obtain the best services and outcomes. Many assisted boarding house residents may not be eligible for NDIS participation.

Overall, positive change has begun to filter into the lives of these highly vulnerable people. Challenges remain, but improvements are evident. I am excited to be involved with assisted boarding houses and I and other OCVs across the state will continue to visit the people living in assisted boarding houses, identifying issues, seeking prompt resolutions and building relationships.



Case Studies - Assisted boarding houses

A woman alone

Suzanne is a 65 year old woman who was living in an assisted boarding house. She was the only female resident among 40 men. Suzanne, who had chronic mental health and physical mobility problems, had originally moved in several years earlier with her partner, but he died two years ago.

Suzanne was a quiet, retiring woman with a high level of anxiety. Her boarding house occupied two levels, with the dining room on the upper floor. Suzanne's room was also on the upper floor so she could use her walker to get to meals, but going downstairs and outside was a problem for her. She had one of the few single rooms on the premises, and just outside her window was a landing where a group of male residents often congregated to smoke and talk. This made Suzanne very nervous. The proprietor had installed a lock on her door but she still felt unsafe whenever she left her room to go to the shared bathrooms or other areas of the house. As a result, she spent most of the time in her room. On visits she would alternately tell OCVs that she was scared and wanted to

move, or that she was happy there and felt it was home. Suzanne had been an artist years ago and there was a stack of art materials piled up in a corner of her bedroom.

The OCV spoke to Suzanne several times about her situation, trying to ascertain whether she really wanted to move from the boarding house. Eventually the OCV got Suzanne's permission to seek alternative accommodation. A referral was made to ADHC's Boarding House case workers, who began looking for a suitable vacancy. After a few months, Suzanne began a transition process to a four bedroom supported accommodation group home. The introductory period went well and about a year after the OCV started talking to Suzanne, she had moved in permanently. It took a while for Suzanne to adjust and overcome her fearfulness, but at last report she was joining in the regular life of the house, going out shopping and participating in other activities, and had even begun to use her art materials in a small area of the house set-up for her creative pursuits.

How to have a cup of tea!

The new regulations and standards for assisted boarding houses have great potential to improve the lives of residents. One large boarding house visited by two OCVs provided the very minimum in terms of resident facilities and day-to-day comforts. There were two large common areas with TV and sofas, and each of these rooms had a small kitchenette in the corner. The OCVs had noticed that all kitchen equipment had been removed, as well as the taps over the sink.

When questioned about this, the proprietor said that he was not obliged to provide this sort of facility, that morning tea was provided every day, and that if the kitchenettes were made functional, the residents would not use them properly and would destroy the equipment very quickly.

Shortly after this conversation, the new boarding house regulations came into effect, requiring all assisted boarding houses to have a food preparation area where residents could make drinks and snacks between meals.

On the next visit, the OCVs were very pleased to see that the taps had been reinstalled in one of the kitchenettes, a small refrigerator and microwave had been provided and all the facilities were in working order and clean. There were still no supplies of any kind, no cups or other utensils, but it was nevertheless clear that some residents had their own cups and tea/coffee supplies and were using them to make drinks. However, residents told OCVs that they could not use the refrigerator to store anything as it would immediately be stolen.

The residents also happily reported that now they were being given a biscuit with their morning tea! Previously morning tea had consisted only of a mug of milky tea. Residents lined up with a cup to get their tea – at least now things were improved with a biscuit as well.

The situation is still far from satisfactory, but the new regulations and the additional oversight by ADHC staff monitoring assisted boarding houses are a great help to OCVs working to improve the everyday lives of people living in assisted boarding houses.



Outcomes for residents

Services for children and young people

The Out of Home Care (OOHC) services we visit include services providing full-time residential care for children and young people with disability and for children and young people without disability. As these young people are exceptionally vulnerable, the OCV team prioritises visiting resources to this sector to more closely monitor the quality of the care being provided. During 2013-2014, OCVs made 591 visits to 199 residential OOHC services.

OCVs visit children who are in voluntary or statutory OOHC placements. The number of children placed in both types of residential OOHC is very small in comparison with the almost 18,000 children and young people who are in other forms of OOHC such as foster care and kinship care across NSW.

The reasons that children and young people are placed in residential models may be due to multiple foster care placement breakdowns or the need for higher and more structured levels of care due to disability, trauma or complex needs. In the past few years, OCVs have reported on OOHC service providers working towards providing better models of therapeutic care for the young people that they are working with, and they continue to do so.

OCVs identified 847 issues of concern. Of these, services resolved 535 (63%). Another 114 (13%) issues are ongoing, with OCVs monitoring the action being taken by services to address them.



Three year comparison

Figure 7: Data for services for children and young people in OOHC

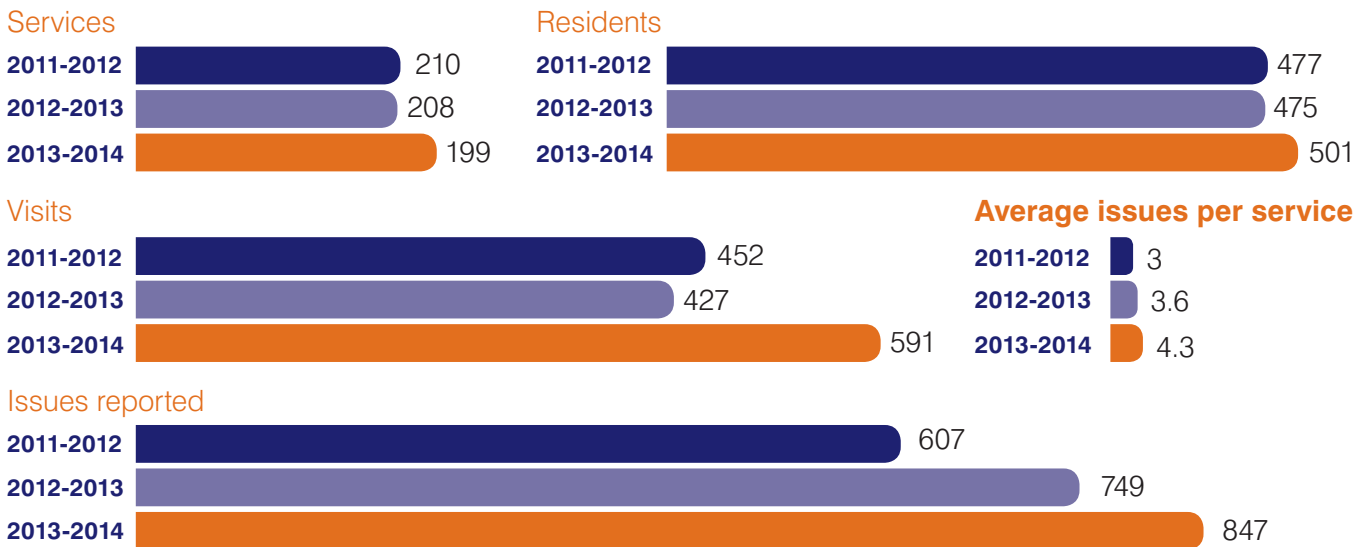
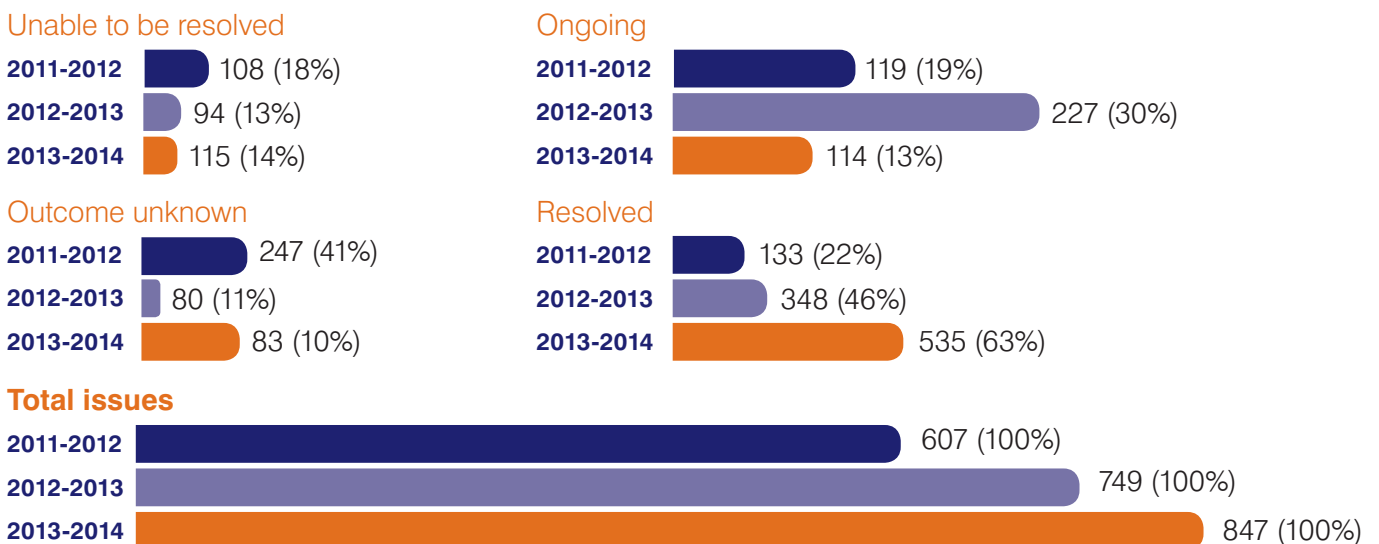
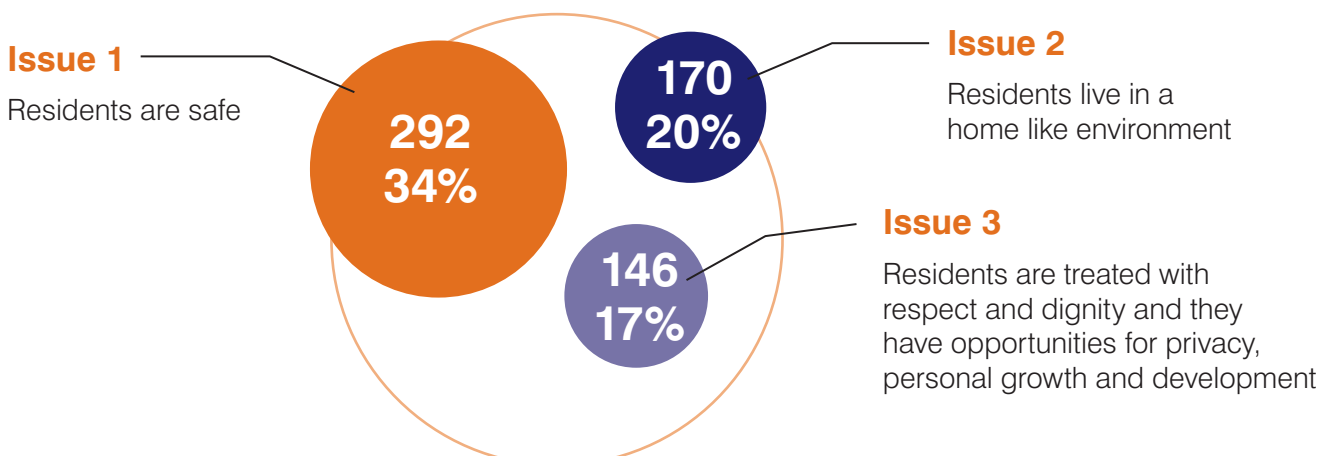


Figure 8: Outcome of issues raised by OCVs



Major issues by subject, number and percentage

The service quality issues OCVs most frequently identified in 2013-2014



Official Community Visitor message

By Bart Yeo, Official Community Visitor

The focus of my work in the OOHC sector is on the best interests and care needs of the young people I am visiting, their ages usually vary from early to late teens. There are a combination of children and young people (the latter usually defined as from 15 to 17 years of age) in most residential homes and their care needs can vary depending on their circumstances, history and behaviours. Essentially, a Visitor needs to look at the wellbeing of the children on an individual basis. This will include reviewing health assessments, behaviour support plans, safety concerns, educational plans and recreational activities, as well as the emotional development and cultural and community engagement of the young person. When a resident in OOHC reaches the age of 15 years, a leaving care plan is developed. This plan will give direction and goals to the years ahead, before the young person is transitioned into independent or supported living when they leave care at 18 years of age.

Most service providers include individual strategies, as part of their day to day planning for the young people in their care. This could include counselling, educational options, medical/dental care, mental health care, recreational/sporting/arts and creative pursuits, community engagement, family contacts and the development of living and coping skills.

The nature of the OOHC sector is defined by the client group. Most of the children and young people living in care have come from foster care placements and many will have been in care for a number of years. Most, if not all, will have experienced trauma, neglect and abuse in their lives. It is understandable that these children and young people carry with them scars from this trauma which may often be reflected in their behaviour.

The range of behavioural issues and problems these young people experience can on occasion, generate tension between them. Due to these complexities, a Visitor to an OOHC service must always be prepared for a visit to be cancelled or postponed because there has been

an incident, and staff and residents are trying to work things out. Or it could be that the children and young people have been relocated from the house and moved to a different location.

On my visits, I have found that some of the children or young people may not want to talk to me, so I need to remember to not take it personally, but be considerate of the fact that the young person is just not ready or in the mood to talk. I am another adult in their lives who comes and goes and says that they are there to help. It takes time to build up trust and an understanding of my role.

The role of an OCV can be difficult to explain to children and young people. Technically, we are not from a government agency and although we report to the Minister, we do not actually represent them. We need to remember that for young people in care, authority figures from government and their family may have had a negative impact on them in the past. They may feel that placing their trust in another authority figure will lead to them being let down again. Visitors need to have a conciliatory and engaging approach to build rapport and trust with the children and young people they are visiting.

Therefore, an OCV needs to consider how to explain their role and begin to engage with a young person in a meaningful way. In my experience, the best way for me, as an OCV, to engage with a young person is by respecting them as individuals, looking at their care needs on a case by case basis and to not make any promises or raise any expectations that cannot be fulfilled.

As an OCV visiting OOHC residences, I need to have a good working knowledge of the NSW Children's Guardian's Standards for Statutory Out of Home Care (www.kidsguardian.nsw.au). These standards assist in understanding what obligations service providers have for providing care to young people, and provide a guide for raising issues on behalf of an OOHC resident.

In addition, having an understanding of the UN Convention on Rights of the Child (examples have been developed by various organisations

in child friendly language - www.unicef.org/rightsite/files/uncrcchildfriendlylanguage) can be a useful tool when articulating and clarifying concerns on behalf of children in OOHC.

As an OCV visiting OOHC residents, I need to focus on the best interests of the child. These 'best interests' include the need to protect children and young people from harm, the need to promote the wellbeing of the child or young person in their personal development and the need to protect the rights of the child and young person.

Some challenges for the sector, as well as government and policy makers, include:

- effective early intervention policies to reduce the need for OOHC placements
- providing a safe environment for children and young people in which to live
- improving developmental outcomes for children
- appropriate matching of children and young people in residential settings, and
- provision of supports by trained staff.

There are numerous organisations that have produced positive results for OOHC residents through their holistic programs and respectful engagement with the young people they care for.

Staff are the best resource for an organisation when working with children and young people. Building a constructive rapport with staff can assist me as an OCV to engage with young people in a meaningful way. I am only able to visit OOHC services every three months, and maintaining a good level of engagement and rapport can be difficult. Staff at the house can update me on the current situation for the young people, and fill in matters that may not be evident in file notes or communication books.

Across the OOHC houses that I visit, I have noticed that where the children and young people have stable accommodation and consistent staff intervention, there have been more positive outcomes for them. It is a challenge to achieve an optimal setting for young people in care, but it can be done. I have seen it.

I have heard OCVs referred to as being the 'voices' of the residents we visit. I believe that OCVs, together with the NSW Ombudsman, can add to the framework that safeguards vulnerable children and young people in residential care. As OCVs, we aim to ensure that children and young peoples' best interests and needs are given priority in order for them to receive every possible opportunity to develop fully and enhance their wellbeing.



Case Studies - OOHC

From care to independent living for Tyson

Tyson entered care at the age of three and was placed in numerous unsuccessful foster care placements over the years. His only long term experience of care had been one placement that lasted four years.

When Tyson was 14, he entered residential care operated by a non-government service. By this stage, Tyson had a history of challenging behaviours and had been excluded from the school system due to his aggressive and violent behaviour.

When I visited Tyson, I saw that service staff were engaging well with Tyson and were using a range of strategies to improve his development. This included a consistent therapeutic environment to assist in managing Tyson's behaviour.

As part of Tyson's educational development, he was enrolled in distance education. Through hard work, he had achieved the chance to enter part time face to face schooling again, after one year of commitment to distance education.

In his preparation for leaving care, Tyson completed Year 10 and a Certificate 1 in automotives and gained employment. Tyson also reunited with his father and siblings after having no contact with them for three years. In addition, Tyson reunited with his birth mother after a 10 year absence. Over time, he developed relationships with his parents which eventually resulted in unsupervised contact.

The service had been supportive of Tyson in his leaving care planning, which included support for Tyson in obtaining a driver's licence and his first car. The service had organised to be the post care support provider for Tyson during his transition to independent living. Tyson has been allocated his own house with NSW Housing.

As an OCV, I have monitored Tyson's progress with the assistance of the service and staff who case manage him. It is fulfilling when an organisation offers a safe and caring environment for young people to transition to independent living.

Cooking food they want to eat

Young people in an OOHC service spoke to the OCV about the variety of food that they were eating. The young people believed that the menu options were being selected by staff based on convenience, and that they did not have any real say about their meals. They complained that there was a lot of processed food and frozen meals. There were also no snack options between meals. One young person loved to eat seasonal fruit but said it was never purchased.

The young people said that there were house meetings every week and one of the agenda items was to discuss what food they would like to eat the following week. Whilst they had input at the meeting, it did not always mean that their food choices would be put onto the menu for the week. One young person was following a vegetarian diet and his food choices were not being taken into account.

With their permission, the OCV raised the issues with the house manager. In response, the manager explained that the young people's choices were not always accommodated, for reasons such as casual staff on duty, budget restrictions, and the need to provide healthy options. The manager also said that a staff member had been delegated to do the house grocery shopping.

The manager agreed to ensure that at the house meetings, staff would clearly record the choices made by the young people and a menu would be developed to try to include as many of these choices as were possible and appropriate. The OCV suggested that it was important for the residents to learn how to shop and live within a budget.

It was agreed that the young people would take part in the shopping for the house and that this would be done at a local fruit shop instead of

the local supermarket chain, thus providing fresher and cheaper options. It was also agreed that a cultural cooking night would happen once a week with one young person choosing the cuisine, and planning and cooking the meal with the help of staff.

Providing care that suits residents' needs

A service provides support for three young people in their late teens with mixed support needs. One resident has much higher support needs, particularly in regard to his behaviour. He has previously assaulted his co-residents, entering their rooms, damaging personal property and having little regard for personal boundaries. This young man has also punched holes in the walls. He has a behaviour management plan but the OCV saw little evidence of it being used.

The service chose a model of care in which they employed young staff to provide 'reflective' behaviour support. This meant that staff would model good behaviour for the residents to follow. This worked for two of the residents, but not the third. The OCV raised concerns about the skill set of the younger employees and the adequacy of their training, including the adequacy and application of the behaviour support plan for the third resident.

Following the issues being raised by the OCV, the service decided to resolve the issue by employing a specialist clinician to develop further behaviour support plans. The new behaviour support plan included a number of punitive restricted practices to manage the resident's behaviour.

Once the OCV became aware of the new measures that the service had put in place, she again raised the issue of appropriate support for residents, and also raised the matter as a formal complaint with the complaints team at the NSW Ombudsman. The OCV was concerned about the number of restricted practices now in place, including the large number which did not have a review period.

The OCV met with senior management and discussed her observations of the negative outcomes of the restrictions that had been put in place. Management resolved to amend the restricted practices and employ highly

On follow up visits the OCV observed that these changes had been implemented and maintained by the service so the young people have real input into their food choices and have been able to learn important living skills such as cooking and budgeting.

skilled staff for the house. The restricted practices were given a review date and were monitored regularly and a number have since been adapted or dropped. Concurrently, the Ombudsman complaints team wrote to the service seeking a response to the issues raised by the OCV.

With both the OCV and the Ombudsman's complaints team communicating with the service about the concerns raised, a positive outcome was achieved. The house has received additional funding and extra support staff have been employed. This has resulted in a reduction in serious incidents. The resident now enjoys a better quality of life with more skilled support and his housemates have a more pleasant home environment. It is a situation that continues to be monitored by the OCV, but there is hope that the positive outcomes will be long term.



Kylie's bedtime routine

On a visit to a home for five young people, the OCV noticed a few incident reports relating to an increase in a range of low level challenges that one resident, Kylie, was facing.

The challenges included Kylie getting up late in the mornings, running late to get to work and needing extra reminders about what she needed to take with her to work. Being late meant she did not have the time for her morning walk to work. Other people living in the home were feeling frustrated that they often had to wait for her. Understandably, Kylie was feeling picked on as well as feeling tired and frustrated at what seemed like constant pressure.

The risk profile in Kylie's client file rated sleep apnoea as a very high risk for her and there was a strong recommendation that Kylie would benefit from using a C-PAP machine. A C-PAP machine is an aide to assist her to sleep well with an adequate amount of oxygen getting into her lungs. The risk profile was about 12

months old and there was no evidence that this equipment was being used. In the visit report, the OCV asked why the recommendations of the risk profile had not been implemented.

The OCV was told that at the same time that Kylie was learning how to use her C-PAP machine, she had needed surgery. That was very distressing for her, so learning to use the machine was put on hold.

The OCV raised this as a significant issue with the service. The service responded by organising training for staff and Kylie in using the machine and in making it a part of her bedtime routine. Once this was done, staff reported to the OCV that Kylie was sleeping much better and finding it much easier to get up in the mornings. She also resumed her walks to work. The most important thing is that Kylie recognises the positive health benefits, and has a great sense of pride in being able to better manage her life.

Opening the gate

A group home has four young residents with a variety of support needs. The two story house accommodates two residents sleeping upstairs and two downstairs. The staircase has a 'child safety' gate at the top and bottom of the staircase, installed as part of a risk assessment and approved as a restricted practice.

One of the residents who sleeps upstairs likes to go to bed quite early in the evening. The other upstairs resident prefers to stay up late watching TV. The service rosters one staff member in the evening and this has meant that the second resident is forced to go to bed earlier than she would like. When questioned by the OCV, the staff on duty stated that this assisted in the household routine, which included securing

the child lock gates each night, and being available to provide support for the two downstairs residents.

The OCV raised the issue of choice and control for the resident who wanted to stay up later. The service agreed to roster on an additional staff member until 10pm to allow the resident the opportunity to remain in the downstairs area should she choose to do so. This was trialled for three months with a record kept of the times the resident went to bed. Following a review, it was decided by the service to keep two staff on duty till 10pm, as the second resident was often choosing to stay up later than under the previous arrangements.



Outcomes for residents

Services for adults with disability



The NDIS has been operating for a year. In the Hunter trial site, OCVs have been visiting residents who have been assessed as eligible and are now participating in the scheme. As the NDIS continues to roll out, more and more residents will start participating. OCVs note that the people that they visit are particularly vulnerable, for a range of reasons, so very rigorous assessment may be required to assist their transition.

OCVs have noted mixed experiences in how the NDIS is being applied to residents who have already been assessed and are participating in the scheme.

OCVs will continue to be a safeguard for people with disability living in care and will continue to visit residents who are, or will be, participating in the NDIS.

During 2013-2014, there were 1,275 services for adults with disability (not including assisted boarding houses), accommodating 6,354 residents. OCVs made 2,154 visits to disability services and identified 3,313 issues of concern. Of these concerns, 2,151 (65%) were resolved. Importantly, OCVs reported that they are continuing to monitor the action taken by services to resolve 547 (17%) issues of concern.

Three year comparison

Figure 9: Data for visitable service for adults with disability

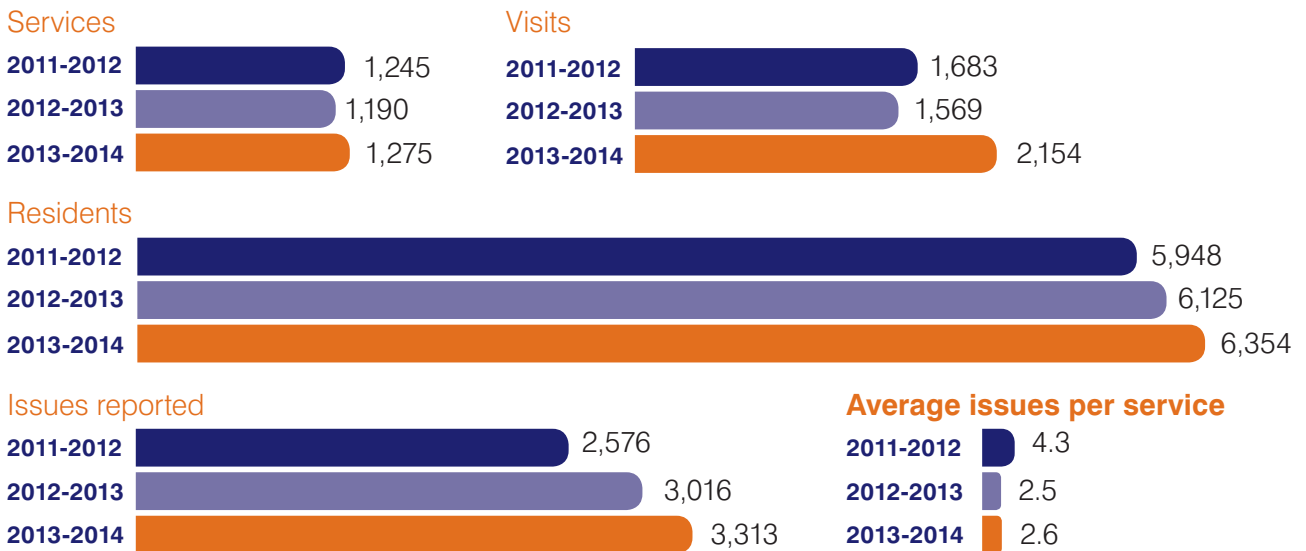
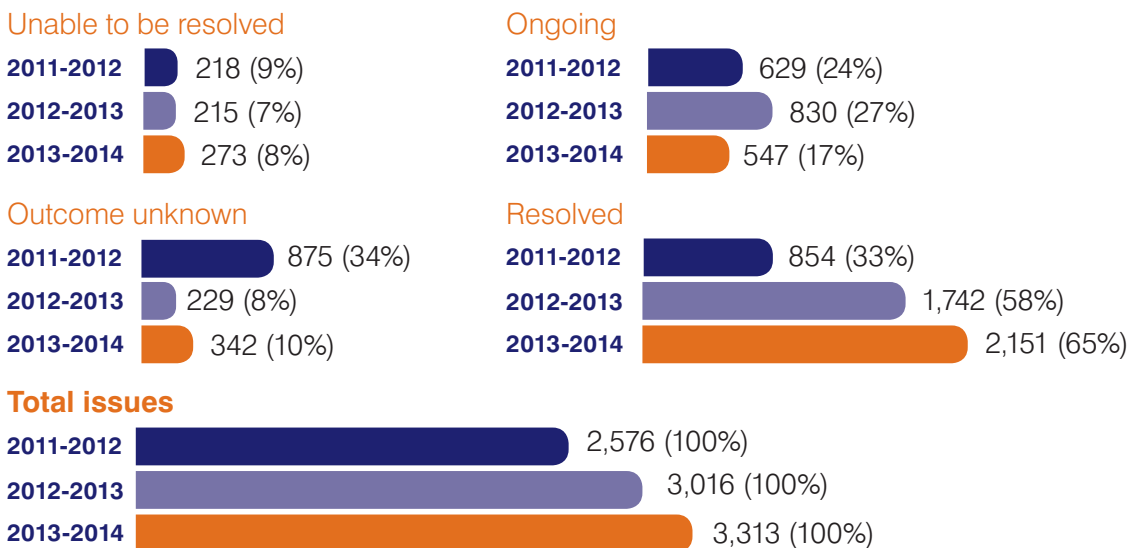
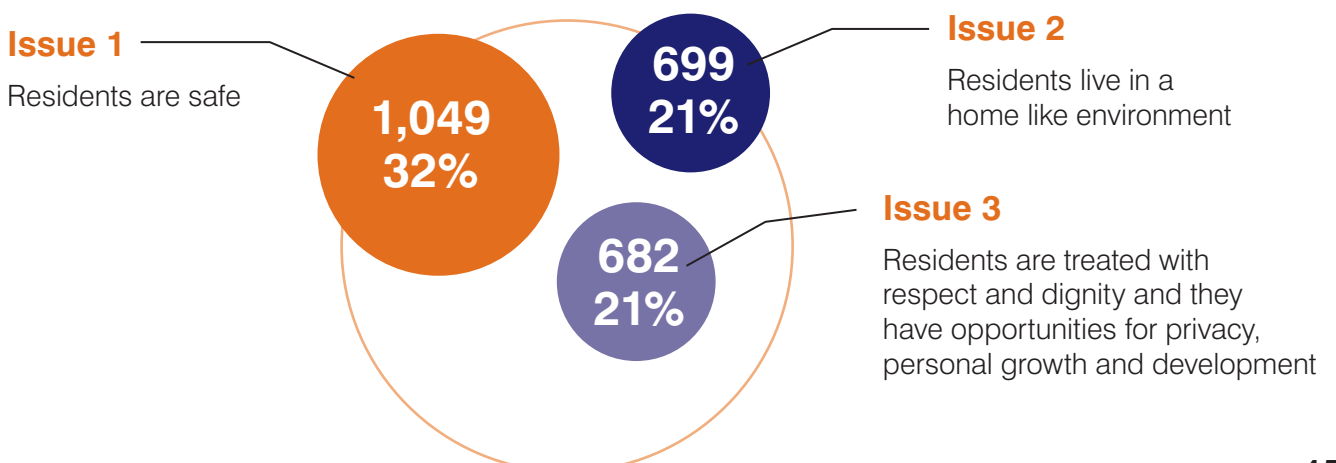


Figure 10: Outcome of issues raised by OCVs



Major issues by subject, number and percentage

The service issues of concern that OCVs most frequently identified in 2013-2014



Official Community Visitor message

**By Claire Galvin,
Official Community Visitor**

People living in all supported accommodation models visited by OCVs have in common the vulnerability of needing assistance with aspects of their daily life. This may be due to their disability, mental health issues, trauma, behavioural support needs, or young age. Regardless of the model or type of accommodation, OCVs bring 'outside' eyes into the homes and lives of vulnerable people living in residential care. Importantly, OCVs are outside of the daily running of services, and are encouraged to view services in the context of general community expectations.

In the disability sector houses that OCVs visit, the residents' care or support needs arise primarily from their disability. Some people may have sensory or physical disabilities that result in their dependence on others for mobility and personal care. For some people, their disability may have resulted in complex medical care needs, or they may require multiple medications. Many people with disability in care have intellectual disabilities. This may result in people having unique verbal communication skills, or exhibiting behaviours that are challenging to their support providers. There is also a significant prevalence of people with intellectual disability who live with an additional mental health diagnosis.

A number of the people OCVs visit experience multiple disabilities. They, in particular, may have experienced a life-time of segregation – attending disability specific schools, social groups, and vocational settings, and thus living lives parallel and quite different to their siblings and peers without disability. General life experiences – such as shopping to choose your own clothes or the ingredients you like to cook – have often not been a part of day to day living for many people living with disability. OCVs can often see where the quality of daily life for people with disability in care has been (often unwittingly) compromised by a service's effort to 'care' or act on someone else's behalf.

When visiting people in supported accommodation, I often ask myself 'If John didn't have disability, would I think his circumstances were OK?' or 'Would any other 45 year old be doing this sort of activity?'

Additionally though, OCVs need to be diligent in understanding the various care needs of residents, observing staff interactions and viewing documentation to ensure that adequate care plans, protocols and processes are in place to address the unique needs of each resident.

The majority of visitable services within the disability sector are 'group homes'. These are usually ordinary suburban houses, where 3 – 5 adults with disability share accommodation and support. At their best, group homes are like share houses where a number of housemates enjoy a balance of spending time together and apart, with their own interests, lives, and relationships. Support in these houses focuses on assisting each housemate to live their own life, pursuing their individual goals.

Unfortunately, some group homes can overly emphasise the house's role as a 'workplace' for support workers and an 'outlet' for the service provider, rather than a 'home' for the residents. In these houses, the focus is often on 'doing for' rather than 'doing with' the residents. For example, residents may be sitting around idly on a Saturday morning whilst the staff are busy ordering groceries for the house over the internet. In my view, a more fulfilling and skill building experience for the residents would be for staff and residents to look at the weeks' menu plan together, create a shopping list, and head out to the supermarket together to buy what is needed. In this way, the residents get to 'go shopping' – an activity with a purpose – rather than going for a drive-thru coffee as a 'community access' activity.

OCVs often raise issues around a lack of 'community access' or limited activity options for residents. Often, residents may lack regular opportunities to influence decisions and activities affecting their lives. For example, one house had weekly meetings where residents contributed to planning the week's menu and weekend activities. However, when the staff changed, these resident meetings ceased. As the residents could not advocate for themselves to reinstate the house-meetings, their voices were no longer heard on important aspects of their daily lives.

Problems may arise when plans are in place, but are not being adhered to. Group homes are required through funding agreements and disability service standards to have adequate systems, processes and documentation in place. It was refreshing for me to see in one house a poster stuck on the front of the filing cabinet in the office, saying 'All staff please remember! We have the paperwork NOT to have nice looking files, but to help our PEOPLE have better lives...'

For me, the appeal of the OCV role is that even though the time allocated for my visits is short, there is the potential to make significant positive change in people's lives. At times, it doesn't take long chatting with a resident for them to identify something that they need, or that has been unresolved for them. These are the situations in which I can assist.

On a regular visit, I will spend some time reviewing documentation. Issues become evident through a thorough review. It may be that a service provider did not properly follow up after an incident or implement a procedure or action affecting a resident, such as a medical recommendation, a behaviour support strategy, or a personal goal.

Much is changing within the disability sector. Some larger ADHC run institutions are in the process of devolution, and ADHC is preparing to cease providing disability services as the National Disability Insurance Scheme (NDIS) continues to roll out. Non-government services are also preparing for the full implementation of the NDIS. Staff in many services that OCVs visit are feeling uncertain about their future employment and the direction the sector is taking.

Over this past year of visiting, OCVs have been mindful of issues that may be arising due to the current climate of change. They are observing how services are managing change within their organisations, how residents may be responding to anxiety exhibited by staff, and how staffing issues may be affecting the quality of care.

One pleasing aspect of the OCV role is that on most visits, there are some positive areas of practice that can be fed back to the service. This may relate to a staff member whom residents say excels at being attentive to their needs and supportive in achieving their goals. Or a service's response to a resident that demonstrates a commitment to promoting

control and choice for individuals. After these visits, I often feel relieved that a service is doing well and happy that people with disability are receiving the quality support they need for a meaningful life.

When arriving unannounced at disability service, I always hope that there will be many positive things I can report on. However, it is after the visits where I leave feeling saddened about an aspect of life for a person with disability, or disappointed with the quality of service being offered, that I am fully aware of how important my work is in raising issues on behalf of others. I feel glad for the existence of the OCV scheme and that I am a part of it.



Case Studies - Adults with disability

Appropriate levels of care

On the OCV's initial visit to disability service, she met all four residents around the dinner table. They were all older gentlemen each with physical disabilities that were age related, and a variety of mental health issues which meant that they all required some level of day to day support. The men had shared the house for a number of years.

On subsequent visits, the OCV noticed a marked deterioration in the cleanliness of the home and in the level of care being provided. The OCV found the common areas of the house were all very dirty – the fridge, stove, benches and rubbish bins in the kitchen did not seem to have been cleaned in some time. The lounge area and furniture was grubby and the floor rug was stuck to the floor; the bathroom was also dirty - in particular the shower stall, floor around the toilet and the vanity cupboard.

The OCV also became concerned that no staff had been present despite her visits coinciding with rostered staff shifts. With no staff on duty, the OCV had no access to the office and client files.

The OCV was able to review the menu plan; this appeared to be short on fresh ingredients and nutrition. She also noted that the residents were poorly clothed and seemed to be lacking in motivation and energy to contribute to daily life in the house.

A smoke free house

An OCV visiting a group home was struck by the run down appearance of the house, inside and out.

Inside she found it to be a beautiful old federation era house that needed ongoing maintenance but which the staff and residents kept very clean and comfortable, apart from the bathroom which had definitely seen better days.

The OCV raised her concerns in her visit report, indicating that residents had a right to live in a well maintained home without fear of it collapsing around them. The service responded by approaching the owner of the property and

This became a more significant issue for the OCV when she viewed a photo of the residents taken when they had first arrived at the house a few years ago; they all looked clean, well dressed and well nourished - in stark contrast to how they appeared to the OCV.

She wrote several lengthy reports, asking questions of the service about staffing and support provided for each resident. The service acknowledged the issues raised and responded to the OCV's reports by addressing each of the concerns.

The service said that the house was to be cleaned thoroughly and staff were to receive ongoing training about meeting their obligations to residents, fulfilling their rostered duties and supporting residents with their own personal hygiene and daily care needs.

The service also indicated that staff would support residents to have more nutritious meals with recipes being printed and discussed at regular house meetings, and that staff would be rostered on to provide support in the morning and afternoon of each day.

The OCV was pleased with the service's response and felt that it would lead to positive outcomes for the residents.

requesting urgent repairs. On her next visit, the OCV found a new front fence, repairs to the veranda and a new vanity in the bathroom. The house looked a lot more home-like and liveable and the staff reported that the residents were happy with the improvements.

On the same visit, the OCV noted some of the residents were smoking in their bedrooms despite 'no smoking' signs and clear house rules prohibiting smoking. Staff reported some resistance from residents when the issue was raised.

The OCV raised her concerns in her visit report. The service organised meetings with residents where it was agreed by all that this was a health and safety issue affecting all residents as well as staff. Smoke detectors were also installed in the house.

However, what was most encouraging for the OCV was that staff reported a very positive response from the smoking residents who agreed to make their home safe, healthy, and smoke free for everyone, and to only smoke outside in a designated area.

Grieving the loss of a good friend

An OCV visited a group home and met with Marjorie, an elderly woman with a mild intellectual disability. Marjorie told the OCV a sad story of how her best friend and housemate, Norman, had recently passed away. Marjorie spoke of how this had changed her life and how she often felt lonely, as Norman was a 'chatterbox' who made her laugh. Marjorie's fondest memories were of joining Norman at the veranda table where he would show off his amazing card skills.

The OCV discussed Marjorie's loss with the service provider. The service had not been aware that Marjorie was experiencing such loneliness and agreed to explore support options that might help her manage her grief and loss.

On the next visit, Marjorie told the OCV about the new interests she had. Marjorie had joined the local bridge card club. Marjorie explained that she didn't like to play cards, but enjoyed being at the table and watching the players; she also liked to help with the morning tea



preparation and had a permanent spot on the roster for this. Although the club only meets once a fortnight to play cards, they often also meet for other activities such as fundraising or birthdays, which Marjorie's service supports her to attend.

Marjorie told the OCV that she is very busy now and has made a lot of new friends, and although she still misses Norman, she is no longer lonely.

Respecting a resident's dignity when showering

While visiting a group home, an OCV read file notes and incident reports relating to Ahmed, a resident with cerebral palsy, who had recently required some changes to his personal hygiene routine. The OCV had observed in the file notes and incident reports that Ahmed had encountered some difficulties while showering. The service considered it necessary for Ahmed to have staff support him when showering to reduce the potential risk of injury.

The OCV had a chat with Ahmed about the changes. He told her that although he was disappointed with the loss of his independence, he felt that he had no choice as his mobility was decreasing.

The OCV discussed Ahmed's situation with the service and it was soon evident that although the service was concerned for Ahmed's safety, they hadn't fully explored other options which might be available to best suit Ahmed's needs, including his need for dignity and respect.

An occupational therapist was brought in to assess Ahmed's circumstances. The occupational therapist recommended that the service install a shower chair, a non-slip mat and safety hand rails in the shower. This was done, both reducing the risk of Ahmed falling in the shower, and allowing him to regain independence and privacy.

The importance of smaller issues

Carmen lives in a home with one other woman. Carmen and her housemate independently attend work, study and recreational activities. They enjoy the support of their families and maintain close relationships with others in the community. They are assisted by the service to plan and go on holidays, and their lifestyle plans and identified goals are meaningful and clearly reflect their interests.

The service provides drop in support to the women. Staff attend several afternoons a week and assist the women to resolve issues, plan meals, go on shopping trips and work out their weekly budgets.

During the OCVs visit, Carmen told her that she was unhappy with the state of her bedroom. Carmen said she had to keep her window closed at night because it lacked fly screens, so she was very hot and uncomfortable. Carmen also showed the OCV a large mouldy stain on the ceiling of her room. She said she was very frustrated because there was no plan to repair the ceiling even though she had complained about it.

The OCV discussed the issues with service staff. She was told that the service had assisted Carmen to obtain a quote for an air conditioner for her room. Carmen told the OCV that it was too expensive and she did not want to purchase the air conditioner.

Staff told the OCV that the home was owned by a community housing provider and that they do not provide fly screens on windows. Staff were not sure if the ceiling issue had been referred to the community housing provider for maintenance.

The OCV raised the issue of the damaged paint work and the lack of fly screens with the service management in her visit report. In response, the service assisted Carmen to purchase a fly screen and put in a request to the community housing provider for maintenance of the ceiling paintwork.

When the OCV returned to the home several months later, Carmen was keen to show her room. The ceiling had been repainted and a fly screen installed.

Residents live in a place of safety

An OCV has been visiting a group home of four residents. Two of the residents expressed their fears about living in the house, one saying that she wanted the OCV to help her get a transfer to a new home. They said that they were afraid of the other two residents who would target them and assault them on a regular basis.

After reviewing documents and client files, the OCV identified several incidents which indicated that two residents had been assaulting their housemates and staff. The OCV spoke to staff on duty and heard that they did not like coming to work and that they would not volunteer to do extra hours or shifts. This led to a large number of shifts being filled by agency staff.

During one visit, the OCV observed two agency staff come on shift and take over from permanent staff. There was no change over information given and no conversation about what had been happening in the house during the last shift, so that the new staff members could be prepared. The OCV spoke to the

agency staff about their knowledge of the residents and was informed that one had worked at the home twice before in a 12 month period and it was the other worker's first time at the house.

The OCV wrote his report raising concerns about the need to support the behaviour of various residents, and the lack of appropriate levels of consistent staffing and staff hand over procedures. A follow up meeting was organised with senior managers. At the meeting, the OCV outlined his view of the circumstances in the house, based on his observations and conversations with residents and staff. He also identified that Police had been called to the house on a number of occasions and questioned the level of management supervision.

The organisation acknowledged the seriousness of the issues and began a review of the circumstances in the house. The resident who wanted to move out did so, moving to another house where she is much happier and

feels safer. Plans were put in place for a second resident who was unhappy living in these circumstances to also move out. The service told the OCV that they had decided to alter the configuration of the house so the remaining two residents could live more independently of each other. New permanent staff were employed to work at the house and considerable time was spent training them. The service also employed a second team leader, thus ensuring that a senior staff member was on duty for most of the day.

No passport, no holiday

At a house that an OCV visits, one of the residents, Bernie, had recently retired. Bernie expressed his desire to travel overseas and in particular, to go on a cruise for more than a week.

Bernie worked with the service staff to establish a goal in his lifestyle plan to go on a cruise. With the help of staff, he found a cruise to Fiji which sounded ideal for him and met his needs. Another resident from a nearby group home had also indicated a similar desire and Bernie and his friend decided that they should travel together. The excitement was building.

The deposit was paid for the cruise and during the preparation for the holiday it was discovered that Bernie did not have a passport. He had been living in care with the organisation for more than 20 years and prior to that, had come from a similar organisation which had been out of business for about 20 years.

Bernie was very upset and angry, and told the OCV that the service could not find his passport and they did not have a birth certificate for him. He believed the service had lost his papers on purpose and that they did not want him to go on holidays.

The OCV took up the matter and met with management. At the meeting, the service described the efforts they had made to get the relevant documents. Long term staff stated that they thought Bernie had had a United Kingdom passport when he migrated with his parents from England. Despite a lot of hard work, their best efforts to assist Bernie had proved fruitless.

Even though attempts had been made through the Department of Immigration as well as with other government departments to obtain the necessary documents to get a passport, the

On the most recent visit, the OCV saw an improvement in the atmosphere in the house, both from a staffing and resident perspective, including a decline in the number of recorded incidents. On speaking to the remaining residents, they appeared less agitated and more engaged. The OCV has continued to monitor the situation at the house, conducting more frequent visits to make sure that the level of care being provided is kept at an appropriate level.



service was not able to obtain them. Because they could not obtain a birth certificate, it was not possible to confirm Bernie's identity. Unfortunately, he also lost his deposit for the cruise.

The OCV reviewed the efforts that the service had made to try to resolve the issue, which were considerable. The OCV made a time to speak with Bernie and explain everything that had been done to assist in resolving the matter. Whilst he was still very upset at missing out, he understood that people had tried hard to help him.

Whilst the matter of not having appropriate documents, such as a birth certificate, still remains an issue, the service has not forgotten Bernie's desire to travel. They have found cruises that travel only in Australian waters. Bernie is now looking at cruising to Perth via Melbourne and Adelaide, then returning to Sydney by air. Bernie is pleased that he can still fulfil his dream and hopes one day to have a passport so he can visit Fiji.

Access to the community

An OCV visiting a large residential centre with over 40 residents was concerned about significant variations in the level of community access available to residents. Some were accessing the community many times a month and others were only leaving the centre once or twice a month, if at all.

The quality of the information recorded in the community access folder was inadequate and inconsistent. It did not identify where the residents had gone in the community, what they had done and whether they had enjoyed themselves. Some staff were even recording day program attendances as a community access activity.

Being involved

A staff member raised their concern with an OCV that one of the residents was interacting inappropriately with a fellow resident. The OCV read a number of recent incident reports, which appeared to support the staff member's concerns. The OCV also noted that the young men living in the house were not really engaged in any meaningful activities. In his visit report, the OCV noted the inappropriate interaction and the lack of activities for the residents.

The service arranged to discuss the issues with the OCV. At their meeting, the service identified strategies for consulting with the residents and staff of the house about different types of activities that could be established to improve the relationships in the service.

A solution to fire safety concerns

Ensuring that residents are physically safe in their homes is an important issue for an OCV to consider. An OCV can check that fire safety-evacuation plans, drills, and appropriate equipment are in place; that exits are clear; that evacuation drills occur regularly; and that residents and staff know their responsibilities emergencies.

An OCV was leaving after a visit when a staff member called her back, saying that Morris wanted to talk to her again. Morris was the

The OCV met with the management of the service to raise this issue. It was established that no staff member had been given responsibility for monitoring the community access records to ensure consistency and equity for residents. The general manager agreed to nominate a manager to assess the community access records, identify problems and develop a new system for recording community access. Implementing this process took a number of months, but it resulted in better quality records and more equitable community access for all residents.

When the OCV returned five months later, it was evident that the strategies had been put into place. At the next visit, the OCV noticed how engaged the residents were in the activities and day to day running of their home. They were actively involved in making dinner, were making good use of a new home gym, and staff were more engaged with residents by involving them in day to day chores. The staff commented positively to the OCV about the way the residents were getting on with each other and that this had resulted in a reduced number of incident reports.

eldest resident of the household and used a walking frame. He indicated that he wanted to talk in private. The OCV had difficulty understanding everything that Morris was saying but understood that he was talking about a motorbike being parked outside the bedroom windows. The OCV excused herself from her conversation with Morris and asked the staff member on duty if she could provide more detail about Morris' concern. The staff member said that Morris had previously expressed

concern about another staff member parking his motorbike on the concrete pathway outside the bedroom windows. The OCV returned to Morris and asked why he was concerned about the motorbike being there. He said 'a fire' and indicated that the other side of the house was a better place for the bike to be parked.

During a recent fire evacuation drill, everyone in the house had practised an evacuation through a bedroom window and along the concrete path to get to the evacuation point in front of the house. Morris was concerned that the motorbike was blocking access for staff and residents in case of an emergency.

Music while you work

An OCV visits a service where one resident is keen to listen to music when he does tasks around the house or just wants to relax. He is a young man who had been trying for some time to learn how to download music. He raised the issue with the OCV and she reported it to the service.

In response, the service stated that they had previously arranged a support person to work one on one with the resident on a range of sporting activities, but they were not aware of his desire to learn to download music to his player.

The value of friendship

An OCV visits a service which operates two group homes in the same suburb. The group homes are approximately three kilometres apart. A man in one of the group homes lives apart from his childhood friend, who is a woman living in the other home. However, about 15 years ago, the two residents met each other again after a long time apart, and the friendship was rekindled.

Each weekend, the male resident travels independently to visit his female friend at her home. They enjoy the afternoon together, share a meal and spend quiet time together. Service staff facilitate outings to cafes and parks. However, more often than not, they enjoy spending time together at home, chatting and relaxing.

The OCV was very pleased to have had this issue raised with her as she had not considered the situation a hazard. The motorbike was moved and staff reminded of where to safely park their vehicles so they do not pose a hindrance or block exits from the house. Morris had thought about the safety of his fellow housemates and staff, identified an issue that needed resolving and had offered a reasonable option to address his concerns. He had advocated on his own behalf and in raising the issue with the OCV, was able to get it resolved quickly and easily.

This provided a good example of support and training, and of involving residents in maintaining safety for all.

The service contacted the support person and he agreed to teach the resident how to download the music he wanted onto his player. On the next visit, the resident said he had downloaded his music and then he played some songs for the OCV. He also told the OCV that he was excited to learn some other computer skills now that he had learned how to download music.

Their relationship is able to flourish because of the support of staff from both houses. While the man can travel independently, his friend needs more support with travel. There have been very few weekends in the last 15 years that the two have not spent time together.

It is important that staff in both houses make this relationship possible and ongoing. The OCV believes this story should be reported to encourage other services to consider how best to support friendships and relationships. They are precious and need to be supported.

Regional Focus

Metropolitan Sydney - North

Official Community Visitor message



**By Susan Alexander,
Official Community Visitor**

The Metropolitan Sydney – North region extends from the Blue Mountains through to the North Western suburbs, Hills District, North Shore and the Northern beaches. With the addition of two new Visitors, we are now able to visit throughout the entire area. We have been very pleased to welcome Rachel Tozer and Marilyn McClung to our group while Lyn Porter, Elizabeth Rhodes and Susan Alexander have all been reappointed for another three year term. Frank Kuiters has been in the job for over a year and is representing the region on the Ministerial Working Group.

There is an impressive and diverse range of skills, knowledge and experience in our regional group and the new members have added another dimension to an already highly qualified team. Rachel started her career as an Occupational Therapist primarily working in the disability sector with both children and adults and has provided consultation to group homes. She finds that her background has prepared her well for the Visitor position, especially regarding Lifestyle Planning. Marilyn is an admitted lawyer, has taught at both secondary school and university level and does volunteer work with people with complex health issues and victims of crime.

In the Metro North region, there are visitable services of all types. All six Visitors visit people with disability living in group homes and all except Susan visit large residential centres. Lyn and Susan visit children in OOHC and Elizabeth visits assisted boarding houses. Several of the Visitors do joint or team visits together, particularly to the large residential centres; others meet separately for mentoring and/or peer support. All find the regional meetings which are held four times a year to be a useful forum for exchanging ideas and information. At these meetings, we pool our knowledge and skills, identify matters of concern which may be

affecting a range of services, and endeavour to find solutions to service issues which may be affecting the people that we visit.

Visitors in the Metro North region have observed the following issues in the Disability sector over the past year:

- The roll-out of the NDIS appears to be causing some anxiety for residents, their families, and staff. In government run services, OCVs are seeing an effect on staff morale. OCVs are concerned that staff will move on before many of the residents, and that this may have an impact on the standard of service provision.
- Visitors appreciate how enormous the task will be in the handover of government run services to the non-government sector, and are determined to monitor the transition to ensure that residents and their families are kept informed along the way and that those residents without family involvement have appropriate representation and advocacy.
- Visitors have been seeing a number of staffing changes in some services, particularly at the management level, which may affect the achievement of service outcomes for residents.
- Visitors continue to raise concerns about the inconsistent standard of Lifestyle Planning across some services. Visitors have seen some excellent examples of Lifestyle Plans and also seen plans which are inadequate.
- The redevelopment program for Metro West Residences is gathering momentum and OCVs have been most impressed with the comprehensive work done by the project team to get ready for the handover of residents to new services providers. It is an exciting time for residents and families

as they prepare for community living, and Visitors have witnessed some innovative arrangements which should ensure a smooth transition for residents especially those with sensory impairments.

- A number of houses have been completed in the redevelopment while others are underway, and OCVs have been impressed with some purpose built accommodation models in Western Sydney. Residents are now living in modern facilities such as self contained villas with staff on site around the clock, and these are providing opportunities for greater privacy and increased independence.

In the OOHC sector:

- OCVs have raised concerns about some children and young people in residential care who are not attending school or vocational/training programs. Some service providers appear to be having difficulty engaging with these young people and finding ways to interest and/or motivate them.
- OCVs have also raised concerns about some young people who are spending time in Juvenile Justice facilities. Although these periods may be short, they can be destabilising and disruptive and can also affect school attendance.

- However, OCVs have also noted positive achievements by some young people who attend school regularly. Some have successfully completed Year 12 or TAFE courses and some are being supported by their service provider to obtain and hold down a job.

In the Assisted Boarding House sector:

- Assisted boarding houses are starting to comply with the new regulations - some are starting to offer single room accommodation, although this is limited to only two premises in the Metro North region. Other assisted boarding houses continue to offer double room only accommodation at this time.
- Quality of health care has improved with the introduction of health care plans in all assisted boarding houses.
- ADHC compliance officers are visiting regularly and this, together with OCV visits, is leading to ongoing improvement in conditions for the residents.

Visitors in Metro North region are proud of the important positions that we hold. We feel privileged to visit both children and adults in a number of different accommodation types and will continue to promote their best interests and work with them and their service providers to make a difference in their lives.

Figure 11: OCV identified issues – Metropolitan Sydney - North

Target Group of Services	No. of visitable services	No. of issues identified	Key issues
Boarding Houses	1	2	<ul style="list-style-type: none"> • Residents have quality health care and personal care
Children and Young People in OOHC	45	214	<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	423	906	<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	469	1,122	

Visitors in the region:

Susan Alexander, Frank Kuiters, Merylyn McClung, Lyn Porter, Elizabeth Rhodes, Rhonda Santi (finished her term in March 2014) and Rachel Tozer.

Regional Focus

Metropolitan Sydney - South

Official Community Visitor message



**By Carolyn Smith,
Official Community Visitor**

The Metropolitan Sydney – South region covers a broad geographical area from Sydney’s eastern suburbs, south west and south. Visitors also visit country areas in the west of the state, the Southern Highlands and the Shoalhaven. The Metro South regional group consists of nine visitors: Carolyn Smith, Neale Waddy, Dennis Robson, Linda Larsen, Irene Craig, Denise Fallon, Claire Galvin, Paul Armstrong and Reiner Hitzegrad. During the year, we farewelled two Visitors, Lyn Cobb and Gary Sandri, who finished their terms of appointment. They were valued members of the group and we wish them well in their future endeavours.

Visitors in this region visit children and young people in OOHC and adults with disabilities who reside in group homes, assisted 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. This diversity provides an excellent resource to the residents we visit in the region. All Visitors are committed to making a difference in the lives of children, young people and people with disabilities who they visit.

As a group we meet four times a year. We all find these meetings an invaluable opportunity to raise issues, share knowledge and provide support. Visitors also come together during the year for training events and for the OCV Annual Conference.

Regional representatives are also on the Ministerial Working Group (which meets regularly with the Minister for Disability Services and the Minister for Family and Community Services), the Consultation Group and the Policy and Practice Working Group. All members of the working groups work with the OCV Team at

the NSW Ombudsman’s Office to develop new policies and procedures and address systemic issues across many areas of the OCV scheme. OCVs who have been with the scheme for some time actively participate in the mentoring program for new Visitors, providing peer support and developing a collaborative and cohesive approach to identifying and addressing issues of concern.

As an OCV, I value the very important role of being a voice for people living in care, some of whom are the most vulnerable in our community. The aim of an OCV is to facilitate positive outcomes on the issues we raise which impact on the everyday life of people in care.

I also have a role in providing positive feedback to services when it is appropriate. I 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 the comments that I provide.

My term as an OCV ends in December 2014. Whilst I will miss visiting all of the residents who I have come to know over the last six years, I hope that I have made a difference in their lives in carrying out my duties as an OCV and in my last two years as regional convenor for Metro South region.

Figure 12: OCV identified issues – Metropolitan Sydney - South

Target Group of Services	No. of visitable services	No. of issues identified	Key issues
Boarding Houses	8	36	<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 opportunity for privacy, personal growth and development
Children and Young People in OOHC	27	80	<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	267	566	<ul style="list-style-type: none"> Residents are safe 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
Total	302	682	

Visitors in the region:

Paul Armstrong, Lyn Cobb (finished her second term in March 2014), Irene Craig, Denise Fallon, Claire Galvin, Reinhard Hitzegrad, Linda Larsen, Dennis Robson, Gary Sandri (resigned in December 2013), Carolyn Smith and Neale Waddy.

Regional Focus

Hunter/Central Coast region



Official Community Visitor message

**By Ann-Maree Kelly,
Official Community Visitor**

During the past year, the OCV map has been redrawn. The appointment of additional OCVs has meant that the Northern Region could be split into a new Far North Coast regional group and a new Hunter/Central Coast regional group. This allows for a greater focus within each group on the issues that are pertinent to their particular region.

Three new OCVs were appointed within the Hunter/Central Coast region and commenced their visiting at the beginning of 2014. This has resulted in a team of seven OCVs covering the local government areas of Gosford, Wyong, Lake Macquarie, Newcastle, Port Stephens and the areas west including Muswellbrook and Merriwa.

OCVs in our region visit services for children and young people in statutory and voluntary OOHC, adults and children with disability living in supported accommodation and large residential centres, as well as assisted boarding houses. These include services run by both government and non-government providers.

Over the past year we farewelled experienced OCVs Roz Armstrong and Maryanne Ireland. Their knowledge and expertise added considerable skills to our regional group and their contribution to our meetings were invaluable.

The Hunter/Central Coast regional group meets four times a year. We use these meetings to provide collegiate support and to discuss matters of importance to the OCV scheme. Occasionally we invite guest speakers to address our meetings and we have a training component when needed.

The implementation of the NDIS has been high on the agenda as the Newcastle local government area was one of the first regions

in Australia to become part of the NDIS trial, closely followed by Lake Macquarie. The regional group has experienced first-hand some of the complexities that have come with this change in funding focus. Keeping up to date with our training and information as situations evolve has been a priority.

Another agenda item for most of the OCVs in our region has been the devolution of three large residential centres in our area – Stockton, Kanangra and Tomaree. OCVs are keeping abreast of the planning underway for the residents of Stockton and Kanangra, and attend regular briefing sessions by Hunter Residences project staff to discuss the progress of the redevelopment. OCVs are aware of the emotional attachment that many residents, families and staff have to such long standing institutions and feel that it is important to remain as informed about the process as possible.

Another systemic issue of note for OCVs in our region has been the presence of asbestos in a number of visitable services. Many houses, particularly those used for OOHC, are rental properties of a certain age. As a regional group we discussed our concerns at seeing broken sheets of fibrous material lying on the ground, or holes in internal walls of the houses that we visit. It's concerning that asbestos fibres may be affecting residents, staff and Visitors to the homes.

This issue was raised at a meeting with a service provider who uses a lot of rental homes. They agreed that there was a potential risk for staff and residents, so they improved their maintenance response and developed an internal agency policy for the management of asbestos as a possible hazard. The issue was also raised at a joint OCV regional group meeting and the work health and safety policy for OCVs was amended.

OCVs in our region are enjoying working with a wide variety of services and feel that they are making a positive contribution towards improving the quality of life for people living in residential care across the region.

Figure 13: OCV identified issues – Northern region

Target Group of Services	No. of visitable services	No. of issues identified	Key issues
Boarding Houses	5	78	<ul style="list-style-type: none"> Residents have quality health care and personal care Residents are treated with respect and dignity and they have opportunity for privacy, personal growth and development Residents live in a home like environment
Children and Young People in OOHC	75	396	<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	194	1,151	<ul style="list-style-type: none"> Residents are safe 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
Total	274	1,625	

Visitors in the region:

Roz Armstrong (finished her second term in December 2013), Ruth Chalker, Ariane Dixon, Rebecca Horn, Maryanne Ireland (finished her second term in June 2014), Judy James, Ann-Maree Kelly, Jackie Klarkowski and Barbara Rodham.

Regional Focus

Southern and Western region

Official Community Visitor message



**By Sue Curley,
Official Community Visitor**

Geographically, Southern and Western Region covers around 75% of New South Wales. It includes the relatively sparsely populated Southern Highlands, Illawarra / Shoalhaven, Far South Coast, Central West and Far West, as well as the Riverina/Murray region.

This means OCVs in our regional group are committed to travelling considerable distances to visit services. The services we visit include both government and non-government organisations. All sector area services are represented - children and young people in OOHC, people with disabilities in group homes, and adults living in assisted boarding houses.

Whilst larger regional centres often have a number of residential services, some outlets are in small country towns, which may only have one service and the next visitable service is several hundred kilometres away. The OCVs in our region are a dedicated team with a strong commitment to ensuring an active presence is maintained across the state.

We have eight OCVs working in the area, including four new OCVs who we welcomed in February 2014: Taryn Bankier, Jo Hibbert, Bart Yeo and Sue Curley. An additional two are being recruited in the Riverina-Murray area (joining us in the latter half of 2014). The blend of existing and newer OCVs within our region provides us with a broad cache of professional experience and skills to draw on.

The increased number of OCVs in the region ensures a greater ability to inform the Ministers and the Ombudsman about the quality of regional services. We talk to residents to ensure they are being cared for with dignity and respect, and to identify issues of concern. A large part of our work as Visitors is to liaise with care staff and management to resolve issues

quickly. Rural service providers are frequently isolated to a certain extent and value the practical input and feedback OCVs are able to provide at the local level.

We find most rural services are very open and receptive to improving the quality of the support they provide to residents. The organisations are keen to receive feedback, and to generate solutions and respond promptly to any issues raised by OCVs.

The Southern and Western Region team meets four times annually. These meetings are valuable forums to raise and discuss a broad spectrum of issues. These meetings also provide a unique opportunity for the relatively remote OCVs in our region to exchange information, share practical tips, network and reduce the feelings of isolation that can sometimes daunt newer Visitors.

As a regional group, we each come across many similar issues in the services we visit. Some of these centre around the challenge of optimising quality outcomes with limited funding and maintaining service viability. Other issues identified by OCVs in the Southern and Western region recently have been:

- resource challenges in regional and remote communities
- difficulties with access to electronic records within some services
- balancing a person centred approach with Duty of Care
- inconsistency in service provision in some group homes
- the importance of services taking a collaborative approach in OOHC

A recent trend in the homes we visit is the cultural shift relating to the future of self-managed or individualised funding. Although the NDIS has not yet been rolled out in regional

areas, many services are alert to new ways of providing community linking and individualised support. Management and care staff frequently engage OCVs in discussions about how an organisation is supporting residents with their lifestyle choices, location of residence and personalised goal planning. The focus on meeting individual 'wants', as well as completing the usual care support needs, is a positive outcome.

We are heartened by the many 'good news' stories service organisations are able to share – for example, when a young person from OOHC

transitions into independent living, as a result of organisations offering a safe, personalised, nurturing and caring environment.

All members of our regional group are passionate about the continued improvement, identification and resolution of issues. We are proud of the outcomes achieved by rural OCVs in the challenge to create positive change for people with disability and children and young people in OOHC, and the people who care for them.

Figure 14: OCV identified issues – Southern and Western region

Target Group of Services	No. of visitable services	No. of issues identified	Key issues
Boarding Houses	7	13	<ul style="list-style-type: none"> Residents live in a home like environment Residents have access to quality health care and personal care
Children and Young People in OOHC	31	98	<ul style="list-style-type: none"> Residents are safe Residents have access to quality health care and personal care Residents enjoy activities of their choice
Adults with Disability	282	430	<ul style="list-style-type: none"> Residents are safe Residents have access to quality health care and personal care Residents are treated with respect and dignity and they have opportunities for privacy, personal growth and development
Total	320	541	

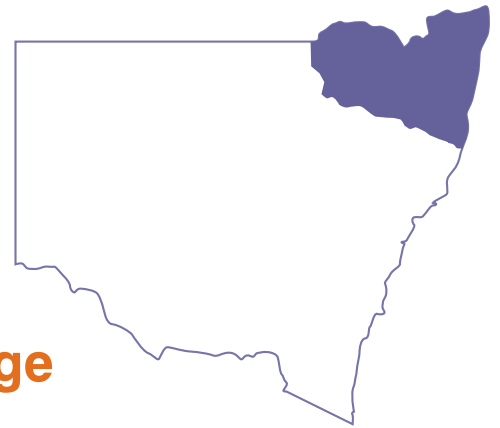
Visitors in the region:

Taryn Bankier, Sue Curley, Marcia Fisher (resigned in June 2013), Jo Hibbert, Virginia Nolan, Rebecca Prince, Mahalia Willcocks, Bart Yeo and Karen Zelinsky.

Regional Focus

Far North Coast region

Official Community Visitor message



By Ricki Moore, Official Community Visitor

The Far North Coast region is a new regional group and has been in operation for the past 12 months. The region spans the area from the border of NSW and Queensland, to Forster to the south, and includes the New England area and the vast North West part of the state. There are four Visitors in our regional group. All come to the role with varied backgrounds and skills, and provide an objective view for service providers supporting people with disability and young people in OOHC.

Our regional group meets every three months to discuss issues, changes to policy and legislation, and provide each other with peer support. Systemic issues that are raised by our regional group are discussed at a joint consultation group meeting with the Ombudsman's office and may in turn be escalated to the OCV Ministerial Working Group. We feel it is important that the bigger picture issues that we raise are acted upon in a meaningful way.

We are aware of a lot of uncertainty in the region as to how the continued roll out of the NDIS will impact on service providers and the residents they provide care for. As a group, we try to keep abreast of the issues surrounding the NDIS so that we are informed when having conversations with residents, family members or staff.

There are a number of ongoing issues which Visitors in our regional group continue to monitor and raise with the service providers, including:

- keeping a focus on education as a priority for young people in OOHC
- the physical state of repair and ongoing maintenance of houses that are rented for people living in care

- transition planning for young people in OOHC
- larger groups of residents in some OOHC residences, which appears to be having a negative impact on the support needs and behaviours of some residents
- difficulties accessing electronic information in some services , and
- difficulties accessing advocacy services in some regional areas for people with disability and young people in OOHC.

The Far North Coast group all enjoy the opportunity to help identify issues for residents in care. Following up and observing the outcomes of the strategies that are implemented by service providers after we have raised issues gives us a great sense of satisfaction. Our aim for the future is to continue to achieve positive resolution of the issues that we raise and to see the difference in the quality of life for those in care, when a small change makes a big difference. As Visitors, we have the opportunity to highlight the wonderful job that many of the service providers and their staff do on a daily basis and we give positive feedback whenever we feel it is deserved.

Figure 15: OCV identified issues – Far North Coast region

Target Group of Services	No. of visitable services	No. of issues identified	Key issues
Boarding Houses	0	0	
Children and Young People in OOHC	21	59	<ul style="list-style-type: none"> • Residents are safe • Residents are treated with respect and dignity and they have opportunities for privacy, personal growth and development • Residents have access to quality health care and personal care
Adults with Disability	109	260	<ul style="list-style-type: none"> • Residents are safe • Residents have access to quality health care and personal care • Residents are treated with respect and dignity and they have opportunities for privacy, personal growth and development
Total	130	319	

Visitors in the region:

Arwen Carroll, Bernadette Carter, Ricki Moore and Paul Moulton.

Financial

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

Costs that are not included here are some items incurred by the Ombudsman in coordinating the scheme, 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 2013-2014. Copies of this report are available from the Ombudsman's website at www.ombo.nsw.gov.au

Figure 16: Visitor related expenses 2013-2014

Payroll expenses	2012-2013	2013-2014
Salaries and wages	523,219	662,626
Superannuation	49,459	58,195
Payroll tax	31,031	34,720
Payroll tax on superannuation	2,705	3,195
Subtotal	606,414	758,735
Other operating expenses	2012-2013	2013-2014
Advertising – recruitment	8,465	3,975
Advertising – other	306	-
Fees – conferences, meetings and staff development	9,902	14,408
Fees – contractors	-	-
Fees – other	261	3,863
Printing	8,260	-
Publications and subscriptions	644	4,980
Maintenance - Equipment	135	-
Stores	122	70,630
Travel – petrol allowance	115,443	136,448
Travel and accommodation	79,015	87,869
Subtotal	222,553	322,174
Total	828,967	1,080,909

1. Meal allowances are included in 'Travel – accommodation'
2. 'Travel – accommodation' includes OCVs' costs, such as air, bus, train and taxi fares, postage, stationery and telephone bills
3. Stores – increase is due to the purchase of laptops for the OCVs.



