



OCV
Official Community Visitors

2016–17 Annual Report

Contact us

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ISBN: 978-1-925569-72-8

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2016–17 Annual Report

2016–17 Highlights

conducted over
2,800 visits

visited over
1,350 services

spent over
7,600 hours
visiting residents and working
on resident issues

reported over
4,700
new issues

brought over
50 matters
to the attention
of the Ombudsman's
Complaints Team

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

Quick comparison
with last year



reported over
500 more
new issues

OCVs worked on over

4,700 issues

(continuing and new),
including:



3,700 issues

for residents of disability supported
accommodation services

45 issues

for residents of
assisted boarding
houses

960 issues

for children and young
people in residential
OOHC services



▶ worked on over
300 more issues

▶ visited
150 more services

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

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

Letter to the Ministers

The Hon Pru Goward
Minister for Family and
Community Services
Minister for Social Housing
Minister for the Prevention of Domestic
Violence and Sexual Assault

The Hon Ray Williams
Minister for Disability Services
Minister for Multiculturalism

Dear Ministers

I am pleased to submit to you the 22nd Annual Report for the Official Community Visitor scheme for the 12 months to 30 June 2017, as required under section 10 of the *Community Services (Complaints, Reviews and Monitoring) Act 1993*.

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

Yours sincerely

A handwritten signature in black ink, appearing to read 'Michael Barnes', written in a cursive style.

Michael Barnes
NSW Ombudsman

December 2017

Message from the Ministers



The Official Community Visitor (OCV) scheme plays an invaluable role in ensuring that the experiences and voices of children and young people in residential out-of-home care are heard. Visitors provide me with vital and impartial feedback about what is happening for children and young people by virtue of their status as independent statutory appointees of the Minister for Disability Services Ray Williams and myself.

This feedback is an essential element in my work and the work of the Department of Family and Community Services in improving the services, circumstances and outcomes for this group of children and young people.

I commend OCVs on their tireless work and unwavering commitment over the past year. During this time, 670 visits were made to 271 residential out-of-home care (OOHC) services, accommodating 692 children and young people across statutory and voluntary OOHC.

Through these visits, close to 700 important issues were raised for children and young people. The vast majority of the issues (75%) were resolved by services. Only 10% of issues were unable to be resolved, with a further 14% still ongoing.

The types of issues raised relate to individual resident development, the accommodation environment and resident's health care. These are important issues and I am committed to ongoing reform to improve outcomes for children and young people that ensure their needs are met and they can thrive.

As one OCV explains in her case study "Children and young people in residential care need their home to be a place of safety, where they are cared for and their needs can be consistently met."

I congratulate all of our Visitors on their commitment and persistence in working hard to ensure that the experiences and systems that support this group of children and young people are scrutinised and improved. This is an essential element in enabling better outcomes for these children and young people.

I look forward to continuing to work with Official Community Visitors in 2017-18 and beyond to improve outcomes for children and young people across NSW in residential care services. Together we are making a difference to the lives of children and young people.

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

Pru Goward MP

Minister for Family and Community Services

Minister for Social Housing

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



My first year as Minister for Disability Services has been extraordinarily busy, often challenging, but deeply rewarding.

2017 has seen the final expansion of the National Disability Insurance Scheme across New South Wales. It also marks the beginning of the transfer of disability accommodation services from government to non-government providers.

These developments have greatly increased options for supports and accommodation for people with disability, their families and carers to consider. For some, these unprecedented changes may be a time of uncertainty or fear. It is now that the role of Official Community Visitors is vitally important. Their advice, support and assistance is critical in the effective transition of many vulnerable people to non-government accommodation providers. Their independence and commitment to best outcomes for clients provides a direct link between service providers, families and carers.

Official Community Visitors provide insight and perspectives on the effectiveness of the disability sector that would otherwise not be known and invisible.

This report highlights that in 2017, Official Community Visitors conducted 2,150 visits to disability accommodation providers state wide. These visits resulted in over 3,700 issues being raised on behalf of people with disability. The intervention of Official Community Visitors made a substantial improvement in the health and individual development of people with disability, while actively ensuring their safety in a supportive environment.

As well as acting on critical issues, some of the personal stories of how Official Community Visitors have added comfort and value to the lives of people with disability are apparent in this report. Supported accommodation resident Sandra shares her excitement of her upcoming birthday celebrations and holidays. She describes how her life has improved with the involvement of her OCV, who has supported and encouraged her independence and personal pursuits for some time.

Likewise, Melissa's story highlights the serious risks of slipping she endured in her group home until an Official Community Visitor intervened and employed a number of strategies to mitigate this risk. As a result, Melissa now feels more confident and empowered in her home environment and is also speaking out about any concerns that she may have in the future.

I am deeply grateful for the Official Community Visitors and recognise their dedication and commitment to improving and safeguarding the lives of NSW's most vulnerable citizens. The difference you make is invaluable.

A handwritten signature in blue ink that reads "Ray Williams". The signature is fluid and cursive.

Ray Williams MP

Minister for Disability Services
Minister for Multiculturalism

Message from the Ombudsman



Official Community Visitors (OCVs) are a unique and invaluable safeguard for vulnerable people with disability living in supported accommodation, children and young people in residential out-of-home care, and people living in assisted boarding houses. They are truly independent, and are driven by the wishes, rights and best interests of the residents. They achieve outcomes for individuals who may not always have the capacity or opportunity to voice their concerns.

OCVs make unannounced visits and consider the quality of care that is being provided. They see the regular and day-to-day lives of residents, identify critical issues and gaps in supports, and seek information about the actions being taken to address them.

The OCV scheme is in its 22nd year of operation. Over the past two decades, Visitors have achieved significant systemic change in addition to the vast number of smaller but vital improvements for adults, children and young people living in residential care. While easily underestimated and overlooked,

it is often the small changes that make the most meaningful and tangible difference to the lives of residents. Visitors focus on the resident's daily life, as well as on systemic issues affecting their wellbeing and future.

Some of the small but significant changes are exemplified in the case studies in this report. For example, the story of Shaun, who cherishes his independence in being able to cook his own meals and enjoy time in the kitchen. Due to changes in his mobility, Shaun's ability to sustain his independence in this activity was at risk before the OCV raised the issue with the service provider. Without the involvement of the Visitor, Shaun may have lost the opportunity to participate in an activity from which he derives a lot of pleasure, satisfaction and esteem. It may not appear as a major achievement, but assuredly it is a life enhancing one.

The NSW Ombudsman's office coordinates the OCV scheme. It is always a great pleasure to read about the outcomes that OCVs have helped residents to achieve, and to be able to promote their achievements and broader work with government, service providers, and with other jurisdictions. The OCV scheme - and the Visitors themselves - should be proud of what has been achieved to date for individuals in residential care. Just in the last year, OCVs made 2,884 visits to over 1,350 service locations across NSW. Together, they facilitated the resolution of 2,931 issues, and raised 4,714 issues with providers.

I congratulate OCVs for their continued excellent work and wish them well in the years ahead. With the ongoing changes to disability supports and the model of residential out-of-home care, the work of OCVs will continue to be a crucial safeguard for people living in residential care.

A handwritten signature in black ink, appearing to read 'John McMillan'.

Professor John McMillan AO
Former Acting Ombudsman

The role of Official Community Visitors

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

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

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

The functions of OCVs include:

- informing the Ministers and the Ombudsman about matters affecting residents,
- promoting the rights of residents,
- identifying and acting on matters raised by residents, staff, and other people who have a genuine concern for the residents,
- providing information and support to residents to access advocacy services, and
- helping to resolve complaints or matters of concern affecting residents as early and as quickly as possible.



OCVs have the authority to:

- enter and inspect a visitable service at any reasonable time without providing notice of their visits,
- talk in private with any resident, or person employed at the service,
- inspect any document held by the service that relates to the operation of the service, and
- report to the Ministers, the NSW Ombudsman, and the Office of the Children's Guardian on matters regarding the conduct of the service

When visiting services, OCVs:

- listen to what residents have to say about their accommodation and support, and any issues affecting them
- give information and support to residents wanting to raise matters with their service provider about the support they are receiving
- support services to improve the quality of residents' care by identifying issues and bringing them to the attention of staff and management
- when needed, assist residents by linking them to advocacy support, and
- where appropriate, assist residents and their service provider to resolve any concerns residents may have about their service.

Year in summary

Visitable services

OCVs visit children and young people in statutory and voluntary OOHC and people with disability living in accommodation services that are operated, funded or licensed by Family and Community Services (FACS), where the residents are in full-time care.

At 30 June 2017, there were **1,729 visitable services** in NSW, accommodating **7,906 residents**.

Visits conducted

This year, OCVs made **2,884 visits** to services.

Services to children and young people in residential OOHC

There were 281 visitable OOHC services, accommodating 692 children and young people in statutory and voluntary OOHC. This year, OCVs made **670 visits** to these services.

Services to adults with disability

There were 1,429 visitable disability services, accommodating **6,857** adults with a disability. During the year, OCVs made **2,150 visits** to these services.

Services to residents in assisted boarding houses

There were 19 assisted boarding houses, accommodating 357 people with disability (or other additional needs). OCVs made **64 visits** to these services in the past year.



2,884
visits to
services

2,150 visits
to adults with disability

45 visits
to assisted boarding houses

960 visits
to OOHC services

Services allocated

In 2016-17, 78% of visitable services were allocated for visiting on a regular basis.

There were 1,115 disability supported accommodation services, 223 OOHC services and 18 assisted boarding houses allocated an OCV.

Key issues about service provision

During the year, OCVs raised **4,714 issues** about service provision to residents. OCVs reported that **2,931 (62%) of the new and carried over issues were resolved**. At the end of the financial year **859 (18%)** issues were identified by OCVs as ongoing and needed to be carried over into the new financial year for continued monitoring by the Visitor and further work by the service to resolve.

This year, the main issues raised by Visitors related to:

- 1. Individual development – 1,146 issues (30%),** mainly:
 - Plans were not developed, documented, implemented or reviewed according to relevant legislation, policy, consents, approvals and assessments **(515)**
 - Relevant, appropriate and comprehensive assessments were not conducted regularly to identify the needs of the individual **(141)**
- 2. Safe and supportive environment – 949 issues (20%),** mainly:
 - The shared needs and compatibility of residents were not reviewed regularly, documented, identified or addressed **(225)**
 - Incidents were not recorded, appropriately managed, recommendations not followed up or residents were not informed of outcomes **(221)**
- 3. Homelike environment – 693 issues (15%),** including:
 - Appropriate furniture, fittings, amenities, heating and cooling were not provided and/or maintained in a reasonable state of repair and safe working order **(345)**
 - The premises and grounds were not maintained in a safe, clean and hygienic condition and/or were not kept free of vermin and pests **(145)**
- 4. Health – 684 issues (15%),** mainly:
 - Health and development needs were not assessed, recorded, monitored, and/or reviewed as required, at least annually **(216)**
 - Residents were not supported to access appropriate health and medical services, and/or treatment as needed **(177)**

Identifying and resolving issues



How OCVs help to resolve service issues

The OCVs' powers and functions enable them to identify and report on critical issues, and to facilitate (where possible and appropriate) the resolution of issues with a service.

The OCV has an independent monitor and oversight function. They bring a fresh pair of eyes to a situation and provide a voice to those living in supported accommodation who may be unable to speak up and raise an issue of concern on their own behalf. OCVs apply the 'community standard' and look at what is reasonable in all circumstances.

The OCV's role is one of local resolution in the first instance, by bringing issues of concern to the attention of the service. Issues are documented in a visit report which must be completed by the OCV after each visit. Through these reports, OCVs inform the service that there are particular issues in the house they have visited and ask the service to explain how they will resolve the concern.

Services have obligations under CS-CRAMA to address complaints and to take action to try and resolve them. OCVs monitor service responses to reported concerns by seeking information from the service, following up outstanding actions, and obtaining feedback from residents and, where appropriate, staff, families, advocates, and other stakeholders.

OCVs will refer concerns to other agencies if they are not able to facilitate resolution at the local level. This may include referring residents and their families for legal advice or to advocacy services, making complaints in regards to children and young people at risk, and reporting issues of abuse and neglect of people with disability to the Ombudsman's office.

During 2016-2017, OCVs raised 4,714 new concerns about the conduct of visitable services in NSW. In the same period, services resolved 62% of all identified concerns to the satisfaction of the Visitor or the resident (2,931 issues). Sometimes, OCVs are unable to resolve an issue to their satisfaction, or other changes mean that the issue becomes no longer relevant. Services were unable to resolve 8% (398 issues) of the concerns reported by OCVs.

This year, 3% (140 issues) were finalised as 'outcome unknown'. This is a significant decrease on previous years, and is due to the efforts OCVs have made to resolve matters and record an appropriate outcome.

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

OCVs may refer serious, significant, urgent or systemic issues to the NSW Ombudsman, who may make inquiries or take other action to resolve these matters. More information on the nature of Ombudsman complaint action can be found in the NSW Ombudsman Annual Report 2016-17.

During 2016-2017, in response to concerns identified and reported by OCVs, the NSW Ombudsman's staff:

- handled 52 complaints made by OCVs or based on information provided by OCVs
- handled 19 Disability Reportable Incidents relating to alleged abuse and/or neglect of residents identified by OCVs in their visiting
- provided detailed advice and information to OCVs on 390 complex service issues
- facilitated meetings between OCVs and government and non-government agencies on systemic issues and challenges affecting residents in care, including NDIS planning and service delivery to people with disability in supported accommodation; Intensive Therapeutic Care (ITC) for children and young people in residential OOH; and service improvement reviews undertaken on specific service providers
- accompanied OCVs to meetings with senior managers of services to assist in negotiating the resolution of issues.

Figure 1: Issues reported by OCVs by service type 2016–17

Service type	Total no. of visitable services	No. of issues identified	Average issues reported per service %
Disability supported accommodation	1,429	3706	2.6
Residential OOHC	281	963	3.4
Assisted boarding houses	19	45	2.5
Total	1,729	4714*	2.7

* NOTE: This figure includes new issues and issues carried over from 2015-16.

Figure 2: Outcome of issues reported by OCVs, 2016–17

Service type	No. of issues resolved	No. of issues outcome unknown	No. of ongoing issues (closed)	Ongoing (open)	No. issues unresolved	Total issues (%)
Disability supported accommodation	2,391 (65%)	106 (3%)	663 (18%)	244 (7%)	302 (8%)	3,706
Residential OOHC	526 (55%)	34 (4%)	175 (17%)	136 (14%)	92 (10%)	963
Assisted boarding houses	14 (31%)	0 (0%)	18 (40%)	9 (20%)	4 (9%)	45
Total (% of total issues)	2,931 (62%)	140 (3%)	859 (19%)	389 (8%)	398 (8%)	4,714

Case Study

Adults with disability

Cooking for pleasure

Shaun has been living in supported accommodation for many years. Over time, Shaun has experienced a significant decline in his mobility, which has led to changes in the amount of support he receives.

During a visit, Shaun told the OCV that he had previously been quite independent, particularly in the kitchen where he would enjoy preparing simple meals and experimenting with new recipes. Shaun explained that this was an expression of who he was, and being unable to continue doing this was causing him to feel depressed.

Shaun explained to the OCV that he felt there was nothing that could be done because of the way the kitchen was set up, and service management had told him it would be too expensive to remodel the kitchen.

The OCV raised this with the service and asked what they could do to support Shaun to continue his passion for cooking and maintain his independence.

The service held several meetings with Shaun to discuss possible solutions. They engaged an occupational therapist to assess Shaun's capacity and needs, and to make recommendations.

Several months later when the OCV returned, Shaun was keen to talk about the improvements that had occurred. Although the kitchen was not able to be remodelled, it had been modified, with lowered shelving and specialist equipment. Shaun had been able to maintain most of his independence in the kitchen and told the OCV that he felt important because he had been listened to. He continues to enjoy cooking and is working on perfecting a new dish.

Who are the Official Community Visitors?

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

North Coast/New England



Arwen Carroll



Anne Harrison



Rhonda Reid



Rebecca Smith



Wanda Thompson



Sabine Whittle

Hunter/Central Coast



Jon Blackwell



Ruth Chalker



Richard Fela



Cindy Grahame



Carmel Hanlon



Ann-Maree Kelly



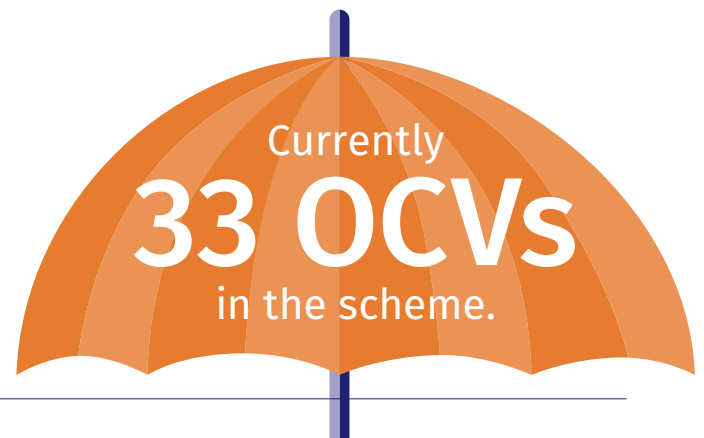
Jackie Klarkowski



Amanda Reitsma



Barbara Rodham



Southern/Western region



Sue Curley



Jo Hibbert



James Lightfoot



Melissa Pol



Margaret Stevens



Bart Yeo



Karen Zelinsky

OCVs who ended their appointment in 2016-17

Susan Alexander

Elizabeth Rhodes

Amanda Ellison

Merran Montgomery

Gemma Phillips

Rebecca Prince

Lyn Porter

Mahalia Willcocks

Metropolitan Sydney – South



Dennis Bryant



Irene Craig



Diane de Souza



Linda Larsen



Dennis Robson

Metropolitan Sydney – North



Diana Lo Cascio



Frank Kuiters



Merilyn McClung



Melanie Oxenham



Rhonda Santi



Rachel Tozer



Voice of residents living in visitable services

Sandra spoke to the OCV about her life and what it is like living in supported accommodation. Here is what Sandra had to say:

I am 46 going on 47. It's my birthday soon and I'm going to have a party. I work at a local disability employment service. I like working there. On Mondays I do cooking and I like to go to my social club. We go out to the club for tea. I like going to my friendship group. I also like going out with my social club to discos, movies, and restaurants, and to do cooking. I love watching the footy. I went to the circus on Sunday.

I HAVE BEEN LIVING HERE (IN THE GROUP HOME) FOR FOUR YEARS. I LIKE IT HERE. I GET ALONG WITH THE OTHER GIRLS. SOME STAFF ARE ALRIGHT, BUT SOME STAFF ARE RUDE. I CAN TALK TO THE TEAM LEADER OR THE OCV IF I DON'T LIKE WHAT THE STAFF SAY.

Staff help me go shopping and take me to the doctors. I help get the shopping list ready. At the moment staff are helping me with my birthday list. When it's my birthday I would like to go out for Chinese. I will also get my favourite cake!

Around the house, staff help us to make dinner in case something goes wrong. We do our own breakfast and wash our clothes ourselves. I wouldn't change anything about living here. We have my favourite food which is shepherd's pie and curried sausages. I used to live by myself but I had nightmares and got scared at night.

When I first came here I had problems sleeping because of the pet bird. We don't have a bird anymore. I'm having a holiday soon – I can't wait. I'm going to Nelson Bay in November and then I'm looking forward to going to New Zealand next year.

IT IS GOOD TO SEE OUR OCV. I'VE KNOWN HER FOR A LONG TIME.

- Written by Sandra, with the assistance of OCV, Melanie Oxenham.



Reflections of an experienced Official Community Visitor



**By Frank Kuiters,
Official Community Visitor**

I want to tell you how I came to be an OCV, what it has meant for me, and what I hope I have achieved for others in my time as a Visitor.

I started my public service career in 1971 when I joined the NSW Police Force. In a roundabout way this led me to work with NSW Meals on Wheels and it was there that I developed my first understanding and desire to work with vulnerable people in our community; to help them have the best standard of living possible.

When I retired after 36 years of policing I decided retirement was not for me just yet. I obtained a complaint handling position at the NSW Ombudsman's office, and developed a broader and better understanding of what life is like for people with disability in NSW.

In 2012, after leaving the Ombudsman's office, I applied to become an OCV. I thought this would be a good way to continue my hands-on work and to make a positive difference. I have now been an OCV for five years.

In preparing to write this message I read some of the previous annual report messages written by OCVs who have gone before me and I thought about some of the words that they used when describing the position. They described the role as

**REWARDING, CHALLENGING,
FRUSTRATING,
CONFRONTING, EXCITING,
AND SATISFYING.**

Being an OCV is all of those things and much more. It is challenging, frustrating and rewarding not only for me as an OCV, but also for the people I visit, their families, and the service providers who support the residents.

One of the big picture changes I have experienced and been involved with in my time as an OCV has been the National Disability Insurance Scheme (NDIS). The NDIS has affected all of the people

with disability that I visit. I have seen much anxiety in the sector; for the residents, their families and supporters, for service providers and for the bureaucracies that are supporting and nurturing this change. It has been a time of upheaval for all, but I am hopeful that it is a change for the better, for more control and decision making power for people with disability.

**A GOOD NEWS STORY FROM
MY PERSPECTIVE HAS BEEN
THE MOVE OF RESIDENTS
OUT OF LARGE RESIDENTIAL
CENTRES AND INTO THE
COMMUNITY.**

While it is early days, I see that some of the service providers I visit still need to come to terms with how the system works and how they can better support residents in their planning and achieving adequate support to lead full lives. I feel confident that, while the initial rounds of funding and planning might not be achieving all that they can, once the scheme has been in place for some time it will turn out to be as initially promised.

I have been visiting people who used to live in a congregate care setting of over 20 people. These residents are now living in group homes in the community with four to five people. They are flourishing and enjoying life. When I previously visited the congregate care units I found that all of the cooking was done for residents on a mass scale, everyone's laundry was done for them, and everyone went to the same social activities. Life was very uniform and rigid. Now when I visit these same residents in their new homes, I find that they are involved in meeting their own needs as much as possible. Residents are involved in preparing their own meals, doing their own laundry, and have a real choice in what social activities they would like to do. This has been such a significant change and rewarding for me to have seen the improvements to the quality of life of individuals.

Reflections of an experienced Official Community Visitor

As well as raising issues of concern in the houses that I visit, I am also on the lookout for instances of leading practice. I provide positive feedback when compliments are due. Sometimes I think we do not give enough credit to the staff and services that provide care and support to people with disability. I have met some exceptional staff who go out of their way to provide a rich and varied life for the people they are supporting.

However, work as an OCV is not always easy. There have been times when my visit reports have not been well received. It has been difficult for me when I have highlighted an opportunity for service improvement, to be met with a negative or no response from the service provider. As an OCV I am raising issues in the best interests of residents living in the house and not for my own self interest.

OCV VISITS GIVE ME A SNAPSHOT OF WHAT IS HAPPENING IN A HOUSE AND IT IS ONLY BY VISITING A SERVICE REGULARLY THAT I GET A TRUE PICTURE OF HOW PEOPLE AND SYSTEMS ARE OPERATING IN A PARTICULAR RESIDENCE.

It is through this consistent visiting that I have seen the improvements that have been made over time and the positive outcomes for the people that I visit. Often, I have been the only consistent figure in some of these residents' lives, as staff and service management have changed over time.

Given the changes and the challenges, I have been thinking about what happens after I finish in the OCV role. I will miss not being able to visit the people I have developed relationships with over the past five years. However, I leave knowing that I have assisted residents in a number of ways. I have been able to share in some of their

experiences, good and bad, by listening to them, acknowledging their individuality and supporting them to have a voice.

I HAVE FOUND IT AN INCREDIBLY REWARDING EXPERIENCE AND WISH THEM ALL THE BEST IN THE NEW DISABILITY ENVIRONMENT.



Voice of residents living in visitable services

My name is Jason and I live in a boarding house. It's a bit of a "rabbit warren", but I like living here. I feel safe and the staff give me and the other guys a lot of support. I've been living here for just over 18 months now, apart from a couple of months at a share house. I have a couple of friends here, but I'm a bit of a loner. I was bullied heaps at school and in care. I was taken into care when I was about seven. My mum died, and dad got married again to my step-mum. She already had a son and then she and dad had two more boys. That's when things started to go wrong for me. We didn't get along at all. We had lots of fights. I got sent to a Boy's Home and after that I had some foster placements - too many to say! I don't see my father or brothers at all, but I sometimes talk to dad on the phone. He's sick, he's got prostate cancer.

It's hard to make friends, and first off the other guys at the boarding house didn't like me. When I first met the OCV I was having some trouble here. I thought they were going to kick me out and I didn't know what to do. The other guys were saying I was mean to them and starting fights. I don't know why, I just tell it like it is. I asked if the OCV could do something about that for me and she said she'd ask the manager about it.

When I saw the OCV again, she explained that she had spoken to the manager about my situation. The OCV sat down with me and explained that the boarding house has rules that are part of my rental agreement and that I had to try harder to get along with my housemates. I've got to think more before I speak, because everyone has a right to feel safe and happy where they live. The OCV told me that I wasn't going to be kicked out, but I was being offered a chance to try share accommodation with one other guy to see if that would suit me better. Also my case manager said I should give it a go. I could always come back if I didn't like it. I did try it for a while, but my flatmate was not nice. We argued a lot, and my girlfriend didn't like him, so I told the case manager I wanted to come back to the boarding house.

I did come back to the boarding house, but I'm now in a different room - I don't like it much, so I asked if I could move to a bigger room once it's available. I asked the OCV if she could talk to the manager about me moving into a bigger room.



She did that for me and told me that I am next in line for a larger room. I really liked that the OCV went straight away and asked for me.

The OCV asked me what I thought her OCV job was and how I felt about having an OCV visiting the boarding house. I think the OCV job is to come and talk to people and see how they are. The OCV finds out what's happening for everyone and makes sure everyone is OK. The OCV listens to our problems and helps to fix them.

THE OCV HAS HELPED ME, SHE EXPLAINED MY RENTAL AGREEMENT TO ME, AND SHE HAS BEEN NICE TO MY GIRLFRIEND. I THINK IT'S AN EXCELLENT IDEA TO HAVE AN OCV. I TELL THE OTHERS TO TALK TO THE OCV. I LIKE HAVING THE OCV VISIT.

- Written by Jason, with the assistance of OCV, Ruth Chalker.

Reflections of an new Official Community Visitor



**By Sabine Whittle,
Official Community Visitor**

When I accepted the offer of a position as an Official Community Visitor, the thought of visiting residences run by a range of community organisations and raising

issues about their work practices seemed daunting yet thrilling. As a new OCV with my training completed, I ventured into this new environment, looking to make a difference!

Why would someone want to become an OCV? In the back of my mind run three ideas that have underpinned and informed my view of life and my part in the community: 'it takes a village to raise a child;' 'evil triumphs when good people do or say nothing'; and 'nations should be judged by how they treat their most vulnerable members'. Being introduced to the other new OCVs at our initial training, it became apparent that we all had contact with vulnerable people in one way or another and we all have wanted to play a part in improving their lives and outcomes by being proactive about it.

My own history has been one of teaching and working in community services over the last 40 years. I have a deep and abiding need to level the playing field. I derive great satisfaction in raising the profile of equity, empowerment and participation. Being an OCV allows me to continue doing this. Additionally, promoting the voice of individuals, supporting the implementation of sector standards, and ensuring that community values are applied to the people that I visit are not only good for these individuals but also good for me, my family and the community at large. I have come to see that an OCV acts as a preventive measure within a protective strategy.

As an OCV, I am able to visit a house on my list at any reasonable time of the day, unannounced. I can speak directly and in confidence with residents and staff about what is happening. I often also hear from family members or friends of residents who wish to raise issues on their person's behalf. On my visit, I can look at records, documents, and files, and then ask questions of the service provider. I ask my

questions through the visit report that I write at the end of each visit. As an OCV, I report directly to the service providers of the homes I visit, the Ministers responsible for the scheme, the NSW Ombudsman and the Office of the Children's Guardian (in relation to residential OOHC). My ultimate aim in conducting my visits is to generate positive changes where this is necessary to ensure exemplary service delivery. How do these changes actually come about? OCVs are asked to visit visitable services on a semi-regular basis - a minimum of four times a year for residential OOHC and twice a year for disability supported accommodation. After each visit I write a visit report where I address my concerns and seek a response to these issues. I use the sector standards, the National Standards for Disability Services and the NSW Child Safe Standards for Permanent Care, to provide me with a benchmark and to examine practices within the homes.

Gaining a comprehensive view of the practices of each home relies on developing rapport with residents and requires some patience. Residents can often view a new person with some suspicion. Staff turnover can be high in supported accommodation and this can cause distress to people who thrive in a more stable and static environment. For some service providers the concept of being scrutinised may be unfamiliar and viewed with scepticism. I make sure that I take time to explain that my role as an OCV is to look at what is in the best interests of the residents and to raise issues to assist them to achieve positive outcomes. Even for residents, sometimes believing that change is possible can be scary and can leave them vulnerable to being let down. Teenage residents can be especially vulnerable. Their past experiences have coloured their world view. As an OCV, I can act as a role model for speaking up for your rights and social justice.

I am now starting on a round of repeat visits and in one house observed a change in a young man, who I was visiting for a second time. He showed me his room, having avoided me completely the first time. We sat for a while and talked about meal times and his social activities. It was a great experience, as I felt I had achieved some trust and I hope that the next visit will give me an opportunity to speak with him some more.

As I have already mentioned, the other big part of the OCV role is writing the visit report. This can be difficult. My OCV role is to highlight concerns and ask relevant questions to gather further information. Asking the right question in the right way is a skill that an OCV needs to focus on. OCVs do not recommend solutions, we ask questions. Why is this resident not attending school? Why is this resident not participating in any social activities or leaving the house? Some questions are easy and the responses from the service provider are informative and timely, but some questions can be challenging for the service provider. Services may be reluctant to provide a clear response or they can be defensive. Wording my reports in a way that will encourage a clear and positive response is an art in itself. Most service providers respond to the reports promptly and positively. They appreciate having an external view of their practices and try to meet the standards as required.

Since I have become an OCV, I have particularly focused on the reality of paid staff (often strangers) supporting an individual's personal journey through life, where normally parents or family would be involved. Residents can sometimes behave in ways that raise concerns, and staff must manage risks and multiple residents at the one time. How do organisations tasked with the role of caring for many people across a variety of houses, manage to provide a home-like environment, freedom of choice and a safe existence? There is no doubt it is a significant responsibility, which often becomes more complex and not easier. But despite these difficulties, residential OOH and disability supported accommodation will remain an option for those who don't have the capacity to live unsupported in the community. There must be checks and balances in place to ensure that poor practice is replaced by good practice, and that positive outcomes are achieved. The OCV role is an important part of these checks and balances. Being the eyes and ears on the ground is an important strategy to maintain community standards in the houses I visit. Regular visits from a trained and motivated OCV whose role is to identify issues of concern and ask questions will support service providers to provide safe and nurturing environments to those individuals living in residential care.

Being an OCV is also a strange experience. It is a position of ultimate trust and respect. The Ministers responsible for the scheme are trusting OCVs to behave in a way that represents them and the work in a positive way. The residents and their families are trusting OCVs to act in a way that represents their needs and interests. For an OCV it can take time to see changes, but I am proud that I have the ability to make a difference. I am thankful that this role exists as I am aware of the effect poor service provision can have on a person's life. The OCV role is forward thinking. I don't think I can overestimate how important the OCV role is to the people I visit, who are relying on me to ensure that they are getting a fair go to live a life that is free of discrimination, poor quality care and isolation. Being an OCV is both a privilege and an eye opener.



Summary of activities and outcomes

Visiting services

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

This year, there was an increase in the number of services allocated to be visited (1,356) in comparison to last year (1,298). However there was also an increase in the number of visitable services overall (1,729, an increase from the previous year of more than 100 locations). This led to a small decrease in the proportion of services allocated an OCV.

Number of services allocated for visiting

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

Due to a number of resignations, there was a shortfall in the number of available OCVs to allocate services to over the reporting year. A delay in recruitment of new OCVs to backfill positions, as well as the increasing number of new visitable services, has contributed to the OCV scheme being able to allocate only 78% of visitable services this year.

Number of visits and visit hours

In 2016–17:

- OCVs completed 7,612 of their allocated visit hours, a decrease of 12% on the visit hours completed last year (8,612).
- OCVs undertook 2,884 visits, a decrease of 8.5% on visits undertaken last year (3,152).

Visitor numbers

At the beginning of the financial year, there were 36 OCVs. During the year, five OCVs left the scheme after reaching the end of their second three-year appointment, and three OCVs left the scheme prior to completing their full-term.

The OCV team commenced a new round of recruitment in early 2017 and aim to recruit up to 14 new candidates to the role from across the state.

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

Year	2014-15	2015-16	2016-17
Number of services allocated	1,315	1,298	1,356
Total number of services (registered on OCV Online)	1,532	1,625	1,729
Visitable services allocated %	86	80	78

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

Service type	No. of Services			No. of Residents			No. of Service Hours			No. of Visits		
	14/15	15/16	16/17	14/15	15/16	16/17	14/15	15/16	16/17	14/15	15/16	16/17
Disability supported accommodation	1,275	1,310	1,357	6,354	6,601	6,603	6,448	6,574	6,813	2,352	2,456	2,150
Residential OOHHC	199	202	249	501	540	631	1,652	1,893	1,602	578	618	670
Assisted boarding houses	21	20	19	465	369	353	162	204	197	72	78	64
Total	1,532	1,625	1,729	7,510	7,587	7,906	8,671	8,612	7,612	3,002	3,152	2,884



BEING AN OCV IS BOTH A PRIVILEGE AND AN EYE OPENER.



**By Anne Harrison,
Official Community Visitor**

What is most obvious to me is that people who work in the homes I visit have usually worked there for quite a few years or sometimes most of their careers. These staff are

generally people who are generous with their time and care about others. However, at the same time, in my role as an OCV I have learnt to see that many attitudes, outlooks and expectations held by staff, at all levels, can without independent oversight and monitoring, remain unchallenged and sometimes be unhelpful.

As someone who has come into the role of OCV from outside the disability and OOHC sectors, it was initially daunting to be tasked with the responsibility of the role. However, I soon came to realise that a completely fresh and

unencumbered view of the homes I was visiting, and the circumstances that the residents were living in, had some real benefits. I have felt free to ask questions without fear or favour and I have come to the conclusion that someone without entrenched views is a good fit for the OCV role.

I feel I can reflect community standards and find it useful to relate residents' circumstances back to my family life.

I CAN QUESTION WHAT I SEE BY SIMPLY ASKING "IS THIS WHAT MY FAMILY AND I WOULD BE HAPPY WITH?"

An OCV does not necessarily need to be an expert in the OOHC or disability sectors. They just have to have a clear understanding of human rights, sector standards, what it means to experience a regular life and to always question when something does not appear quite right.

Outcomes for residents

Services for adults with disability

In 2016-17, there were 1,429 visitable supported accommodation services for adults with disability, accommodating 6,857 residents. The services can range from large residential centres, housing more than 20 people through to individual support options.

OCVs made 2,150 visits to disability services and worked on 3,706 issues of concern. They reported that 2,391 issues, almost two thirds, had been resolved. OCVs are continuing to monitor the action taken by services to resolve 244 (7%) issues of concern.

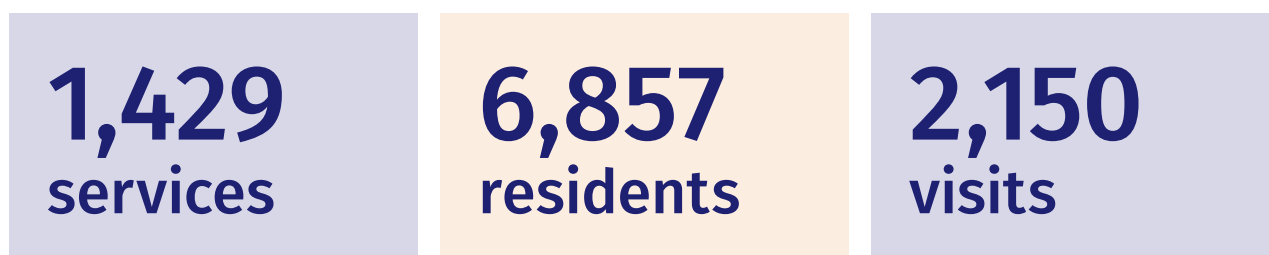


Figure 5: Data For visitable services for adults with disability

	Number
Services	1,429
Residents	6,857
Visits	2,150
Issues worked on	3,706
Average no. of issues per service	2.6

Figure 6: Outcome of issues raised by OCVs

	Number (%)
Resolved	2,391 (65)
Outcome unknown	108 (3)
Issues unable to be resolved	302 (8)
Ongoing (open)	244 (7)
Ongoing (closed)*	663 (17)
Total	3,706 (100)

* This is the first year that we are reporting on the number of ongoing issues that were opened in a previous reporting year and closed in this reporting year.

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

Major issues raised in 2016–17

Issue 1

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

458 (12%)

Issue 2

Allegations and incidents of abuse and neglect were not identified, appropriately managed (including risk management and provision of support), and/or notified to the Ombudsman, as appropriate

295 (8%)

Issue 3

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

201 (5%)

Issue 4

Health and development needs were not assessed, recorded, monitored, and/or reviewed as required, at least annually

200 (5%)

Type of issues raised on behalf of residents

Issues classification	No.
Individual resident development	1,068
Safe and supportive environment	731
Resident health care and/or personal care	599
Accommodation environment	504
Social independence of residents and participation in community life	297
Service governance	270
Management of resident finances	86
Complaints and feedback	78
Residents are free from abuse and neglect	73

Total: 3,706 issues

Official Community Visitor message



**By Jo Hibbert,
Official Community Visitor**

Living as an able-bodied person, it is easy to take so much for granted. I get up in the morning, choose what to wear, what to eat and drink or indeed whether to skip breakfast

altogether and grab a cafe meal. Life is full of choices for me. Shall I shower now or tonight, or both? Will I call on a friend on the way to work or spend some time putting on a load of washing, hanging it out in the morning sun?

While it all sounds terribly mundane, nothing to celebrate, with little effort or thought enlisted to get from A to B, many of us enjoy these options every day and perhaps on some days we also think it terribly tedious, trapped in the mouse-wheel of work-live-work. But my experience of working as an OCV for the last three and a half years has opened my eyes to the level of freedom that is inherent in these ordinary tasks and personal abilities.

The services I visit are primarily group homes for people with intellectual and/or physical disability, with some residents also living with mental health diagnoses and complex needs. I also visit an assisted boarding house and a few residential OOHC houses.

Despite the powers afforded to OCVs under the *Community Services (Complaints, Reviews and Monitoring) Act 1993*,

I AM ALWAYS AWARE OF BEING A GUEST IN THE HOMES I VISIT, AND MY FIRST PRIORITY IS TO TRY AND SPEND TIME WITH EACH RESIDENT WHO WANTS TO CHAT WITH ME.

During my visits, I am able to observe the manner in which staff communicate with residents and carry out their care and support tasks, the way

residents relate to each other, and also gain an appreciation of the overall house environment. My understanding of how a home operates is also informed by reviewing documents, such as resident progress notes, annual plans, incident reports, health assessments, the staff communication book and financial accounts, and by speaking directly with residents, staff and at times, parents and family.

ONE OF THE CORE FEATURES OF THE OCV ROLE IS OFTEN EXPRESSED AS, 'WE LOOK WITH FRESH EYES'.

For example, when an OCV asks, 'Why do residents all queue outside the office for their medication as a group?' a staff member might respond, 'this is just how we have always done it.' Much of what an OCV sees, along with underlying values and assumptions can appear hidden from view to those who are embedded within it. By identifying issues of concern and asking open questions, in this case to do with managing medication delivery, more respectful practices can be considered and ideally implemented by the service by the time they write their response to my visit report.

My time as an OCV has been characterised by steady and profound structural and philosophical changes in disability services. The focus has shifted from a block-funded service-centric perspective to person centred planning and the facilitation of each resident's goals through individual NDIS funded packages. I have witnessed the uncertainty and fear of change expressed by parents, family and staff, particularly in relation to the wind-up of ADHC-run services and their handover to non-government operators.

The majority of the residents I visit have now experienced their first round of NDIS funding packages. Where there have been shortfalls in a person's package, the services I visit have been very proactive in seeking reviews, and in many cases reorganised staffing rosters to ensure continuity of support and opportunity.

A good news story, where perhaps it was least expected, comes from the assisted boarding house I visit in a regional area. The provider chose to take charge of the opportunities afforded by the introduction of the *Boarding Houses Act 2012* and the NDIS. Resident accommodation in this service has consolidated to a group home model, with new homes built or in the planning, to deliver single bedroom accommodation for all residents. Dining hall management and serving of meals has been replaced by in-home cooking with additional staff employed to support each individual household. The business has also recruited specialist personnel to advocate and develop submissions under the NDIS for residents. This contrasts to a number of city-based assisted boarding houses that have either closed down or adopted a wait and see approach to the legislated changes that come into effect in July 2018 (notably an occupancy cap of 30 residents in total and provision for single bed accommodation).

On one visit to this assisted boarding house, I spoke with a resident who was very keen to show me his fingernails that had been brightly painted with purple nail polish. I told him they were a lovely colour and his face literally lit up. A staff person who witnessed this was rather dismissive of him and later spoke to me about him dressing in women's attire, acting out in a very feminine manner, and potentially putting himself and other residents at risk given the small community in which he lived.

While I understood the potential risk and unwelcome attention his appearance might attract I was very concerned there were other factors at play in the lack of acceptance of his actions in the boarding house. In my report I was able to acknowledge safety concerns while also commenting that the resident appeared to take great pleasure in women's attire and cross-dressing and had a right to express himself. I asked if the service had considered contacting a specialist agency that might help the resident to pursue his interests in a safe environment.

The next time I visited, this resident proudly showed me a box full of nail polish colours he had collected, and spoke about his excitement of going on a 1:1 shopping trip to St. Vinnies for a pair of heels, and other items that he could wear

and enjoy at home. The interaction between him and the staff member on shift on this occasion was affirming and respectful.

The introduction of the NDIS has seen a growth in community and commercial providers all keen to compete and secure service contracts with people with disability. One of the challenges I see for OCVs in raising issues in this new environment will be to ensure accountability in the provision of services to residents where there may be many active providers and/or family interests. Already I have come across a situation where a resident's goal is to experience an overseas holiday, and while she has adequate support funding to cover the costs of an accompanying care worker, her family is reluctant to risk this new experience. The residential service has proposed an itinerary and costs but the family member responsible has not approved the expenditure. In such cases I can ask questions about strategies that might be put in place to manage the concerns the family has and, if necessary, support the resident to obtain advocacy support.

I AM PLEASED TO REPORT THAT THE MAJORITY OF THE SERVICES I VISIT ARE STAFFED BY CARING PROFESSIONALS WHO PROVIDE QUALITY SUPPORT TO THE RESIDENTS.

However, even in the best run house, there can be incompatibilities between residents that lead me to raise an issue of abuse and neglect in my visit report to the service provider.

In one such house, a young woman, Ruby, was being victimised by an older male resident, Tim. This was not out of malice, but as a result of Tim's obsessive and challenging behaviours. These included grabbing at people's collars and ripping off buttons on their clothes. The situation was complicated because Ruby enjoyed Tim's company and often sought him out. My review of the incident reports and

notations in the Staff Communication Book suggested to me that there was a pattern of abusive behaviour that was affecting Ruby. I put the following questions to the service provider:

- What has the service done to protect Ruby?
- Has the service identified Tim's behaviour as falling within the definition of a 'pattern of abuse' under Part 3C of the *Ombudsman Act 1974* and therefore reportable to the Ombudsman's office? '
- What has the service done to better support Tim in managing his behaviours?

As a result of my report, a number of positive steps were taken by the service provider:

- management notified the NSW Ombudsman under Part 3C of the *Ombudsman Act 1974*
- management authorised a 1:1 staffing ratio to support and redirect Tim, especially at times when the household came together for meals and other group activities, and
- plans were developed to reconfigure the house to improve Tim's separate apartment and to include a safe outdoor area that he can access whenever he wishes.

On my most recent visit, the staffing quota was working well and there had been a reduction in the number of incidents.

In my opening, I spoke about how ordinary actions are commonly taken for granted by the able bodied. One story that has caused me to see my world 'with fresh eyes' is that of a 50 year old resident, Max, who had spent all his life up to now living in a congregate care setting. His home resembled a hospital ward, with shared rooms, set on large acreage. I had been visiting Max and his fellow residents for a number of years before he had the opportunity to move to a new purpose built group home in a neighbouring town. Following the move to his new home, the changes in Max and his other housemates have been astounding. Where previously he had lined up and been waited on and served every meal in a cafeteria-style dining room, he was now able, for the first time, to make his own cup of tea, in his own kitchen, at a time that he wanted. But perhaps the most profound event for me is when he asked a staff

member what a peg was used for. In his former home all the washing and drying of clothing was done by staff in a large commercial laundry and nothing was hung outside. The staff member took Max out to his washing line in the sun and showed him how to hang up his shirt using pegs. On that day, Max accomplished another simple ordinary pleasure of hanging out his own washing and the ordinary was a brand new freedom.

THE EXAMPLES THAT I HAVE OUTLINED HERE EPITOMISE WHAT IT IS TO BE AN OCV. I HAVE A UNIQUE INSIGHT INTO PEOPLE'S HOMES AND LIVES AND I CAN BE AN AGENT OF CHANGE FOR THEM. OFTEN THE CHANGE I ASSIST IN MAKING IS SMALL, BUT THE IMPACT IS SIGNIFICANT. THE OCV ROLE IS A UNIQUE AND VALUABLE SAFEGUARD FOR PEOPLE WITH DISABILITY LIVING IN RESIDENTIAL CARE.

Toast for breakfast

Heather has lived for many years in a unit of 20 residents in a large, residential service. While Heather has complex support needs, she has always been able to strongly express her wishes. In recent years, she has experienced dental problems, ill-fitting dentures and eating difficulties. A speech pathologist developed a mealtime management plan for Heather, which recommended moistening her breakfast toast with water.

The OCV arrived at the unit one morning to find Heather standing in the corridor with her arm bandaged, blood on her clothes, and looking very distressed. On inquiry, the Unit Manager told the OCV that Heather had been upset about having her breakfast toast cut up and moistened with water. She had protested vigorously, asking

**“WHY CAN'T I HAVE
WHAT I WANT?”**

and had struck and broken a window with her arm, causing herself injury. She had then been physically restrained and had been given some

PRN medication. The manager told the OCV that he was very concerned about Heather, as she had been assessed as having a high risk of choking.

The OCV looked through Heather's files, and found that the most recent mealtime management plan recorded her objection to toast being cut up, and directed that her toast not be cut into pieces. The OCV also found that five of the most recent six incident reports involved similar scenarios with toast. Alarmed by the restriction of Heather's rights and the effect that this situation was having on her quality of life, the OCV raised the issue with senior management who undertook to explore different approaches. Staff initially tried moistening the toast with warm tea instead of water, and stopped cutting it into pieces, but Heather still objected to wet toast. A further review by a speech pathologist found alternative ways of reducing the choking risk while still allowing Heather to have toast as she liked it.

On the next visit, the OCV saw Heather jokingly interacting with staff, and the manager confirmed that the frequency of incidents had markedly decreased.

Carrie likes a chat

A complex care accommodation service for three young women living in a rural setting has the features of a nurturing home life. Small dogs as pets run throughout the house, and on the property there are horses and other animals for the residents to interact with, which add to their quality of life.

While visiting this house, the OCV found that one resident, Carrie, who is nonverbal, displayed a desire to try and connect with the OCV and took her hand while chatting to her. She was soon frustrated as she was not able to communicate easily and this upset her greatly.

While looking through Carrie's client file, the OCV found that there had not been a communication assessment for her since she had left her family home. This was raised as an issue in the OCV's visit report. In response, the service immediately

engaged a speech pathologist who set up a communication system in consultation with Carrie and those who know her.

**THIS COMMUNICATION
SYSTEM CHANGED HER LIFE
IN A VERY POSITIVE WAY.**

On subsequent visits, the OCV was pleased to see picture dictionaries and communication boards around the house that Carrie was using. The OCV also got a lesson from Carrie on how to better communicate with her.

Melissa's concern resolved

Melissa lives in a supported group home. She spoke to the OCV about the completion of cleaning tasks in the house. Melissa's primary concern was that the floors were being mopped, but not completely dried.

Melissa explained to the OCV that she worried about slipping on the partially wet floor. She stated that she had spoken with staff about the matter but no changes had resulted. The OCV acknowledged Melissa's concerns and discussed with her the option of making a complaint to service management. The service had several avenues to make a complaint and Melissa was able to raise the concern at a meeting with the manager. The OCV documented the issue in her visit report, noting the associated risks of falls and slips on wet floors within the home.

Better support to live safely

Adam lives in a group home with four other men. He has an intellectual disability and some physical and health issues, including visual impairment. Lately, Adam had been unsteady on his feet and had fallen over a couple of times.

When the OCV visited, Adam told her he liked living in his home, the company of his house mates, and the activities he participated in during the week. However, Adam was worried about falling over and it was making him anxious.

The OCV checked Adam's records and found that he had been assessed by an occupational therapist several months before. The occupational therapist had made several recommendations about minor modifications

Being proud of where you live

Amanda lives in a self-contained unit attached to a group home. She loves shopping and walking around her local area. Amanda has a physical and intellectual disability. When the OCV visited Amanda, she complained about the state of her unit. She pointed out holes in the screen door and a broken air conditioner. The

As a result of Melissa and the OCV's efforts, staff received training on risk minimisation; residents were consulted to identify the best time for mopping to occur; and signage was purchased to alert staff and residents to wet floors.

MELISSA LATER TOLD THE OCV THAT SHE WAS PLEASED WITH THE OUTCOME...

and was feeling empowered and confident to raise issues independently in the future both for herself and others within her home. Melissa thanked the OCV for supporting and encouraging her independence through the process.

to the house to make it safer for Adam to move around. These recommendations had not been put into place.

The OCV raised her concerns with service management. The service acted quickly on the recommendations, including by making minor modifications to the house and purchasing new equipment. The service also organised an updated assessment to check if Adam had any further needs that required adjustments to the home.

The service was very responsive to Adam's needs generally and keen to support him. However, in this case, the recommendations had been overlooked. The OCV was able to bring the issues to the attention of management, who quickly rectified the situation.

OCV also noticed other problems, including badly scuffed walls and doors, and a broken washing line. The OCV spoke with staff at the time of the visit who explained that the house was rented and that requests for repairs had been raised with the landlord. The OCV raised the issues in a report and asked senior

management what action they had taken to follow up on the work requests with the owner of the property.

The OCV received feedback that the issues had been raised at a more senior level, however, it was taking time to organise the works. The OCV will continue to monitor the issue until it is resolved.

AMANDA TOLD THE OCV SHE WAS GLAD THAT SHE HAD SOMEONE LIKE THE OCV WHO COULD SPEAK UP ON HER BEHALF ABOUT THESE ISSUES.

Reviewing support levels for a better outcome

Ahmed is an active young man who likes swimming, and travelling by car and train. He lives in a group home with three other men. Ahmed has autism, and at times he hits others. He is particularly focused on one resident in the house and will often target this man when they are home together. Ahmed requires one-to-one support at all times to encourage him to be involved in positive activities and to prevent him from harming himself or others.

When the OCV visited Ahmed, staff reported that they needed to make sure Ahmed and the other resident were not in the same room at the same time. Staff worked hard to ensure each resident had a routine of activities and supports which meant they didn't have to spend time together. The OCV found that Ahmed had a behaviour support plan and communication strategies in place. However, despite these interventions, there had been a high number of incidents

each month involving harm to others. The OCV discovered that Ahmed had a very limited NDIS plan which included only small amounts of funding for supports. The service was unable to instigate a review of Ahmed's behaviour supports or to seek expert advice because he did not have any funds available in his plan to do so. Following the OCV raising the issue, the service requested a review of Ahmed's NDIS plan. This process is still in train.

The management of the service also acknowledged that they were not able to meet all of Ahmed's needs. The service provided evidence of the steps they had taken to try to consult with other clinicians and to seek additional funding for Ahmed. The OCV will continue to monitor the situation and to seek updates from the service about other options to resolve the issues around Ahmed's support needs.

Support to lose weight

Susan is a middle-aged woman with an intellectual disability and mental health issues. She lives in a group home with three other people. Susan enjoys shopping and socialising. As she is growing older she is said to be 'slowing down' and has increasing mobility and health concerns. Susan can indicate her likes and dislikes but requires full support to organise her daily activities.

During a visit, the OCV noticed that Susan had been assessed by a dietician who recommended that she be supported to stick to a weight loss program, to assist with her health and general mobility. That evening, the OCV observed Susan being served two large portions for

dinner, and asked staff about the dietician's recommendations around serving size. The staff member was aware that Susan was trying to manage her weight but had no specific information about meal recommendations or serving size. The OCV raised these issues in a report to the service management.

The service responded by organising training with the dietician for all staff, and displaying photos of sample portion sizes in the kitchen.

The OCV will monitor this issue over the next few visits.

Gaining employment

Jason had recently transferred to a Community Justice Program house, and didn't have a regular day program organised. He was often bored, tended to become anxious and sometimes clashed with his housemates. On a visit to Jason's home, the OCV talked to him about what he might like to do during his week days, as Jason was keen to make positive changes in his life. He indicated that he wanted to prepare for his future life in a less restrictive and more independent style of accommodation. The accommodation provider had begun to canvass Jason's interests and hobbies, but had not yet looked into vocational activities that might suit Jason's interests.

JASON AND THE OCV EXPLORED WHAT SORTS OF WORK HE MIGHT LIKE TO DO.

He talked about jobs he had previously worked in, and what he liked doing in his spare time. Jason really enjoyed being around cars. His father had loved tinkering with cars and had spent many hours every weekend polishing the family car when Jason was young. Jason thought he would like to work with cars also, and he had previous experience in washing and detailing motor vehicles.

Missing her housemates

Kate has lived in her house for a number of years. Her housemates used to be quite sociable and home was always a busy place, with many daily and weekly visitors and outings. Kate had always enjoyed her interaction with the other women. They always had great conversations around the dining table, and often had craft, fashion, cooking and art days too.

However, Kate's housemates moved out and her new housemates were all young men who are unable to communicate very well. Kate's new housemates were also not so outgoing and had limited social interests and skills.

The OCV and Jason, together, spoke to the accommodation provider about what options were available to support him to become job ready. Jason was interested in preparing a resume that might help him apply for jobs at local car yards. The service was happy to work with Jason one on one to help him draft a resume based on his interests, experience and skills.

A week later, the service took Jason around to various car yards and supported him to approach the managers, express his interest in working with their business, and to leave a copy of his resume. A short time later, Jason and his key worker followed up their initial visits with a courtesy call to a number of the car yards.

One car yard owner offered Jason a regular two hour, three mornings a week job. The role involved Jason washing and preparing the cars for display prior to opening hours.

The last time the OCV visited Jason at his home, he was still enjoying his part time work at the car yard. The routine and discipline of the early morning starts had helped Jason to make other healthy and positive changes in his life; he was also eating and sleeping better. Jason was especially happy when all the staff at the car yard celebrated his birthday with a cake for morning tea!

Kate tried hard to stay positive and enjoyed talking to the regular staff who worked in the house. However, the staff were often busy caring for the other housemates and did not have much time to spend with Kate.

Kate still liked going out to her day program activities four days a week, but found her time at home dragging and weekends were boring. She missed being able to chat with friends and have fun at home.

On her last visit, the OCV noticed that Kate seemed withdrawn and unhappy. Staff told the OCV that Kate sometimes seemed angry, and showed her unhappiness with some 'grumpy' behaviours.

The OCV spoke with Kate and asked how she was going. Kate talked about how she did not really have any friends at the house, and how she missed her previous housemates and the good things they used to do together. The OCV encouraged Kate to express her feelings to the managers of the house, and Kate was keen to do that.

With Kate's permission, the OCV spoke with the manager to see if there were any options for Kate to improve her situation. The manager agreed to review Kate's circumstances in collaboration with her and to explore options that better suited her lifestyle.

Not very homelike

In one of the OCV's first visits, he saw a house which was old and not in a good condition. The service provider explained that there were plans to either update the home, or to sell it and relocate the residents. However, there had been no action for a number of years. Reasons given to the OCV included uncertainty around the NDIS and its funding, and damage to another property where the residents were to be temporarily relocated. The service provider also thought some of the residents would find the existing house ultimately unsuitable as there was varying floor levels and two residents were using wheelchairs.

The OCV expressed her concern about the state of the home, noting that it did not meet a reasonable community standard. The bathroom fittings were in a terrible state, and there were

Clare's health

During a visit to a home, the OCV was reading over the residents' individual plans when something alarming caught her eye. A resident, Clare, weighed less than 39 kilograms. The OCV was unable to meet with her at the time of her visit to observe her general wellbeing but thought that given her other statistics, such as height and age, this weight level could be an indication of poor overall health.

Once the OCV brought her concerns to the attention of the service provider, she was pleased to note that the response was immediate and thorough. Within three days

A few months passed and the OCV had a message from the manager saying they had identified a better home for Kate. She had already visited the new home a few times and really liked it. Most importantly she liked the other residents too.

KATE WAS 'OVER THE MOON' AND VERY EXCITED ABOUT MOVING TO HER NEW HOUSE.

The OCV is looking forward to catching up with Kate at her new home.

mould encrusted tiles and broken kitchen appliances. Being able to clearly outline the nature of the physical environment and the impact on residents through the OCV visit report was an effective tool to generate change.

FOLLOWING THE VISIT, THE OCV WAS INFORMED THAT THE SERVICE HAD BEGUN RENOVATION WORKS.

Importantly, the residents were actively engaged in selecting paint colours and decorations for their rooms and new furniture.

the service provider had responded with an outline of what had already been implemented for Clare and a structured regime of what was to be introduced and followed up on. Clare had complex health needs which were not being adequately managed. Following an array of tests, assessments and the input of a range of medical and allied health staff, a picture on how best to manage Clare's health emerged.

Six months later, Clare's weight had increased to 51.4 kilograms and her prognosis was a lot more positive.

Changes to meet residents' needs and wishes

Two of the female residents in a group home were not able to walk independently, and two staff used lifting equipment to help them with their personal care and getting in and out of bed.

The house had a history of concerns relating to the level of care provided to the residents. At one of her visits, the OCV discussed the staffing roster with the house coordinator and discovered that, while two staff members were on duty in the afternoon and early evening, the second shift ended at 7pm. This meant that the two residents had to have their personal care finished and be in bed by 7pm, and that there was never an opportunity for any of the residents to go out with house staff in the evening because of the rostering set up.

The OCV contacted service management, who advised that staff were able to call and extend the second shift on request if there was a reason to do so, and in their opinion the women were often quite tired and ready for bed early, and liked to watch television from bed.

The OCV returned to the house, read file notes, the house communication book and spoke again with staff. Staff were not aware that they could request an extended shift and said that this had never happened, except in an emergency. The OCV also found that one of the women was not interested in television and did not have a TV in her room,

and for the other resident the TV was fixed to the wall in the bedroom in a position where it could not be seen from the bed. This resident had an annexe to her room which was set up for her to be able to move around the floor, and the TV set was in this annexe. This resident also had quite a few notes in her records to show that she was calling out after being put to bed, and there had been a few occasions where she had managed to get out of bed to seek staff attention.

The OCV raised these issues in her visit report to the regional manager. The manager used the report to obtain additional funding to enable two staff to remain at the house until 10pm in an effort to provide the support needed.

AT THE MOST RECENT VISIT, THE OCV HEARD THAT THE TWO WOMEN HAD BEEN ENJOYING SPENDING TIME IN THE LIVING ROOM IN THE EVENING WITH STAFF,

and other residents, and on several occasions had been able to go out for an evening meal or other outing.

Embedding positive behaviour support

During a visit, the OCV noted an entry in the house diary which stated 'Billy to stay home – exercise to be done throughout day – more than three whites'. It was unsigned and made very little sense to the OCV. She spoke with the team leader of the house and found that the reference to 'three whites' related to Billy's reward chart as part of his behaviour support plan. The aim was to reward Billy for displaying appropriate and positive behaviour. When he did not receive a sticker, his chart was left blank and the chart in the office had a white sticker placed on it. Billy's BSP stated he was not to be reprimanded for inappropriate behaviour and there was no reference to the withholding of outings after more than three white stickers. The Team Leader agreed that not allowing Billy to

take part in his regular routine would constitute a restricted practice. The OCV raised the issue in her visit report and asked why staff were not following his plan, and noted that their actions may be considered a restricted practice.

The response to the OCV's report involved an investigation by off-site management who found that some staff were confused about the implementation of the reward program and did not understand that preventing Billy from participating in his regular daily routine was an unacceptable practice.

Management held a team meeting in which staff were reminded of the policies and guidelines to appropriately support residents and the need to improve their daily practice in this area.

Billy's behaviour support plan was reviewed and updated to develop a clear protocol for use of the reward chart system, and all staff were trained on how to implement it. Formal supervision sessions with staff were also put in place to ensure this practice did not recur.

The OCV was pleased with the outcome for Billy and the management response to ensure all staff were correctly trained in following policy and procedure to provide positive and appropriate care to residents.

Building a new life

A newly appointed OCV began visiting a group home and in a very short period of time was able to build trust with two male residents living there. The house was in a quiet street with water views. It had plenty of space and facilities for the men. When visiting, the OCV noticed that one of the bedrooms was poorly furnished, had stained carpet and an unpleasant odour. This was not in line with the rest of the house. On making further enquiries, the OCV was told that the residents had transitioned from living in an assisted boarding house to this group home. For

one resident his fear of using the bathroom at night had caused the carpets and furnishings in his bedroom to be badly damaged.

The OCV raised the issue in her visit report and asked the service what action they would be taking to resolve this. The service responded by linking the resident in with a counsellor in the local community who supported and worked with him in relation to his fears and anxieties. The service installed new furnishings, new floor coverings and curtains in the resident's bedroom. The resident was very happy and proud of his new room and was eager to show the OCV how lovely it looked on her next visit.

A sense of safety

An OCV visits a group home that consists of a large three bedroom home at the front of the property and two semi-independent villas at the rear.

The residents in the rear villas were welcomed to join the residents who lived in the front home to share meals and group activities. They could choose to participate or not. One of the villa residents, Jolene, declined most invitations to participate in group activities as she worked most days, was tired at the end of the day, and she enjoyed a full life entertaining her family and friends in her villa. Her villa was her sanctuary; she was comfortable and happy in her home.

One day an incident occurred that made Jolene feel vulnerable in her home. She requested a meeting with the OCV when she next visited.

Jolene and a male resident who lived in the front house had a troubled relationship. They simply did not like each other and sometimes the male resident antagonised Jolene. On the day of the incident, the male resident went into Jolene's garden and stood at the window of her lounge room. According to Jolene, he simply stood there

and stared at her through the window. Jolene called staff who came straight away and took the man back into the main house. The staff spoke to Jolene and said that the behaviour was not intended to be threatening; however, Jolene told the OCV that she felt intimidated and frightened. Prior to the incident, she had asked the service to pay for and install window coverings but they had refused saying it had to be at her cost. Jolene told the OCV that even though she worked, she could not afford window coverings.

The OCV raised the issue in the visit report and asked about the strategies the service had employed to deter the behaviour of the male resident, and how the service intended to ensure Jolene's right to privacy and safety. After receiving the visit report and speaking with the OCV, the service reconsidered their position and decided to install a large blind to cover the window. This greatly improved Jolene's privacy and sense of safety and she continues to enjoy living independently in her own home.

Difficulty losing weight

Five older people with disability live together in a group home. Four of them had experienced weight gain over a number of years, but this had then escalated to worrying levels for each person. The OCV noted that weight gain had been raised as a concern in the GP's Health Care Plans, and weight reduction strategies had been documented. On reviewing client files, the OCV saw that staff were monitoring and recording weight but records were inconsistent.

Staff were genuinely concerned by the increase in the residents' weight and had, on several occasions, attempted to raise the issue with friends and family. A significant part of the problem staff identified was that residents were going out for the day with a healthy packed lunch and water, and returning with their lunch uneaten. When staff raised this with the day program providers, they were told that residents often refused to eat their packed lunch and wanted to buy lunches and drinks from the shops. A staff member showed the OCV receipts indicating that one resident had purchased McDonalds three times in one day.

The staff felt that they were not being supported by their management team in their attempts to engage with the day program providers to resolve this issue.

The OCV raised the issue in her visit report and sought information from the service about the discussions had that had occurred; access to specialist advice; the monitoring of residents' individual healthy weight ranges; and training for staff to know when to flag further weight increases.

Management reported to the OCV that GPs, residents, family members and day program service providers had all been consulted to support a consistent and combined approach to help the residents to understand the issue and what needed to be done to reduce their weight. The service engaged a dietician to implement small consistent changes in the house, including strategies to support residents to eat their healthy packed lunches, and to include gentle exercise into their routines.

At the next visit, it was evident to the OCV that the weight of the residents was being monitored and recorded on a consistent basis, and all four residents were recording reduced weights. The OCV was also pleased to see that family and friends were supporting them to make healthy food choices.

Being safe and having fun

The OCV visited five residents in their new home. The residents had lived together for many years in a large residential centre with limited involvement in the community but then moved into a house in the community. Their new home is purpose built, with all new fittings and furniture. On a recent visit, the OCV noted that the decor was modern but not personal, and that there were limited activities for the residents to enjoy within their home. The residents needed support from staff to participate in activities and they all liked sensory activities.

Each resident was going to a day program in the community but were not yet accessing their local community in a meaningful way. The OCV identified the lack of home activities as an issue for the residents. The opportunity for participation

in activities was raised as important for resident wellbeing, inclusion in the community, and as a positive strategy in behaviour support plans.

On the same visit, the OCV observed one of the residents being supported by staff to get out of the house vehicle after it had been parked in the garage. Mike was guided by staff through an awkward space at the rear of the vehicle. He tripped and needed to be caught by the staff member to avoid injury.

The OCV was concerned that Mike and staff were at risk of injury in this situation and raised the issue in her visit report. The OCV asked management about their plans for an assessment and review of Mike's support needs when transferring from the vehicle, and about identifying a better way to support him.

When the OCV returned for second visit she was pleased to see that each of the issues she had raised in her report had been addressed.

Mike had an occupational therapy assessment to identify the best way to safely transfer in and out of the vehicle. Staff were following the recommendations of the assessment, which included a new seating position, and a procedure involving two staff members for added safety. There had been no further incidents and staff reported that the new procedure made them and Mike feel confident about using the car.

On entering the home the OCV also observed that colour had been added to the living areas, a sensory room had been created, and activities were available to residents that reflected their needs and interests. There was a hanging piece of art over the dining table which staff and

That's ok now

Jack, Paul and Richie live together in a newly built home.

While visiting this year, Jack and Paul both told the OCV that they worry when they have a shower because the bathroom lights turn off and they are left in the dark. They said this was annoying and scary. It was the first thing they wanted to tell the OCV when she met with them. It was at the top of their minds.

When exploring the issue, the residents identified that Richie turns the light switch off. The light switch has been placed on the wall outside the bathroom in the hallway, accessible to anyone in the home. There was no switch in the bathroom. This was a design feature of the building.

The OCV raised the issue and discussed it with the organisation over two visits, identifying Jack and Paul's concerns and highlighting both the safety issue of being in a wet bathroom in the dark and the issue of Richie's behaviour support.

On a recent visit the OCV noted that the switch was now on the inside of the bathroom. There are also new strategies in place to support Richie with his behaviour when others were using the bathroom.

residents had made together. And just to show how well received the new activities were, one of the residents, Sally, got a ball and took it to staff, indicating she wanted to play. Sally was laughing and vocalising during the game.

Staff told the OCV that the improvements had recently happened inside the house, but that residents were going out each afternoon for walks in their local area and neighbours were stopping to say hello.

IT HAS BEEN REWARDING FOR THE OCV TO SEE RESIDENTS ENJOYING THEIR HOME AND LIFE IN THE COMMUNITY.

When the OCV asked Jack if he was happy with the solution to the light switch, he initially didn't know what the OCV was talking about. When the OCV reminded him about the issue he had raised, he said,

"OH, THAT, THAT'S OK NOW" WITH A BIG SMILE. MUSIC TO AN OCV'S EARS!



Outcomes for residents

Services for people in assisted boarding houses

The 19 assisted boarding houses that are visited by OCVs accommodate up to 357 residents. In the past year, OCVs made 64 visits to assisted boarding houses, and raised 45 issues of concern about services provided to residents.

OCVs reported that assisted boarding houses resolved almost one third (14) of the issues they identified. Another 2% of issues were ongoing and continued to be monitored by the Visitors.

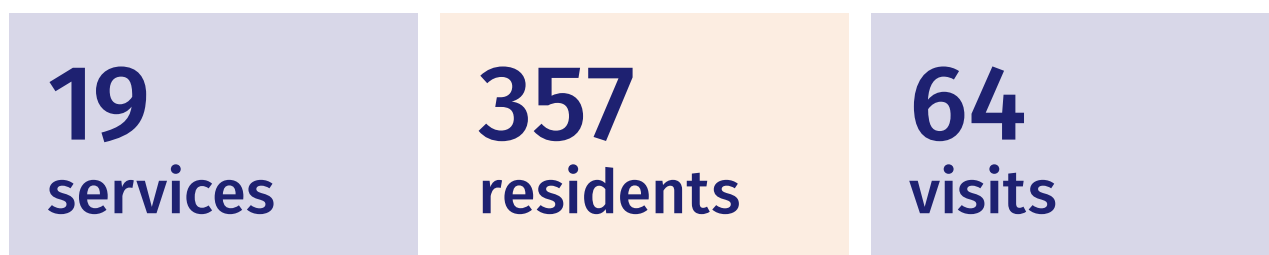


Figure 5: Data For visitable services for adults with disability

	Number
Services	19
Residents	357
Visits	64
Issues worked on	45
Average no. of issues per service	2.4

Figure 6: Outcome of issues raised by OCVs

	Number (%)
Resolved	14 (31)
Outcome unknown	2 (4)
Issues unable to be resolved	4 (9)
Ongoing (open)	9 (20)
Ongoing (closed)*	16 (36)
Total	45 (100)

* This is the first year that we are reporting on the number of ongoing issues that were opened in a previous reporting year and closed in this reporting year.

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

Major issues raised in 2016–17

Issue 1

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

9 (20%)

Issue 2

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

6 (13%)

Issue 3

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

4 (9%)

Issue 4

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

3 (7%)

Issue 5

Temperature does not provide reasonable comfort or there is inappropriate ventilation

5 (4%)

Type of issues raised on behalf of residents

Issues classification	No.
Accommodation environment	13
Individual resident development	11
Safe and supportive environment	8
Resident health care and/or personal care	6
Social independence of residents and participation in community life	3
Management of resident finances	3
Service governance	1

Total: 45 issues

Official Community Visitor message



**By Rhonda Santi,
Official Community Visitor**

Assisted boarding houses provide an important accommodation option for some of our community's most vulnerable and marginalised people living with mental ill-health

and/or physical or age-related disabilities. The history of this type of accommodation option however, has on occasion included the contravention of people's rights in areas of tenancy, freedom from abuse, access to quality services and more. I have also seen boarding houses provide people

WITH A HOME SURROUNDED BY OTHERS WHO HAVE FORMED A 'COMMUNITY WITHIN A COMMUNITY'.

In this community I have seen people form lifelong relationships, a commitment to the wellbeing of others, and a willingness to speak out for them. I have seen strength, resilience and quiet dignity in the face of hardship.

This sector has seen many changes over the last decades, including a reduction in the number of premises and residents. The introduction of the *Boarding Houses Act 2012* and *Boarding Houses Regulation 2013* has resulted in the most significant changes in the sector and positive outcomes for residents.

Legislative change provided occupancy rights and standards that are consistent with the purposes and principles in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Further, it means that by July 2018, the remaining assisted boarding houses will provide more secure, safe and quality accommodation for people living in this setting.

OCVs visit assisted boarding houses, where two or more residents are identified as having 'additional needs'. Additional needs include a

person who has an ongoing age-related frailty, or mental illness and/or disability, and who needs support or supervision with daily tasks and personal care.

It is timely to pause now and take stock of the assisted boarding house sector as compliance requirements to provide for single bedroom occupancy with no more than 30 residents in total come into place by 1 July 2018.

As a returning OCV, I have the opportunity to reflect on changes that I have seen during visits over a period of approximately eight years. On my most recent visit I saw for the first time documentation about the support that is provided, individual files and a receipt for board and lodgings that were shown to me by a resident himself.

This particular assisted boarding house features accommodation in houses that accommodate between four and 12 people. Previously there was a commercial kitchen and a communal dining hall with that was a significant focal point for the residents. This was in a building separate to the houses. My visits were often conducted in this dining hall as that was where people congregated and socialised. General access to the accommodation was provided to allow the OCV to get a sense of the environment and living conditions but visits to people in their homes was rare.

As the proprietor responded to new regulatory requirements, gradual changes occurred, including renovations, new buildings and the provision of more staff. But on my last visit the change was nothing short of remarkable! The communal hall was no longer used and I was thrilled to be visiting people in their homes as they were supported to prepare their own evening meals.

WHEN I ASKED ABOUT THE CHANGE, ONE MAN REPLIED THAT IT WAS GREAT HOW HE COULD NOW 'RELAX AND DO HIS OWN THING'.

I visited a renovated home, now with central heating, where three women relaxed in recliners watching a TV show rugged up and cosy in their dressing gowns.

The NDIS funding packages for residents have enabled additional support staff to assist people in the morning and evening. Individuals use other NDIS registered providers to engage in social and community activities.

THE RESIDENTS OF THIS BOARDING HOUSE ARE BECOMING USED TO HAVING MORE CHOICE, FLEXIBILITY AND FREEDOM TO LIVE THE LIFE THEY WANT TO LIVE.

While the current regulation provides protections for people, the power imbalance between proprietors and residents is inherent. Individual vulnerabilities due to multiple and often complex factors including mental ill health, intellectual disability, traumatic life experiences and a lack of social or family supports exist for this aging population of residents.

MONITORING OF THIS TYPE OF ACCOMMODATION IS CRUCIAL TO PROVIDE INDEPENDENT OVERSIGHT AND A VOICE FOR PEOPLE IN ASSISTED BOARDING HOUSES.

This is how I see my role as an OCV visiting assisted boarding houses.

Case Study

Assisted boarding houses

Unnecessary delays

During a regular visit, the OCV observed a new TV still in its packaging with a delivery note made out to one of the residents and dated three months earlier. The resident's file contained an invoice showing that the resident had paid for the TV and the delivery. On speaking with the resident, the OCV confirmed that the resident had purchased the TV and knew that it had been delivered but could not explain why it was still in the store room.

Further discussion revealed that the TV needed a bracket to attach it to the wall. However, a three month delay did not seem reasonable and the resident thought there might be another reason for why it had not been installed, and this was why he had not pursued the issue.

The OCV reviewed records in the boarding house and was unable to locate any service request for a handyman to complete the installation of the TV. Staff told the OCV they thought that management might have been withholding the installation of the TV in an attempt to bring about the resident's compliance in taking his medication. Staff felt this was inappropriate. After speaking further with the resident, the OCV raised the issue with management in their visit report.

Management described the situation as an 'oversight' and indicated that they would apologise to the resident. The TV was installed a short time later and the resident was very happy with the quick response and the outcome. The OCV was pleased to be able to facilitate the resolution of the issue and was happy with the outcome for the resident who said he would feel more confident making requests in the future.

Outcomes for residents

Services for children and young people

In relation to children and young people, OCVs visit services providing full-time residential out-of-home care (OOHC). In 2016-17, OCVs made 670 visits to the 271 residential OOHC services in NSW.

OCVs worked on 693 issues of concern in relation to residential OOHC services. Seventy five per cent (526) of the issues were resolved by services, with only 10% of issues unable to be resolved. A further 14% of issues remain ongoing, with OCVs monitoring the action being taken by services to address them.

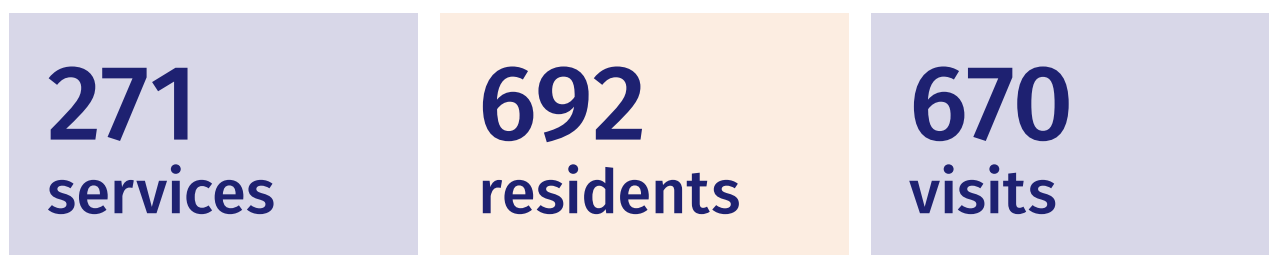


Figure 11: Data For residential OOHC services

	Number
Services	271
Residents	692
Visits	670
Issues worked on	693
Average no. of issues per service	2.6

Figure 12: Outcome of issues raised by OCVs

	Number (%)
Resolved	526 (55)
Outcome unknown	34 (4)
Issues unable to be resolved	92 (10)
Ongoing (open)	136 (14)
Ongoing (closed)*	175 (17)
Total	963 (100)

* This is the first year that we are reporting on the number of ongoing issues that were opened in a previous reporting year and closed in this reporting year.

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

Major issues raised in 2016–17

Issue 1

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

81 (8%)

Issue 2

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

71 (7%)

Issue 3

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

64 (7%)

Issue 4

Incidents were not recorded, appropriately managed, recommendations followed up and/or residents informed of outcomes

59 (6%)

Type of issues raised on behalf of residents

Issues classification	No.
Individual resident development	337
Safe and supportive environment	210
Accommodation environment	176
Resident health care and/or personal care	76
Service governance	67
Social independence of residents and participation in community life	45
Residents are free from abuse and neglect	25
Complaints and feedback	24
Management of resident finances	3

Total: 963 issues

Official Community Visitor message



**By Rebecca Smith,
Official Community Visitor**

HOME. It is a word with special meaning. Home evokes images and emotions of comfort, safety and relaxation. Home is the place where you can just be and

belong. It is a basic human need to have a home and a desire for our home to be a place where we are accepted, cared for, and our needs are consistently met.

Some children and young people are unable to live at home with their family, so they are cared for in the OOHC service system. There are many complex reasons that a child or young person is unable to remain with their family. It may be that the child experienced abuse, neglect and trauma, or it may be that the parents did not have the capacity to meet the child's needs. The child or young person is then placed in alternative care, in OOHC.

The NSW Children's Court makes the decision to place a child or young person to be placed in OOHC, in line with the *Children and Young Persons (Care and Protection) Act 1998*. This can occur with parental consent or without. Some or all aspects of parental responsibility are given to the Minister for Community Services and this is delegated through Family and Community Services (FACS). FACS is responsible for the decision about where a child or young person should be placed. Many children and young people are placed with extended family members, within their kinship group, or with unrelated foster carers. A minority are placed in residential care homes.

FACS completes an assessment of the child or young person's needs and recommends a placement option for them. A recommendation for residential care is usually for a child or young person who has high needs and those needs are likely unable to be met through a family or foster care placement. High needs may be due to behavioural concerns such as aggression towards others, self harm, mental well being, difficulty with self regulation, and peer relationships. Often behaviours can be attributed to the child or young person's

experiences of trauma and as a result they need therapeutic care and support to manage and achieve their potential.

In residential OOHC, children and young people are cared for by residential support workers. Residential care services are managed by non government organisations. Houses are either owned or rented by the agency to provide suitable accommodation for the needs of the young people living there. Children and young people share a home where they each have their own bedroom. There may be three to five young people sharing a home. As young people in OOHC get older they are sometimes placed in self contained units as they learn the skills to move towards independent living.

As an OCV I have the privilege of visiting children and young people who have been placed in residential care. I visit them in their home and talk with them about their living arrangement and their needs. The purpose of residential OOHC is that it will provide children and young people with a sense of home that is safe and consistently meets their needs. As an OCV I ask young people what it is like to live in the house and provide them with the opportunity to raise any concerns about their living arrangements.

Children and young people in residential care are some of the most vulnerable in our society.

AS AN OCV I HAVE A UNIQUE OPPORTUNITY TO NOT ONLY LISTEN TO YOUNG PEOPLE DIRECTLY BUT TO OBSERVE THE COMMUNICATION BETWEEN THE YOUNG PEOPLE WHO SHARE THE HOUSE AND THEIR RESIDENTIAL SUPPORT WORKERS.

I am able to observe if young people have a safe environment by seeing the physical condition of the house, and to see if the quality of care being

provided meets their emotional, psychological, and physical needs. In addition I can speak with young people about the issues that are important to them. This can include access to education, keeping connected with their family, maintaining friendships and cultural connections, having their health needs met, managing finances, preparing for independent living, or achieving a goal such as joining a soccer team or having singing lessons.

THE MAIN FUNCTION OF THE OCV ROLE IS TO RAISE ISSUES WITH SERVICE PROVIDERS AND TO SEEK TO HAVE THESE ISSUES RESOLVED...

in line with the OOHC service standards and to ensure that young people are receiving the necessary supports.

It is fair to say that most children in OOHC have a complex trauma history and are often wary of another adult 'authority' coming to talk with them. Trust in adults can be minimal. As an OCV this can be a challenge for me, however I have found it is important to let young people know that you are there for them to have their say if they choose and to convey that their voice is important and valued. By taking time and chatting about the general interests of the young person, whether that is wrestling or fishing, young people will generally show curiosity about the OCV role. As an OCV I take the view that all behaviour is communication. If a young person is 'acting out' they are expressing their view. For example, if there is property damage in the house caused by the young person, I will ask if the young person is expressing boredom, anger or something else. As an OCV I am able to view the case plan to see how the service is supporting the young person with managing such behaviours.

There are many challenges in the OOHC sector. At times children and young people are placed in a house which is away from their school, their community or cultural group. This can occur due to local alternatives not being available. This

is a common challenge in regional and remote parts of the state where young people can be placed many hours from their home community. Young people can experience grief and ongoing disconnections from what is familiar to them and then have to re-establish connection and relationship in a new home, with new people.

The group dynamics of adolescents can be challenging, particularly when each young person has their own experiences of trauma and requires a high level of support from skilled and supportive residential care workers. At times, sibling groups are placed in residential care due to foster care being unavailable. While this supports children remaining together, it can have devastating impacts on their attachments when staff rotate regularly and there is no consistent parental figure. Peer relationships are of great importance to adolescents and the combination of young people being placed together can have a positive influence on their development if the 'matching' is given thorough consideration. Often placement changes can occur with little notice and come about as a result of demand rather than a planned change.

OOHC is moving towards providing intensive therapeutic care based on principles of trauma informed practice. This presents a new challenge for the sector. It is hoped that intensive therapeutic care will assist in meeting the young people's needs to achieve safety and stability in their placements.

Children and young people in residential care are often viewed as 'difficult' and 'challenging'. As an OCV I have the opportunity to not only see the challenges but to see the strength and resilience of the young people. The value in having a continued visiting presence allows progress to be monitored and as an independent person to acknowledge the achievements of the young person. The OCV role can assist service providers with the opportunity to reflect on their practices and for issues to be raised with the Ombudsman as necessary. Children and young people in residential care need their home to be a place of safety, where they are cared for and their needs can be consistently met. This will enable them to achieve the skills needed for independence as adults.

Contact with police

Tim has been in and out of foster care since he was nine years old and has had a history of multiple placement breakdowns. After his most recent foster care placement breakdown, Tim was placed in residential OOHC.

Tim has been at the house for 12 months and has found it difficult to settle in. Some of his behaviour has had a negative effect on two of the younger residents.

Recently, Tim has been absconding a few days at a time and when at home has been displaying aggressive behaviour toward the other residents and staff. Tim disclosed he has been using drugs the last few months.

THE LOCAL POLICE ARE FAMILIAR WITH TIM AND HAVE BEEN CALLED TO THE HOME ON A NUMBER OF OCCASIONS.

Police told service management about the number of times they had been called to the home to respond to matters that should have been addressed by staff and through the use of behaviour support strategies.

Working towards a solution

The OCV visited a residence that accommodated five young people with disability. After reviewing client files, the OCV noted that one of the young men had become increasingly aggressive. There were recorded incidents of him hitting some of his fellow housemates while at home and when travelling in the car. The OCV raised his concerns in his visit report. The service advised that staff had made changes to the way they transport clients and would continue to use behaviour support strategies to work with the resident in the house.

On a subsequent visit, the OCV noted that while there were no further incidents in the vehicle, the aggressive behaviour in the home

The OCV asked if staff were aware of the *Joint Protocol to reduce the contact of young people in residential OOHC with the criminal justice system*. She was told that the Joint Protocol was mentioned at a recent staff meeting but they were not familiar with it or the obligations for their roles. The OCV raised the issue in her visit report to service management.

On a subsequent visit, staff told the OCV that they had since been trained in positive behaviour support strategies, and were now more familiar with the process and procedures regarding the implementation of the Joint Protocol. As a result, the working relationship between the staff at the house and the local police had improved. With clear guidelines governing the process of behaviour support and a better understanding of the role of police,

THERE HAD BEEN A NOTABLE REDUCTION IN UNNECESSARY CONTACT WITH POLICE.

Whilst Tim is still struggling to work through his issues, he has been enrolled in a rehabilitation program and is working towards improved self control.

had not only continued, but had increased in intensity. The OCV reviewed all incident reports for the house since his previous visit and made comprehensive notes about the date, time and nature of the incidents. This information was included in the visit report. The OCV telephoned the manager responsible for the service and discussed his concerns. The manager undertook to follow up with action.

The service took several steps to resolve the matter. They arranged a medication review for the resident and the psychiatrist made some changes with a view to improving the client's mood. They also linked the client with a clinician for a review of the behaviour support,

which included data collection and staff training to improve consistency of response. Another housemate's planned move also took effect, and with interactions between these two residents reduced, a more harmonious environment was created.

A change for the better

The OCV had been visiting a young woman with disability, Merrily, and found that she was often reluctant to engage in group activities and the general activities of the house. She was usually in bed when the OCV arrived in the afternoon and was not inclined to engage in conversation. The staff were struggling to get her to go out, to try new experiences or to attend school.



The OCV noted that the premises had deteriorated over the previous few months and a good clean and painting was needed. The location was not ideal for Merrily's needs as it was next to a busy main road; the house was very small, cramped, and hot in summer. The kitchen was tiny and the laundry was in the bathroom, which featured a shower over the bath. The place was in general disrepair. The OCV had raised her concerns over several visit reports but very little had happened in response.

The OCV appreciated that the service took his concerns seriously and put an action plan in place to reduce the risk of harm to other residents and to provide adequate support to the resident who needed extra assistance.

Following this visit, the OCV again raised the suitability of the house for residents. Within a short time, the OCV was notified that Merrily was moving to a new house. This was on the list of houses for the OCV to visit, so she undertook to see Merrily as soon as possible. When the OCV did so, she found the place was a considerable improvement on the previous home. The house was on a quiet street and Merrily was living with another young woman of similar age.

Soon after, Merrily's key worker arrived with her lesson for the day and she was supported to complete her school work through the distance education program.

Sometimes a change in where someone lives can be a positive experience, especially if a person's home does not meet their needs. While frequent changes can be disruptive, provision of a suitable house with compatible housemates can have a positive impact.

ON THE VISIT, THE OCV FOUND MERRILY COOKING IN THE KITCHEN WITH HER HOUSEMATE AND STAFF. SHE WAS LAUGHING, ANIMATED AND ENGAGING IN CONVERSATION. SHE APPEARED HAPPY.

Next, the OCV was heading back to the first house to follow up on the issues about the condition of the premises!

For all appearances

Turning up for a first visit at a house, the OCV found the front gate padlocked and barbed wire snaking across the top of the gate. There was broken furniture piled on the front veranda and the grass in the front garden was very high.

The OCV had to telephone the house manager to gain access to the house. Once inside, the OCV noticed that there were broken windows, holes in the walls, and dirty floors.

The OCV's first impressions prompted concerns about how the young person felt about living in the house. Did the state of the house affect his feelings of self worth, pride and respect? What image was being projected to the community of the type of person living in the house when there was barbed wire on the front gate?

When the OCV asked staff about the gate they explained that there was a restrictive practice authorisation in place for the gate and it was to keep the young resident safe. Staff also explained that it was the resident who had caused damage to the windows and walls, and the service had not had time to fix them. The old furniture was due to be removed and the lawns were due to be cut.

The OCV submitted her visit report and sought a meeting to discuss the situation further. The meeting covered details about what strategies had been tried to keep the resident safe and whether there were some other way to protect his safety.

At the next visit, the OCV noted that remedial work had been undertaken on both the inside and outside of the house. The service had investigated the possibility of purchasing and installing a larger gate but it was determined that the expense was too great and the landlord had not approved the request. However, the barbed wired had been replaced by one thin strip of wire which was less visible to passers-by but provided a visual deterrent to the resident.

IN THE BROADER CONTEXT, RECORDS SHOWED THAT THE RESIDENT WAS PROGRESSING WELL SINCE THE CHANGES HAD BEEN MADE.

He was participating in activities he enjoyed, was learning life skills such as managing his money, and his family visited often. He seemed to be happy in his home and his family were happy with how he was progressing and being cared for. The OCV will continue to monitor the situation.

Coordination of the OCV scheme

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

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

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

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



This year, the NSW Ombudsman's OCV Team:

- inducted 14 new Visitors, who commenced visiting in December 2016
- recommended the reappointment of two OCVs for a second three-year term
- commenced recruitment of up to 14 new OCVs from across the state
- reviewed and updated the 'Practice Guide By Visitors for Visitors' to make it in line with current OCV scheme practice
- worked with a representative group of OCVs to review and finalise the new OCV practice guide, by Visitors for Visitors
- organised and ran the two-day OCV annual conference which included presentations on guardianship; the new FACS reporting system in Child Protection – Child Story; dietary support for people with disability; the Joint Protocol to minimise the contact of people with disability with police; and a speech from Minister Ray Williams
- organised briefings and information sessions on the new model of care for Children and Young People in residential OOHC – Intensive Therapeutic Support and FACS' transition of service to the non-government disability sector
- coordinated and facilitated meetings between Ministers and representative groups of OCVs to discuss systemic issues identified in the visitable services sectors
- allocated 78% of all visitable services to OCVs
- facilitated regular OCV and Ombudsman consultation meetings, and
- organised OCV sector group roundtable meetings.

Financial

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

Costs that are not included here are items incurred by the NSW Ombudsman in coordinating the scheme, including Ombudsman staff salaries, and administration costs such as payroll processing, employee assistance program fees, and workers' compensation insurance fees. Full financial details are included in the audited financial statements in the NSW Ombudsman *Annual Report 2016-17*. Copies of this report are available from the NSW Ombudsman's website at www.ombo.nsw.gov.au.

Figure 14: Visitor related expenses 2016-17

Payroll expenses	2015-16	2016-17
Salaries and wages	628,913	611,309
Superannuation	61,018	58,361
Payroll	35,460	33,722
Payroll tax on superannuation	3,315	3,196
Subtotal	728,706	706,588
Other operating expenses	2015-16	2016-17
Advertising – recruitment	649	1,121
Fees – conferences, meetings & staff development	28,426	17,407
Fees - other	2,732	1,641
Publications and subscriptions	870	490
Postage & freight	-	887
Maintenance - equipment	1,710	100
Stores	493	791
Travel – petrol allowance	143,764	137,906
Travel & accommodation	67,016	97,949
Travel – petrol allowance	136,448	145,211
Travel and accommodation	87,869	84,281
Subtotal	245,660	258,292
Total	974,366	964,880

Appendix

OCV Classification Codes

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

OCV Classification Codes

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

OCV Classification Codes

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

OCV Classification Codes

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



Contact us

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

www.ombo.nsw.gov.au
