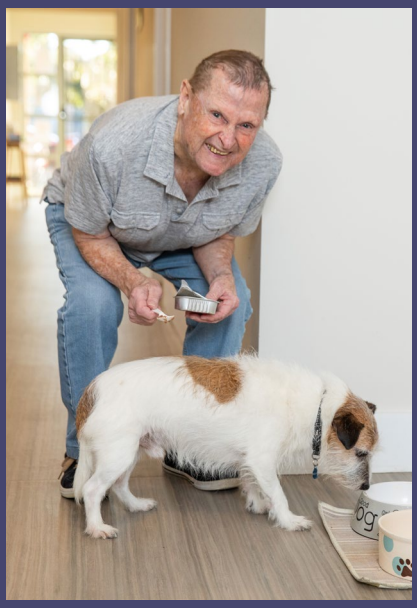
OCV

Official Community Visitors

Annual Report 2024–2025



NSW GOVERNMENT

30 YEAR ANNIVERSARY

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Official Community Visitors

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30 YEAR ANNIVERSARY

Contents

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

Letter to the Legislative Council and Legislative Assembly

30 October 2025

The Hon Benjamin Franklin MLC
President
Legislative Council
Parliament House
Sydney NSW 2000

The Hon Greg Piper MP
Speaker
Legislative Assembly
Parliament House
Sydney NSW 2000

Dear Mr President and Mr Speaker

NSW Official Community Visitor Annual Report 2024-2025

We are pleased to present the 30th annual report for the Official Community Visitor scheme for the 12 months to 30 June 2025, as required under section 25 of the *Ageing and Disability Commissioner Act 2019* and sections 138(2)(f) and 138(3) of the *Children's Guardian Act 2019*.

In accordance with section 28 of the Ageing and Disability Commissioner Act and section 141 of the Children's Guardian Act, we recommend that this report be made public immediately.

Yours sincerely

Jeff Smith
NSW Ageing and Disability Commissioner

Rachel Ward
Acting Children's Guardian

Message from the Minister

As Minister for Families and Communities, and Minister for Disability Inclusion, I am pleased to celebrate the work of Official Community Visitors in their 30th year!

OCVs ensure some of our community's most vulnerable people feel seen and heard. Whether they are children and young people in residential out-of-home care, people with disability in supported accommodation, or people in assisted boarding houses – a visit from an Official Community Visitor lets them know that someone is in their corner.

I thank all of our dedicated OCVs and acknowledge a significant milestone for the OCV scheme with the appointment of Mr Jeff Smith as the new Ageing and Disability Commissioner in April 2025. Commissioner Smith brings to the role his lived experience of disability and a strong background in disability advocacy, social justice, and community legal services. I know his leadership will help shape the OCV scheme into the future. I also acknowledge and thank Ms Kathryn McKenzie for her continuing role in the ADC, and for her time as Acting Commissioner.

The NSW Government highly values the role of OCVs and the support provided by the ADC, which is why we've invested an additional $8 million over 4 years for the Commission to continue its important work.

Throughout its 30 year history, the core of the OCV role has been to listen deeply to the needs of vulnerable people in supported accommodation services, make sure they are safe and healthy, and facilitate local solutions to identified issues in partnership with their service provider.

From my conversations with OCVs since I became Minister, I know they each have deep insights into issues experienced by the people they visit. I look forward to working with the ADC to ensure these insights inform the work of other government departments and agencies.

To this end, we recently passed legislation to enable OCVs to provide advice, reports and information directly to the Department of Communities and Justice so we can improve service quality for children in residential care.

In its 30th year, the OCV scheme continues to go from strength to strength. It is my hope that the supports and changes we have enacted will assist our OCVs to strengthen safeguards, improve services and offer genuine connection and care for vulnerable people in supported accommodation services across NSW.

The Hon Kate Washington MP

Minister for Families and Communities, Minister for Disability Inclusion

Message from the Ageing and Disability Commissioner

I am delighted to table the 30th annual report of the NSW Official Community Visitor (OCV) scheme, and my first as the Ageing and Disability Commissioner. It is a privilege to be part of a scheme so dedicated to upholding the rights of children, young people and adults living in residential care across NSW.

OCVs play an important safeguarding role, with a focus on obtaining and understanding the views and experiences of people living in residential care and raising the issues affecting them with service providers for speedy and local resolution. The case studies in this report highlight the work OCVs do every day to achieve positive outcomes for individuals and meaningful service and systemic improvements. They demonstrate the benefits of the OCV scheme in working towards change by raising issues and seeking resolution at an early point.

This year, OCVs conducted 3,667 visits to visitable services throughout NSW, a 9% increase on last year. This included 2,539 visits to disability supported accommodation services, 1,066 visits to residential out-of-home care services, and 62 visits to assisted boarding houses. Visitors raised and monitored 7,791 issues affecting residents.

I am encouraged by the commitment and professionalism of the staff within the OCV team, who have worked tirelessly to raise the allocation rate of visitable services in the challenging context of a constrained budget and continued growth in the number of services. This year, the team allocated 62% of all visitable services (up from 55% last year) notwithstanding a 17% increase in the number of visitable services.

In May 2025 I had the pleasure of attending the annual OCV conference, where I was struck by the insight, passion and dedication demonstrated by OCVs from across the State. Their firsthand knowledge and commitment to upholding and promoting the rights of people living in residential care are vital to our collective mission. I look forward to strengthening our collaboration in the years to come.

As I reflect on the achievements of the past year, I am optimistic about the future. Together – with our staff, stakeholders, and community partners – we will continue to help shape a more inclusive, respectful and supportive environment for people living in visitable services across NSW.

Jeff Smith

NSW Ageing and Disability Commissioner

Message from the Children's Guardian

Thirty years ago, the Official Community Visitor (OCV) scheme was born from a simple but powerful idea: that every child and young person living in residential out-of-home care (OOHC) deserves an independent voice, someone to listen without judgement and champion their needs. They needed a Visitor, an unwavering advocate to strengthen their safeguards and raise their concerns for swift resolution.

While there have been many changes over the last 30 years, the need for OCVs and the importance of their role for children and young people in residential OOHC has not changed. The OCV scheme remains a vital and unique safeguard. It is the only role that allows independent Visitors to enter visitable services without notice, consistently focusing their energy on engaging directly with the children and young people. Their ability to hear concerns, understand experiences, and raise issues on the ground is simply irreplaceable.

I want to extend my deepest appreciation for the concerted efforts of the OCV team in the Ageing and Disability Commission (ADC) to increase the number of residential OOHC services allocated for visiting within existing resources. They have demonstrated remarkable commitment in making sure more children are seen. For the second consecutive year, the number of visitable OOHC services increased by 27%, yet the OCV team allocated an additional 103 services to boost the allocation rate to 74% (previously 72%). Given these challenges, to be able to not just maintain but lift the proportion of services allocated within the budget is a significant achievement, reflecting the ADC's proactive and constructive commitment to meeting the OCV scheme's challenges head-on.

This year, the team's impact has been exceptional. In addition to visiting an increased number of residential OOHC services, OCVs conducted an additional 121 visits to these services (a 13% increase) and raised and monitored 318 additional issues (a 15% increase). Beyond working with service providers, Visitors also referred 30 matters of concern affecting children and young people to my office or the Ombudsman's office for assessment and appropriate action. We highly value this information – it deeply informs our regulatory work and ensures we can act effectively.

However, we know there are more matters that OCVs could be bringing to the attention of my office and other relevant agencies. Over the next year, we will work in partnership with the ADC to strengthen the guidance for OCVs to assist them to better identify the matters that should be proactively referred to appropriate bodies. Looking ahead, we're committed to working in partnership with the ADC to strengthen the support and guidance for OCVs, helping them proactively identify and refer matters to the appropriate bodies.

The heart of this report lies in the case studies. The stories of young people like Ben, Sam, Guy, and Olivia powerfully illustrate the positive, life-changing impact of the OCVs. These stories are a testament to the person-centred, rights-based approach of the Visitors, showcasing how they provide critical understanding identifying and bringing to light the issues affecting them, and tirelessly monitoring the actions taken to resolve them.

To all the Official Community Visitors, thank you. Your dedication and excellent work over the past year are truly inspiring. I look forward to continuing to strengthen our vital partnership as we work together to improve the outcomes and lives of every child and young people in residential care.

Rachel Ward

Acting NSW Children's Guardian

Official Community Visitors

Official Community Visitors (OCVs) are independent statutory appointees of the Minister for Families and Communities and the Minister for Disability Inclusion. They carry out their role under the *Ageing and Disability Commissioner Act 2019* and the *Children's Guardian Act 2019*.

Where OCVs visit

OCVs visit:

- accommodation services where residents are in the full-time care of the service provider, including:
  - children and young people in residential out-of-home care (OOHC)
  - people with disability living in supported accommodation operated by providers funded under the National Disability Insurance Scheme (NDIS)
- assisted boarding houses.

Main areas of focus for OCVs

When visiting services, OCVs:

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

The functions of OCVs

The functions of OCVs include:

- helping to resolve complaints or matters of concern affecting residents as early and as quickly as possible by referring those matters to the service providers or other appropriate bodies
- informing the Minister, the Ageing and Disability Commissioner, the Children's Guardian, the NDIS Commissioner, and the Secretary of the Department of Communities and Justice (DCJ) about matters affecting residents
- promoting the rights of residents
- considering matters raised by residents, staff, and other people who have a genuine concern for the residents
- providing information and support to residents to access advocacy services.

The authority of OCVs

OCVs have the authority to:

- enter and inspect a visitable service at any reasonable time without providing notice of their visits
- talk in private with any resident or person employed at the service
- inspect any document held by the service that relates to the operation of the service
- provide the Minister, the Ageing and Disability Commissioner, the Children's Guardian, the NDIS Commissioner and the Secretary of DCJ with advice and reports on matters relating to the conduct of the service.

Highlights of 2024-25

3,667
visits conducted – **up 291 visits** from last year

2,445
services visited – **up 581 services** from last year

10,777
hours spent visiting residents, and raising and monitoring issues affecting residents – **up 1,515 hours** from last year

10
matters referred to the Children's Guardian in relation to concerns about individual young people in care and/or the quality of care being provided by residential OOHC service providers

35
matters of concern affecting residents in NDIS accommodation referred to the NDIS Quality and Safeguards Commission for its assessment and action

2
matters referred to the Ageing and Disability Abuse Helpline in relation to concerns about abuse, neglect or exploitation of adults with disability in their family, home or community

20
complaints about residential OOHC providers to the NSW Ombudsman

7,791
issues raised and monitored, including:

5,227
issues for residents of disability supported accommodation services

2,451
issues for children and young people in residential OOHC services

3
matters of concern referred to other NSW or Commonwealth bodies for their action

113
issues for residents of assisted boarding houses

3
matters of concern to the Assisted Boarding House Team in Homes NSW

OCVs in 2024-25

OCVs attend visitable services across NSW. They form the following five regional groups:

OCVs at the OCV conference in May 2025

Metro North

Visitors in 2024-25

Vicki Godkin

Nicola Guy

Paula Jackson

Merilyn McClung

Elizabeth Rhodes

Erin Turner

Ceased visiting in 2024-25

Sally Garman

Susan Hayes

Hunter/Central Coast

Visitors in 2024-25

Emily Bielefeld

Jo Blundell

Linda Evans

Simone Fontao dos Reis

Peta Green

Carmel Hanlon

Kara Lackmann

Peta Lowe

Sarah Martin

Chris O'Hara

Karyn Pyle

Kay Smart

Metro South

Visitors in 2024-25

Peach Bleasdale

Gareth Elliott

Mireille Joseph

Joanne Kershaw

Robyn Monro-Miller

Catherine Mulcahy

Maree Mullins

Terina Stibbard

Donna Patterson

Ceased visiting in 2024-25

Stephen Lord

Southern/Western

Visitors in 2024-25

Rebecca Agentas

Jeanette Duncan

Michael Evans

Jan Lang

Carol Scherret

Helen Swan

Karen Zelinsky

Ceased visiting in 2024-25

Cathy Scarlett

North Coast/ New England

Visitors in 2024-25

Heather Croft

Ann Leeming

Cathrine Napier

Ceased visiting in 2024-25

Gabriela Cammas

On 30 June 2025, there were 35 active OCVs.

Voice of a resident in care

I grew up and lived all my life in Bourke, until two years ago. I knew I was ill from an early age, but no one told me what I was ill with.

> *When I was in my thirties, a local GP said I had something called syringomyelia. I learnt it was rare and that women with this disease shouldn't have children naturally. By then I'd had three.*

I've been travelling up and down to Bourke and Sydney from when I was five. I had a severe onset when I was 12. I had blackouts, double vision, bad balance and weakness in my left arm. I went to Sydney for a long time and had an operation to relieve some of the symptoms. Sydney is 760 kilometres away. Driving takes nine hours, the train/bus combination takes 14.

I went once in the Air Ambulance, and I can recall a steam train trip in early days. The illness and travel have cost me and my family a lot in terms of work and maintaining mental health.

> *My brother had been helping me in Bourke. But I developed osteoporosis and after I broke a leg and later a foot, it was better for me to move to Dubbo and get extra support.*

I have family here in a nice unit with a yard and garden and my cat, Vixen. I would like to visit family and friends in Bourke – its only four hours from Dubbo – but getting a vehicle to accommodate me in my wheelchair may be tricky.

> *When I first met the Official Community Visitor (OCV), my electric wheelchair was being repaired. Through her visit report, the OCV raised issues with my service provider on my behalf. This encouraged them to look at amending some of my services. I am very pleased OCVs can visit people like me.*

Roslyn Whitfield

*Story used with the permission of the resident.


Sharks
NIKE
30
YEAR
ANNIVERSARY

30 years of the OCV scheme

2025 marks the 30th year of operation of the OCV scheme.

When the scheme began in 1995 under the *Community Services (Complaints, Appeals and Monitoring Act) 1993*, it had a much narrower focus. At that time, the scheme was limited to visiting children in residential OOHC operated by the then Department of Community Services (DOCS).

As identified in the table below, there has been considerable change in the scheme over the 30 years of its operation, including expansion in the scope of the scheme and a significant increase in the number of visitable services across NSW.

Table 1: Key developments in the OCV scheme over 30 years

	1994-95	2002-03	2019-20	2024-25
Key event	Start of the OCV scheme under the *Community Services (Complaints, Appeals and Monitoring) Act 1993*	The OCV scheme moves to the Ombudsman's office under the *Community Services (Complaints, Reviews and Monitoring) Act 1993* and licensed (now 'assisted') boarding houses are added as visitable services	The OCV scheme moves to the Ageing and Disability Commission and Office of the Children's Guardian under the *Ageing and Disability Commissioner Act 2019* and *Children's Guardian Act 2019*	30-year anniversary of the OCV scheme
Coordinating agency	NSW Community Services Commission	NSW Ombudsman's office	NSW Ageing and Disability Commission	NSW Ageing and Disability Commission
Scope and number of visitable services	**9** residential OOHC services operated by government	**151** residential OOHC services operated by government and NGOs **948** disability accommodation services operated by government and NGOs **62** licensed boarding houses	**280** residential OOHC services operated by government and NGOs **1,863** disability accommodation services operated by NDIS providers **17** assisted boarding houses	**587** residential OOHC services operated by government and NGOs **3,364** disability accommodation services operated by NDIS providers **24** assisted boarding houses
Total no. of visitable services	**9** premises	**1,161** premises	**2,160** premises	**3,975** premises
No. of visits	**56** visits	**2,996** visits	**3,040** visits	**3,667** visits
No. of OCVs	**5** Visitors	**31** Visitors	**37** Visitors	**35** Visitors

Over the past 30 years, OCVs have:

Conducted over 84,000 visits

Raised and monitored over 127,000 issues affecting residents

Informed the need for, and introduction of, important improvements for people living in residential care, including:

- the closure of institutions accommodating children and young people
- reforms to address the use of physical restraint of children and young people in residential OOHC
- reform of the boarding houses sector, including the introduction of legislation that brought in enhanced minimum standards, provided greater safeguards, and introduced occupancy rights for residents
- the closure of institutions accommodating people with disability
- the introduction of the first mandatory reporting scheme in NSW for incidents involving abuse and neglect of people with disability in supported group accommodation
- reform of OOHC in NSW.

30 years of OCV annual reports

30 YEAR ANNIVERSARY

Case study

Ensuring choice and control in shopping

During COVID, group homes took advantage of the home delivery service of major supermarkets. This has proved an efficient (time) and convenient arrangement and the OCV noted the practice persists in most of the group homes she visits. While staff may ask residents what kinds of things they want in the shopping, staff invariably do the ordering online with residents excluded from the process.

> ***The OCV visited four women (Mary, Jane, Rhonda and Sally) in a disability accommodation service. She found them all to be quite capable and confident and sat with them to discuss the shopping arrangements in the home. Staff had told the OCV that the women didn't want to go grocery shopping, and the only alternative to online shopping was an outing to get groceries on a Thursday night.***

Mary told the OCV that she had other activities on a Thursday night that she didn't want to miss out on. Jane and Rhonda told the OCV that they found it too busy at the shops on a Thursday night and didn't want to go then. Sally said she wanted to go shopping but not on a Thursday and to a different supermarket to the one the provider uses.

> ***Following the visit, the OCV raised the womens' concerns with the service provider in her visit report and asked how they could resolve the issues. At the OCV's recent visit, Sally proudly advised that she now does the grocery shopping for the household. She is supported to go on a Tuesday during the day when it isn't so busy and she goes to the supermarket she likes.***

Sally explained to the OCV that she takes the shopping list and walks around the aisles until she finds the things she needs. She has the house credit card and is able to pay at the checkout. The provider had been able to roster a staff member to transport Sally and support her at each step of the process. Sally's confidence has grown through this experience, and she is building on her skills as well as interacting with members of the public.

Visiting in 2024-25

Visitable services

3,975
visitable services in NSW known to the OCV scheme

12,247
residents accommodated

2,445 (62%)
were allocated to an OCV

Allocating services for visiting

Given the high and increasing number of visitable services in NSW, it is not possible to allocate them all for visiting at any one point in time.

Over the past decade, the number of visitable services in NSW has more than doubled (**145% increase**) – rising from 1,625 in 2015-16 to 3,975 in 2024-25. Between 2015 and 2022, the average increase in the number of visitable services was **7% per year**. However, in the past three years there has been a much higher increase, with the number of visitable service locations increasing by an average of **18% per year.**

The higher growth rate is associated with:

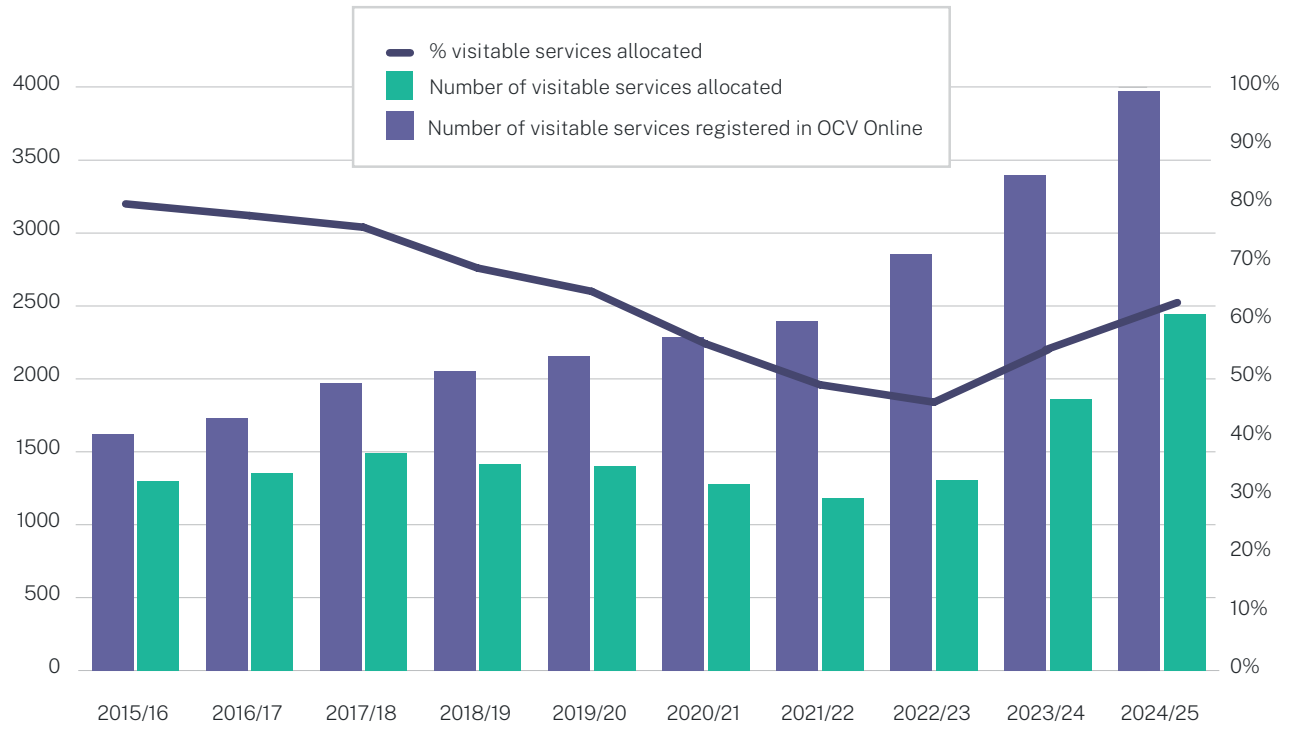
- continuing increases in the number of disability and OOHC visitable services, and recent growth in the number of assisted boarding houses
- actions to better capture existing and new visitable service locations, including:
    - the introduction of information sharing arrangements with the OCG and DCJ to enable the OCV scheme to regularly receive information on additional visitable OOHC service locations
    - proactive efforts by the ADC to contact new NDIS services registered to provide Supported Independent Living (SIL) supports to identify additional services
    - since 2024, new requirements on NDIS service providers and assisted boarding house operators to notify the ADC of their visitable services.

As identified below, this year the ADC increased the proportion of services allocated to a Visitor **from 55% to 62%**. This increase occurred, notwithstanding the growth in the number of visitable services.

Table 2: Number of services allocated for visiting, 10-year comparison, 2015-16 – 2024-25

Year	Number of visitable services registered on OCV Online	Number of visitable services allocated	% visitable services allocated
2015-16	1,625	1,297	80%
2016-17	1,729	1,356	78%
2017-18	1,975	1,492	76%
2018-19	2,051	1,419	69%
2019-20	2,160	1,401	65%
2020-21	2,285	1,281	56%
2021-22	2,394	1,180	49%
2022-23	2,856	1,305	46%
2023-24	3,396	1,864	55%
2024-25	3,975	2,445	62%

Figure 1: Number and percentage of visitable services allocated for visiting, 2015-16 – 2024-25



Actions to increase the number of services allocated to an OCV

In recent years, the ADC has employed a range of strategies to seek to increase the allocation rate as much as possible within the existing OCV scheme budget. In 2024-25, this included:

- reducing the number of visits conducted to some locations in consultation with OCVs
- continuing the allocation of 'one-off' visits to some locations
- grouping visit locations to support OCVs to cluster their visits.

These strategies have been supported by concurrent work by the ADC to better inform and guide OCV scheme allocation and prioritisation decisions.

Risk-based approach to prioritising services for allocation

Towards the end of last year, the ADC revised the OCV scheme allocation and prioritisation policy to provide a more transparent, consistent, and risk-based approach to determining which visitable services to allocate at any one point in time. The policy includes a risk matrix that identifies higher risk associated with factors such as:

- a provider and/or visitable service that has never been visited or not visited for over two years
- recent serious matters of concern affecting residents that have not yet been resolved
- known risk factors for residents in the visitable service, such as residents with high support needs, no verbal communication, and/or who are subject to restrictive practices.

During the year, the ADC progressed the development of a new OCV Online data system to, among other things, enable the OCV team to better capture and analyse data to inform its prioritisation and allocation decisions. The new system commenced on 1 July 2025.

Adjusting the number of visits

One of the few levers available to the ADC to increase the allocation rate is to adjust the number of visits that are conducted to a visitable service.

Historically, visitable services have been allocated for 'regular' visiting, where an OCV visits the visitable service location more than once. Allocated disability services have typically been visited twice in a year, and allocated residential OOHC locations and assisted boarding houses have been visited at least four times in a year.

Since 2022-23, to increase the number of services and residents visited, the OCV scheme has had a mix of 'regular' visits and 'one-off' visits (where the service is allocated to be visited once). While one-off visits were initially focused on disability accommodation services, they are now also used for other services that have never been visited or have not been visited for an extended period. The addition of one-off visits has enabled the scheme to quickly increase the proportion of services allocated within the existing OCV numbers.

Further, this year, in consultation with OCVs, the OCV team reduced the number of visits to some residential OOHC services and assisted boarding houses – for example, allocating an OOHC service three visits instead of four over a 12-month period. This has enabled those visits/hours to be allocated to additional services that would not otherwise have had access to an OCV in that period.

Number of visits and visit hours

In 2024-25, OCVs:

- completed **10,777 visit hours**, a 16% increase on last year (9,262)
- conducted **3,667 visits**, a 9% increase on visits in the previous year (3,376).

Table 3: Number and hours of visits made by OCVs – three-year comparison, 2022-23 - 2024-25

Service type	No. of services			No. of residents			No. of service hours			No. of visits		
	22-23	23-24	24-25	22-23	23-24	24-25	22-23	23-24	24-25	22-23	23-24	24-25
Disability supported accommodation	2,475	2,916	3,364	9,288	10,100	10,876	4,914	6,719	7,607	1,789	2,369	2,539
Residential OOHC	363	461	587	786	924	1,119	2,017	2,384	3,036	789	945	1,066
Assisted boarding houses	18	19	24	235	253	252	170	159	135	58	62	62
Total	**2,856**	**3,396**	**3,975**	**10,309**	**11,277**	**12,247**	**7,101**	**9,262**	**10,777**	**2,636**	**3,376**	**3,667**

OCV Systemic Issues Project

Since 2022-23, OCVs have had a project to examine and report on longstanding systemic issues affecting people living in residential care in NSW. Each year, the OCVs have selected three key systemic issues to focus on in their visits in that 12-month period, with the aim of providing a better understanding of what they are seeing in relation to these issues and the impact on residents, and to highlight positive practice and areas for improvement.

The project continued in 2024-25, with OCVs selecting the following three systemic issues to focus on in their visits:

1. **Involvement in decision-making** – including opportunities for residents to be involved in planning and decisions about their lives; training for staff on decision supports; and information provided to residents to help inform their decisions.
2. **Staff training** – including training on resident support plans and communication systems, induction training, and training on responding to incidents and emergencies.
3. **Leaving care planning (OOHC only)** – including planning commencing when a young person turns 15; involvement of the young person in the leaving care process; and implementation of the leaving care plan.

The details and results of the project will be reported in 2025-26.

Following consultation with OCVs, the ADC has made changes to the systemic issues project to provide greater capacity to analyse the issues identified by Visitors, and to follow-up and monitor actions taken in response to the issues. As a result, one year will focus on OCVs examining and reporting on the issues and the following year will focus on engaging with relevant agencies about the work that is being done to address the issues.

Case study

Facilitating personal internet access

Thomas is a quiet man who lives in NDIS supported accommodation with two other men who are not ideal company for Thomas due to the disparity in their communication skills.

> ***Thomas is a strong and healthy 30-year-old man who is on the autism spectrum and has difficulty socialising. He is very tech savvy and enjoys computer games.***

When the OCV visited Thomas and explained her role, he said he had an issue he wanted to raise. Thomas told the OCV that he used to have his own internet account, which he paid for himself, but in the NDIS accommodation he only accesses the provider's internet account. Thomas found it frustrating as he wanted to access games and videos that were blocked by the provider.

> ***Following her visit, the OCV raised this with the provider in her visit report. While the provider maintained that their internet account would continue to have limitations on the content that could be accessed, they agreed that Thomas could set up his own independent internet account to enable him to access the things he enjoyed.***

At the OCV's recent visit, she noted that Thomas was much happier. Staff told her that the residents are enjoying a more harmonious environment.

In case of emergency

The OCV visited a service where four people had recently transitioned from a home that had closed with very little notice. The OCV was concerned that with no night-shift funding, and no telephone on site, there didn't seem to be a way that residents could contact the service provider in the event of an emergency outside of staffing hours.

> ***Following her visit, the OCV raised her concerns in her report. In response, the service provider told her that a telephone would be installed at the property.***

The OCV returned to the home a few months later and found that there was no telephone on site. Instead, the service provider had put in place a procedure for the residents to go and knock on a neighbour's door should an emergency arise. This procedure had been communicated to all residents.

The OCV asked the residents if they had ever met their neighbours, to which they responded that they hadn't.

With the combination of residents' declining cognitive health and severe mental health issues, the OCV was concerned that the solution they had put in place would not be workable or satisfactory. She again raised her concerns with the service provider in her visit report.

> ***In response, the service provider acknowledged the OCV's concerns and installed a device that will contact the service provider outside of staffing hours. This is an easy-to-use call button that can simply be pressed to make contact with on-call staff. Residents at the home were able to demonstrate their ability to use this device to the OCV at her recent visit.***

Being an OCV

Rebecca Agentas

How do you ensure that the voices of the residents are heard at your visits and through your visit reports?

I always highlight when a young person or adult with disability is the one voicing their concerns to me. If the issue being raised with me comes directly from the person themselves, it carries more weight for me, and I am more purposeful and active in my follow up and follow through with service providers.

What do you think helps you to have meaningful engagement with the residents you visit?

> ***I often make a joke that I am the 'strange lady' that turns up. The young people tend to respond negatively if I say I work for the system/government. I am over the top polite and always thank people for having me in their home. I try to be respectful as to how they want to be approached and if they are not open to talking to me, I don't force it.***

If they are deaf, I will ensure I am front-on and speaking directly to them. If they use COMPIC or electronic equipment, I will try to use those. I will also let people know if I can't understand them and usually get support staff to assist me. I find this reduces frustration on their behalf and they are still able to speak to me.

Has anything surprised you in your visits over the past year?

I have recently seen some positive growth and maturity changes in a young person I have been visiting for a long time. I'm also constantly amazed at the technology available and how it can be utilised to support people to communicate. I've also been pleasantly surprised to see an embracing of dating for people living in SIL accommodation.

Are there any challenges that you've identified that, if addressed, could lead to better outcomes for people living in visitable services?

Some of the challenges that I'm working on with providers seeking better outcomes include:

- Families who continue to treat their adult family member as a perpetual child. I worked with one service provider around this issue where there was a LGBTQIA+ man in his 50s who wanted to date after recently moving out of his family home. The provider was able to work through this with his mum and support him to go on dates.
- I'm seeing a lot of OOHC service providers not implementing 'normal routines' for the young people in their care. For example, no limits in technology time and a lack of consequences for their actions for the young people in care.
- I also see some services who appear to provide a 'babysitting' role where I like to challenge them to introduce meaning into a resident's life. This might include community access, dating, interests, arts/crafts and not just a drive to the nearest fast-food outlet.

Linda Evans

How do you ensure that the voices of the residents are heard at your visits and through your visit reports?

The timing of my visits is planned around when I expect all the residents to be home, so I can have an opportunity to speak to everyone. Occasionally with a first visit, there may be a resident who does not wish to meet with me, and who may stay in their room. I will still speak to the resident (through the door if necessary) and let them know why I am in their home and how long I will be in their home should they change their mind or have any questions. I will interact with all residents during a visit and not leave anyone out. I include details on my interactions with residents in my visit report, and will include any issues they raise with me, even if discussed and resolved during my visit. I will also often ask the service what information they have given to a resident and whether the resident has indicated that the response was satisfactory.

What change or improvement have you observed over the last year that you are particularly proud of?

I have been raising issues with service providers for some time regarding resident participation in government cancer screening programs, and in relation to how residents can benefit from sizeable savings they have with the Public Trustee. I recently had contact from a resident I had met for the first time at a recent visit, who told me that she had never participated in cervical screening, to inform me that she had completed the procedure and all was OK. I have also been passing on information to service providers that GPs can refer an individual for an ultrasound procedure rather than a mammogram if this would be a more suitable option for them. I am seeing an increase in participation in breast cancer screening because of this.

Residents, particularly those who are older, often have sizeable savings with the Public Trustee, and I am constantly raising issues with service providers by asking things like "In what way can the individual's health and well-being benefit from them spending some of their sizeable savings". I am seeing an increase in favourable responses with two services recently informing me of holidays being planned for residents.

What is your favourite thing about being an OCV?

I enjoy meeting the residents and the service staff who support them. I have learnt a lot from them that adds to my experience and effectiveness in the OCV role.

> ***I often have visits that are a delight and am always pleased to visit a service that is providing both a good standard of care but is also a 'happy home'. On the other end of the scale, I enjoy a challenge and often find visits that provide this. To be able to satisfactorily resolve a problem for a resident is the most rewarding outcome.***

Are there any challenges that you've identified that, if addressed, could lead to better outcomes for people living in visitable services?

Staff development is an area that needs to be addressed that could lead to better outcomes. For example, I visited a service with residents who have complex mental health issues which does not provide mental health training to their staff.

> ***In contrast, another service I have visited also did not provide mental health training to staff, but when this was raised with them, the service responded by informing me that are now developing a 'continuous improvement plan' named 'know your participant' which will include individual staff development needs required in the support of the participant, including mental health training as compulsory. They are rolling this out to all their houses.***

Karyn Pyle

How do you ensure that the voices of the residents are heard at your visits and through your visit reports?

When we first meet, I explain I am there solely for them and their interests with no other agenda. I want to hear their concerns to see how I might assist with having those concerns addressed. If they reveal something simple such as needing a new lamp for their room to read by, and I can action this issue at the service provider level.

> ***The young people learn that I am genuinely interested in what matters to them. If I assist with 'little' things they are more likely to interact with me, welcome my visits, and over time disclose more important issues they need support with, such as family visitation or medical checks.***

In the event I am not able to speak to the young people, or they are uninterested in engaging, I speak with staff, preferably long-term staff who know the young people well. I am often able to obtain vital information from these key people about what matters most to the young person, or issues that have arisen that are causing frustration.

Finally, if these two approaches fail, I read communication notes, behaviour support plans and incident reports. If I see that 'Sara' has escalated due to an unmet need such as a bank account needing to be set up and this does not appear to have been actioned, I am able to alert senior management in my report to ensure speedy resolution.

What do you think helps you to have meaningful engagement with the residents you visit?

If they don't want to talk to a stranger in the first instance, I will explain my role and reinforce that my only goal is to be there to support them to ensure their rights are being upheld. I don't make promises I cannot keep and if I don't know if I will be able to assist with a complaint they make, I will make it clear, but I also tell them I will try. Anything they raise with me I act on it as a matter of urgency so the young person can correlate my visit with the positive outcome they have been looking for. I personally aim to complete all my reports within three days to ensure speedy resolution and to facilitate this correlation.

I will provide each new young person with our OCV brochure and clearly explain how they can contact me if they have concerns that arise before my next visit. If a young person does take the time to make contact, I respond to them the same day I receive the message, further reinforcing how important their needs are and that they are a priority.

> ***Additionally, I take the time to make notes about something personal they have told me, it may be their favourite football team, a band or show. I mention this at our next visit, further validating that I am interested in what they care about. It shows I seek to build a long-term relationship that is solely for their benefit with no other agenda. Over time this builds trust, as they learn I am reliable and can be counted on. This facilitates meaningful engagement moving forward.***

What is your favourite thing about being an OCV?

Cracking the hard nuts! Those young people that aren't receptive in the beginning but then warm up after repeated visits and finally disclose issues of concern that are often significant and personal. Some of these issues are easily resolved and it's just a matter of getting them to the right person at management level for the young person to see powerful, positive change in their daily lives. It also reinforces the vital importance of having an outsider such as an OCV to advocate for the rights of young people in care as it's so easy for them to get lost in an already overwhelmed system.

> ***I received an email from a young person who I supported to advocate for her rights in the leaving care process. Honestly, I wasn't even able to help with many of her concerns, but I did what I could within the scope of my role. She wrote, "thank you for your help, I've been in care since I was 5 years old and it's the first time I ever felt like anyone really listened to me." It was definitely the best email I've ever received.***

Are there any challenges that you've identified that, if addressed, could lead to better outcomes for people living in visitable services?

The most significant challenge for young people in care appears to be the very system that is set up to support them. It is overburdened by paperwork, under resourced for quality staff, the quality staff that do exist are underappreciated and underutilised, and most importantly the voices of the young people are rarely heard by anyone who has the power to invoke change for them. There are too many managers who barely interact with the young people yet are making pivotal decisions that affect their daily lives. Long term staff who have developed relationships with the young people should have input into staffing changes, house moves, matching, and many other decisions related to the care of the young people, but do not. They know them well, have built the relationships, but their voices are rarely, if ever, considered when fundamental decisions are made, and it is to the detriment of the young people.

> ***We need more funding for OCVs to support more young people in care and more hours to dedicate to the role. Our effectiveness is limited by our funding, so much more could be accomplished with appropriate funding resulting in optimal and more timely outcomes for the young people in care, as well as a more efficient and effective sector overall.***

Case study

Brrrr … it's cold in here!

The OCV visited a service for the first time and had an opportunity to talk with Phil, a resident, and ask if he had any concerns he wanted to raise with her. In response, Phil showed the OCV his bedroom and explained how cold it was.

The OCV observed that Phil lived in an older property with draughty seals around the windows that Phil had stuffed with paper to try to block the draughts. The room also had a blocked-up fireplace with a flue. However, the timber blocking off the flue had perished and there was also a draught coming down through the chimney and into the unheated bedroom.

> ***After her visit, the OCV raised the issue of the cold and draughty room in her report that was sent to the service provider, asking what actions they were taking to address the maintenance requirements in the home.***

In response, the service provider told the OCV that a new seal had now been fitted to the timber covering the chimney flue and new seals had been fitted to the window. The OCV was able to see these repairs had been completed at her next visit.

Improving communal spaces

During a visit to an OOHC service, the OCV was approached by a couple of the young residents, Ben and Sam, who raised concerns about the limited functionality of the computer room at the home. Only one computer was operational due to missing cables and mismatched equipment. They said the overall layout and atmosphere of the space felt neglected and uninspiring. While observing the room, the OCV noted broken and ripped seating, a disconnected PS4, poorly positioned exercise equipment, and dim lighting that contributed to an unwelcoming environment.

> ***Ben shared with the OCV a thoughtful suggestion to add soft-toned LED lighting and soft furnishings, such as bean-bags, to create a chill-out zone alongside the computer facilities. The OCV acknowledged the insight behind Ben's ideas and saw this as an opportunity to advocate not only for better resources, but also for Ben and Sam's involvement in shaping their environment.***

In her visit report, the OCV raised the issue with the service provider and sought clarification on whether there were plans to make the space more functional, age-appropriate and engaging. She asked whether the provider had considered involving the young people in redesigning the space, given their creativity and willingness to contribute ideas. The OCV also noted the limited use of the outdoor space of the home, identifying that aside from a small basketball hoop and a BBQ, engagement was low. She asked in her visit report whether the service had considered additional outdoor recreational options.

The service provider responded positively to the OCV's visit report, confirming that the broken equipment had been removed and repairs and replacements were being arranged. The room was added to the team meeting agenda to ensure ongoing attention and plans were underway to transform the room into a more inviting communal area with soft furnishings and soft lighting, with staff intending to gather feedback from Ben and Sam during individual conversations and house meetings. The service also told the OCV that they would purchase some new equipment for the outdoor area, and discussions were underway about making further sporting and aesthetic changes.

> ***Through raising Ben and Sam's concerns, the OCV supported the momentum towards improving the communal spaces in the home. The service's positive engagement and action highlight how the OCV role can help amplify young people's voices and contribute to meaningful, youth-focused environmental improvements.***

Right to live close to family and community interests

The OCV visited Trish, who had been moved into an NDIS accommodation service in metropolitan Sydney after discharge from a health facility. Trish had previously lived close to her extended family.

Trish's new home was located an hour's drive from her extended family, and not close to any public transport. Trish's service provider had limited options to transport her to visit her family due to the support needs of her co-residents. Trish told the OCV that she no longer lived close to any services that were of interest to her. She had previously enjoyed attending craft classes (quilting/knitting/sewing) and bush care, with support.

> ***The OCV noted that Trish's accommodation support provider hadn't employed staff who had the skills to support her, acknowledging that Trish had often raised concerns with them about the lack of staff support for the hobbies and interests that were important to her.***

Trish wanted to move closer to her extended family and was prepared to live in any flexible option that provided a closer link to her family.

> ***After her visit, the OCV raised issues in her report about the location of the accommodation and lack of transport options for Trish; the lack of community activities available to her; and the lack of staff with skills to support and engage with Trish and her interests.***

In response, the service provider acknowledged the concerns. They worked with Trish and her family to find accommodation closer to her family supports and within walking distance of a community facility that offered a number of activities she was interested in. Trish moved into her new accommodation in December 2024.

Raising and resolving issues

How do OCVs help to resolve service issues?

The Visitor's role is focused on local resolution – they raise issues of concern affecting residents in their visit report and provide the visit report to the service provider. Through these reports, OCVs inform the provider of the issues they have identified during their visit and seek information and advice about those matters and the actions that are being taken to resolve them.

Main issues raised by OCVs with service providers

In 2024-25, OCVs raised, monitored and worked on **7,791 issues** about visitable services in NSW and support for residents. This is a 10% increase on the previous year (7,053).

In 2024-25, the main issues raised by Visitors across all visitable services related to:

1. Identified health, medical, dental, optical, auditory, nutritional, psychological and development needs addressed — **515 (6.6%)**
2. Residents supported to access appropriate health and medical services, and treatment as needed — **460 (5.9%)**
3. Relevant, appropriate and comprehensive assessments conducted regularly to identify the needs of the individual — **432 (5.5%)**
4. Health and development needs assessed, recorded, monitored, and reviewed as required, at least annually — **391 (5%)**
5. Resident files, records and plans, including staff communication systems in place, operational, up to date and available on site; and staff trained in their appropriate use — **375 (4.8%)**
6. Appropriate furniture, fittings, amenities, heating and cooling provided and maintained in a reasonable state of repair and safe working order — **345 (4.4%)**

Table 4: Number of issues reported by OCVs by service type, 2024-25

Service type	Total no. of visitable services	No. of allocated visitable services	No. of issues raised*
Disability supported accommodation	3,364	1,988	5,227
Residential OOHC	587	437	2,451
Assisted boarding houses	24	20	113
Total	**3,975**	**2,445**	**7,791**

* NOTE: This figure includes new issues and issues carried over from 2023-24

Escalating issues to appropriate bodies to resolve

Where the issues have not been resolved at the local level, or if the issues are particularly serious or significant, OCVs can refer the concerns to other appropriate bodies. For example, referring matters of concern to the NSW Ombudsman or the Children's Guardian about children in care; or referring matters of concern involving NDIS providers to the NDIS Commission. These matters tend to be significant, urgent and/or systemic, and typically result in the agency making inquiries or taking other action.

This year, the ADC supported OCVs to refer 73 matters of concern to other appropriate bodies.

Table 5: Number of referrals by OCVs to other appropriate bodies in 2024-25

Agency	Number of referrals
NDIS Quality and Safeguards Commission	35
NSW Ombudsman	20
Office of the Children's Guardian	10
Homes NSW – Assisted Boarding Houses Team	3
NSW Trustee and Guardian	2
ADC – Ageing and Disability Abuse Helpline	2
National Disability Insurance Agency	1

OCVs informing actions by the Children's Guardian

The work of OCVs and the Office of the Children's Guardian (OCG) intersects in a number of ways. Data about trends observed by OCVs in relation to individual agencies and the residential OOHC sector more broadly is regularly shared with the OCG. Where an OCV holds a particular concern about the safety, welfare and wellbeing of a child or young person or a residential care provider, the OCV can refer the matter to the OCG, or provide the OCG with copies of any referrals made to another body such as the NSW Ombudsman. The OCG uses information about trends and individual concerns to target its monitoring activities, including to inform its focus when assessing agencies' practice and compliance with accreditation criteria.

In 2024-25, the OCG used information from OCV reports to decide which residential houses OCG assessors would visit and which programs or practice areas to focus on when conducting monitoring or accreditation renewal assessments of agencies.

The OCG also escalated or shared information about concerns raised by OCVs about individual children and young people. Examples include:

- a young person who was reported to be homeless and refusing to return to their placement or engage with the case managing agency
- a young person who had exited the care of an agency and whose location was unknown
- a child with significant disabilities who experienced significant delays in accessing funding to meet their needs, impacting their health and wellbeing.

Being a new OCV

Emily Bielefeld

What drew you to the role of an OCV?

I became aware of the OCV scheme through my previous roles in the disability and community services sectors. I had seen firsthand how critical it is for people living in closed or supported environments—especially those with complex needs or limited family and community engagement—to have access to external oversight. The presence of a third party, independent of the service provider, can make a significant difference.

Many individuals I had worked with in the past were isolated, had limited understanding of their rights, and didn't always know how to raise concerns or access advocacy. I recognised how vulnerable this made them to neglect or mistreatment, often through no intentional wrongdoing, often systemic oversight.

> ***What drew me most to the OCV role was the opportunity to be a safeguard—a visible and proactive presence ensuring that people's voices are heard. In many ways, I saw the role as a first line of defence against abuse, and also as a bridge: connecting individuals to information and advocacy.***

How would you describe your experience in the role so far?

The experience has been incredibly rewarding and eye-opening. Every visit is unique and carries its own energy and unpredictability, which keeps the role engaging.

> ***I truly consider it a privilege to be welcomed into people's homes and lives—to be trusted enough to hear their stories, worries, and joys. It's powerful to witness how much it means to someone to feel listened to and to know that their opinions matter.***

One of the best parts of the role is connecting directly with residents—some of whom may have limited social interaction—and being an impartial presence for them. I've met remarkable individuals with resilience, humour, and insights that stay with me long after the visit.

That said, the role can also be emotionally challenging. There are visits where I've encountered a resident in distress or extremely difficult circumstances, or where a resident is having a really difficult day, or where systemic issues feel slow to change despite concerns being raised. Those moments can be hard to see, but they also reinforce the importance of the OCV scheme.

> ***I've also deeply appreciated the community of other Visitors—people from diverse professional backgrounds who are passionate, thoughtful, and generous with their time and knowledge. Peer support has been incredible.***

Is there one visit or interaction that stands out as particularly meaningful for you?

There are many, but one visit that stands out was with a young woman who had recently experienced a period of crisis. She had diverse communication needs and was living in an environment that wasn't suitable for her physical requirements—something that clearly impacted her daily quality of life.

> ***Despite her challenges, she made a clear effort to communicate with me. She wanted to engage, to be heard, and to share the difficulties she was facing. I listened, reassured her that her voice mattered, and explained how I would raise these issues in my report. What stayed with me most was when she said she felt better after talking and asked when I would be able to come back. That simple request reaffirmed for me how vital continuity and presence are in this role.***

Another memorable interaction was with a 57-year-old woman who was absolutely obsessed with basketball. We ended up playing together, and she thoroughly beat me at getting baskets! Through that game, she opened up about her life, her friendships, and how happy she was with her current supports. It was a joyful, light-hearted moment that reflected what good support can look like when it aligns with someone's interests and passions.

Is there anything that you wish you had known before you started in the OCV role that would have helped you?

One thing I wish I'd been more prepared for is just how much self-management the role requires. While the flexibility is a great asset, it also means that you need to be very organised, self-motivated, and proactive in managing your workload. Keeping track of visits, report deadlines, correspondence, and follow-ups requires efficient personal systems. I've developed these over time, often with support and tips from more experienced colleagues.

> ***I also wish I had been more aware of how emotionally complex some visits can be—particularly when you see a resident multiple times and the same issues persist without clear resolution. It can feel frustrating or disheartening at times, but it also reinforces the long-term value of consistent advocacy.***

Finally, I was surprised to learn just how much government agencies and systemic reform efforts rely on the data and insights gathered by OCVs. It really highlighted the importance of clear, thorough, and objective reporting. At the same time, it's been disheartening to see how under-resourced the system is, considering the critical nature of the work.

Case Study

Strengthening communication and safety

During a visit, the OCV met with Richard, a resident living alone in a relatively remote area. Richard raised concerns about the lack of structured communication around his weekly support roster as he relies on his support staff not only for day-to-day assistance, but for maintaining a sense of safety and routine.

Richard explained to the OCV that he was not receiving a regular schedule – whether weekly, fortnightly or monthly – and that he was rarely notified of changes in a clear or consistent way. Most of the time he would only learn about roster changes through the support staff themselves, rather than through any direct communication by the service.

Richard shared that having predictable updates about who would be attending his home, and being informed in advance about any changes, would significantly increase his sense of security. He also spoke about wanting an approach where he felt included in decisions about his care team, particularly when unfamiliar staff members were introduced.

> ***The OCV raised Richard's concerns with the service provider through her visit report. She highlighted the impact this uncertainty was having on Richard's well-being and his wish for a person-centred rostering process.***

The service responded positively and took steps to address the concerns, developing a new process designed to improve communication, ensure timely updates, and give Richard greater involvement in his staffing arrangements.

Additionally, Richard is now informed in advance and invited to participate in a buddy shift process, ensuring that he has the opportunity to meet the new worker in a supported way, and his feedback will be sought before any further shifts are arranged. Richard also has a visual weekly roster, and the service holds a list of approved support staff.

> ***By raising Richard's concerns, the OCV supported a process that led to meaningful improvements in his experience of support and his confidence in the service.***

I want to vote

The OCV visited James, who had recently relocated to the home from regional NSW. James spoke to the OCV about the upcoming federal election (May 2024) and his desire to enrol to vote in his new electorate.

> ***James did not have access to the online portal as he did not own a laptop. He also required some assistance navigating the AEC website on the service's laptop.***

The OCV spoke to the staff on duty, who acknowledged that James had asked about enrolling to vote, but this request had not yet been acted upon. While the OCV was completing her visit, the staff supported James to enrol in his new electorate. This was able to be done in real time as the service held all the necessary identity documents to ensure the correct enrolment.

The OCV saw staff assist James in applying for a postal vote, as this was his preferred method of voting.

> ***When speaking with James at her next visit, he told the OCV he had received, completed and sent back his postal vote for the federal election.***

Supporting reconnection with family

During a visit, the OCV spent time speaking with Helen, a resident of an assisted boarding house. During their conversation, Helen shared with the OCV her deep sadness she had been feeling following the recent passing of her mother. It was clear to the OCV that this loss had affected her profoundly. As she spoke, she also mentioned her brother, Gary, who she had not seen in quite some time. Helen was unsure exactly how long it had been since they last spoke or met, but she expressed a desire to reconnect with him.

> ***Helen told the OCV that she believed the service had Gary's phone number, but she appeared unsure about how to take the next steps toward reaching out. She seemed uncertain about whether it would be appropriate to ask and didn't feel confident navigating this alone. The OCV could see how much the idea of reconnecting meant to her, especially as she grieved the loss of their mother and sought comfort in the possibility of rekindling a family bond.***

After her visit, the OCV followed up with the service to enquire as to whether there were any support services in place that might be able to help Helen reach out to Gary.

Following this discussion, the service took proactive steps to support Helen to re-establish contact. A letter was sent to Gary, and not long after, Helen received a phone call from her brother. While the contact is currently low, it represents a significant and meaningful step forward for Helen, who now feels more hopeful about the potential to rebuild this relationship.

> ***The service has committed to continuing to support Helen in nurturing this connection, and Helen expressed gratitude for the assistance and encouragement she received.***

This case highlights the important role of OCVs in creating pathways for reconnection, particularly in settings where residents may feel isolated or unsure of how to advocate for themselves. Through this engagement with the service, the OCV was able to help facilitate a positive and emotionally significant outcome for Helen.

Alternative educational activities

The OCV had been visiting a young person Olivia, aged 14, who was living in a residential OOHC placement with two other young people. Olivia had been very reluctant to attend school for some time and had started attending an alternative skills development program. The program included a wide variety of educational activities to give young people skills and opportunities to participate in various Certificate II and Certificate III training courses to aid them in their future careers.

The OCV received a phone call from a staff member at Olivia's home and was told that Olivia really wanted to talk to her during her last visit but was too scared to as she thought she might get into trouble. The OCV arranged a visit to the home to see Olivia again. Olivia told the OCV that she really wanted to continue attending the skills program but was told that there was no more funding available. During the OCV's visit, staff confirmed that the provider was not going to support Olivia attending the skills program and that their expectation was that Olivia would return to school even though this was something she was refusing to do.

Following the OCV's visit she raised several issues in her visit report, including her concern that Olivia's attendance at the skills program would not continue to be funded. In response to the OCV, the provider advised that after considering the concerns they would continue to fund Olivia's attendance at the skills program.

> ***At the OCV's recent visit to the home, she was pleased to see that Olivia was continuing to attend her skills development program and staff told her that there had been a significant change in Olivia's behaviour. Staff told the OCV that Olivia was spending much less time alone in her room and appeared to be happier and much more confident.***

Visits to disability services

In 2024-25, there were 3,364 visitable supported accommodation services for adults with disability known to the OCV scheme, accommodating 10,876 residents.

Of these services, 1,988 (**59%**) were allocated to OCVs for either regular or one-off visits. We increased the number of disability services allocated for visiting this year by 31% (from 1,512 to 1,988 services).

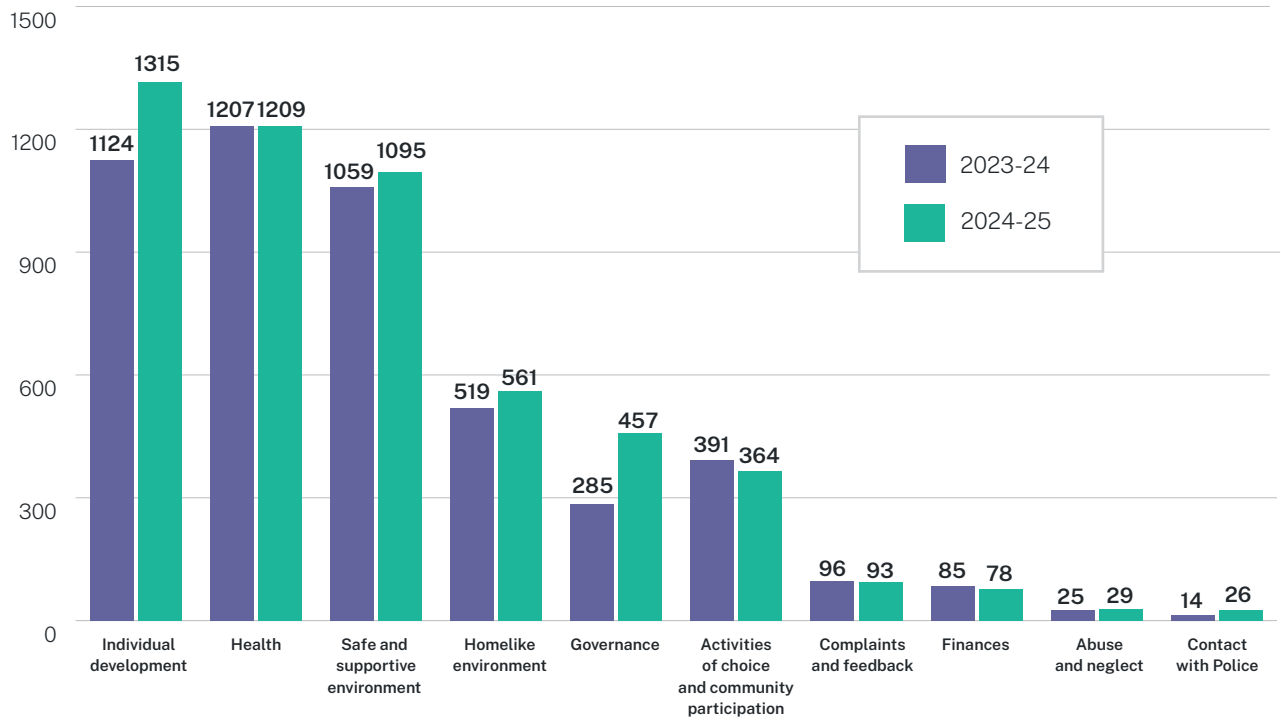
OCVs made **2,539 visits** to the allocated disability accommodation services and worked on **5,227 issues** of concern.

Table 6: Data for allocated disability services, 2023-24 – 2024-25

	2023-24	2024-25
No. of services allocated	1,512	1,988
No. of visits	2,369	2,539
No. of issues worked on	4,805	5,227
Average no. of issues per service	3.2	2.6

The majority of issues raised by OCVs in disability supported accommodation services were under the classification of 'Individual development' (1,315), followed by 'Health' (1,207).

Figure 2: Number of issues by classification category, disability services, 2023-24 – 2024-25



Main issues raised with disability services in 2024-25

This year, OCVs most often identified and raised the following issues with disability supported accommodation services:

1. Identified health, medical, dental, optical, auditory, nutritional, psychological and development needs addressed

347 (6.6%)

2. Residents supported to access appropriate health and medical services, and treatment as needed

327 (6.3%)

3. Health and development needs assessed, recorded, monitored, and reviewed as required, at least annually

325 (6.2%)

4. Relevant, appropriate and comprehensive assessments conducted regularly to identify the needs of the individual

310 (5.9%)

5. Resident files, records and plans, including staff communication systems, in place, up-to-date or available on site; and staff trained in their appropriate use

272 (5.2%)

OCV referrals to other agencies

This year, OCVs made 40 referrals to other agencies in relation to matters of concern affecting residents in disability accommodation services. Referrals were made to the NDIS Commission, NSW Trustee and Guardian, the NDIA, and the ADC.

Visits to assisted boarding houses

In 2024-25, there were 24 assisted boarding houses in NSW, accommodating 252 residents.

Of the 24 assisted boarding houses, 20 were allocated to OCVs for regular visiting (83%). We increased the number of assisted boarding houses allocated for visiting this year by 11% (from 18 to 20 services).

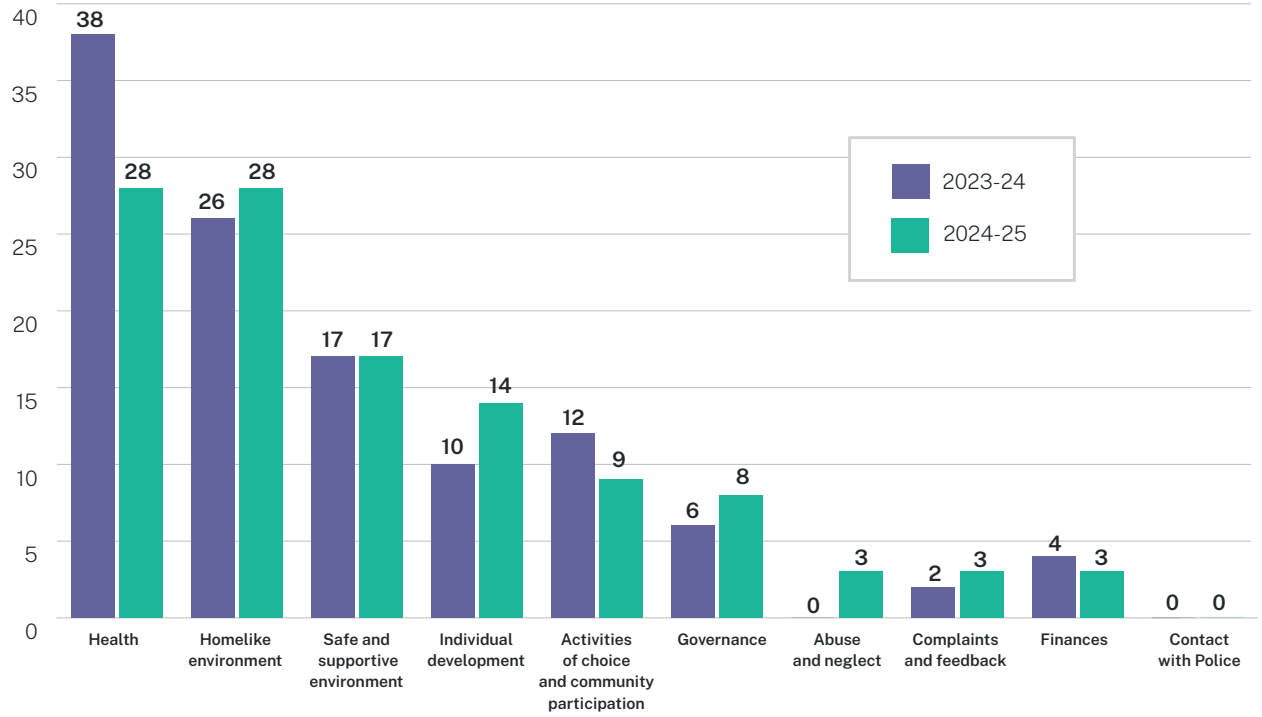
OCVs made **62 visits** to assisted boarding houses and raised **113 issues** of concern affecting residents.

Table 7: Data for allocated assisted boarding houses, 2023-24 – 2024-25

	2023-24	2024-25
No. of allocated assisted boarding houses	18	20
No. of visits	62	62
No. of issues reported	115	113
Average no. of issues per service	6.4	5.7

The majority of issues raised by OCVs in relation to assisted boarding houses were under the classification of 'Health' (28) and 'Homelike environment' (28).

Figure 3: Number of issues by classification category, assisted boarding houses, 2023-24 – 2024-25



Main issues raised with assisted boarding houses in 2024-25

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

1. Appropriate furniture, fittings, amenities, heating and cooling provided and maintained in a reasonable state of repair and safe working order

14 (12.4%)

2. Residents supported to access appropriate health and medical services, and treatment as needed

11 (9.7%)

3. Identified health, medical, dental, optical, auditory, nutritional, psychological and development needs addressed

7 (6.2%)

4. Residents actively encouraged and supported to participate in their community in ways that are meaningful and important to them

6 (5.3%)

5. Initial placement and changes of placement based on comprehensive assessments of the needs of the individual resident and the shared needs of the other residents in the house

6 (5.3%)

OCV referrals to other agencies

OCVs made 3 referrals to other agencies in relation to matters of concern affecting residents in assisted boarding houses this year. The referrals were made to the Assisted Boarding Houses Team in Homes NSW.

Visits to residential OOHC services

In 2024-25, there were 587 residential OOHC services known to the OCV scheme, accommodating 1,119 children and young people in statutory care and Specialist Substitute Residential Care.

Of the 587 services, 437 (**74%**) were allocated to OCVs for either regular or one-off visits this year. We increased the number of residential OOHC services allocated for visiting this year by 31% (from 334 to 437 services).

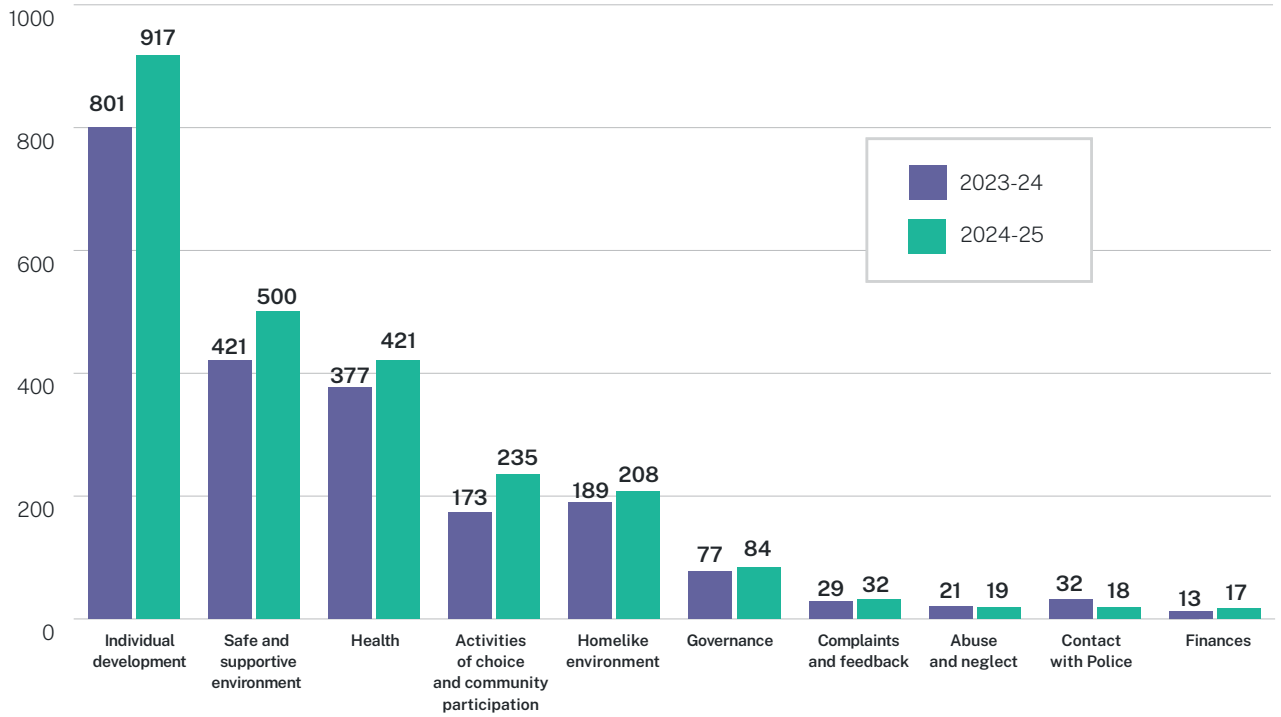
OCVs made **1,066** visits to residential OOHC services and worked on **2,451 issues** of concern.

Table 8: Data for allocated residential OOHC services, 2023-24 - 2024-25

	2023-24	2024-25
No. of allocated assisted boarding houses	334	437
No. of visits	945	1,066
No. of issues reported	2,133	2,451
Average no. of issues per service	6.4	5.6

The most common issues raised by OCVs with residential OOHC services were under the classification category of 'Individual development' (917), followed by 'Safe and supportive environment' (500).

Figure 4: Number of issues by classification category, residential OOHC services, 2023-24 – 2024-25



Main issues raised in 2024-2025

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

1. Leaving care and transition plans developed early, implemented and clearly documented

213 (8.7%)

2. Individuals supported and encouraged to participate in appropriate educational or vocational activities

197 (8%)

3. Identified health, medical, dental, optical, auditory, nutritional, psychological and development needs addressed

162 (6.6%)

4. Residents supported to access appropriate health and medical services, and treatment as needed

122 (5%)

5. Relevant, appropriate and comprehensive assessments conducted regularly to identify the needs of the individual

121 (4.9%)

OCV referrals to other agencies

This year, OCVs made 30 referrals to other agencies in relation to matters of concern affecting residents in residential OOHC services. Referrals were made to the Ombudsman's office and/or the Children's Guardian.

Case study

A right to be respected by staff

The OCV made an unannounced visit to a service. When knocking on the door, the OCV heard a staff member speak to residents in a manner that was brusque. During her visit, the OCV noted that the staff member:

- did not respond to questions asked by one of the residents
- appeared to belittle several of the residents' requests
- did not use any usual courtesies, such as please and thank you
- used a loud tone when speaking to the residents.

The OCV noted when reading resident support plans that several of the residents had a significant trauma history. She read that the best way to communicate with the residents was to speak in a low, gentle, modulated tone.

The OCV heard and saw this staff member interact with all the residents in the house. The staff member continued to use a loud tone and a brusque manner.

> ***During the visit, two residents, Rachel and Louise, spoke to the OCV privately in the outside patio and told her the staff member was often rude to them both. Rachel and Louise said they had told the house manager they did not like the way the staff member spoke to them but that nothing had been done about this complaint.***

One example Rachel provided to the OCV was that the staff member would tell the residents they had to finish meals early so cleaning up could be done, and the residents needed to go to bed early. Rachel told the OCV this was done in a manner she found rude and disrespectful.

The OCV observed that the staff member started clearing the evening meal before the residents appeared to have finished eating. The OCV noted during the clearing up that the staff member was brusque in her behaviour.

After her visit, the OCV raised the residents' concerns with senior management in her visit report. The OCV provided information about her own observations during the visit , as well as raising the residents' concerns.

> ***On the OCV's next unannounced visit, all residents present told the OCV the staff member was no longer with the house, and they felt supported by the new support staff engaged by the service.***

On this second visit, it was evident to the OCV the residents were comfortable with the support staff on duty. The residents told the OCV they were very happy with the service and felt senior management had listened to their concerns.

You've got mail

Guy, a 15-year-old young person living in residential OOHC, told an OCV during a visit that he had never received a letter or parcel in the mail like other children do and he would like to as his birthday was approaching. The OCV asked him if he would like this raised with the service and he said he would.

Following her visit, the OCV asked the service provider if they had ever explored options for Guy to receive some mail, and whether they had any avenues by which it could occur.

> ***In response, the service provider stated that Guy had supervised visits with his family, but his placement address was not known to them. They said they would speak with his family and tell them of Guy's wish to receive some mail and ask them to send a parcel to the service, who would then address it to Guy so he could receive it in the mail.***

The service provider also told the OCV that they had also arranged a visit for Guy with his family members to celebrate his birthday.

Coordination of the OCV scheme

The ADC has a general oversight and coordination role in relation to the OCV scheme and supports OCVs on a day-to-day basis. Under the Ageing and Disability Commissioner Act and the Children's Guardian Act, and via sub-delegation by the Children's Guardian, the ADC:

- recommends eligible people to the Minister for appointment as a Visitor
- determines priorities for the services to be provided by OCVs
- convenes meetings of OCVs
- looks into matters arising from OCV reports and refers them to appropriate bodies on a Visitor's behalf, as required.

As part of this work, the OCV team in the ADC:

- runs the day-to-day operation and administration of the scheme, including management of the online data system (OCV Online)
- determines the prioritisation of services for visiting
- provides induction, information, support, and professional development to OCVs to assist them in their work
- supports OCVs to respond to concerns about people living in visitable services
- coordinates the responses of OCVs and the ADC to individual and systemic concerns affecting residents
- promotes the scheme and the work of OCVs as a safeguard for people in care.

Key actions by the ADC in 2024-25

Recruitment

- Completed a recruitment campaign and engaged five new OCVs in February 2025.

Escalating and communicating issues

- Facilitated a meeting between the Minister and a representative group of Visitors to discuss key issues affecting residents in visitable services identified by OCVs.
- Shared trend and pattern data relating to issues identified in OCV visits with the Minister, the OCG, and the NDIS Quality and Safeguards Commission.
- Facilitated OCV complaints and referrals to appropriate bodies.
- Finalised information sharing arrangements with the OCG and DCJ to enable the OCV scheme to receive advice about additional visitable service locations accommodating children and young people.
- Worked with the NDIS Commission to provide information to NDIS providers in their Provider Newsletter about the changes to the ADC Act requiring providers to provide information to the ADC about their visitable services.
- Coordinated the provision of information to the NDIS Commission and the Ombudsman's office in response to notices to produce relevant information to assist their regulatory or inquiry functions.
- Attended quarterly meetings of the Assisted Boarding House Expert Advisory Group (ABHEAG).
- Facilitated a representative group of OCVs to contribute to a review of high-cost emergency arrangements and the OOHC system.
- Continued discussions with the NDIS Commission on information sharing, with NSW being invited to be a part of an information and data sharing pilot project commencing in July 2025.
- Attended meetings with other State and Territory community visitor schemes with the aim of working towards nationally consistent principles, culminating in the commencement of a Nationally Consistent Community Visitor Schemes project to kick off in July 2025.
- Provided presentations on the OCV scheme for staff at the NDIS Worker Check and NSW Trustee and Guardian.

Supporting OCVs

- Engaged a new provider of clinical supervision for OCVs visiting residential OOHC services, to support Visitor wellbeing.
- Held regular OCV consultation group meetings with a representative group of OCVs from across the Visitor regions.
- Finalised a project to upgrade OCV Online, the data system used by OCVs, which went live on 1 July 2025.
- Met with a number of service providers to improve OCV access to documentation related to the operation of visitable services, including commencing trials with two providers for OCVs to access documentation directly from their IT systems.

Enabling OCV networking, development and training

- Facilitated Aboriginal cultural awareness training for OCVs.
- Ran the annual OCV conference, which included sessions with the OCG, NSW Ombudsman's office, NDIS Commission, and National Disability Services, and a team building workshop.
- Held monthly OCV practice forums with internal and external facilitators on diverse topics, such as:
    - supporting people with disability with reproductive and sexual health, facilitated by Family Planning Australia
    - Mission Australia's Making Space program
    - NSW Mental Health Official Visitor Program
    - NDIS Commission updates on its complaints process and consultations
    - cyber security and privacy
    - trauma informed practice.

Case study

The Elvis train

The OCV met Marie, a resident in a disability accommodation service, on her first visit to the home. Staff had mentioned to the OCV that Marie loved listening to music, dressing up and going to musical shows as often as she could. She particularly liked the music of Elvis Presley and would often go to tribute shows that had Elvis impersonators.

As part of getting to know Marie and building rapport with her, the OCV asked about the shows she had seen, which ones she enjoyed, and what she liked about them. When Marie mentioned Elvis, the OCV asked if she had heard of the Elvis train that goes to Parkes in NSW in January where people dress up and impersonate Elvis as they take the train trip to the Elvis festival for his birthday. Marie hadn't heard of this but was very interested and asked the staff member on duty if they could look it up.

> *During the OCV's visit, Marie and her support staff checked out the information online and as the OCV was leaving they were looking at the details and planning to book a trip on the Elvis train next January. The OCV is looking forward to hearing about how the trip went for Marie.*

I can communicate even if I can't speak

During a visit, the OCV met Cheryl, a young resident in a disability accommodation service who relies on non-verbal communication. The OCV was told that Cheryl had an initial eye-gaze trial, and data was collected that indicated it was successful. The trial was stopped after 12 weeks because there was no more funding available in Cheryl's NDIS plan, even though there was a recommendation from her speech pathologist that it be continued. Staff told the OCV that Cheryl's mood had changed since the trial had stopped and she was not communicating as effectively as she had with the eye gaze program.

After her visit, the OCV raised her concerns in her visit report to the service provider. She asked what steps the service provider was taking to explore options to enable funding for the second eye gaze trial, and how they were facilitating Cheryl's communication in the interim.

> *As a result of the OCV raising her concerns with the service provider, as well as Cheryl's speech therapist and house manager being able to refer to the OCV's observations and questions, funding was secured and a second eye gaze trial period was commenced. The service provider told the OCV that staff had reported that there had been positive changes in Cheryl's ability to communicate with them and she seemed much more settled and happier now that she could communicate with them.*

Making shopping less stressful

Jane, who lives with anxiety, had told an OCV that she finds it difficult to ascertain how much food to buy each grocery shop and whether it would be enough to last her for the week.

> ***She also said that she becomes overwhelmed in the grocery store when she can't find the items she wants to purchase, having to return to the same aisles multiple times to find things.***

After her visit, the OCV raised this issue in her visit report, asking the service how they help Jane with meal planning and navigating the grocery store.

In response, the service provider advised the OCV that they had spoken to Jane and it was agreed that the meal planning sessions between Jane and her support worker would now occur two days before shopping day. This would enable Jane to reflect on her food choices and to not be overwhelmed with multiple shopping-related activities on the same day. Jane then had a two-day period to make any amendments to the food plan, with the menu plan and shopping list displayed on the fridge.

> ***In consultation with Jane, the service provider developed a shopping list template that reflects the layout of the grocery store. Food is listed in the order they are found in the store, so Jane doesn't have to double back down the aisles to find what she needs.***

Communication cards are great … if you can find them

Jesse, a resident in a disability accommodation service, uses laminated communication and feeling cards as a way of being able to express themselves to support staff. Support staff also used these cards to communicate with Jesse.

> ***During an OCV visit, staff advised that these cards were often unable to be located as Jesse liked to collect and store things they consider theirs. In her visit report, the OCV asked the service provider how they ensure that these cards can be accessed by Jesse and staff when required.***

The service provider advised the OCV in response that they had discussed this issue with Jesse's Behaviour Support Practitioner, and a Perspex wall mounted device had been installed in the main area of the house to safely display one set of the communication and feelings cards. The portable versions remain in use and Jesse is free to store these where they prefer.

Specific training to support individual needs

The OCV visited a service for the first time and met with residents who had recently moved there.

All of the residents had a history of complex and persistent mental health needs. As the service provider promotes themselves in 'autism care', the OCV asked staff during her visit what training and development had been provided to them in how to support the residents' specific mental health needs.

Staff at the house informed the OCV that they had not been provided with mental health training but felt that it would be of benefit as they had no prior experience working with individuals with mental health needs.

> ***Following her visit, the OCV raised this with the provider in her visit report. In response, the provider advised that they would be developing a continuous improvement plan 'know your participant' which would include individual participant information and the required training in their supports. Mental health awareness and training would be part of the compulsory training for all staff.***

Financial

The OCV scheme forms part of the ADC'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 table 9 below). Costs not included here are items incurred by the ADC in facilitating the scheme, including administration costs.

The OCV undertook a piece of work to upgrade OCV Online, resulting in a significant increase in operating expenses. The increase in Visitor related expenses in 2024-25 was a result of factors including:

- an increase in the number of OCV visits
- additional one-off visits, including OCVs travelling to areas of NSW where there is little or no OCV coverage
- an increase in the petrol allowance (to $0.88 per km).

Table 9: Visitor related expenses, 2024-25

	2023-24	2024-25
Payroll expenses		
Salaries and wages	1,002,581	1,079,099
Superannuation	106,915	125,908
Payroll tax	61,689	67,093
Payroll tax on superannuation	-	-
Subtotal	**1,171,185**	**1,272,100**
Other operating expenses		
Advertising – recruitment	-	714
Fees – conferences, meetings and staff development	44,791	42,139
Fees – other	20,000	2,080
Publications and subscriptions	6,173	763
Postage and freight	-	-
Maintenance – equipment	46,302	184,017
Stores	-	-
Travel – petrol allowance	118,750	267,112
Travel and accommodation	57,489	37,927
Efficiency dividend		
Subtotal	**293,505**	**534,752**
TOTAL	**1,464,690**	**1,806,852**

Appendix: OCV issues classification list

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 mealtimes)
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
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. NDIA, DCJ, Education, Ombudsman, Juvenile Justice, 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
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
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 OCG, DCJ or NDIS Commission, 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).


Sharks
NIKE
48 BAY

OCV
Official Community Visitors

Contact us

Official Community Visitor scheme
Manager OCV Scheme

c/-NSW Ageing and Disability Commission
Level 6, 93 George Street
Parramatta NSW 2150

General inquiries: 02 9407 1831
NRS: 133 677
TIS: 131 450

Email: OCV@adc.nsw.gov.au

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

www.adc.nsw.gov.au

NSW GOVERNMENT