



OCV
Official Community Visitors

Annual Report 2021–2022





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Manager OCV Scheme

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Annual Report 2021-2022





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Contents

| | | | |
|--|----|-----------|---|
| Tabling letter | 2 | | |
| Message from the Minister | 3 | | |
| Message from the Ageing and Disability Commissioner | 4 | | |
| Message from the Children’s Guardian | 5 | | |
| Who we are | 6 | | |
| Highlights of 2021 – 2022 | 7 | | |
| The experience of a resident living in a visitable service | 8 | | |
| OCVs in 2021-2022 | 10 | | |
| Case Study | | | |
| Meaningful activities for Sarah | 12 | | |
| Help to make an informed decision | 13 | | |
| Being an OCV | | | |
| Catherine Mulcahy | 14 | | |
| Robyn Monro-Miller | 16 | | |
| Case Study | | | |
| Listening to Todd | 17 | | |
| Being an OCV | | | |
| Kara Lackmann | 18 | | |
| Case Study | | | |
| Making sure Clare was really OK | 19 | | |
| Visiting in 2021-22 | | | |
| Visitable services | 20 | | |
| Visiting and allocating services | 21 | | |
| Number of visits and visit hours | 22 | | |
| Visitor numbers | 22 | | |
| Case Study | | | |
| Making decisions about their own services | 23 | | |
| | | 2 | Raising and resolving issues |
| | | | Main issues raised by OCVs |
| | | | How OCVs help to resolve service issues |
| | | | Coordinated action by OCVs and the Ageing and Disability Commission to address service issues |
| | | | OCVs informing actions by the Children’s Guardian |
| | | 6 | Case Study |
| | | | A cool house |
| | | | Being a new OCV |
| | | | Gabriela Cammas |
| | | | Chris O’Hara |
| | | 10 | Case Study |
| | | | Appropriately supporting Stan to receive treatment |
| | | | Access to his own money |
| | | | Actions on issues raised by OCVs |
| | | | Disability supported accommodation services |
| | | | Main issues raised with disability services in 2021-22 |
| | | | Assisted boarding houses |
| | | | Main issues raised with assisted boarding houses in 2021-22 |
| | | | Residential out-of-home care services |
| | | | Main issues raised with OOHC services in 2021-22 |
| | | | Case Study |
| | | | Taking actions to address ongoing abuse |
| | | | Raising issues about staff misconduct |
| | | | Coordination of the OCV scheme |
| | | | Key actions in 2021-22 |
| | | | Systemic issues project |
| | | | Case Study |
| | | | Accessible communication for Raymond |
| | | | Providing a comfortable and functional home |
| | | | Support to participate in preventative health programs |
| | | | Financial |

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

Tabling letter

31 October 2022

The Hon Matthew Mason-Cox MLC
President
Legislative Council
Parliament House
Sydney NSW 2000

The Hon Jonathan O’Dea MP
Speaker
Legislative Assembly
Parliament House
Sydney NSW 2000

Dear Mr President and Mr Speaker

NSW Official Community Visitor Annual Report 2021-22

I am pleased to present the Annual Report for the Official Community Visitor Scheme for 2021-22, for tabling in NSW Parliament.

This report is presented to the Parliament in accordance with 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*.

Yours sincerely



Robert Fitzgerald AM
Ageing and Disability Commissioner



Janet Schorer PSM
Children’s Guardian

Message from the Minister

Despite ongoing obstacles from the COVID-19 pandemic, NSW's Official Community Visitors (OCVs) managed to maintain their critical work in 2021-22 ensuring children, young people, and people with disability were well supported while living in residential services across NSW.

The dedication of our state's OCVs is a testament to their unwavering commitment to ensure the most vulnerable people in our community have consistent, sincere support and care.

OCVs are an example of how we best meet the needs of those who need our support most and how we ensure the safety and wellbeing of children, young people, and people with disability in residential services.

From my experience as a nurse, I know that a simple gesture and a listening ear can mean so much to a person who is going through a difficult time. Just being present and showing up when someone needs you can be a great privilege and an even greater responsibility.

The NSW Government established the Ageing and Disability Commission in 2019 to better protect people with disability and older people from abuse, neglect, and exploitation. The Commission does fantastic work, and supports people with disability, older people, and their supporters with advice, assistance, and referrals to other agencies where appropriate.

The OCV program is also important to ensure systemic issues in residential services are uncovered and addressed. Through their vital work on the ground, OCVs can spot shortcomings in service provision that can then be addressed at a systemic level.

The diligent and hard work OCVs do make a genuine difference to the lives of children, young people and people with disability in residential services, and I thank them for their outstanding work.

Natasha Maclaren-Jones

The Hon. Natasha
Maclaren-Jones MP

**Minister for Families and
Communities, Minister for
Disability Services**



Message from the Ageing and Disability Commissioner

Notwithstanding the challenges presented by the ongoing COVID-19 pandemic, I'm happy to say that 2021-22 has been a productive year for the OCV scheme. Visitors have continued to visit adults and children in residential care throughout NSW, helping to raise and resolve issues affecting them. In a continuing period of uncertainty in 2021-22, including an extended lockdown, OCVs provided a familiar and reliable face for residents and staff – whether in person or on the other side of a video call.

This year, OCVs visited over 9,400 residents in varied accommodation settings throughout NSW – disability supported accommodation and assisted boarding houses in relation to adults, and residential out-of-home care in relation to children and young people. OCVs visited over 1,180 locations, conducting 2,245 individual visits.


Visitors provide an important safeguard for vulnerable people living in residential care. Independent of the service providers, they are keenly focused on the day-to-day experience of residents, and bring forward the critical issues affecting residents to enable them to be resolved as quickly and locally as possible.

I am pleased to report that this year the OCVs received a modest increase to their remuneration – the first increase in over a decade. To support the introduction of the increased remuneration rate and enable increased visits, the NSW Government provided a one-off temporary increase to the OCV scheme budget of \$400,000 towards the end of 2021. The temporary funding was gratefully received, and will help with visiting capacity over the next year. However, the recurrent budget of the OCV scheme remains unsustainable in light of consistent and continuing growth in the number of visitable services, affecting the percentage of services that can be allocated a Visitor. This year, I have continued discussions with the Government to seek to address the recurrent budget as a matter of priority, noting the increasing viability issues.

Through their role, OCVs achieve positive changes and good outcomes for residents on a regular basis – as highlighted in this report. However, they also identify a range of longstanding systemic issues that have an adverse impact on residents, which are harder to address as individual Visitors. Over the past year, we have had discussions with OCVs about ways in which their collective work could help to influence change on a broader scale. I was pleased to see that, at the OCV conference this year, Visitors identified three key systemic issues that they will have a focus on in their visits in 2022-23 – compatibility; involvement in meaningful activities; and leaving care planning. This project and analysis of the identified issues will help to inform the work of regulatory agencies and service providers.

The case studies in this report showcase the productive and person-centred work of the OCVs over the past year, and what that has meant for residents. I am glad that the information also highlights the important work that OCVs do to promote the rights of residents, and to build the capability of residents and providers to raise and resolve issues at the local level.

I would like to extend my sincere thanks to all of the Visitors for their productive activity and perseverance throughout the year. They are tireless in their dedication to achieving positive outcomes for residents, and it shows in their work.



Robert Fitzgerald AM
**NSW Ageing and
Disability Commissioner**



Message from the Children's Guardian

The past year has seen a consolidation of the Official Community Visitors program as part of the broader regulatory work of the Office of the Children's Guardian.

Official Community Visitors provide a critical safeguard for children and young people in full-time, residential care.

I've been impressed by the resilience and dedication of our Visitors as they've navigated towards a more 'normal' way of working as changes to COVID-19 responses progress. Under changing circumstances, the continuity of support provided by this program has made a valuable contribution to the safety and wellbeing of children in care.

This report provides details on the issues raised and resolved by Visitors across NSW, including 5 matters referred to me as Children's Guardian, and the actions we took in response to those referrals.

Effective responses to improve the circumstances of children in care often require coordination between

agencies and service providers, and my thanks go to Ageing and Disability Commissioner, Robert Fitzgerald, for his leadership in this vital aspect of the Official Community Visitors program.

Most of all, my thanks go to the Visitors who work to protect and support vulnerable citizens, including children and young people, across NSW.



Janet Schorer PSM
Children's Guardian



Who we are

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

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.

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 and the Children's Guardian with advice and reports on matters relating to the conduct of the service.

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 and the Children's Guardian 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.

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.

Highlights of 2021-22

OCVs have:



2,245

visits conducted



1,180

services visited



6,124

hours spent visiting residents, and raising and monitoring issues affecting residents



5

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



2

matters of concern referred to the Department of Communities and Justice about young people in the care of the Minister with support being provided by residential OOHC service providers



4,365

issues raised and monitored, including:

3,254

issues for residents of disability supported accommodation services



5

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

1,007

issues for children and young people in residential OOHC services

104

issues for residents of assisted boarding houses

The experience of a resident living in a visitable service



Mark

The OCV has been visiting Mark for several years, both where he now lives, and at his previous home. Mark moved to his current accommodation last year following incompatibility issues with another resident.

For many years, Mark had lived with his family. He was a member of his local RSL Club and enjoyed meat raffles and live music. Following the death of his father, Mark had several short-term placements before moving to permanent accommodation. Mark recalls that he was scared when he moved into his first shared accommodation – he didn't know what to expect, didn't know some of the residents, and staff were new to him.

Mark told the OCV that he likes where he is now living and likes the staff who support him. However, he is not happy that “everyone seems to be leaving all the time” – relating to COVID, changes in management, and the transfer of various staff to other positions.

Mark is a very sociable person and loves getting out and about – he forms strong relationships with his support staff.

Mark approached the OCV and said that since the move last year to his current home, he had lost his 1:1 community support. This also coincided with the departure of his support coordinator. While the support coordinator position was backfilled, Mark had no contact with them. The OCV understood that the second support coordinator had since left.

Mark was feeling glum, and this was exacerbated by COVID and periods of isolation.

He was missing going out for lunch and walks, visiting café's, and choosing outings with his own staff. Mark has two regular activities – barista training and cooking classes weekly – but would like to consider other options. He told the OCV he would like to participate in a local Men's Shed.



In the absence of designated community support staff, Mark had been receiving 1:1 support from his residential service, and choosing his activities. However, he is keenly aware of the difference between residential and community support staff, and told the OCV that he wants his own community staff who do not work in his home. Mark wants to have a role in choosing these staff.

The OCV spoke with the manager of the accommodation service, who advised that they would be seeking a change of circumstances with Mark's support coordinator, and ensuring Mark knows who is supporting him in all aspects of his plan. Mark will be assisted to make friends outside

of his supported accommodation and paid supports, and to explore local concerts, having friends over for a BBQ, and outings of his choice. The manager and Mark's team will also follow up local Men's Sheds and opportunities for a holiday. Mark will also be reintroduced to meat raffles at his local RSL Club.

In addition, Mark will have opportunities to choose the staff who support him in his community activities.

Jan Lang, OCV

*Story and photo used with the permission of the resident.



OCVs in 2021-22



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

North Coast/New England



Margaret Bigelow



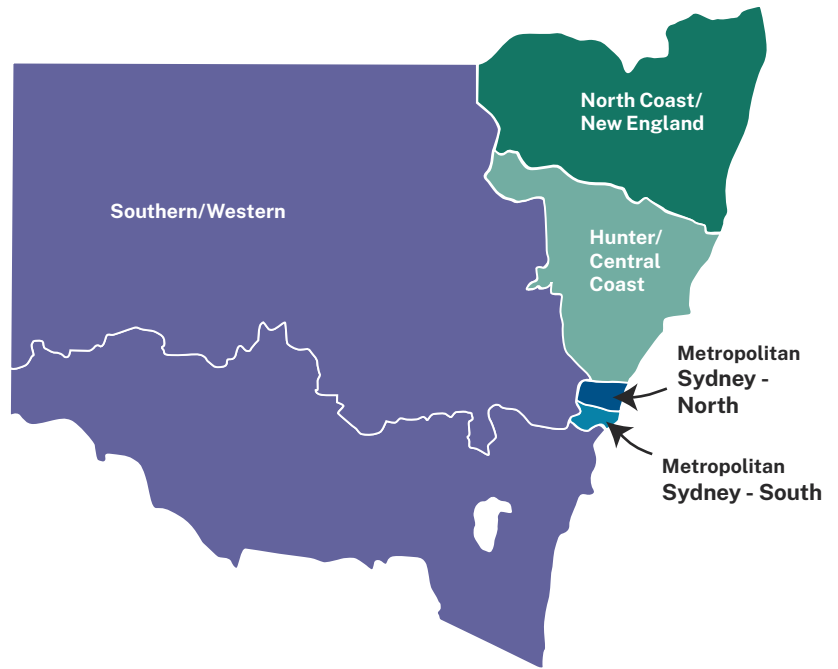
Gabriela Cammas



Heather Croft



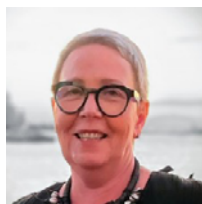
Cathrine Napier



Metro South



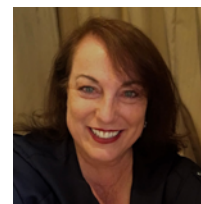
Lyn Cobb



Sue Findlay



Stephen Lord



Robyn Monro-Miller



Catherine Mulcahy



Donna Patterson



Tayyab Shoukat



Palani Subramanian



Metro North



Sally Garman



Susan Hayes



Marilyn McClung



Elizabeth Rhodes



Tamara Wright

Hunter/Central Coast



Linda Evans



Mary-Ellen Kuiters



Kara Lackmann



Peta Lowe



Chris O'Hara

OCVs who ended their appointment in 2021-2022:

Yvette Franks
Kath Hayes
Mick Herbertson
Peta Meyerink
Therese Peters
Lyn Porter
Angela Taylor



Karyn Pyle



Renata Wilczek

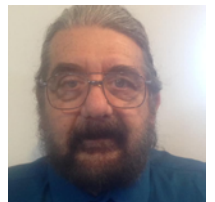
Southern/Western



Rebecca Agentas



Amy Bain



Michael Evans



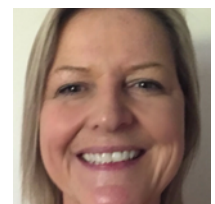
Jan Lang



Cathy Scarlett



Carol Scherret



Karen Zelinsky

Case study



Meaningful activities for Sarah

Sarah, a young woman living in supported independent living, had recently transferred from out-of-home care (OOHC) and left school. As the OCV had visited her previously in OOHC and had some rapport with her, she was able to talk with Sarah about her desires and goals for her future. Since the transition, Sarah was spending her days playing video games and sitting around the house with no real activities or variety in her days. She was rarely showering and had expressed to the OCV she was bored, had experienced thoughts of harming herself, and was showing increased signs of aggression around the home.

Sarah was only spending time in the community once a week to collect her disability support funds and purchase some basic items, leaving her six days a week bored at home. Sarah's discretionary funds were very limited, which hampered her ability to participate in more activities and keep herself busy. She had no friends her own age, no hobbies other than gaming, and spent no meaningful time in the community.

Discussions had occurred with Sarah about joining a day program, but with COVID restrictions it had fallen by the wayside and Sarah had also refused to engage at times.

During the OCV's visits, Sarah expressed her desire to earn more money so she could do activities that were meaningful to her, such as visiting friends who lived further away, visiting her family more often as they also lived quite a distance, as well as seeing movies, enjoying coffees out and undertaking some shopping and other entertainment options.

The OCV raised with Sarah's service provider the issues of her not having the opportunity to develop peer relationships, and the possibility of some kind of day program and/or work program. Through multiple visits and follow ups, Sarah was given the opportunity to visit a day program for a one day trial and she expressed how much she loved it and wanted to go back.

At the OCV's last visit, Sarah was scheduled to begin attending the day program a few days per week, and was also being supported to create a resume and apply for employment opportunities. These additions to Sarah's schedule will assist her to develop meaningful relationships, build capabilities, and enable her to earn some funds of her own.



Help to make an informed decision

During a visit to a disability accommodation service, the OCV asked one of the residents, Penny, whether she had access to COVID-19 vaccinations.

Penny replied that she had not had the vaccine and did not want it. The OCV tried to clarify why Penny did not want to be vaccinated, but it became clear that Penny did not have a good understanding of COVID-19 or how it could affect her.

Later in the visit, the OCV asked a staff member why Penny had chosen not to have the vaccine. The staff member advised that Penny had the right to make her own decision about this, but acknowledged that she was not sure what Penny's objections were. The staff member said that Penny's GP had told Penny that she should have the vaccine, Penny immediately refused, and as far as the staff member knew that was the end of the matter. The OCV asked if Penny had been given Easy Read information about the vaccine, but the staff member did not know.

The OCV was concerned that Penny may not have made an informed decision about whether or not to have the vaccine. The OCV had been visiting Penny for three years and knew that she rarely watched television or listened to the radio, and did not watch the news. The OCV was also aware that Penny was a very private person who did not choose to socialise much in the general community, did not use social media, and did not discuss health matters with her family. The OCV was worried that Penny had made a decision without having all of the information that would enable her to make the best decision for herself.

The OCV raised the issue in the visit report, and sought information from the service as to what could be done to support Penny to have all of the information she may need.

In response, service management advised that Penny had been given some Easy Read material about COVID-19 and the vaccine. Staff had also sat down with Penny and watched the news with her, and discussed the information that was being presented.

Not long after this, Penny said that she wanted to have the vaccine and an appointment was made for her to have her first dose.

Penny is now fully vaccinated.

Being an OCV

Catherine Mulcahy

What is a highlight from your visits over the past year?

I visited a young man in an intensive therapeutic care home who I was advised had significant behaviours of concern. My visits were planned and supported by the Team Leader. He shared the home with two other young people, but each person had their own space.

By comparison to the other residents' rooms, this young person's space was sparsely decorated, had no pictures on his wall and his 'sensory' room had nothing in it but an upturned mattress. I raised this issue in my report, and when I returned to his home a few months later the staff had purchased items for his sensory room and his space looked more homely.

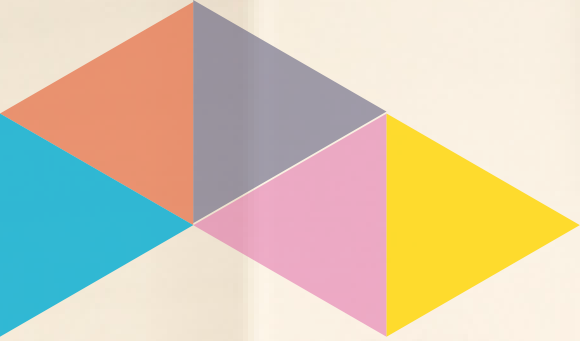
I was very pleased to see this, and I sat in the sensory room with this young man for a few minutes and this allowed us time to engage. It was nice to know that my role as OCV made a small contribution to this young person's life.

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

The thing that has most surprised me about this role is how many of the providers I meet are appreciative of the visits and in some cases I have been asked by providers if some of their other homes can be visited too. People generally respond to the reports by the dates requested or if they don't it is usually because they have some urgent matter to attend to. Providers have said that they welcome the fresh eyes of the OCV. Most people I believe want to do the right thing and show great respect for the work that the OCVs have been appointed to do.

I am surprised and alarmed by the lack of access to training for support workers. I was at a home recently where a hoist is required to lift and transfer four of the five residents and I was informed that the service is employing agency staff who don't have manual handling training.

I am also surprised that some staff have limited knowledge about some of the high intensity supports that people need in the areas of mealtime support and bowel care. These issues put residents at risk of complications related to their assessed health issues.



Being an OCV



Robyn Monro-Miller

When you are embarking on a visit, what are you hoping to achieve?

My goal for every visit is to look at opportunities to shine a light on any potential gaps in the quality of care provided and to provide an opportunity for residents in the locations visited to have their voices heard on matters that affect them.

I take a rights-based approach when visiting and triage issues, by addressing any health and safety issues first then looking at what opportunities are being provided for each resident to have a rich and meaningful life.

I see my visits as an opportunity for service providers to get a different perspective on the service and go into any visit with an open mind, but the needs of the residents are always paramount. I recognize that for people living in the places I visit they are vulnerable and so my visit contributes to ensuring their safety and wellbeing is maintained.

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

The diversity of settings and range of issues that present themselves has been perhaps the most surprising element of my visits to date. For a regulated sector there are still gaps in the quality and delivery of care that are not being addressed.

The other element of surprise has been the critical shortages being experienced in staffing and the administrative burden being carried by staff working in disability homes and OOHHC.

Some staff are working 12 to 14 hour shifts to cope with shortages, but their commitment to the people in their care is obvious.





Case study

Listening to Todd

On the OCV's first visit to the disability accommodation service, she was unable to meet one of the residents, Todd, as he was still in bed. Staff mentioned Todd to the OCV in passing, but were focused on the three other residents with high behaviour support needs. On the OCV's second visit, she specifically sought to meet with Todd; she was concerned that he may be overlooked due to the higher support needs of the other residents.

The OCV spoke with Todd for a long while. Todd is young, fit, articulate and very capable. Todd told the OCV that he would often ring emergency services or the suicide line, and the ambulance staff are very supportive and help him calm down. Todd said that staff don't have any patience with him. He role-played an interaction in which a staff member shouted and lost their temper with him.

The OCV spoke with the team leader at the house, who dismissed Todd's issues saying "We think he just has a morbid fascination with emergency services.

He calls them a couple of times a week". Todd's key worker became angry when the OCV tried to explain Todd's concerns and lost their temper at the OCV. The OCV asked about other supports for Todd, given the risks for young people without any voice or meaningful activities. Following her visit, the OCV also raised this in her visit report.

In response to the OCV's report, the service provider advised that, since the visit, staff had been enrolled in a Mental Health First Aid course, and Todd had been connected to a disability advocate. The team leader had scheduled regular planning meetings with Todd and his advocate every three weeks.

The OCV at her next visit was told that Todd had not contacted emergency services for a couple of months. When she asked Todd what the difference was, he told the OCV that "I feel like people are listening to me now."

Being an OCV



Kara Lackmann

What is a highlight from your visits over the past year?

Rapport building and engagement are the most important aspects of the role as an Official Community Visitor, and I realised this in spades at a visit I made to an OOHC house where three young people lived. For the most part, OCVs will visit unannounced and as I knocked on the door and was greeted by an unfamiliar staff member, one of the residents saw me and invited me in, saying to the staff “I know her, she comes to visit us and sees how we are doing”.

Due to being in an Intensive Therapeutic Care model, the young people at this house have contact with a range of different therapists, house staff/management and schooling so to be remembered as a helpful and positive person in their lives was humbling and rewarding.

The three residents were keen to share their thoughts and feelings on how they were not happy with living with each other. Through discussion with management who were able to inform me of how they are addressing this issue, the result has been positive, with one resident moving into a more independent living situation as was his wish and another resident being restored back to their family with supports in place.

Why do you believe the work of OCVs is important?

The work of an OCV is important in giving vulnerable people an opportunity to voice issues and concerns they may have to an independent person who has the ability to raise these to the appropriate people/bodies.

As an OCV, we have the unique opportunity to visit residents in their homes, talk to residents face to face and provide a personal touch. All issues residents have are important – I have raised many issues on behalf of and with permission of the resident, ranging from the physical environment to the care and support the resident is receiving.

While it is not always possible to resolve an issue or to have a positive outcome, from the very act of listening to a resident and raising those concerns in my report I have seen meaningful and positive changes for residents.



Case study

Making sure Clare was really OK

The OCV had been visiting Clare and her housemates for three years. While Clare and the OCV had had a few chats, Clare tended to minimise any issues. Even when there had been significant issues in the house, Clare would always say that everything was fine and that she didn't have any worries or problems.

One day, the OCV went to the house and Clare was cooking the evening meal. The OCV noticed that Clare was experiencing involuntary hand movements that were much more severe than the last time the OCV saw her. This was making it hard for Clare to perform some of the cooking tasks. For example, she found it hard to control the cooking tongs when she was turning over the meat in the pan. When Clare finished cooking, she did not sit down to eat her meal but paced around outside.

The OCV asked the staff member whether the restlessness and hand movements were worse than usual. The staff member had not worked at the house for six months but said that the restlessness and involuntary hand movements were much worse than last time she had worked with Clare.

The OCV was concerned about potential side effects from Clare's medications that may have been causing the restlessness and involuntary movements, and the potential for this to become progressively worse if not addressed.

The OCV approached Clare and asked her if she was feeling OK. Clare said that she was good and was having no problems, which was her usual response. The OCV asked Clare if her hand was bothering her and Clare said that it was probably from the medication. The OCV also asked Clare if she ever felt so restless at night that this stopped her from sleeping, and Clare acknowledged that this sometimes did happen.

In her visit report, the OCV raised concerns about the involuntary hand movements and the increased restlessness, and sought information on when Clare had last had a medication review. The OCV also expressed concerns about Clare's tendency to minimise any issues, which could mean that she was not letting staff or her GP know if anything was concerning her.

Service management advised the OCV that staff had noticed the worsening symptoms and had been gathering data. It was also acknowledged that Clare does tend to minimise any worries so arrangements were made for the Team Leader to have time with Clare every few days where she could talk about any issues. The service reported that this system was working very well. Following discussions with Clare, the service made an appointment with her GP and staff supported her to discuss her concerns about the restlessness and hand movements with the doctor. As a result, Clare had blood tests, a full medication review, and received a referral to see a specialist.

At the next visit to Clare's home, the OCV could see that Clare was smiling and relaxed, and she greeted the OCV warmly. The OCV noticed that Clare's hand movements were much less pronounced and she was did not show signs of restlessness. Clare said that the specialist had adjusted her medication and she was now feeling much better and happier.



Visiting in 2021-22

Visitable services

OCVs visit:

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

At 30 June 2022, there were:

2,394

visitable services in NSW known to the OCV scheme

9,409

residents accommodated

1,180 (49%)

services were allocated to an OCV for visiting on a regular basis

Visiting and allocating services

Since 2012-13, there has been a 68% increase in the number of visitable services in NSW – increasing from 1,424 visitable services in 2012-13 to 2,394 visitable services this year. On average, the number of visitable services has increased by 5% per year, mainly associated with a steady increase in the number of disability supported accommodation locations, as well as a smaller increase in residential OOHC locations.

This year, the number of visitable locations increased by 5%, up from 2,285 in 2020-21 to 2,394 this year. At the same time, the scheme experienced a temporary shortage of Visitors due to 12 OCVs either leaving the scheme or being unable to visit for an extended period of time associated with family or health issues or not being fully vaccinated against COVID-19. As a result, there was an 8% reduction in the number of services allocated to be visited (1,180) in comparison to last year (1,281).

Table 1: Number of services allocated for visiting – 10-year comparison, 2012/13 – 2021/22

| Year | Total number of services (registered on OCV Online) | Total number of services allocated | % visitable services allocated |
|---------|---|------------------------------------|--------------------------------|
| 2012/13 | 1,424 | 1,068 | 75% |
| 2013/14 | 1,495 | 1,192 | 80% |
| 2014/15 | 1,532 | 1,251 | 82% |
| 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% |

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

The number of new services allocated for visiting is dependent on factors including the OCV scheme budget for the year; the number of appointed OCVs

and their geographic coverage; and the number of unallocated visitable services in certain locations.

This year, the number of allocated services was the lowest since 2012-13, at 49% of all visitable services. This was due to a range of factors, including resource constraints, an increased number of visitable services, and a temporary shortage of Visitors.

Number of visits and visit hours

In 2021-22:

- OCVs completed **6,124 visit hours**
- OCVs conducted **2,245 visits**, a decrease of 16% on visits undertaken in the previous year (2,604). This is due to fewer OCVs available to undertake visiting, and an increase in the number of visitable services.

Table 2: Number and hours of visits made by OCVs – three year comparison, 2019/20 – 2021/22

| Service type | No. of services | | | No. of residents | | | No. of service hours | | | No. of visits | | |
|---|-----------------|--------------|--------------|------------------|--------------|--------------|----------------------|--------------|--------------|---------------|--------------|--------------|
| | 19/20 | 20/21 | 21/22 | 19/20 | 20/21 | 21/22 | 19/20 | 20/21 | 21/22 | 19/20 | 20/21 | 21/22 |
| Disability supported accommodation | 1,863 | 1,982 | 2,030 | 8,141 | 8,463 | 8,369 | 5,935 | 5,422 | 4,518 | 2,337 | 2,015 | 1,661 |
| Residential OOHC | 280 | 286 | 346 | 674 | 698 | 786 | 1,640 | 1,432 | 1,439 | 643 | 533 | 522 |
| Assisted boarding houses | 17 | 17 | 18 | 256 | 258 | 254 | 167 | 164 | 167 | 60 | 56 | 62 |
| Total | 2,160 | 2,285 | 2,394 | 9,071 | 9,419 | 9,409 | 7,742 | 7,018 | 6,124 | 3,040 | 2,604 | 2,245 |

Visitor numbers

At the beginning of the financial year, there were 33 OCVs. During the year, seven OCVs left the scheme before completing their full-term; and five OCVs became inactive, for at least part of the year. Reasons for OCVs leaving the scheme or becoming inactive included that they obtained full-time employment; had increased family or caring responsibilities; had health concerns; or were not fully vaccinated against COVID-19.

In 2021-22, the OCV team conducted recruitment in six areas across NSW, resulting in five new Visitors being appointed by the Minister in March 2022. The new OCVs commenced visiting in April 2022. The OCV team commenced a further round of recruitment in March 2022, with six new Visitors commencing in 2022-23.

As at 30 June 2022, there were 28 active OCVs, and three inactive OCVs.



Case study

Making decisions about their own services

On an OCV's first visit to the disability accommodation service, she met Rachel, Kate and Maree. The home was lovely in appearance, and on the surface it all seemed very nice. However, when the OCV started talking with the team leader about how the residents were involved in the day-to-day running of their home, involved in decisions directly affecting them, and using communication aids, they kept referring to their computer and the systems and processes they used.

The OCV realised that the team leader was running the home from their computer, with systems and processes that worked for them and support staff, but without adequate consideration of whether these were aligned with the residents' needs. The existing arrangement did not appear to provide opportunities for Rachel, Kate and Maree to be involved and included in daily decisions about their lives.

The OCV reviewed the notes from the most recent house meeting, and found that they were not in an accessible format for the residents. The OCV also noted that the meal calendar on the fridge was written in text, which the residents could not understand. Similarly, information on complaints and feedback was not in an accessible format.

The OCV raised the issue with the service provider in her visit report, and sought information on any communication tools and resources that had been developed, and training for support staff to understand each resident's communication needs.

The OCV was pleased when she received the response to her visit report – the team leader had committed to specific changes, including creating individual communication supports for residents.





Raising and resolving issues

Main issues raised by OCVs

During the year, OCVs raised and monitored **4,365 issues** about visitable services and support for residents.

In 2021-22, the main issues raised by Visitors across all visitable services related to:

1

Residents were not supported to access appropriate health and medical services, and treatment as needed

344 (8%)

2

Resident's identified health, medical, dental, optical, auditory, nutritional, psychological and development needs were not addressed

300 (7%)

3

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

262 (6%)

4

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

247 (5%)

5

Incidents were not recorded, appropriately managed, recommendations followed up, nor residents informed of outcomes

204 (4%)

How OCVs help to resolve service issues

The Visitor's role is generally one of local resolution in the first instance, by bringing issues of concern to the attention of the service provider. OCVs document issues in an OCV visit report, which they must complete after each visit. Through these reports, OCVs inform the service provider about particular issues they have identified during their visit, and seek information and advice from the service provider about the issues, and the actions that are being taken to resolve them.

OCVs refer concerns to other agencies if they are not able to facilitate resolution at the local level, or if the issues are particularly serious or significant. This may include (among other things) referring matters of concern to the NSW Ombudsman or the Children's Guardian about children in care; and referring matters of concern involving NDIS providers and participants to the NDIS Quality and Safeguards Commission.

In 2021-22, OCVs raised, monitored and worked on 4,365 issues about the conduct of visitable services in NSW. This is a decrease on the previous year (5,552), due to a smaller number of visitable locations being allocated for visiting.

Service providers resolved 48% of all identified concerns to the satisfaction of the OCV and/or the resident (2,074 issues). At the end of the financial year, OCVs identified that 420 issues (10%) were ongoing and needed to be carried over to the new financial year for continued monitoring by the OCV and further work by the service to resolve. Services were unable to resolve 6% (259 issues) of the concerns reported by OCVs.

Table 3: Issues reported by OCVs by service type, 2021-22

| Service type | Total no. of visitable services | No. of allocated visitable services | No. of issues raised |
|---|---------------------------------|-------------------------------------|----------------------|
| Disability supported accommodation | 2,030 | 919 | 3,254 |
| Residential OOHC | 346 | 243 | 1,007 |
| Assisted boarding houses | 18 | 18 | 104 |
| Total | 2,394 | 1,180 | 4,365 |

* NOTE: This figure includes new issues and issues carried over from 2020-2021

Table 4: Outcome of issues reported by OCVs, 2021-22

| Service type | No. of issues resolved | No. of issues outcome unknown | No. of ongoing issues (closed)* | No. of ongoing issues (open)** | No. of issues unresolved | Total issues (%) |
|---|------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------|---------------------|
| Disability supported accommodation | 1,607 | 137 | 1,012 | 314 | 184 | 3,254 (74.5%) |
| Residential OOHC | 445 | 70 | 337 | 99 | 56 | 1,007 (53.1%) |
| Assisted boarding houses | 22 | 0 | 56 | 7 | 19 | 104 (2.4%) |
| Total (% of total issues) | 2,074 (48%) | 207 (5%) | 1,405 (32%) | 420 (10%) | 259 (6%) | 4,365 (100%) |

*NOTE: Ongoing issues (closed) relates to issues that were brought over from the previous reporting year (2020-2021) and were worked on and closed by OCVs in 2021-2022.

**NOTE: Ongoing issues (open) relates to issues that were brought over from the previous reporting year (2020-2021) and continued to be worked on by OCVs during this reporting year.

Coordinated action by OCVs and the Ageing and Disability Commission to address service issues

OCVs refer matters that are beyond their functions and powers to the ADC and other appropriate bodies, such as the Children’s Guardian, the NDIS Quality and Safeguards Commission, and the NSW Ombudsman for further action. These matters are typically significant, urgent and/or systemic, and require the agency to make inquiries or take other action.

This year, in response to concerns that OCVs identified and reported, the ADC supported OCVs to refer matters of concern to:

- the NDIS Quality and Safeguards Commission (5)
- the Office of the Children’s Guardian (5)
- the Department of Communities and Justice (DCJ) (2)
- the NSW Ombudsman (1)
- the Assisted Boarding Houses Team in DCJ (1)
- the ADC’s Ageing and Disability Abuse Helpline (1).



Case study



A cool house

Over a few years, an OCV visited a group of teenagers in a relatively isolated area. She noted that, despite being an older house, it was clean, tidy and comfortable.

After the OCV gained the trust of the young residents through engaging them in their interests of social media and crafty pursuits, they opened up about what was bothering them. Although the young people were engaged in a range of educational and other activities, they were spending a large amount of time at home.

They soon highlighted that the house was bitterly cold in the middle of winter and stiflingly hot in the height of summer. On the day that the OCV visited, the region was experiencing temperatures exceeding 40 degrees, and despite air-conditioning being available in the common areas such as the lounge and dining rooms, the young people's bedrooms were described by them as 'being close to a sauna'.

It was explained to the OCV that at times the young people were sleeping in the lounge room to cool off. The OCV noted that this was not always the best scenario with mixed genders and, as the young people described it, times of conflict between the young people. Staff also indicated to the OCV that this was causing some issues.

In her visit report to the service provider, the OCV asked what had been considered to make the bedrooms more comfortable for the young people when the weather was severe.

When the OCV next visited the house, the young people were keen to show her that they were now comfortable in their own rooms as the service provider had gained input and engagement of the young people in getting air-conditioning units and fans installed in the bedrooms.



OCVs informing actions by the Children's Guardian

Accreditation assessments

The Office of the Children's Guardian (OCG) seeks information from OCVs to assist the OCG with its accreditation assessments of individual providers. In addition to information provided by the OCV scheme in quarterly trend and data analysis, information gathered by OCVs during their visits to services provides valuable insight to the OCG on factors such as:

- the consistency and turnover of staff
- use of casual or labour hire staff used
- the adequacy and timeliness of actions by the provider to resolve issues raised by the OCV
- positive or negative changes in the service over the time the OCV has been visiting
- understanding and implementation by the provider of the Joint Protocol to reduce the contact of young people in residential care with the criminal justice system
- use of Police to assist in managing behavioural issues
- the adequacy of staff actions to manage critical incidents and mitigate risk
- staff access to information about each young person, and implementation of behaviour management strategies.

This year, OCVs provided information to the OCG in relation to two providers where the above information was sought.

OCG actions in response to OCV referrals

The following information provides an overview of actions taken by the OCG in response to some of the matters of concern referred by OCVs this year.

Review of care arrangements

An OCV raised concerns with the OCG about two siblings sharing a placement following some critical incidents. There was high staff turnover, and a perceived lack of support for direct care staff by the service provider. The OCG contacted the OCV and obtained further details, then wrote to the Principal Officer of the service and to DCJ, requesting a review of the siblings' care arrangements. DCJ provided a response outlining the steps they were taking to address the issues, and the service also responded with information about the situation and strategies they had put in place. The information was passed on to the assessor leading the next assessment of the service provider, to be considered in their review.

Therapeutic supports

An OCV raised concerns with the OCG about a service provider's capacity to provide therapeutic support tailored to meet the needs of the young people in their care following a number of incidents of problematic sexualised behaviours of one young person towards another young person. The OCG wrote to the service about the concerns raised by the OCV. The service responded and committed to meeting with the OCG to provide further information. The issues raised were also considered during the OCG's subsequent accreditation renewal assessment, and systemic issues were identified that related to the OCV's concerns. Following feedback by the OCG, the service developed a plan to address the practice concerns. A further assessment was conducted and the service demonstrated significant practice improvement. A further monitoring assessment will take place to ensure that the practice improvements have been sustained.

A safe and secure placement

An OCV raised concerns with the OCG about the failure of a service to provide a safe and secure placement for two young siblings in their care. There had been a number of incidents, one of which involved staff waking after a 'stand-down sleepover shift' to find that the young people and the house car were missing. The OCV was concerned about the access the young people had to the keys to the house car, the significant turnover of staff over a period of two years, and the lack of training for staff to provide the necessary support to the young people.

The OCG wrote to the service about the concerns raised by the OCV and sought their response as to how the concerns would be addressed. The OCG also informed DCJ of the OCV's concerns. DCJ commenced regular meetings with the service in relation to the issues, and a plan was developed and implemented. The concerns were also taken into consideration during a subsequent accreditation renewal assessment by the OCG, which is ongoing at the time of writing.

Mental health and welfare

An OCV raised concerns with the OCG about the mental health and welfare of a young person who engaged in significant self-harming. At repeated presentations to hospital, the service provider had been told that the self-harming was 'behavioural' and could not be addressed by mental health support. The OCG wrote to the service and DCJ about the concerns raised by the OCV and sought a response regarding the therapeutic interventions for the young person, and overall placement suitability. Following provision of additional information by the service, the OCG and the OCV were satisfied that the risks to the young person were being satisfactorily managed.





Being a new OCV



Gabriela Cammas

Why did you want to become an OCV?

When I first heard about the OCV role, I thought it was an opportunity to contribute in a positive way to people living in disability and out of home care services, by offering the service providers a new/different perspective of the residents' day to day life, which could help find any issues or concerns that could be stopping the residents from having their needs and interests met. I also felt that, with my background in psychology, it was a role where I could actually put my skills at the service of others and make a positive impact in the community.

What are you most looking forward to as an OCV?

I am looking forward to being able to establish a relationship with the residents that I visit, especially with the young people living in residential care (which is always a challenge).

But mostly, I am looking forward to, hopefully, contribute with my visits and work to an improvement in the residents' lives by bringing up situations that need to be addressed and that might not be seen on a daily basis; because, sometimes, little things make a big difference.

Chris O'Hara

Has anything surprised you about the OCV role?

The OCV role challenges you to continue to learn, to better understand the challenges that residents in visitable services experience. The role makes you a better person by developing your appreciation of individual needs, culture, background, and understand the difficulties these members of our community face.

The role contributes positively to the lives of many people, you make a difference. No one visit is the same as no one person is the same. The OCV role is interesting, thought provoking, and never ceases to surprise.

What are you most looking forward to as an OCV?

As I gain experience and continue to visit residents and services, I am looking forward to seeing issues that I raise being a catalyst for positive change in the lives of residents I meet. I am looking forward to playing my part in assisting residents to live full, happy, and contented lives.

Case study



Appropriately supporting Stan to receive treatment

Stan lives in a suburban disability accommodation service. He has an acquired brain injury, which has affected his mobility and speech. He communicates using single words and gestures.

During a visit to Stan's accommodation service, the OCV asked about medication administration, after reading in shift notes that Stan often refused to take certain medication for constipation. The support worker on shift told the OCV that staff had been crushing the tablets and mixing them with Stan's food at mealtimes to overcome his refusals. The OCV was concerned by this response and consulted with the OCV Team, who advised that the practice raised questions as to whether the service had appropriate consent and authorisation.

The OCV raised the issue in their visit report, and the service was quick to respond that this practice was unsatisfactory and not in line with the service's ethical standards. Staff were subsequently counselled and briefed on the correct medication administration procedures.

The service also engaged additional support for Stan to help him to understand the importance of the medication in addressing his constipation. Over time, he became more receptive to the treatment, leading to a reduction in incidences of pain and discomfort.

The actions of the OCV and the consequential changes in practice by the service led to a fairer and more ethically sound outcome for the resident, and improved staff awareness of their responsibilities to uphold residents' rights and wishes when administering medication.



Access to his own money

An OCV visited a disability accommodation service and identified some concerns about the circumstances of Patrick, a man in his 30's who has a significant physical disability. A family member was informally managing Patrick's finances.

Patrick attended a day program a few days per week and had 1:1 supported access to the community one day per week. The community access was only for two hours, which limited his ability to enjoy activities, as a large portion of the allocated time was absorbed in just getting to and from the locations, and assisting Patrick to transfer in and out of his wheelchair.

The OCV discovered that the family member was providing Patrick with less than \$20 per week for his discretionary spending. From this allocation, he was expected to pay for clothing, haircuts, any external meals and coffee, as well as any other items he wanted.

The limited access to his finances was significantly hampering Patrick's quality of life. He had gone without a haircut for approximately six months, and this was causing him considerable frustration. Patrick wanted to work on his fitness and strength to support him with his mobility, but did not have the funds to do so.

He was also not being provided with any opportunity to build his capabilities in relation to budgeting. Patrick told the OCV that he wanted to obtain supported employment so he could earn his own money to spend as we wished.

The OCV raised these issues with the service provider over many visits and visit reports. The service advised of discussions they had with Patrick's family member, without success. As the concerns related to potential financial abuse of Patrick by the family member, the OCV referred the matter to the ADC's Ageing and Disability Abuse Helpline. Through discussions with Patrick and his service provider, and subsequent conversations with the family member and support coordinator, Patrick's wishes were finally being considered and changes were occurring.

At the time of writing, Patrick has some access to his own funds with his support staff assisting him with education around budgeting. Patrick has had a haircut and regular financial allocations for these needs are being arranged. Patrick has been given access to a gym membership to support his goal of improving his physical wellbeing and the potential to build peer relationships, and has obtained supported employment that will enable him to earn money to purchase items he is interested in.

Patrick's support coordinator will undertake a half yearly review of his NDIS plan to see if they can obtain funding for extra time for his community access support so he might have the opportunity to spend more meaningful time in the community every week.



Actions on issues raised by OCVs

Disability supported accommodation services

In 2021-22, there were 2,030 visitable supported accommodation services for adults with disability, accommodating 8,369 residents. Of the 2,030 services, 919 (49%) were allocated for regular visiting.

OCVs made **1,661 visits** to the allocated disability services and worked on **3,254 issues** of concern. They reported that 1,609 issues (49%) had been resolved. At the end of June 2022, OCVs were continuing to monitor the action taken by services to resolve 314 (10%) ongoing issues of concern with service providers.

Table 5: Data for allocated visitable disability services, 2021-22

| | 2021-22 |
|-----------------------------------|---------|
| No. of services allocated | 919 |
| No. of visits | 1,661 |
| No. of issues worked on | 3,254 |
| Average no. of issues per service | 3.5 |

Table 6: Outcome of issues raised by OCVs about disability services, 2021-22

| | No. of issues |
|---|---------------------|
| No. resolved (%) | 1,607 (49%) |
| No. outcome unknown (%) | 137 (4%) |
| No. of issues unable to be resolved (%) | 184 (6%) |
| No. ongoing (open) (%) | 314 (10%) |
| No. ongoing (closed) (%) | 1,012 (31%) |
| TOTAL | 3,254 (100%) |

Table 7: Classification type of issues raised with disability services, 2021-22

| Issues classification category | No. of issues |
|---|---------------------|
| Health | 779 (24%) |
| Individual development | 701 (21%) |
| Safe and supportive environment | 669 (20%) |
| Homelike environment | 412 (13%) |
| Activities of choice and participating in the community | 313 (10%) |
| Governance | 221 (7%) |
| Finances | 63 (2%) |
| Complaints and feedback | 50 (2%) |
| Abuse and neglect | 33 (1%) |
| Contact with Police | 13 (<1%) |
| TOTAL | 3,254 (100%) |

Main issues raised with disability services in 2021-22

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

1

Residents were not supported to access appropriate health and medical services, and treatment as needed

282 (9%)

2

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

249 (8%)

3

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

217 (7%)

4

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

203 (6%)

5

Resident files, records and plans, including staff communication systems are not in place, up to date or available on site; and staff are not trained in their appropriate use

137 (4%)





Assisted boarding houses

In 2021-22, there were 18 assisted boarding houses in NSW, accommodating 254 residents. All of the assisted boarding houses were allocated for regular visiting.

OCVs made **62 visits** to assisted boarding houses, and raised **104 issues** of concern affecting residents. OCVs reported that 22 issues (21%) were resolved by the assisted boarding houses; a further 7 issues were open and continuing to be monitored by OCVs at the end of June 2022.

Table 8: Data for allocated assisted boarding houses, 2021-22

| | 2021-22 |
|--|---------|
| No. of allocated assisted boarding houses | 18 |
| No. of visits | 62 |
| No. of issues reported | 104 |
| Average no. of issues per service | 5.8 |



Table 9: Outcome of issues raised by OCVs about assisted boarding houses, 2021-22

| | No. of issues |
|---|-------------------|
| No. resolved (%) | 22 (21%) |
| No. outcome unknown (%) | 0 (0%) |
| No. ongoing (closed) (%) | 19 (18%) |
| No. ongoing (open) (%) | 7 (7%) |
| No. of issues unable to be resolved (%) | 56 (54%) |
| Total | 104 (100%) |

Table 10: Type of issues raised by OCVs with assisted boarding houses, 2021-22

| Issues classification | No. of issues |
|---|-------------------|
| Health | 32 (31%) |
| Homelike environment | 20 (19%) |
| Safe and supportive environment | 20 (19%) |
| Individual development | 13 (12%) |
| Activities of choice and participating in the community | 9 (9%) |
| Governance | 5 (5%) |
| Finances | 3 (3%) |
| Abuse and neglect | 1 (1%) |
| Complaints and feedback | 1 (1%) |
| Contact with Police | 0 (0%) |
| TOTAL | 104 (100%) |

Main issues raised with assisted boarding houses in 2021-22

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

1

Identified health, medical, dental, optical, auditory, nutritional, psychological and development needs are not addressed

13 (13%)

2

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

13 (13%)

3

Residents were not supported to access appropriate health and medical services, and treatment as needed

11 (11%)

4

Storage and administration of medication is not safe and does not follow medical practitioners and manufacturer's instructions

5 (5%)

5

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

5 (5%)

6

Staff are not trained and adequately resourced to respond to incidents and emergencies

5 (5%)

Residential out-of-home care services

In 2021-22, there were 346 residential out-of-home care (OOHC) services, accommodating 786 children and young people in statutory and voluntary OOHC. Of the 346 services, 243 (70%) were allocated for regular visiting.

OCVs made **522 visits** to the allocated residential OOHC services and worked on **1,007 issues** of concern. Services resolved 445 issues (44%). At the end of June 2022, OCVs were continuing to monitor the action by services to resolve 99 (10%) ongoing issues of concern with service providers.



Table 11: Data for allocated residential OOHC services, 2021-22

| | No. of issues |
|-----------------------------------|---------------|
| No. of services allocated | 243 |
| No. of visits | 522 |
| No. of issues worked on | 1,007 |
| Average no. of issues per service | 4.1 |

Table 12: Outcome of issues raised by OCVs about residential OOHC services, 2021-22

| | No. of issues |
|------------------------------------|---------------------|
| No. of issues resolved (%) | 445 (44%) |
| No. of issues outcome unknown (%) | 70 (7%) |
| No. of ongoing issues (closed) (%) | 337 (33%) |
| No. of ongoing issues (open) (%) | 99 (10%) |
| No. of issues unresolved (%) | 56 (6%) |
| Total issues (%) | 1,007 (100%) |

Table 13: Type of issues raised by OCVs about residential OOHC services, 2021-22

| Issues classification | No. of issues |
|---|---------------|
| Individual development | 363 (36%) |
| Safe and supportive environment | 242 (24%) |
| Health | 133 (13%) |
| Homelike environment | 105 (10%) |
| Activities of choice and participating in the community | 63 (6%) |
| Governance | 45 (5%) |
| Abuse and neglect | 29 (3%) |
| Contact with Police | 13 (2%) |
| Complaints and feedback | 10 (1%) |
| Finances | 4 (<1%) |
| Total | 1,007 |

Main issues raised with OOHC services in 2021-22

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

1

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

73 (7%)

2

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

60 (6%)

3

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

59 (6%)

4

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

54 (5%)

5

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

52 (5%)



Case study

Taking actions to address ongoing abuse

Stephen and Paul lived in a unit complex where they each had their own unit, but shared the use of a common room and backyard.

When the OCV visited Stephen and Paul, she reviewed documentation and noted that there had been significant conflict between the two men. On one occasion, this had resulted in Paul assaulting Stephen; and on another occasion, staff had needed to barricade themselves and Stephen in the office because Paul was smashing property and threatening to harm them. On both occasions, police were called to the property to intervene but no charges were laid. The OCV saw in the shift notes that Paul was continuing to make threats to harm Stephen.

Staff told the OCV that although the men had initially gotten on well, tensions between the two men had developed and increased as time went on. One of the issues appeared to be that Paul had a strong preference for being supported by particular staff members and could become angry if these staff members spent time supporting Stephen. Staff had been directed to try and keep the men apart as much as possible.

The OCV spoke with Paul and he was quite jovial but did not want to engage with the OCV. The OCV then went and spoke with Stephen in his unit. Stephen was extremely upset about the situation. He told the OCV that he was very frightened of Paul and didn't want to live on the same site as him anymore, especially as Paul was still making threats towards him. Stephen said he wanted to take out an AVO to help keep him safe, but staff had not taken him to the police station to talk to police about this, despite his requests.

While the OCV was talking to Stephen, a staff member came to advise the OCV that Paul had started to become heightened when the OCV went to talk with Stephen. When the OCV exited Stephen's unit, she saw that Paul was pacing up and down the path near Stephen's unit and could see that he was very agitated. To avoid the situation escalating further, the OCV elected to leave the site immediately so staff could focus on supporting the two men.

The OCV contacted service management by phone the next morning and expressed significant concerns for Stephen's safety and the ongoing risk of harm to him by Paul. In their visit report, the OCV reiterated these concerns, noting the ongoing threats of violence by Paul toward Stephen.

The OCV sought information about the actions that would be taken to ensure that Stephen would be safe in his own home, and support for Stephen to speak with police about the situation as he had clearly stated he wished to do. The OCV also asked how Paul would be supported during what was obviously a very challenging time for him.

In response, service management advised that Stephen had been supported to contact a disability advocacy service, who had supported Stephen to talk with Police, and that Police had subsequently taken out an AVO that prevented Paul from being in close proximity to Stephen. Service management advised the OCV that Paul would be staying with his father until a more appropriate and effective model of support was found for him, and the service was working closely with Paul's support coordinator to expedite this.

Raising issues about staff misconduct

Richard and Allan live in a suburban disability accommodation service. During a visit, Richard sought to speak with the OCV in private. Trust had been built over time, and Richard felt sufficiently comfortable to express concerns about one of the staff at the house.

A series of allegations were made about the staff member, including:

- neglect of residents by remaining in the office behind a locked door
- being dismissive towards residents' concerns, both verbally and by lack of action
- leaving residents unattended by departing from the house before the end of a shift
- being seen to be asleep in the living room while on shift
- leaving external doors unlocked overnight, despite residents raising this as a concern.

Allan joined the OCV and Richard during the conversation, confirming the allegations being made by Richard. When the OCV asked whether these concerns had been raised with other staff, Richard and Allan described a closed culture, in which staff were unwilling to accept any negative perceptions of their colleague.

The OCV respected the confidentiality of the matters raised, and consulted with the OCV team and service management before writing their visit report. The service took the concerns seriously and outlined a series of measures to address the situation. The staff member was removed from the house, and Richard and Allan advised the OCV in later visits that the service was more receptive to their needs, and correct protocols were being followed.

The actions of the residents to raise their concerns with the OCV, and the prompt actions of the service, led to a substantial improvement in the support for Allan and Richard. The OCV notes that further work will be needed by the service to change the staff culture and provide appropriate support to both residents to enable their concerns to be heard and addressed at an early point.





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 by way of agreement with 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, involving at least one meeting each year
- 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 and maintenance of the electronic database (OCV Online)

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

Key actions in 2021-22

This year, the ADC:

- recruited five new OCVs, who commenced visiting in April 2022
- commenced a new recruitment process in March 2022 to engage a further six Visitors to start in 2022-23
- provided training to OCVs as part of maintaining up-to-date skills and knowledge of the visitable sector areas
- supported OCVs through ongoing COVID-19 related challenges to meet their continued visiting responsibilities within the restrictions imposed by the public health orders
- shared trend and pattern data relating to issues identified in OCV visits with the Children's Guardian, NDIS Quality and Safeguards Commission, and the Minister
- facilitated and supported OCVs with complaints and referrals of matters of concern to appropriate bodies, including the NDIS Commission, the OCG, DCJ, the NSW Ombudsman and the Ageing and Disability Abuse Helpline
- provided regular access to 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
- facilitated meetings between the ADC and the OCG on operational and issue-related matters
- held quarterly meetings with the NDIS Commission to discuss information sharing arrangements and issues raised by OCVs about disability providers
- ran the first in-person OCV conference since 2019

- facilitated monthly OCV practice forums, with both internal and external facilitators, on topics such as:
 - OOHC Intensive Therapeutic Care
 - NSW Child Safe Standards
 - Active support
 - NDIS practice standards on mealtime management, severe dysphagia management, and emergency and disaster management
 - e-safety for children/young people and people with disability.
- conducted a review of Community Visitor schemes across Australia, to better understand the different models, and to inform the future operation of the OCV scheme – the review will be completed in 2022-23.

Systemic issues project

This year, the OCV team also worked with OCVs to identify key systemic issues that they will have a focus on in their visits during 2022-23. The agreed areas focus on the longstanding issues of:

- compatibility (all service types)
- involvement in meaningful activities, including skills development (all service types)
- leaving care planning (residential OOHC only).

OCVs will actively consider the above issues in their visits and raise the issue with the providers wherever identified. The OCV team will analyse the information on a quarterly basis, with a view to identifying and reporting on (among other things) the extent of the issue in allocated services; the nature of the issue and impact on residents; and the adequacy of actions by service providers. The information will help to inform the work of regulatory agencies and service providers to address the issues.



Case study

Accessible communication for Raymond

Raymond lives in a disability accommodation service and relies on non-verbal communication. During a visit to the service, the OCV noted in Raymond's service records that a speech therapist had recommended a communication device to help him to communicate his needs and wishes.



The OCV asked support staff about this tool, and was advised that no such device existed. The OCV raised this issue in her visit report, and the service provider advised that it had been overlooked during COVID but would be ordered as a matter of priority as the funding had already been approved for the device.

At the OCV's next visit, she noted that there was a communication device in the living area, but Raymond could not reach it from his wheelchair. The OCV asked staff about this and was advised they were not sure how it was supposed to work and they had not seen Raymond use it.

The OCV raised this issue in her visit report, and sought information from the service provider on support for Raymond and staff to understand how to use the communication device. The OCV also noted the device's location, and raised concerns that he could not use it when he wanted to, as he was not able to ask for it to be handed to him!

The service provider advised the OCV that they would ensure staff were trained in the operation of the device in the coming month, and in how to support Raymond to use it. They had also made further arrangements with Raymond's speech therapist to come and provide any necessary additional training for him. The service informed the OCV that Raymond's behaviour support plan had been updated to ensure all staff were aware that he needed to have the device within his reach at all times.

The OCV is looking forward to her next visit where she can see the impact this communication tool has had on Raymond. The OCV is hopeful it has alleviated some of Raymond's understandable frustrations around his isolation as a result of the difficulties communicating his needs effectively.

Providing a comfortable and functional home

When visiting a disability accommodation service, the OCV noted a number of maintenance issues. These included a faulty tap in the laundry room that had a constant flow that could not be turned off. The OCV asked staff if there were other issues that had not been resolved and were informed that the dishwasher was broken and had been out of service for more than a year, and the gas oven was faulty and the temperature could not be regulated.

The OCV also noted that the sofas in the communal lounge area were in poor condition. The seats of the two sofas were worn, and the seams were coming apart and exposing the filling. One resident, Sam, was laying down on the floor on a narrow elongated piece of foam block with some bedding while he watched television.

Staff advised that this was Sam's preferred method of relaxing – a previous day bed that had been recommended by an occupational therapist had broken and this was the solution now being provided.

The OCV asked the service what, if any, consideration had been given to the provision of comfortable and homelike seating for the residents in the shared lounge area, and what progress had been made in resolving long outstanding maintenance issues at the house.

In response, the service advised that a quote had now been obtained for new sofas for the residents and that a maintenance ticket was flagged with the housing provider. The matter would be escalated by the service if not progressed.

Visiting the house again some months later, the OCV was pleased to see the residents relaxing in three new two-seater reclining leather sofas in the lounge area. The foam block that was previously being used by Sam was no longer there and Sam was seated and reclining on the new sofa alongside other residents. The OCV asked Sam if he liked the new arrangement and was informed that he 'loved it'.

The other maintenance issues were also resolved, including replacement of the cooker.



Support to participate in preventative health programs

A. In viewing records at one house, the OCV was unable to see any information to confirm that residents had participated in the Bowel Cancer Screening Program, although the self-screening kits had previously been delivered to the house. All residents in the house were aged over 50 and therefore eligible.

The OCV raised this issue in their visit report. In response, the service advised that screening kits had been re-ordered for all residents to participate in the screening program.

During a follow up visit, staff informed the OCV that the tests had been completed and that one resident had received notification that positive faecal blood had been found in his sample. The resident would be having a colonoscopy procedure for further examination. Thankfully, no serious health concerns were found.



B. In viewing health records for a resident at a different service, the OCV noted that a resident was not participating in breast screening or bowel screening programs despite the recommendations of their GP. The service advised the GP that the resident's sister, who is her appointed guardian, had not consented to these procedures, citing the distress it may cause her sister. The guardian had also refused to consent to routine blood tests and administration of the influenza vaccination.

The OCV raised her concerns in the visit report, noting that the resident had a history of breast cysts with prior surgical removal, and a family history of bowel cancer. Service management spoke with the guardian, who eventually consented to the preventative health measures, including blood tests, bowel cancer screening, breast checks, and influenza and COVID vaccinations.

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 Visitor Related Expenses table below). Costs that are not included here are items incurred by the ADC in facilitating the scheme, including administration costs such as payroll processing.

The OCV scheme had its annual conference in-person this year, and also arranged regular clinical supervision for OCVs visiting residential OOHC services. This accounts for the significant increase in 'Fees – conferences, meetings and staff development' in 2021-22 compared with 2020-21.

Table 14: Visitor related expenses, 2021-22

| | 2020-21 | 2021-22 |
|--|----------------|----------------|
| Payroll expenses | | |
| Salaries and wages | 639,464 | 618,408 |
| Superannuation | 56,320 | 59,067 |
| Payroll tax | 23,501 | 20,647 |
| Payroll tax on superannuation | - | - |
| Subtotal | 719,285 | 698,122 |
| Other operating expenses | | |
| Advertising – recruitment | 4,656 | 7,000 |
| Fees – conferences, meetings and staff development | 1,237 | 47,768 |
| Fees – other | - | - |
| Publications and subscriptions | - | 5,481 |
| Postage and freight | - | 450 |
| Maintenance – equipment | - | - |
| Stores | - | - |
| Travel – petrol allowance | 113,366 | 72,627 |
| Travel and accommodation | 2,367 | 4,078 |
| Efficiency dividend | -54,000 | - |
| Subtotal | 121,626 | 137,404 |
| TOTAL | 840,911 | 835,526 |



Contact us

Official Community Visitor scheme
Manager OCV Scheme

c/-NSW Ageing and Disability Commission
Level 6, 93 George Street
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Telephone Interpreter Service (TIS): 131 450
We can arrange an interpreter through TIS or
you can contact TIS yourself before speaking
to us.

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