OCV
Official Community Visitors

Annual Report 2023–2024

NSW GOVERNMENT

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*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

31 October 2024

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 2023-2024

We are pleased to present the 29th annual report for the Official Community Visitor scheme for the 12 months to 30 June 2024, 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 2019* and section 141 of the *Children's Guardian Act 2019*, we recommend that this report be made public immediately.

Yours sincerely

Kathryn McKenzie
Acting Ageing and Disability Commissioner

Steve Kinmond OAM
Children's Guardian

Message from the Minister

From the outset, I want to thank our wonderful Official Community Visitors for offering something every good human service system needs – a good dose of humanity. From my conversations with OCVs, it's clear that they bring something that no checklist could ever deliver, genuine connections through listening, observing and caring.

In doing so, OCVs provide an important safeguard for many people with disability, and children and young people, in residential settings. But OCVs don't just help vulnerable people individually. Their insights are helping to shape our services and systems to improve more people's lives.

The OCV scheme ensures that children and young people in residential out-of-home care, people with disability in supported accommodation, and people in assisted boarding houses have someone in their corner. They step into places that are rarely seen by outsiders, make residents feel comfortable, then take steps to improve their safety and wellbeing.

On an individual and service level, this might mean facilitating access to vital services and making suggestions to services that allow residents to feel more comfortable and safe. OCVs can also escalate issues to the appropriate oversight body to make sure issues are addressed.

In these ways, they are the eyes and ears for people in residential care, who can be isolated within systems that fail to see, hear and act in their best interests. They provide a voice for vulnerable people who too often, feel like they have lost theirs.

In my time as Minister, I have been upfront about the need to repair the broken child protection system that we inherited, and ensure we have a sustainable ecosystem of disability supports where people with disability are safe and included.

The NSW Government and its partners have embarked on ambitious reforms to both systems that I know will have profound impacts on people with disability, and children and young people that need our care.

The deep insights from my conversations with OCVs has reinforced how much this work is needed and given me confidence that we are on the right path. I will continue to rely on the insights from OCVs as we work to improve the experiences of all people in residential care.

I acknowledge the leadership of the Ageing and Disability Commission in managing the OCV scheme. They have been flexible and innovative in finding ways for the scheme to be most effective within this changing and challenging environment. I commend the new risk-based approach to allocation and prioritisation and the willingness to trial 'one-off' visits. The trial has been a success, allowing OCVs to support more people across a growing number of visitable services.

I look forward to continuing to support the important work of OCVs in residential services whilst also drawing on their unique insights to inform our reform agenda. I'm grateful to our OCVs for their work this year, providing safeguards and lifelines to the people of NSW who need them most.

The Hon Kate Washington MP

Minister for Families and Communities, Minister for Disability Inclusion

Message from the Acting Ageing and Disability Commissioner

It is my privilege to table the 29th OCV report, which showcases the dedicated and impactful work of Official Community Visitors over the past year and the value and importance of the OCV scheme. OCVs play a vital person-centred safeguarding role in NSW, 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 local resolution.

The case studies in this report are powerful examples of the work OCVs undertake every day to achieve meaningful change and outcomes for individuals and broader service and system improvements. They also illustrate the power of the OCV scheme in facilitating progress and change by shining light onto an issue and seeking resolution at an early point.

This year, OCVs visited 1,465 visitable services throughout NSW, including 1,183 disability supported accommodation services, 17 assisted boarding houses, and 265 residential out-of-home care services. Visitors conducted 3,376 individual visits and raised and monitored 7,053 issues affecting residents.

In April, we welcomed changes to the Ageing and Disability Commissioner Act to make it easier for the OCV scheme to obtain and provide necessary information. In particular, NDIS providers and assisted boarding house operators are now required to proactively provide information to my office about the locations of their visitable services. I appreciate the constructive approach taken by many providers in response to the legislative change.

During the course of the year, we strengthened the scheme's relationship with key oversight and complaint handling agencies. OCVs referred 78 matters of concern affecting residents to the NDIS Commission, NSW Ombudsman, Children's Guardian and other relevant bodies, which was a 90% increase on referrals last year.

We also discussed with some of these agencies the issues and themes identified by OCVs from their examination of three ongoing systemic issues across their visits last year, to seek to gain progress on actions to address these matters and improve outcomes for residents. We will do the same in relation to the three systemic issues examined by OCVs this year, the themes from which are outlined in this report. The information highlighted by OCVs about the impact of these issues on residents underscores the importance of this continuing project.

Unsurprisingly, inquiries and reviews released over the past year have strongly supported community visitor schemes and emphasised the safeguard they provide for children and adults living in residential care. This annual report also cogently demonstrates the value and benefit of OCVs at individual, service and systemic levels.

However, the OCV scheme in NSW is at a critical point in its operation. The number of visitable services has been increasing for over a decade, including by a further 19% this year, while the baseline budget of the scheme has remained unchanged. As a result, the proportion of services able to be allocated is unacceptably low, notwithstanding known risks for people in residential care. It is imperative that the sustainability issues faced by the scheme are addressed as a matter of priority, and I am continuing discussions with the Government to this end.

The work OCVs do really matters. I would like to express my appreciation and thanks to all the Visitors for their hard work throughout the year and their unwavering focus on promoting and upholding the rights of children and adults in residential care in NSW. I am very proud of the outcomes OCVs have achieved and the approach they take, with the resident always at the centre.

Kathryn McKenzie

Acting Ageing and Disability Commissioner

Message from the Children's Guardian

Children and young people come into residential out-of-home care (OOHC) under challenging circumstances, often having experienced significant trauma, loss, instability and change. Their needs can be complex, and they can continue to face difficult and risky situations after their placement in residential care.

OCVs play a highly valued role as an independent party who is solely focused on the rights of the child or young person and facilitating early resolution of the matters affecting them in residential care. The fact that Visitors are independent of the service providers and the Department of Communities and Justice (DCJ) provides an important safeguard as well as a level of assurance for the child or young person.

I appreciate the productive work by OCVs in relation to residential OOHC settings this year, including conducting 945 visits to 334 allocated services, and raising and working on 2,133 issues. In relation to residential OOHC, and compared with last year, there was an increased number of visits conducted (20% increase), issues raised (22% increase), and visitable services allocated (41% increase). I recognise the concerted efforts of the ADC to lift the overall allocation of OCVs to residential OOHC services to 72% this year.

During the year, my office worked with the ADC and DCJ to improve the information sharing arrangements between our agencies to strengthen safeguards for children and young people in residential OOHC. I am pleased that the OCV scheme is now receiving information regarding the locations of Alternative Care Arrangement placements, in addition to Intensive Therapeutic Care and Specialised Substitute Residential Care locations. Information about the locations of other types of residential OOHC arrangements is expected to be provided to the OCV scheme in the next reporting period. While we recognise that the increased number of residential OOHC locations will have an impact on the allocation rate, it is important that the OCV scheme has an accurate picture of the number of visitable services and risks to inform prioritisation and allocation decisions.

The experience and observations of OCVs in their visits to residential OOHC services are highly rated by my office. As identified in this report, information provided by OCVs helps to inform our accreditation, monitoring and regulatory activities – both the information we seek from Visitors, and the referrals they proactively make to us. This year, I have also welcomed the information provided by Visitors from their examination of key systemic issues during their visits, including access to education. While the longstanding issues are well known, the work of the OCVs has clearly articulated what is currently happening in residential OOHC, including the current impact of these issues on the children and young people living in these services. We will be keen to discuss these issues with OCVs, the ADC and relevant agencies and explore opportunities for achieving lasting change.

The OCV scheme will be embarking on its thirtieth year of operation amid significant reforms in relation to the child protection and OOHC systems in NSW, and the NDIS. I look forward to continuing to work with the ADC to ensure that the OCV scheme is reflected in ongoing safeguarding arrangements for children and young people in residential OOHC, and appropriately supported.

Thank you to all the OCVs for your tireless efforts over the past year, and to the OCV team in the ADC for your coordination of the scheme on behalf of both of our agencies.

Steve Kinmond OAM
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.

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 relevant regulatory bodies with advice and reports on matters relating to the conduct of the service.

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 relevant regulatory bodies 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.

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.

Highlights of 2023-24

3,376

visits conducted – **up 740 visits** from last year

1,465

services visited – **up 160 services** from last year

9,262

hours spent visiting residents, and raising and monitoring issues affecting residents – **up 2,161 hours** from last year

8

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

34

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

4

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

10

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

7,053

issues raised and monitored, including:

6

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

4,805

issues for residents of disability supported accommodation services

16

complaints made about residential OOHC providers to the NSW Ombudsman

2,133

issues for children and young people in residential OOHC services

115

issues for residents of assisted boarding houses

OCVs in 2023-24

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

OCVs at their annual conference in May 2024

Metro North

Visitors in 2023-24

Sally Garman

Vicki Godkin

Susan Hayes

Merilyn McClung

Erin Turner

Ceased visiting in 2023-24

Shanna Foster

Tara Cheatham

Elizabeth Rhodes

Hunter/Central Coast

Visitors in 2023-24

Linda Evans

Simone Fontao dos Reis

Peta Green

Carmel Hanlon

Kara Lackmann

Peta Lowe

Chris O'Hara

Karyn Pyle

Kay Smart

Metro South

Visitors in 2023-24

Peach Bleasdale

Gareth Elliott

Joanne Kershaw

Stephen Lord

Robyn Monro-Miller

Catherine Mulcahy

Maree Mullins

Terina Stibbard

Donna Patterson

Ceased visiting in 2023-24

Tayyab Shoukat

Palani Subramanian

Southern/Western

Visitors in 2023-24

Rebecca Agentas

Jeanette Duncan

Michael Evans

Cathy Scarlett

Carol Scherret

Helen Swan

Karen Zelinsky

Ceased visiting in 2023-24

Amy Bain

Jan Lang

North Coast/New England

Visitors in 2023-24

Gabriela Cammas

Heather Croft

Ann Leeming

Cathrine Napier

Ceased visiting in 2023-24

Margaret Bigelow

Daniel Jensen

As of 30 June 2024, there were 35 OCVs.

Voice of a resident in care

When I arrived at the house, I did not know anything about how things worked, but I met my community visitor just a couple of days after arriving.

We got on really well straight away. I told her all about my family and she listened to me and what I needed to have help with. I thought it was a pretty good idea to have a community visitor, but at first I didn't know that it would make much difference. I have told her about issues I was having in the house and issues my housemates were having and she has helped fix them. Things seem to improve after she visits.

> *With my community visitor's help, I was able to get help with my English homework and get some extra support with my health. She has also done things to help my housemate, like making sure she is not kicked out. I like that if I have a problem, and no one is listening, I can tell the community visitor and she is going to be on my side and help me get it sorted out.*

16 year old – OOHC

*Story used with the permission of the resident; however their name has not been used.

Case study

Gates, gates and more gates!

An OCV visited a house that did not have a homely feel right from the beginning. The front safety gate led through to a high-walled courtyard that stored rubbish and discarded furniture. There was a security screen door that was locked, and also a solid door that was locked.

> ***Inside, the first thing you saw was more gates, including gates barring residents from the front living area to the kitchen. The kitchen was the main thoroughfare to the back living areas, but there was a gate to get out again. There were gates barring the entry to the outside covered area and gates barring residents from the covered area to the backyard, which was safely fenced. The bedrooms at the back of the house had gates that barred entry to the living area or the sensory room.***

The OCV raised questions in her visit report and asked for documentation that authorised the level of restriction that was being used. There were no authorisations in place. The OCV was told that this was traditionally how the staff managed residents due to safety concerns.

At the OCV's next visit, the gate to the back outdoor covered area was unlocked, but staff were still blocking access to the garden. The OCV had discussions with staff about the residents' rights to explore their own home and yard. The OCV was happy to see that at her following visit more gates were open and the courtyard had been tidied up.

> ***At the OCV's most recent visit to the house, the internal gates were all gone. Residents had full access to their home and back garden. The front gate was gone and the courtyard had been transformed into an outdoor covered sensory space with a tropical resort theme.***

This positive outcome took several visits, several conversations and questions, showing that incremental change can also be impactful.

Visiting in 2023-24

Visitable services

3,396
visitable services in NSW known to the OCV scheme

11,277
residents accommodated

1,864 (55%)
were allocated to an OCV in 2023-24

Visiting and allocating services

The number of visitable services allocated for visiting is dependent on a range of factors, including the OCV scheme budget, the number of appointed OCVs and their geographic coverage, the length of time since a service was last visited, and other information received by the OCV team about risks in particular visitable services.

As shown below, **over the past decade the number of visitable services in NSW has more than doubled** (122% increase) – rising from 1,532 visitable services in 2014-15 to 3,396 visitable services in 2023-24.

Between 2014 and 2022, the average increase in the number of visitable services was 7% per year, associated mainly with a high rate of growth in disability accommodation locations since the introduction of the NDIS, and a smaller increase in residential OOHC locations. However, in the past two years there has been a much higher increase, with the number of visitable service locations **increasing by 19% per year**. This is primarily due to:

a) continuing growth in disability and OOHC visitable services, and

b) a range of actions to better capture existing and new visitable service locations, including:

- concerted efforts by the ADC to proactively contact new NDIS services registered to provide Supported Independent Living (SIL) supports to identify additional services previously unknown to the OCV scheme
- changes to the ADC Act in April 2024 requiring NDIS service providers and assisted boarding house operators to notify the ADC of their visitable services
- information sharing arrangements with the OCG and DCJ for the OCV scheme to be advised of additional visitable OOHC locations (such as specialised substitute residential care).

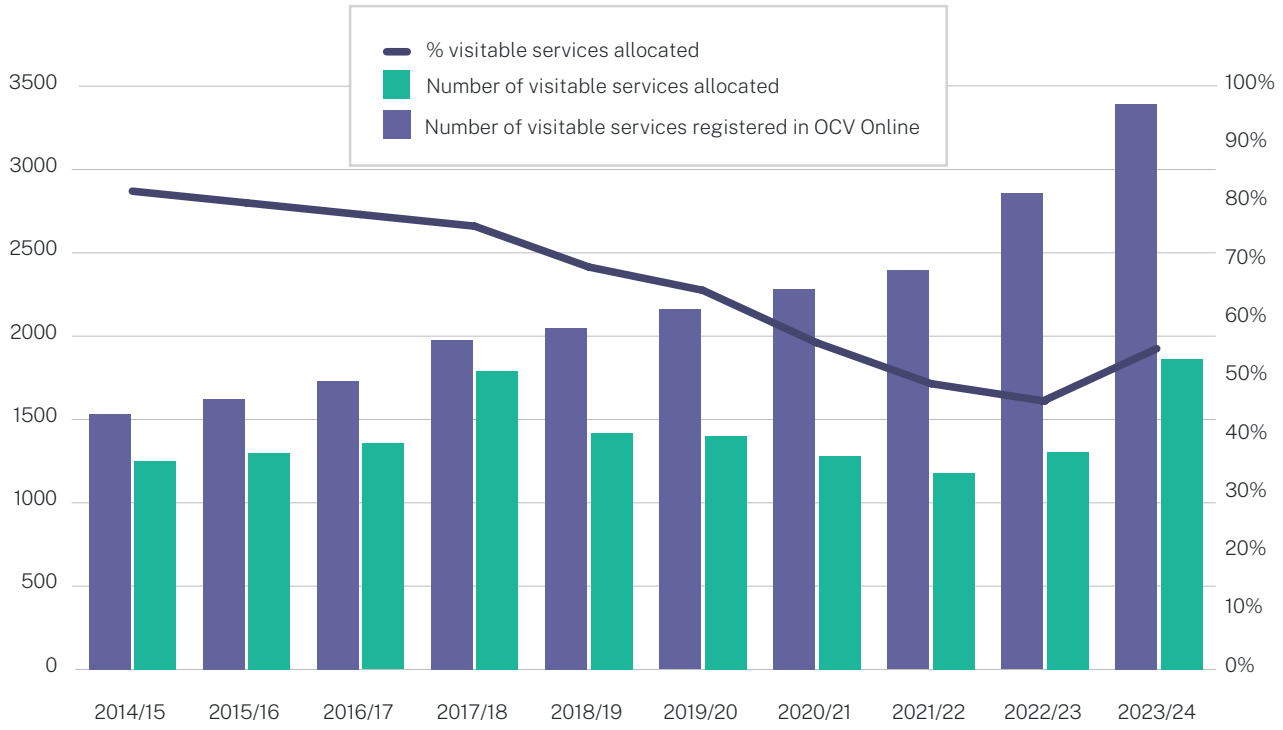
Notwithstanding the further growth in the number of visitable services, this year the ADC was able to increase the proportion of services allocated to a Visitor through the addition of 'one-off' visits. The overall proportion of visitable services allocated to an OCV this year increased from 46% to 55%.

At the same time, there was a reduction in the number of Visitors to whom services could be allocated. While six new OCVs started in August 2022, more than seven OCVs were not able to continue visiting in 2023-24 for a range of reasons, including resignation and factors affecting their visiting practice, including family or health issues, other work commitments, or not being fully vaccinated against COVID-19.

Table 1: Number of services allocated for visiting – 10-year comparison, 2014-15 – 2023-24

Year	Number of visitable services registered on OCV Online	Number of visitable services allocated	% visitable services allocated
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%
2022-23	2,856	1,305	46%
2023-24	3,396	1,864	55%

Figure 1: Number and percentage of visitable services allocated for visiting, 2013-14 – 2023-24



Actions to increase the number of services allocated to an OCV

The ongoing growth in the number of visitable services presents substantial challenges for the OCV scheme. Additional recurrent funding to lift the baseline budget and support the scheme to better meet demand is critical. However, additional strategies are also required to enable the scheme to arrest the decline in the allocation rate.

In this context, this year the ADC progressed a number of actions to seek to increase the number of visitable services allocated to be visited by an OCV in a 12-month period:

Revised allocation and prioritisation process

Towards the end of the reporting period, and informed by an internal audit of OCV scheme processes, the ADC revised the OCV scheme allocation and prioritisation policy. The policy provides a risk-based approach to the prioritisation of visitable services to be allocated, with higher risk associated with key factors such as:

- a service 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.

'One-off' visits

Traditionally, visitable services have been allocated for 'regular' visiting – that is, an OCV is allocated to a visitable service location and they visit that premises 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.

Last year, to increase the number of services that were visited, the ADC trialled 'one-off' visits, in which some OCVs were allocated services to visit only once. The trial primarily focused on disability accommodation visitable services that had never been visited, or had not been visited for an extended period of time. The addition of one-off visits enabled the scheme to quickly increase the allocation rate within the existing OCV numbers.

During the year, the ADC reviewed the trial and assessed that one-off visits would remain an ongoing part of the OCV scheme, as an addition to regular visits. In 2024-25, the ADC will extend one-off visits to additional visitable services.

Number of visits and visit hours

In 2023-24:

- OCVs completed **9,262 visit hours**
- OCVs conducted **3,376 visits**, an increase of 28% on visits undertaken in the previous year (2,636).

Table 2: Number and hours of visits made by OCVs – three-year comparison, 2021-22 – 2023-24

Service type	No. of services			No. of residents			No. of service hours			No. of visits		
	21-22	22-23	23-24	21-22	22-23	23-24	21-22	22-23	23-24	21-22	22-23	23-24
Disability supported accommodation	2,030	2,475	2,916	8,369	9,288	10,100	4,518	4,914	6,719	1,661	1,789	2,369
Residential OOHC	346	363	461	786	786	924	1,439	2,017	2,384	522	789	945
Assisted boarding houses	18	18	19	254	235	253	167	170	159	62	58	62
Total	**2,394**	**2,856**	**3,396**	**9,409**	**10,309**	**11,277**	**6,124**	**7,101**	**9,262**	**2,245**	**2.636**	**3,376**

OCV Systemic Issues Project

Last year, OCVs commenced a project to highlight and gain improvements on longstanding systemic issues affecting people living in residential care in NSW. The OCVs selected three key systemic issues to focus on in their visits throughout the year, with the aim of providing a better understanding of what they were seeing in relation to these issues and the impact on residents, and to highlight positive practice and areas for improvement.

A summary of the key themes from the first year of the project was included in the 2022-23 OCV Annual Report, which is available on the ADC website.

This year, the ADC met with relevant regulatory, oversight and funding bodies to discuss the key findings from OCVs observations in relation to the three selected systemic issues:

- **Compatibility**
- **Involvement in meaningful activities, including skills development**
- **Leaving care planning**.

The discussions with the OCG, Ombudsman's office, DCJ, and (separately) the NDIS Commission centred on the work that is planned or underway by the agencies to address the issues identified by OCVs, including activities to improve practice and outcomes for residents.

The project continued in 2023-24, with OCVs selecting the below three systemic issues to focus on in their visits:

1. **Compatibility** – including assessment, transition planning, actions to address poor compatibility, and impact on residents
2. **Preventative health** – including support to access health screening and preventative health programs, and support to implement preventative health recommendations
3. **Education/vocational training** – including access to school or other education options, and support to access education or vocational training services and activities.

The details and results of the project are provided later in this report, in the 'Visits to disability services', 'Visits to assisted boarding houses', and 'Visits to residential OOHC services' sections.

Case study

Reducing restrictive practices

An OCV visited two siblings, Ethan and Jordan, who had moved into a group home from their family home. Ethan and Jordan are in their late teens and have autism with significant intellectual disabilities. They had been on medication since they were children to manage behaviours of concern in the family home.

The OCV had noted that Ethan and Jordan had not had any significant incidents in over a year, but their medication, which was a chemical restraint, had not been reviewed. There were no fade-out strategies to see if these young men could manage without the same level of medication.

The OCV raised her concerns with Ethan and Jordan's service provider, who was not able to provide sufficient information on the steps they were taking to ensure that the use of the chemical restraint was the least restrictive option available.

> *The OCV escalated her concerns to the NDIS Quality and Safeguards Commission, who conducted inquiries. The outcome was that the prescribing GP looked at how to effectively reduce the medication dosage. Staff at the home have formulated strategies to support Ethan and Jordan, especially when they go to spend weekends with their family. There are now fade-out strategies and a plan between the GP, parents and staff.*

Cultural support makes a difference

An OCV had been visiting Caleb, a 10-year-old Aboriginal boy in out-of-home care, for over a year. At three of these visits, Caleb was home from school. On the OCV's third visit, Caleb was playing with some sticks and a spray can outside in the dirt yard, which was littered with rubbish. The OCV did not see any Aboriginal support workers at any of her visits to the home. Caleb seemed shut down and bored.

> *The OCV raised her concerns about Caleb's poor school attendance with the service provider. Various explanations were given to the OCV, including that 'he just didn't go today', 'he didn't want to go today', and 'he does his schoolwork at home'. The OCV also asked questions in her visit reports about the cultural support being provided to Caleb, and whether Aboriginal cultural training is provided to staff working with him.*

The OCV felt that the responses to her questions about Caleb's schooling were inadequate and referred her concerns to the NSW Ombudsman's office. While acknowledging that the situation around Caleb's schooling was not ideal, they found that the provider appeared to be doing all they could and were engaging with the appropriate stakeholders.

> *At the OCV's most recent visit, she met an older Aboriginal support worker who had just brought Caleb home from his new school. Caleb had resumed speech therapy sessions at school. The yard was tidy and so was the house. Caleb was having cultural contact on Country with a local cultural provider, who also took him on a camp. The OCV found Caleb to be brighter and speaking happily with his support worker.*

Being an OCV

Donna Patterson

What is one strength you have that you believe helps you in your role as an OCV?

I believe that my years in the disability and out-of-home care sectors, as well as the mental health field, are very helpful. I believe it gives me a good understanding of how each sector works, and what some of the barriers and challenges are. It also helps me to know what to look for in regard to supports for the people in the accommodation service.

> *I also think having an open and friendly demeanour helps me to talk to people in the service, as well as staff and management, with them feeling that I am approachable and non-judgmental.*

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

Unfortunately, the thing that surprises me is the number of staff on shift when I visit who do not know anything, or very little, about the people they are there to support. This is not just situations when agency staff are engaged. The other thing is the lack of documents on hand in houses due to everything moving online, with issues around not being able to sign-in or the internet being down. This means the residents in care may not be getting the support they need due to staff not being able to access and read the required documentation to understand the best approach to care for the people in the house.

What positive outcome from a visit are you most proud of?

There is more than one, but I was pleased with the supports put in place for a client who came into a lot of money and how this was managed after I raised it with the provider. The resident was supported to organise the holidays she wanted, and also supported to prepare a Will and end-of-life care plan. Another gentleman, who also had a large amount of money, was supported to go for a holiday after I raised his request with his provider.

> *I am proud when young people talk to me, expressing their needs and seeking to have these raised with the provider. It is hard to put into words, but sometimes it is enough just going into a service and having people, who have usually refused to talk to you, feel safe enough to talk to you to express their needs and wants and ask when you will be coming back. It is such a positive thing for me, sometimes it doesn't have to be the big things and it is the small things that are the biggest achievement.*

How do you believe your visits impact the residents of the services you visit?

I believe that visits by OCVs give the people who live in care someone outside of their care team to talk to. Sometimes it is just knowing someone else comes to see them and ask how they are doing, even if they don't have anything they want to raise, makes them feel important and that they matter. Allowing them to have an opinion and a voice about how they are supported and what they want out of their lives. Often people do the same things over and over and having a different person visit them and ask them how they are and what they want is very empowering for them.

Heather Croft

What do you believe contributes to a successful visit?

The factors that contribute to a successful visit start with good engagement of each of the residents, and the staff that are working on the day. In addition, having ready access to documents which are relevant to the work of an OCV will assist in a successful visit.

Engaging with participants is a skill which I have learnt over the years while nursing, where I often had to comfort scared and unwell patients. In addition, while working in child protection I was trained to interview children and young people which is a skill I value. Whilst I no longer interview people, I learnt valuable skills such as the importance of listening and allowing all residents I visit to have a voice and to be heard.

What is one strength you have that you believe helps you in your role as an OCV?

One strength I have that helps me in my role as an OCV is the ability to listen when residents or staff want to speak with me. I have found in previous roles that people are more likely to speak and have a conversation with you if they feel they are being heard. When a resident or member of staff are talking to me, I acknowledge what is being said to me as being important, with the use of body language, for instance, eye contact or a positive facial expression, to let them know I have listened. Another factor is to not interrupt when the person is speaking, particularly if it appears to be important to them, because often all they want is for a friendly face to listen.

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

Earlier this year, I was away making numerous one-off visits. At every house I visited to prior to this one, I identified many issues. I had one more house to visit on this day and I prepared myself that this would be like the other houses. I walked into the house and met the house manager, who showed me through the house and introduced me to each of the residents as well as the staff. The house was not only clean, tidy and very homelike it was also set up to meet the individual needs of each of the residents. I observed very respectful communication between staff and towards each of the residents. Necessary documentation was made available to me for each of the residents to review. I was pleasantly surprised by this visit, and I remember walking away from this house feeling elated with the quality of care that was being provided to each of the residents.

What positive outcome from a visit are you most proud of?

I have been visiting a young person who is close to turning 18. There has been a lot of uncertainty around where the young person would live, and how he would be supported after his 18th birthday, all of which I had raised in my visit reports to the provider. On a recent visit I was told that the young person would be able to remain in the same house, with the intention for his placement to become a SIL placement when he turns 18. The young person has expressed a desire to work, and I was told this will be followed up in an area of interest to the young person. Visiting family has been important for the young person and this will continue as frequently as he would like, given his current house is close to where his family lives. This was a very positive outcome for this young person because he is familiar with the house, environment and staff that will provide support for him in the future.

Carol Scherret

What do you believe contributes to a successful visit?

A great visit is one where the communication is open and safe. I make myself as personable as possible so that staff feel they can share their concerns and speak honestly about the challenges and achievements with residents. Not all visits have the opportunity to engage with residents, but the best visits are those where I am able to connect and get a sense of the person living in the home.

What is one strength you have that you believe helps you in your role as an OCV?

The strength I bring to the OCV role is my openness to listen. I am genuinely interested in people. If people are shy or do not use verbal communication, I am committed to using other forms of communication to make that connection. I think the joy it brings me is something both staff and residents readily see.

What positive outcome from a visit are you most proud of?

There have been quite a few instances where I have visited and challenged the use of restrictive practices. Those practices have been chemical, environmental, and mechanical restraints. Some practices have been social (restricting people from other family members for instance). To see those reviewed and removed is extremely satisfying.

Think back to when you first started as an OCV. Knowing what you know now, what would you tell yourself as a new OCV?

> ***It sounds like a cliché, but it's true – being an OCV you cannot take on everything and you cannot change the world, but you can (and will) change the world for individuals. That might not mean all the problems are solved, but it does mean that people in residential care know there are people out here who care and will listen. It may actually be the first time some of them have been heard!***

Case study

I want quiche!

An OCV visits a service that operates a cluster model, with a number of co-located houses. Meal menus are prepared in advance, with some breakfast and lunch options available to choose. Dinner is often a fixed choice.

Sam, who has an acquired degenerative disease that affects his speech and motor function, moved into the house. He previously lived an independent life with his children in their own home.

The OCV had visited Sam a number of times and had been able to talk/communicate about interests and hobbies. This took the form of general speech or, at times, using magazines or an iPad to communicate.

> ***On a recent visit, the OCV saw and heard Sam asking staff for quiche and ice cream for dinner. His speech that day was affected so he instead used a magazine to point to a picture of the food type (quiche) he wanted. The quiche was also a choice supported by his mealtime management plan developed by his speech pathologist.***

The OCV spoke to staff about Sam's choice for dinner. The staff on duty advised they could not provide quiche due to the fixed menu. Two staff were unable to understand Sam, despite him pointing to the picture.

> ***Sam became increasingly distressed and frustrated when staff did not appear to be able to understand his requests. He began hitting their arms and head in frustration. A staff member from a co-located house came to sit with Sam and gently spoke to him to calm him down.***

The OCV raised the issue with the service, specifically:

- resident choice and consultation in relation to meals
- communication abilities and the need for support and management of this issue
- staff training with respect to communication with Sam.

In their response, the provider acknowledged the issue and advised that they had since:

- implemented a cue/card system for Sam when speech is affected, making sure that he had input into the development of the cards
- improved choice options for the residents across the cluster housing for meal options
- supported using iPads and choice cards for meal choices
- upskilled all staff across the cluster model to have more effective communication with Sam.

The OCV is looking forward to visiting Sam soon to see how the new processes are working for him.

Raising and resolving issues

Main issues raised by OCVs

During the year, OCVs raised and monitored **7,053 issues** about visitable services and support for residents.

In 2023-24, the main issues raised by Visitors across all visitable services related to:

1. Residents supported to access appropriate health and medical services, and treatment as needed — **503 (7%)**
2. Identified health, medical, dental, optical, auditory, nutritional, psychological and development needs addressed — **428 (6%)**
3. Health and development needs assessed, recorded, monitored, or reviewed as required, at least annually — **395 (6%)**
4. Residents actively encouraged and supported to participate in their community in ways that are meaningful and important to them — **353 (5%)**
5. Appropriate furniture, fittings, amenities, heating and cooling provided and maintained in a reasonable state of repair and safe working order — **330 (5%)**
6. 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 — **327 (5%)**

How do OCVs help to resolve service issues?

The Visitor's role in the first instance is one of local resolution, by bringing issues of concern to the attention of the service provider. OCVs document issues in a 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 about the issues and the actions that are being taken to resolve them.

If they are not able to facilitate resolution at the local level, or if the issues are particularly serious or significant, OCVs refer the concerns to other appropriate bodies. This may include, for example, 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 to the NDIS Quality and Safeguards Commission.

In 2023-24, OCVs raised, monitored and worked on 7,053 issues about the conduct of visitable services in NSW. This is a 24% increase on the previous year (5,683), in part reflecting the continuing increase in the number of visitable locations allocated for visiting.

Table 3: Number of referrals by OCVs to other appropriate bodies in 2023-24

Service type	Total no. of visitable services	No. of allocated visitable services	No. of issues raised*
Disability supported accommodation	2,916	1,512	4,805
Residential OOHC	461	334	2,133
Assisted boarding houses	19	18	115
Total	**3,396**	**1,864**	**7,053**

* NOTE: This figure includes new issues and issues carried over from 2022-23

Escalating issues to appropriate bodies to resolve

OCVs refer matters that are beyond their functions and powers to other appropriate bodies for further action, such as the ADC, the Children's Guardian, the NDIS Quality and Safeguards Commission, and the NSW Ombudsman. 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 78 matters of concern to other appropriate bodies, which was a 90% increase on referrals in comparison to last year (41). There are a number of reasons for the increase in the number of referrals this year, including:

- repeated training of OCVs on escalating relevant matters, and
- the introduction of 'one-off' visits, where any important unresolved issues from the visit need to be referred to the relevant oversight body as the OCV will not be returning to the location to follow up.

Table 4: Number of referrals by OCVs to other appropriate bodies in 2023-24

Agency	Number of referrals
NDIS Quality and Safeguards Commission	34
NSW Ombudsman	16
Office of the Children's Guardian	8
Homes NSW – Assisted Boarding Houses Team	6
NSW Trustee and Guardian	5
ADC – Ageing and Disability Abuse Helpline	4
National Disability Insurance Agency	4
Health Care Complaints Commission	1

OCVs informing actions by the Children's Guardian

Accreditation assessments

Information shared by OCVs under the *Children's Guardian Act* can be used by the OCG to inform accreditation and monitoring assessments of designated agencies (agencies accredited to provide statutory OOHC services) and its regulation of specialised substitute residential care (SSRC) agencies.

The OCG also proactively seeks information from OCVs to assist with its accreditation assessments. Information gathered by OCVs during their visits can provide valuable insight on factors such as (among other things) staffing, incident and risk management, actions to resolve issues raised by OCVs, information for staff about residents and their needs, and behaviour support strategies.

This year, OCVs provided information to the OCG in relation to three providers where information was sought. OCVs also provide the OCG with copies of complaints to the NSW Ombudsman's office.

OCG actions in response to OCV referrals

In response to referrals by OCVs, the OCG can also make inquiries with agencies about the information or refer the Visitor's concerns to other relevant agencies, such as DCJ, the NSW Ombudsman and the NDIS Commission. The ADC facilitates the exchange of information between OCVs and the OCG.

Actions taken by the OCG in response to some of the referrals by OCVs in 2023-24 included:

- onsite assessments and a review of the circumstances of a young person for whom an OCV had identified a lack of leaving care planning
- review of an agency through a direct evidence program assessment in response to OCV concerns about a young person's access to timely medical attention
- review of the circumstances of a child in an Alternative Care Arrangement placement following concerns raised by an OCV about the provision of care and quality of the living environment
- active monitoring of a provider and review of three young people in the provider's care in response to a referral by an OCV about the residents' safety and welfare.

Being a new OCV

Gareth Elliott

What led you to apply to be an OCV?

The OCV role is many jobs in one. I had previously worked in disability advocacy and legal services, along with several other social justice-focused organisations. Being an OCV combines a lot of this previous work experience into one job. OCVs can solve problems and issues in very practical ways. Because we work so independently, I can bring many of the skills and knowledge from other work to this job.

What is one personal attribute you believe is needed to be an effective OCV?

Flexibility is the biggest requirement of being an OCV. Each service and setting is different, everyone involved having differing ideas about what OCVs are there to do. Explaining that to everyone involved, plus managing expectations of services and residents, requires a dynamic approach at every visit. OCVs mainly visit unannounced, so different things can be happening at the house at different times of the day or on weekends.

What do you like most about the OCV role so far?

> ***Getting to know residents is the best part of the job. They are always unique individuals. They all have their own stories that are relevant to their goals/aspirations, plus their support needs. The residents are people who often live in fairly closed settings, with little access to the community. Sometimes the OCV is the only person they meet, other than paid workers. Being able to resolve and address issues that we see at the houses is such an important job. The issues we encounter and resolve can be big or small. They all have a huge impact on the residents. That all happens every day working as an OCV.***

Erin Turner

What led you to apply to be an OCV?

I'd met several OCVs over the years and their dedication and the impact they had on individuals had inspired me. I knew the diversity within the OCV team provided a wealth of knowledge and experience of a unique nature and I have witnessed firsthand the positive changes they could influence.

I had actually wanted this role for many years, but my life and family circumstances had simply never aligned until recently.

What is one personal attribute you believe is needed to be an effective OCV?

I think the ability to connect with others is the most essential attribute I need as an OCV.

> ***The role requires me to quickly build trust and rapport. I need to be able to adapt my style of engagement when meeting individuals with a wide range of personalities and in new environments. The people I meet often use styles of communication I am unfamiliar with and need to learn in the moment. I've found having the confidence to acknowledge and admit when I don't understand something is appreciated, and simply useful in getting to know others. I am yet to meet someone who wasn't happy to help me.***

I definitely find it challenging at times, but the professional outcomes combined with my own genuine enjoyment makes it worth it!

What do you like most about the OCV role so far?

Professionally, I appreciate the opportunity to see firsthand the varied approaches to care, including best practices and the challenges faced within the industry. I look forward to the ways in which I can use the experience and knowledge I am building as a resource to influence improved practices and outcomes for individuals.

> ***On a personal level, I enjoy how the role exposes me to individuals I would be unlikely to meet in my day-to-day life. I find myself one day receiving an education on teen culture and how to use TikTok to the next receiving tips on how I should perfect my crotchet or dumpling-making technique!***

I appreciate the variety of the OCV role and the certainty that the people I am lucky to meet will ensure it never gets dull!

Visits to disability services

In 2023-24, there were 2,916 visitable supported accommodation services for adults with disability known to the OCV scheme, accommodating 10,100 residents. Of the 2,916 services, 1,512 (52%) were allocated to OCVs for either regular or one-off visits.

OCVs made **2,369 visits** to disability accommodation services and worked on **4,805 issues** of concern. They reported that 1,989 issues had been resolved. At the end of June 2024, OCVs were continuing to monitor the action taken by providers to resolve 570 ongoing issues of concern.

Table 5: Data for allocated disability services, 2023-24

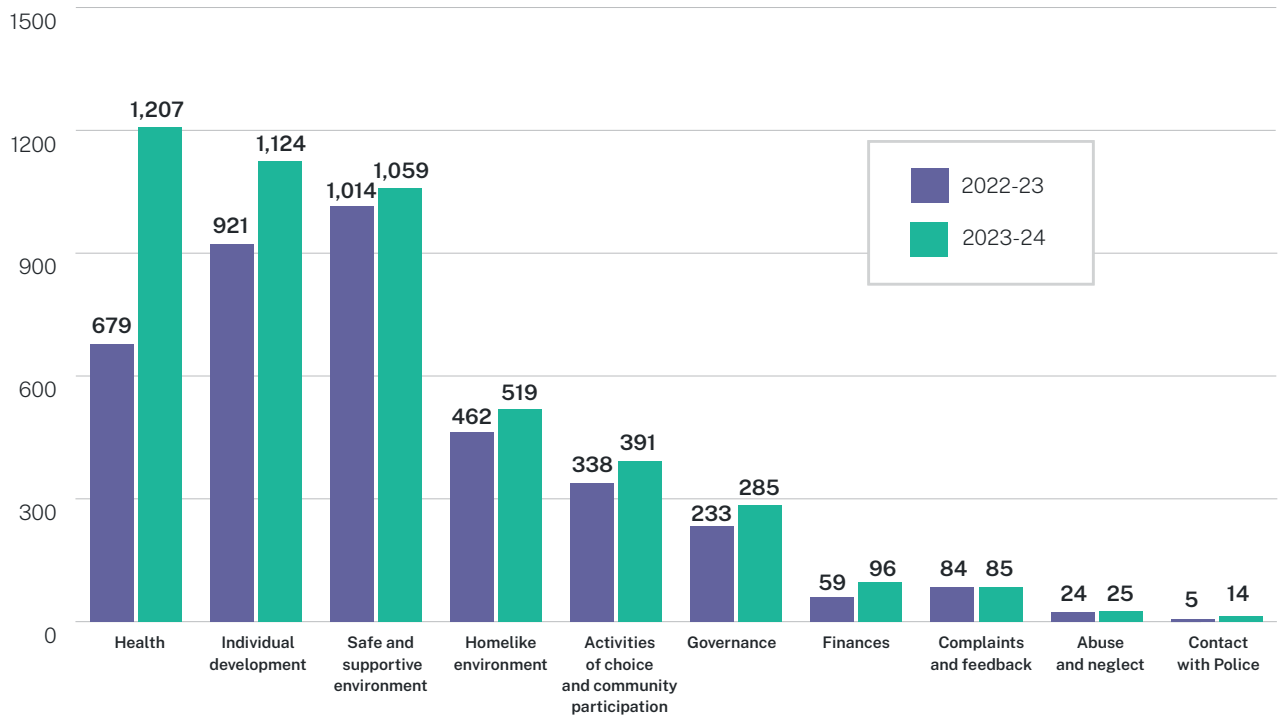
	2023-24
No. of services allocated	1,512
No. of visits	2,369
No. of issues worked on	4,805
Average no. of issues per service	3.2

Table 6: Outcome of issues raised by OCVs about disability services, 2023-24

	No. of issues	Percentage
No. resolved (%)	1,989	41
No. ongoing (closed) (%)	1,764	37
No. ongoing (open) (%)	570	12
No. of issues unable to be resolved (%)	405	8
No. outcome unknown (%)	77	2
TOTAL	**4,805**	**100**

The majority of issues raised by OCVs in disability supported accommodation services were under the classification of 'health' (1,207), followed by 'individual development' (1,124).

Figure 2: Number of issues by classification category, disability services, 2022-23 – 2023-24



Main issues raised with disability services in 2023-24

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

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

382 (8%)

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

297 (6%)

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

295 (6%)

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

265 (6%)

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

237 (5%)

Systemic issues project – disability services

1. Compatibility

OCVs examined and reported on compatibility issues in disability accommodation services in last year's annual report. As they remained concerned about the issues and the impact on residents, they elected to retain compatibility as a focus area in their visits this year.

Last year, while OCVs noted positive practices in relation to the assessment and management of compatibility issues by some providers, they identified the key themes that:

- the compatibility of residents was not consistently considered prior to placement
- there was wide variability in the compatibility assessments and matching processes being used
- actions by providers to address the issues were not always evident, tended to be slow, and focused on 'behaviour', and
- the impact of poor compatibility on residents was significant, including individuals being assaulted, and living in fear and distress.

OCVs' examination of compatibility issues in disability accommodation services this year found a largely consistent picture.

What did OCVs find?

In 2023-24, OCVs raised 277 issues about compatibility in the allocated disability accommodation services. This was a slight reduction on the number raised by OCVs last year (287), but the key themes remained the same.

Table 7: Issues raised by OCVs about compatibility in disability accommodation in 2023-24

Issues raised	No. of issues	Percentage[1]
Unclear whether compatibility assessments/transition planning conducted	88	32
Compatibility concerns due to the conduct of others	62	22
Incidents between residents	50	18
Lack of clarity about plans to fill a vacancy	46	17
Resident wishes to reside somewhere else	20	7
Additional staff and resources are required to support additional residents	6	2
Lack of action to meet changing needs of residents	5	2
Total issues	**277**	**100**

Positive practices

Consistent with last year, OCVs identified positive practices by some providers, including:

- a range of assessments conducted to determine the appropriateness of a placement
- effective transition planning actions, including visits, sleep-overs, and 'meet and greets' prior to placement decisions being finalised
- some placements clearly informed and guided by resident wishes.

OCVs noted that in a range of cases, providers arranged for a resident to be moved after identifying that the risks arising from incompatibility between residents could not be managed.

Compatibility of residents is not consistently considered prior to placement

One-third of the issues (88) raised by OCVs about compatibility in disability accommodation related to the OCV being unable to find information relating to any compatibility assessments or transition planning that had been undertaken. This was a slight improvement on last year (99 issues raised).

In many cases, it was difficult to see whether a compatibility assessment had been conducted, or what had informed the placement decisions. OCVs encountered many occasions in which residents told them that they were unhappy living with a new resident. Overall, OCVs did not identify much consultation with residents, and found instances where residents moved in without any 'meet and greet' taking place.

1. Percentage total may not equal 100 due to rounding.

Although OCVs saw some evidence of placements not going ahead following compatibility assessments, in at least one instance, OCVs identified that a placement went ahead despite it being deemed inappropriate. OCVs also continued to note that in short-term or emergency placements, compatibility assessments were rarely undertaken.

There is wide variability in compatibility assessments and matching processes

Where there was evidence of compatibility assessments and matching processes, OCVs continued to identify variable and inconsistent practice across providers. This included some providers who had a multi-stage assessment, matching and transition process, others that had a gradual transition and assessment process involving visits and overnight stays, and yet others that incorporated social stories to assist placement planning and transition.

While a range of the practices were positive, the wide variability and quality of the tools and processes raised questions about the extent to which providers have access to good practice guidance on compatibility assessment, matching and transition processes.

The adverse impact on residents is significant

In 40% of the issues (112) raised by OCVs in relation to compatibility, there were incidents between residents involving violence or abuse, and/or the conduct of one or more of the residents was adversely affecting the others. This was higher than last year (32%).

OCVs noted:

- incidents of verbal and physical aggression, assaults, bullying and intimidation (often ongoing)
- Apprehended Domestic Violence Orders being put in place against individual residents
- loud vocalisations or other conduct affecting others.

Visitors continued to identify significant and adverse impacts on individual residents associated with compatibility issues or placement decisions. This included where residents:

- were unable to sleep due to another resident crying at night
- were isolating themselves in their bedrooms to avoid confrontations
- missed activities as they did not want to be in the same room with co-residents
- advised that they were scared or distressed due to the conduct of others, and had increased anxiety
- engaged in self-harm when affected by the conduct of others.

Actions to address the issues is not always evident, and often focuses on 'behaviour'

Despite the negative impacts on residents, it was not always clear what, if any, action was being taken to prevent the incidents of abuse.

Consistent with last year, where OCVs did see actions in relation to current or emerging compatibility issues, the practice was highly variable. Visitors noted that actions included:

- moving residents out
- using strategies to try to separate residents within the home
- engaging residents in activities to reduce the time they spent at home together
- changing staffing levels.

Most often, OCVs identified that providers tended to focus on addressing the 'behaviour' of individual residents, rather than looking at the underlying compatibility issues.

Visitors noted that providers did not tend to have a process for reviewing compatibility when there was an increase in incidents between residents. Overall, actions by providers when identifying compatibility concerns were typically reactive, with little impact, with some providers outlining issues in obtaining sufficient funding.

2. Preventative health

Preventative health care aims to prevent illness and assist in the early detection of specific diseases, while encouraging the promotion and maintenance of good health. Evidence has shown that people with disability have poorer health outcomes and greater difficulty obtaining preventative health services in comparison with the general population.

Aspects considered by OCVs in relation to this area included:

- support to access health screening (e.g. breast checks, bowel cancer screening)
- support to access preventative health programs (e.g. quit smoking programs, Healthy Eating Active Living program)
- support to implement preventative health recommendations.

What did OCVs find?

In 2023-24, OCVs raised 347 issues about preventative health in relation to residents in disability accommodation.

Table 8: Issues raised by OCVs about preventative health in disability accommodation, 2023-24

Issues raised	No. of issues	Percentage[2]
No, or delayed, action to implement preventative health recommendations	144	41
Annual check-ups not undertaken (e.g. medical, dental, optical)	78	22
No evident access to health screening (e.g. breast check, bowel cancer screening)	43	12
Lack of strategies to address risks due to smoking, weight, alcohol or other drug use	28	8
No evident support to help residents to overcome their resistance to treatment (appointments/ medication)	20	6
Lack of action to enable a medication review	13	4
Resident not up-to-date with vaccinations (e.g. COVID-19, influenza)	9	3
Nutritional needs of residents are not met	8	2
Lack of action to assist residents to make healthy choices	4	1
Total issues	**347**	**100**

What did OCVs find?

Positive practice

OCVs noted positive actions being taken by some providers in relation to preventative health, particularly in response to issues being raised with them in OCV visit reports. In a range of cases, OCVs saw positive work by providers to facilitate or engage in multidisciplinary meetings to formulate plans in complex cases, and efforts to explore options to reduce anxiety and distress for residents associated with health procedures, such as the potential to have a number of health checks at the same time under general anaesthetic.

In one case, an OCV identified positive practice in relation to a resident who refused to follow health recommendations to use a Continuous Positive Airway Pressure (CPAP) machine to assist him to sleep at night. The provider supported the resident to start following the health recommendation by bringing in a person who used the sleep apnoea machine and was able to talk with the resident about their experience and how much better they felt when they used it.

There are often delays in implementing preventative health recommendations

Almost half (41%) of the issues raised by OCVs about preventative health related to no, or delayed, action by providers to implement the recommendations of medical professionals.

2. Percentage total may not equal 100 due to rounding.

Reasons provided for delays included:

- delays waiting for support coordinators to engage appropriate services
- reluctance by residents to engage in the recommended treatment
- inadequate funding
- delays in obtaining guardian approval
- long waiting lists
- difficulty sourcing providers.

OCVs raised concerns about the impact on residents from these delays, including untreated medical concerns, continued pain and discomfort, and increased risk of the health issues worsening.

Annual check-ups and health screening activities are not always provided

Over a third (35%) of the issues raised by OCVs about preventative health related to residents not having access to routine health check-ups and/or health screening. This included residents who did not have annual health assessments, dental checks, eye tests or age-related cancer screening checks.

Some of main areas of concern identified by OCVs included:

- annual health assessments (such as the CHAP[3] tool) were marked with 'unknown' next to the health screening questions
- some providers were unaware of the CHAP tool
- lengthy waiting lists for public dental services
- reluctance by residents to engage in health assessments or screening
- views by providers that residents would not cope with screening activities
- many services had not considered supports that may make accommodations for people with disability to receive treatment or undergo health procedures.

OCVs were particularly concerned that the lack of regular health assessments and cancer screening would prevent the early identification and treatment of many treatable conditions for people with disability living in residential care.

Visitors also noted that many residents taking a number of medications had not had a medication management review, including residents taking a high number of medications. In a range of cases, the provider was unaware of the medication review service provided by pharmacies until OCVs raised the issue with them.

3. The Comprehensive Health Assessment Program (CHAP) is an evidence-based tool for conducting annual health assessments for people with intellectual disability in Australia.

Providers often do not take actions or have strategies to assist residents who refuse to engage in health assessments or screening

OCVs found that a range of residents were identified as being resistant to, or refusing to engage in, health assessments or screening activities. In many cases, there was no indication that the provider had taken any actions to make it easier for the individual to be involved – including steps to:

- access Easy Read and accessible resources to assist the person to understand the health assessment or screening process
- provide education or assistance to help the resident to understand the implications of not having health assessments and screening
- include the person's resistance to health assessment, screening and/or treatment in a behaviour support plan to enable positive support strategies to be devised and implemented
- explore reasonable adjustments and other options to make it easier for the person to participate.

Of particular concern to OCVs was that there appeared to be a lack of action to assist residents to overcome their resistance to medical assessments and screening even when the person had identified health issues or was in pain.

In at least one case, a resident who was afraid of the hospital system was supported to participate in cancer screening after the OCV raised the issue with staff. Following a mammogram, which identified the presence of breast cancer, the resident was supported to receive appropriate and early medical treatment. (See case study 'Cancer screening saves lives').

There is insufficient action to help residents to reduce preventable health risks

For a range of residents, OCVs raised concerns about a lack of evident action or strategies by providers to help the individuals to reduce preventable health risks, including risks associated with:

- smoking
- alcohol and other drug use
- weight issues
- not being up to date with vaccinations.

OCVs noted that providers often lacked strategies to address situations in which residents chose unhealthy options, such as choosing sugary foods despite having diabetes, and it was not evident what support was being provided to make it easier for them to make alternative choices.

OCVs typically did not identify actions by providers to seek out specialist programs, such as smoking cessation programs. In some cases where specialist support had been sought (such as dieticians), staff had difficulties encouraging residents to follow the recommendations.

3. Education and vocational training

People with disability in residential care have the right to access and take part in education and training and to gain meaningful employment. However, they tend to have poor access to employment and to vocational training activities that can help in gaining employment.

Aspects considered by OCVs in relation to this area included:

- access to education options
- support to access education or vocational training activities
- actions to explore residents' education or vocational training options and preferences
- actions to link residents with appropriate education or vocational training services.

What did OCVs find?

In 2023-24, OCVs raised 44 issues about education/vocational training for residents in disability accommodation services, all relating to access to vocational training.

Positive practices

OCVs noted some positive practices in relation to providers assisting residents to meet their vocational needs, including examples of:

- providers registering residents with employment agencies
- an employment consultant attending the service location
- access to alternative learning, such as painting or cooking classes
- engagement of occupational therapists to assess the supports needed for the resident to participate in training.

Few residents have access to vocational training

All of the issues raised by OCVs about education and vocational training in disability accommodation services related to residents not receiving adequate support to access vocational training.

OCVs spoke with residents who indicated that they were interested in obtaining employment but needed support and training to achieve their employment goals.

Some of the barriers identified by OCVs in relation to residents accessing vocational training included:

- a lack of support being provided to link them to vocational options (such as support with vocational assessments), manage appointments, and connect them with vocational activities
- employment not being identified as a goal on the person's NDIS plan (and related lack of funding to obtain support)
- refusal by some residents to attend vocational activities
- health issues preventing a person's access
- lack of contact and follow-up by the NDIS support coordinator.

In conversations with service providers, OCVs often found low expectations, with vocational training typically not considered when exploring meaningful activities for people with disability in residential care to be involved in.

It is not always evident that action is being taken to address the issues

OCVs noted that a range of providers did not recognise their role in relation to vocational training and support, tending to tell Visitors that it was the role of the resident's NDIS support coordinator. It was not evident in these cases that providers recognised the important role they can play in, among other things:

- talking with residents about activities they may be interested in, including activities that link to education or vocational training
- identifying activities and skills that residents enjoy at home that could connect to vocational options
- ensuring that the support coordinator is aware of the above information to inform their actions to assist the resident
- following-up with the support coordinator when necessary to maintain progress and inform the resident.

Impact on residents

OCVs noted that the lack of access to vocational training and limited meaningful activities tended to have detrimental health and mental health impacts on residents, including lack of mental stimulation, declining mental health, and frustration at not knowing how to get to their preferred training or employment goal.

Case Study

Support for Bruce to meet his increased needs

During a visit, an OCV noted that Bruce had experienced 14 unwitnessed falls over the previous eight months. In most cases, Bruce was found to be in pain but was not seriously injured. However, on two occasions an ambulance had to be called to assist. An assessment by an occupational therapist had confirmed that Bruce's balance and coordination had deteriorated and concluded that he required additional support both in the daytime, to enable greater community participation, and an active overnight shift, to reduce his risk of falling when he gets up many times throughout the night. The OCV was advised that Bruce's NDIS support coordinator had sought an urgent review of his NDIS plan.

> ***In her visit report, the OCV asked the service provider about the actions they would be taking to ensure that staffing levels in the home met Bruce's increased needs, and any contingency plans they would put in place while waiting for his NDIS plan review.***

At the OCV's next visit, a staff member gave an update on recent developments at the home. The OCV was told that her report had been useful in highlighting Bruce's unmet needs and the importance of mitigating the risks to his safety from unwitnessed falls. The service provider had taken immediate action to purchase sensor mats for Bruce to alert sleepover staff when he required assistance at night. According to staff, when evidence of Bruce's changing needs was considered by the NDIA, the OCV's unbiased observations and independence from the provider promoted confidence that the risks to Bruce's safety were significant.

> ***As a result, Bruce's funding was increased to enable an active night shift to be introduced in the home as well as access to a physiotherapist and occupational therapist. Bruce has not had any falls since the active night shift has been in place and he has been able to remain in the home he loves, where he can continue to live with his friends. The increase in nighttime support has not only benefitted Bruce but also the other residents of the home.***

Jack's fear of dogs

While viewing incident reports during her visit, an OCV noted an incident where Jack, a resident in the house, assaulted a member of the public when he was out with a staff member, striking them as they were walking their dog.

> ***In speaking with staff about this incident, the OCV was informed that Jack has a great fear of dogs, and it was this fear that had triggered him to strike the person walking their dog nearby. The member of the public was unharmed and was understanding of the situation.***

The OCV read through Jack's behaviour support plan and risk assessment and could not see any reference to his fear of dogs or any associated behaviours. The staff member on duty informed the OCV that although this information had been known to him, the staff member accompanying Jack when the incident occurred was not aware of it.

The OCV was concerned by the seriousness of this incident and what could have happened. In her visit report, the OCV asked the provider why there was no mention of Jack's fear of dogs in his behaviour support plan or risk assessment, and nothing documented to provide guidance to staff on Jack's fear, his behaviours, and the strategies staff should implement in this situation.

> ***In their response to the OCV, the provider acknowledged that Jack's fear was not new, and it had been missed in his risk assessments and behaviour support plan. They indicated that the information had been provided to Jack's behaviour support practitioner and his behaviour support plan was being updated. Jack's risk assessment and client profile documentation was also updated.***

Visits to assisted boarding houses

In 2023-24, there were 19 assisted boarding houses in NSW, accommodating 253 residents. During the year, one assisted boarding house closed and another one opened. During the year, 18 were allocated to OCVs for regular visiting (95%).

OCVs made **62 visits** to assisted boarding houses and raised **115 issues** of concern affecting residents. OCVs reported that seven issues were resolved; a further 46 issues were open and continuing to be monitored by OCVs at the end of June 2024.

Table 9: Data for allocated assisted boarding houses, 2023-24

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

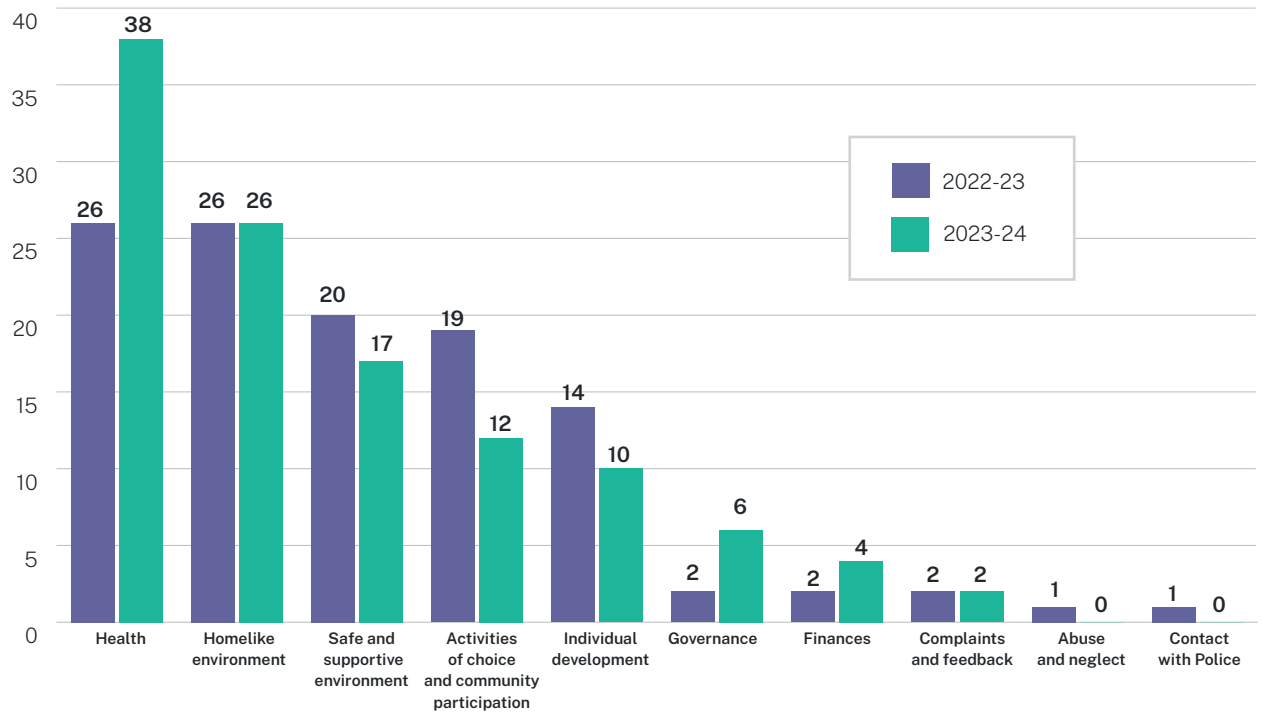
Table 10: Outcome of issues raised by OCVs about assisted boarding houses, 2023-24

	No. of issues	Percentage[4]
No. ongoing (open) (%)	46	40
No. ongoing (closed) (%)	38	33
No. of issues unable to be resolved (%)	24	21
No. resolved (%)	7	6
No. outcome unknown (%)	0	0
Total	**115**	**100**

4. Percentage total may not equal 100 due to rounding.

The majority of issues raised by OCVs in relation to assisted boarding houses were under the classification of 'health' (38) and 'homelike environment' (26).

Figure 3: Number of issues by classification category, assisted boarding houses, 2022-23 – 2023-24



Main issues raised with assisted boarding houses in 2023-24

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

1. Residents supported to access appropriate health and medical services, and treatment as needed — **15 (13%)**
2. Appropriate furniture, fittings, amenities, heating and cooling provided and maintained in a reasonable state of repair and safe working order — **12 (10%)**
3. Residents actively encouraged and supported to participate in their community in ways that are meaningful and important to them — **8 (7%)**
4. Health and development needs assessed, recorded, monitored, and reviewed as required, at least annually — **7 (6%)**
5. Identified health, medical, dental, optical, auditory, nutritional, psychological and development needs addressed — **7 (6%)**

Systemic issues project – assisted boarding houses

1. Compatibility

Compatibility issues in assisted boarding houses can have a significant impact on residents. Aspects considered by OCVs in relation to this area included:

- assessment prior to placement
- transition planning
- actions to address poor compatibility
- impact on residents.

What did OCVs find?

In 2023-24, OCVs raised four issues about compatibility in assisted boarding houses, relating to:

- the changing needs of residents and the ability of the assisted boarding house to meet their needs (3)
- a resident who was not settling in well at the assisted boarding house, expressing feelings of loneliness, anxiety and boredom.

Two of the issues raised by OCVs were referred to the Assisted Boarding House Team within Homes NSW. After a thorough review (including onsite visits to meet with the residents), they were satisfied that the assisted boarding house had the appropriate supports in place to meet their needs.

The low number of issues precluded further observations or commentary.

2. Preventative health

Preventative health care aims to prevent illness and assist in the early detection of specific diseases, while encouraging the promotion and maintenance of good health.

Aspects considered by OCVs in relation to this area included:

- support to access health screening (e.g. breast checks, bowel cancer screening)
- support to access relevant preventative health programs (e.g. quit smoking programs, Healthy Eating Active Living program)
- support to implement preventative health recommendations.

In 2023-24, OCVs raised 15 issues about preventative health care in relation to people living in assisted boarding houses.

Table 11: Issues raised by OCVs about preventative health in assisted boarding houses, 2023-24

Issues raised	No. of issues	Percentage[5]
No, or delayed, action to implement preventative health recommendations	7	47
No evident access to health screening (e.g. breast check, bowel cancer screening)	3	20
Annual check-ups not undertaken (e.g. medical, dental, optical)	2	13
No evident support to help residents to overcome their resistance to treatment (appointments/medication)	2	13
Lack of action to enable a medication review	1	7
Total issues	**15**	**100**

5. Percentage total may not equal 100 due to rounding.

What did OCVs find?

There is little information onsite about residents' access to health services

OCVs found that due to a paucity of records onsite, there tended to be little or no information about residents' access to annual health assessments or involvement in recommended health screening activities.

OCVs were typically advised that health assessment information is held by GPs and resident health matters are generally handled by GPs with little involvement of the boarding house. Staff are often unaware of resident involvement in recommended health screenings.

There are gaps in the access of residents to health checks, preventative screening and follow up

The main issues raised by OCVs about preventative health related to a lack of/ delayed action to implement health recommendations (47%), and inadequate access to preventative health screening and health checks (33%).

OCVs raised concerns about the extent to which residents have access to, and are supported to access, health assessments and health screening, particularly in light of the health risks faced by many boarding house residents. This includes health risks associated with lifestyle factors, including smoking and nutrition, as well as chronic mental and physical health concerns and multiple medications. OCVs noted the death of one resident that was reportedly due to untreated skin cancer.

The low number of issues precluded any further observations or commentary.

3. Education and vocational training

In 2023-24, OCVs did not raise any issues about education or vocational training in relation to assisted boarding houses.

Case study

I don't feel heard

When an OCV first met Phillip, a resident in a disability accommodation service, she spent quite a bit of time talking to him. The OCV asked Phillip if there was anything that he was unhappy with that he would like support in raising with the service provider.

> ***Phillip explained to the OCV that he felt he was not being spoken to and treated with respect by particular staff members and that he was being treated in a bullying and threatening way. He told the OCV that respect is something that he values and is important in his family.***

The OCV asked Philip if the provider was aware of how he felt, and he said they were.

The OCV raised Phillip's concerns in her visit report and asked what was known of the complaint made by Phillip, what had been documented, and how the complaint was being dealt with to Phillip's satisfaction.

In the provider's response, they said they were not aware of Phillip's complaint and no official complaint had been received by them. On receipt of the OCV's report, the client services manager contacted Phillip and arranged to meet to enable him to raise his complaint. This was documented in the service's client management system.

> ***In dealing with the complaint, the OCV was informed that regular meetings would be held with Phillip, the house manager, and staff to enable Phillip to discuss what is working well and what is not. The provider stated that senior management would work with the team leader and staff on the issue, and direct contact with the client services manager had been provided to Phillip.***

The OCV is looking forward to catching up with Phillip at her next visit to see how things are going for him and to make sure he feels he is being heard.

Visits to residential OOHC services

In 2023-24, there were 461 residential OOHC services known to the OCV scheme, accommodating 924 children and young people in statutory care and Specialist Substitute Residential Care. Over the year, 334 services (72%) were allocated to OCVs for either regular or one-off visits.

OCVs made **945 visits** to residential OOHC services and worked on **2,133 issues** of concern. Services resolved 848 issues. At the end of June 2024, OCVs were continuing to monitor the action by services to resolve 325 ongoing issues of concern.

Table 12: Data for allocated residential OOHC services, 2023-24

	2023-24
No. of services allocated	334
No. of visits	945
No. of issues worked on	2,133
Average no. of issues per service	6.4

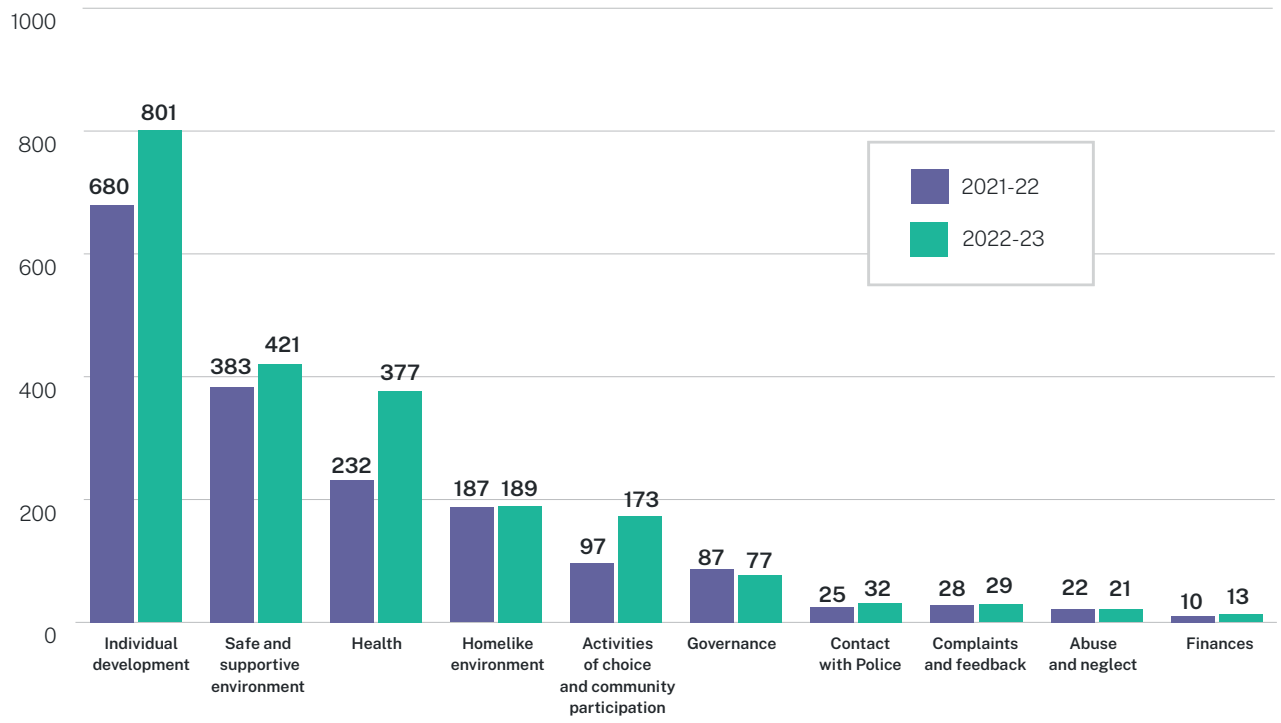
Table 13: Outcome of issues raised by OCVs about residential OOHC services, 2023-24

	No. of issues	Percentage[6]
No. of issues resolved (%)	848	40
No. of ongoing issues (closed) (%)	750	35
No. of ongoing issues (open) (%)	325	15
No. of issues unresolved (%)	187	9
No. of issues outcome unknown (%)	23	1
Total issues (%)	**2,133**	**100**

6. Percentage total may not equal 100 due to rounding.

The most common issues raised by OCVs with residential OOHC services were under the classification category of 'individual development' (801), followed by 'safe and supportive environment' (421).

Figure 4: Number of issues by classification category, residential OOHC services, 2022-23 – 2023-24



Main issues raised with residential OOHC services

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

1. Individuals supported and encouraged to participate in appropriate educational or vocational activities — **190 (9%)**
2. Leaving care and transition plans developed early, implemented and clearly documented — **176 (8%)**
3. Identified health, medical, dental, optical, auditory, nutritional, psychological and development needs addressed — **124 (6%)**
4. 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 — **116 (5%)**
5. Residents supported to access appropriate health and medical services, and treatment as needed — **106 (5%)**

Systemic issues project – residential OOHC services

1. Compatibility

OCVs examined and reported on compatibility issues in residential OOHC services in last year's annual report. As they remained concerned about the issues and the impact on residents, they elected to retain compatibility as a focus area in their visits this year.

Last year, OCVs identified the key themes that:

- the compatibility of young people was not consistently considered prior to placement
- there was wide variability in the compatibility assessments and matching processes being used
- actions by providers to address the issues were not always evident, and
- the impact of poor compatibility on the young people was significant, including being subject to violence and abuse, and experiencing high anxiety.

OCVs' examination of compatibility issues in residential OOHC services this year found a largely consistent picture.

What did OCVs find?

In 2023-24, OCVs raised 109 issues about compatibility in the allocated residential OOHC services. The number of issues and the themes were consistent with last year.

Table 14: Issues raised by OCVs about compatibility in residential OOHC, 2023-24

Issues raised	No. of issues	Percentage[7]
Unclear whether compatibility assessments/transition planning conducted	54	50
Incidents between residents	21	19
Compatibility concerns due to the conduct of others	19	17
Lack of clarity about plans to fill a vacancy	13	12
Resident wishes to reside somewhere else	2	2
Total issues	**109**	**100**

The compatibility of young people is not consistently considered prior to placement

Half (50%) of the issues raised by OCVs about compatibility in residential OOHC related to the OCV being unable to locate information relating to any compatibility assessments or transition planning that had been undertaken.

The impetus for OCVs raising this issue stemmed from situations that included:

- young people expressing concerns to the OCV about a new resident
- young people moving in with little or no notice
- young people telling the OCV that they had not met the new resident before they moved in
- friction between residents
- constant changes in the young people residing at the premises
- young people having multiple changes in placements within a short period of time.

In a range of cases, it was not clear whether a compatibility assessment had been conducted, and it was not evident what had informed the decisions about placement suitability.

There is wide variability in the tools used to assess compatibility and they are not always followed

In some cases, providers were able to provide information to the OCV about the compatibility assessments and matching processes that had been used prior to young people being placed in the service.

OCVs identified some positive practices in relation to providers assessing and managing compatibility, including:

- some providers had comprehensive matching processes, with at least one placement not proceeding due to compatibility risks being identified
- transition planning that included site visits and meetings and/or overnight stays
- mentors engaged to guide young people through the transition process
- involvement of therapeutic specialists to develop emotional tools and social stories to help the young people cope with change.

Consistent with last year, OCVs identified that there was no consistent approach, with the tools and processes ranging from a grouping matrix, to placement panel reviews, to full assessment by an external agency.

7. Percentage total may not equal 100 due to rounding.

In addition, OCVs noted a number of occasions in which young people had been placed together despite the assessments identifying them as incompatible. The main reason provided was due to an emergency placement, with insufficient time for a suitable placement to be found. Some providers indicated to OCVs that they felt some pressure to place young people quickly due to their contract arrangements.

The adverse impact on the young people is significant

In over a third (36%) of the issues raised by OCVs in relation to compatibility, there were incidents between residents involving violence or abuse, and/or the conduct of one or more of the young people was adversely affecting the others. This was slightly lower than last year (43%).

OCVs noted young people spending the majority of time in their rooms to avoid other residents, repeated episodes of bullying and physical violence, and AVOs being taken out between young people.

OCVs identified a range of detrimental impacts on young people associated with compatibility issues, including them:

- having decline in their mental health, including the need for inpatient assistance
- expressing their unhappiness living in the home due to the conduct of other young people
- being anxious and concerned about their belongings being taken or destroyed
- withdrawing to avoid others in the home
- having to spend time away from placement due to conflict with others
- not feeling listened to.

It is not always evident that action is taken to address the issues

OCVs continued to note that it was not always clear what, if any, action was being taken by providers to prevent the incidents or abuse. This was the case despite the significant adverse impacts on young people associated with the evident compatibility issues.

Consistent with last year, OCVs identified that some actions by providers to address the issues were primarily reactive, including moving young people to alternative placements, increasing staff supervision, or engaging in behaviour support.

2. Preventative health

Preventative health care aims to prevent illness and assist in the early detection of specific diseases, while encouraging the promotion and maintenance of good health.

Aspects considered by OCVs in relation to this area included:

- support to access relevant preventative health programs (e.g. quit smoking programs, Healthy Eating Active Living program)
- support to implement preventative health recommendations.

What did OCVs find?

In 2023-24, OCVs raised 71 issues about preventative health in relation to children and young people in the allocated OOHC services.

Table 15: Issues raised by OCVs about preventative health in residential OOHC, 2023-24

	No. of issues	Percentage[8]
Lack of strategies to address risks due to smoking, weight, alcohol or other drug use	21	30
Annual check-ups not undertaken (e.g. medical, dental, optical)	12	17
Inadequate access to contraceptive and sexual health care	10	14
No, or delayed, action to implement preventative health recommendations	10	14
No evident support to help residents to overcome their resistance to treatment (appointments/medication)	9	13
Nutritional needs of residents are not met	3	4
Lack of action to enable medication review	3	4
Resident not up to date with vaccinations (e.g. diphtheria)	1	1
Lack of support to address mental health concerns	1	1
Lack of action to assist residents to make healthy choices	1	1
Total issues	**71**	**99**

Action is not consistently taken to assist young people to reduce preventable health risks

Almost a third (30%) of the issues raised by OCVs about preventative health in relation to children and young people in residential OOHC related to preventable health risks associated with lifestyle factors – including alcohol and other drug use, smoking/vaping, and weight related concerns, particularly underweight.

During visits, OCVs often came across instances where young people spent excessive time gaming, did not appear to exercise, and often made poor food choices.

OCVs noted that actions by a range of providers to attempt to link young people with appropriate services to reduce their health risks and make it easier for them to make alternative choices were often hampered by the young people refusing to engage in therapeutic support. OCVs did not identify information regarding support to assist young people to access preventative health programs, such as alcohol or other drugs support or quit smoking programs.

In addition to the adverse physical health effects, OCVs also identified impacts on children and young people that included depression, lethargy, and difficulty sleeping.

Young people are not consistently having annual check-ups

17% of the issues raised by OCVs about preventative health related to children and young people not having regular check-ups. These included annual health assessments, as well as dental and optical reviews.

Some barriers identified by OCVs included young people being on waiting lists, practitioners not taking bookings for young people due to previous non-attendance, and limited options in regional areas.

Young people do not always have adequate access to contraceptive and sexual health care

Visitors identified a need for young people to have better access to education and support on contraception and sexual health. OCVs visited a number of young people who were pregnant or engaging in risky sexual behaviours, and it was not evident that appropriate education and support had been or was being provided to young people about contraception options and safe sex practices.

Recommendations from medical professionals are not consistently being implemented

OCVs identified many instances in which recommendations from medical practitioners had not been implemented by providers, including recommendations to see a child psychiatrist, and referrals for an eye test and allied health assessments.

8. Percentage total may not equal 100 due to rounding.

3. Education and vocational training

Children and young people in OOHC have a right to access quality education. Education is a contributing factor in a person's quality of life and the level of education they achieve has been found to have an impact across generations. People who receive a sound education are likely to live longer and to experience better health outcomes.

Children and young people in OOHC are more likely to leave school early, and early school leavers face a higher risk of social exclusion and poverty.

Aspects considered by OCVs in relation to this area included:

- access to school or other education options
- support to access education or vocational training activities
- actions to explore education or vocational training options and preferences
- actions to link young people with appropriate education or vocational training services.

What did OCVs find?

In 2023-24, OCVs raised 159 issues about education or vocational training in relation to children and young people in the allocated OOHC services.

Table 16: Issues raised by OCVs about education and vocational training in residential OOHC, 2023-24

	No. of issues	Percentage[9]
Lack of support to access education or vocational training	78	49
School refusal	42	26
Behaviour affecting school attendance	21	13
Inadequate support provided for school or TAFE	8	5
School attendance affected by medical issues	4	3
Distance to school causing attendance issues	4	3
Young person not provided with additional learning support	2	1
Total issues	**159**	**100**

Young people in residential OOHC are not always supported to access education or vocational training

Almost half (49%) of the issues raised by OCVs related to young people in residential OOHC not receiving adequate support to access education or vocational training. A further 26% of the issues related to young people refusing to attend school.

OCVs found a significant number of cases where young people were not engaged with either school or alternative educational options.

Some of the barriers identified by OCVs in relation to the access of young people to education or vocational training included:

- lack of a stable routine, including poor sleep hygiene when young people are up gaming at night
- multiple placement changes affecting school attendance
- delays due to waiting for TAFE enrolments to open, or lack of available funding
- providers advising that delays are due to DCJ who hold case management responsibility
- age barriers to the young person's chosen course
- school applications being rejected
- the young person being away from placement.

Reasons provided for school refusal included:

- young people sleeping through the day
- social conflicts
- negative view of school
- not liking teachers.

9. Percentage total may not equal 100 due to rounding.

13% of the issues raised by OCVs related to young people being suspended from school or being excluded from school because of behaviour concerns. In some cases, young people had been suspended on multiple occasions. A number of young people were on a reduced attendance schedule at school, with at least one school indicating that they did not have the resources to meet the young person's needs.

OCVs noted some positive practices in relation to providers attempting to engage young people in education or vocational training, including:

- provision of culturally appropriate support
- alternative learning options being implemented
- being assisted to get their White Card
- work experience opportunities being provided
- being linked to a youth career coach.

Some providers advised OCVs that they were trying to implement strategies to encourage young people to return to school, such as turning off the wi-fi during school hours, having therapeutic conversations with young people about the importance of school, and having meetings with schools to discuss possible strategies.

The detrimental impact on the young people of not attending school is significant

OCVs noted the adverse impact on young people not attending school, including:

- poor literacy and numeracy
- feeling overwhelmed
- trouble making friends
- anxiety due to feeling 'left behind'
- lack of self-esteem and confidence
- not being able to access Centrelink payments such as youth allowance due to poor school attendance
- not being able to gain a Therapeutic Supported Independent Living (TSIL) placement as attendance at school is a pre-requisite.

It is not always evident that action is being taken to address the issues

OCVs raised concerns that in a range of cases it was difficult to see what, if any, action was being taken by the provider to support the young person to engage and maintain attendance at school or other educational or vocational option.

In other cases, OCVs noted that some actions by providers were not addressing the issue. For example, although some providers arranged to have young people engage in distance education, or work was set for the young person to do while at home, OCVs saw many situations where the young person would not undertake the work set for them at home.

OCVs also saw instances where work was not provided to the young people by the school because their absence was due to school refusal and not due to illness or suspension.

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
- 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 electronic database (OCV Online)
- determines the prioritisation of services for visiting
- provides induction, information and 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 2023-24

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 NDIS Quality and Safeguards Commission
- facilitated OCV complaints and referrals to appropriate bodies
- held discussions with the OCG and DCJ to facilitate information sharing arrangements for the OCV scheme to receive advice about additional visitable service locations accommodating children and young people
- met with oversight, regulatory and funding bodies to discuss the findings of the OCV systemic issues project for 2022-23 and their intended actions
- facilitated a meeting with the NSW Ombudsman's Office and a representative group of OCVs to inform a group review of the circumstances of children and young people absent from their authorised OOHC placement
- held discussions with the NDIS Quality and Safeguards Commission on information sharing arrangements and issues raised by OCVs about disability providers
- attended bi-monthly meetings with other State and Territory community visitor schemes with the aim of working towards nationally consistent principles.

Recruitment

- finalised the recruitment of nine new OCVs and ran a recruitment campaign recruiting a further five OCVs, with a total of 14 new OCVs commencing this year.

Supporting OCVs

- facilitated 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
- commenced a project to upgrade OCV Online, the data system used by OCVs
- facilitated changes to the Ageing and Disability Commissioner Act to improve the operation of the OCV scheme, including to make it easier for the scheme to be informed about the locations of visitable services, and for OCVs to proactively share information with the NDIS Quality and Safeguards Commission.

Enabling OCV networking, development and training

- ran the annual OCV conference, which involved sessions with the OCG and NDIS Quality and Safeguards Commission, and workshops on personal safety and de-escalation techniques and assistive communication technology
- held monthly OCV practice forums with internal and external facilitators on diverse topics, such as gender diversity, NSW Department of Education's OOHC program, Work Health and Safety, and the complaints processes of the Ombudsman's office and NDIS Quality and Safeguards Commission.

Auditing the OCV scheme

- engaged KPMG to undertake an internal audit of the OCV scheme to assess whether the scheme's structures and processes (excluding financial processes) were operating effectively
- developed an action plan to implement the recommendations of the final internal audit report, which identified seven key areas for the ADC's attention to strengthen the management of the OCV scheme in relation to governance, people and technology, and processes.

Case study

Cancer screening saves lives

Ruth is 55 and lives in disability supported accommodation. She has a mild intellectual disability and chronic health and mental health needs, and receives 1:1 support.

Early in 2024, an OCV visited Ruth and was unable to identify whether she had participated in the relevant cancer screening programs. The OCV raised the issue in her visit report to the provider.

> ***The provider advised the OCV that Ruth was afraid of the hospital system and had limited understanding of the complexity of her health issues. Following the OCV's visit, the provider encouraged Ruth and promptly took action to arrange a bowel cancer test kit and to book Ruth for a mammogram and cervical screening.***

Ruth's mammogram detected cancer. Navigating through the diagnosis and treatment process was not easy, especially with Ruth's complex behaviours. Her support team worked together to educate her with social stories about the operation, post-operation, and chemotherapy processes. In June, after the successful breast cancer operation, Ruth visited a cancer centre where she was informed that her chemotherapy would commence in two months. Ruth was cooperative throughout the procedure, albeit with instances of impatience and anxiety. Her support staff followed the strategies from her behaviour support plan to help her remain calm through the process.

> ***Ruth's overall condition post-operation and chemotherapy has been stable, and she has been scheduled for future follow-up with a specialist in six months. The provider worked closely with Ruth to ensure she remained comfortable and well-supported throughout her medical journey, managing her medication, assisting her with daily tasks, and providing emotional support during her treatments and appointments.***

The provider acknowledged that sometimes things get missed by a person's health care team, and the OCV played a big role in initiating the process for Ruth to have her mammogram. This accelerated the process at the right time, enabling swift life-saving action to be taken.

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 17 below). Costs not included here are items incurred by the ADC in facilitating the scheme, including administration costs.

The OCV scheme initiated an internal audit this year, and also commenced work on the upgrade of OCV Online, resulting in an increase in operating expenses.

The increase in Visitor related expenses in 2023-24 was a result of a number of factors, including:

- a significant increase in the number of OCV visits
- one-off visits becoming a regular part of the OCV scheme, involving OCVs travelling to areas of NSW where there is little or no OCV coverage
- an increase in the petrol allowance (to $0.85 per km)
- a modest increase in OCV remuneration (to $35.51 per hour).

Table 17: Visitor related expenses, 2023-24

	2022-23	2023-24
Payroll expenses		
Salaries and wages	763,987	1,002,581
Superannuation	70,355	106,915
Payroll tax	41,248	61,689
Payroll tax on superannuation	-	-
Subtotal	**875,590**	**1,171,185**
Other operating expenses		
Advertising – recruitment	830	-
Fees – conferences, meetings and staff development	59,083	44,791
Fees – other	-	20,000
Publications and subscriptions	3,752	6,173
Postage and freight	-	-
Maintenance – equipment	-	46,302
Stores	-	-
Travel – petrol allowance	132,530	118,750
Travel and accommodation	22,098	57,489
Efficiency dividend	-	-
Subtotal	**218,293**	**293,505**
TOTAL	**1,093,883**	**1,464,690**

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 meal times)
2.4	Appropriate furniture, fittings, amenities, heating and cooling are provided and maintained in a reasonable state of repair and safe working order
2.5	The premises and grounds are maintained in a safe, clean and hygienic condition and kept free of vermin and pests
2.6	Residents have an appropriate amount of personal space to ensure privacy, and comfort, and their belongings are safe and respected
3	**Safe and supportive environment**
3.1	Initial placement and changes of placement are based on comprehensive assessments of the needs of the individual resident and the shared needs of the other residents in the house
3.2	The shared needs and compatibility of residents are reviewed regularly, documented and identified issues addressed
3.3	Incidents are recorded, appropriately managed, recommendations followed up and residents informed of outcomes
3.4	Staff are trained and adequately resourced to respond to incidents and emergencies
3.5	Resident files, records and plans, including staff communication systems are in place, operational, up to date and available on site; and staff are trained in their appropriate use
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
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 and neglect
9.2	Allegations and incidents of abuse and neglect are identified, appropriately managed (including risk management and provision of support), and notified 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)

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