

# ANNUAL REPORT | 2008 2009



**OCV**  
Official Community Visitors

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# Letter to the Ministers



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December 2009

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The Hon Paul Lynch MP  
Minister for Disability Services  
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Sydney NSW 2000

Dear Ministers

I am pleased to submit to you the fourteenth Annual Report for the Official Community Visitor scheme for the 12 months to 30 June 2009, as required under section 10 of the *Community Services (Complaints, Reviews and Monitoring) Act 1993*.

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

Yours sincerely



Bruce Barbour  
**Ombudsman**

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# Message from the Minister

The Official Community Visitors Scheme is one of the most important programs under the responsibility of the NSW Minister for Community Services. It is my privilege to provide a message of support for the Scheme's 2009–2008 Annual Report.

In this, the fourteenth year of the Official Community Visitors Scheme, forty-one Official Community Visitors conducted 3,300 visits to more than 6,600 people in care. They visited 1,300 services ranging from supported accommodation for people with disabilities, out-of-home care residential facilities for children and young people, large residential centres and licensed boarding houses.

This is a massive undertaking for a relatively small group of exceptionally dedicated and skilled individuals.

The legislated independence of Visitors is paramount and this informs their work. They act as a safeguard for vulnerable people in residential care, protect their rights, and give them a voice.

Visitors actively monitor a very broad range of issues on behalf of people in care, ranging from plans that meet individual needs, a centre's environment and facilities, standards of health and nutrition, access to family and friends, and very importantly, the privacy, respect and dignity afforded to each person in care.

The case studies throughout this Annual Report are profoundly moving and I encourage their reading. They articulate beautifully the compassion and sensitivity so essential to the work of a Visitor, and the constant searching for the particular program, activity, change in routine or creative outlet that can significantly improve a resident's quality of life.



The Official Community Visitors Scheme is a uniquely independent program with the capacity to transform people's lives. I thank all our Visitors for their enormous commitment to promoting the legal and human rights of people in care.

A handwritten signature in black ink, which appears to read "Linda Burney". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Linda Burney  
**Minister for Community Services**

# Message from Official Community Visitors

## By Sandy Muir, Official Community Visitor

I count myself as being very fortunate. Fortunate not only because I have good health, but because I can make decisions about how my life will unfold, owing mainly to the supportive family and friends in my life. In my four years as a Visitor I have also had the good fortune to meet and share experiences with another wonderful group of people – the residents that I visit. In my time as a Visitor I have visited services for people with disabilities. I feel I have been able to play a part in facilitating and supporting positive change for some of these residents, who are often our society's most vulnerable people.

Without a doubt, the role of a Visitor is unique and specialised and I believe it is our level of independence that makes our work so valuable. Visitors are not employees of the Ombudsman, nor do we work for the services or funding bodies involved in providing care to people with disabilities and children and young people in Out-Of-Home-Care (OOHC). Our strengths as Visitors lie in our legislated capacity to enter visitable services, to identify, resolve, and report on issues of concern, and our ability to negotiate improved outcomes for residents.

Currently there are 41 Official Community Visitors throughout NSW and we visit 1,300 services including group homes, Large Residential Centres, Boarding Houses and OOHC residential facilities.

What do Visitors mean to the people with disabilities and children in OOHC we visit? In many cases, Visitors are the only non-service provider person coming into their homes and lives – the only 'outsider' who gets to know them, and often the only person in a position to be able to give them a voice in order to ensure that their interests, rights and care are protected and maximised. Visitors support residents by resolving issues such as ensuring access to medical care and increasing

opportunities for meaningful activities, and by seeking improvements to service systems and policies. Our focus is on the best interests of the resident. We aim to make sure residents' lives are as safe, comfortable and as fulfilling as possible.

Whilst I am proud to have been able to make a difference to the lives of many residents, the most meaningful thing that I will take away from my time as a Visitor will be the memory of the residents I have met.

As this OCV Annual Report celebrates the achievements of Visitors over the past year and the gains made by the scheme during that time, I have decided to focus this year's 'Message from Visitors' on a number of residents who I have met and worked with. In order to do this and to provide a face and a 'voice' to the residents, I will share with you some of my experiences from the field. Most importantly, I want to introduce you to a few of these wonderful people.

Each resident I visit has left an impression on me, regardless of where they live or their level of disability. Each resident, in his or her own way, has taught me that having a disability does not homogenise you as one of a group within society. Rather, every one of the residents I have met has impressed me with their own distinct characteristics, preferences and dreams. Residents have also shown me that, as long as I take the time to meet the person behind the disability, I too can get to know them as a person with their own insights, talents and capabilities. I look for a person's abilities rather than their 'dis-abilities'.

I would like you to meet Jai<sup>1</sup>. Jai stands an impressive 1.9 meters tall, and expresses his happiness by running like the wind and waving his arms. While this behaviour may come across as being unusual, Jai is one of the warmest and most likeable people I have met. I recall one particular visit with Jai and his housemates when, not long after I arrived,

<sup>1</sup> The names of all residents mentioned in articles and case studies have been changed to preserve their privacy.

I found myself surprised by a rubber ball whistling past my head. When I looked up to see who was responsible I was not surprised to find Jai looking straight at me with his million dollar smile. Even though Jai is a non-verbal gentleman he most definitely knows how to communicate and does so with much humour and with boundless enthusiasm. I learned quickly that this young man has a lot of energy and needs room to run and let off steam on a regular basis, which hasn't always been easy for him to do in his small back yard.

Within six months of meeting Jai I began to notice during my visits that he had become quite withdrawn. During a recent visit, instead of meeting me at the front door in his usual fashion, his carers led me to his bedroom where I found Jai lying in bed with a blanket pulled up over his head.

Each of us tried to talk Jai out of bed that day, to no avail. Jai's carers informed me that he had been 'going down hill' for some time. Everyone was perplexed as to why this was the case. As part of my Visitor role I reviewed his files to try to make some sense of his recent changes in behaviour. I read his progress and medical notes from the previous three months. Cross referencing these notes with his outings and day program timetable, I quickly assessed that his change of behaviour may have been related to staffing changes in his day program which reduced the level of activities he was participating in. I discussed my thoughts with the manager of Jai's service. The manager agreed to meet with the new day program staff and review Jai's program and progress.

On my next visit some six weeks later I was pleased to be met at the front door by Jai, with his million dollar smile and his arms waving at me. The Jai that I remembered was back. Jai's carers said the review of his day program had resulted in positive changes to his activities, with weekly swimming and running in the park now part of his routine. It was a joy to see Jai up and about and back to his old tricks. Jai is someone I will not forget, and he was also one of the very first people to show me just how much spirit and joy it is possible to have in your life.

While not every person I visit is as effusive as Jai, the old saying that still waters run deep

has rung very true. In particular I recall Anne, a blind, deaf and developmentally disabled woman who lives in a group home with four other residents. Anne is an individual who could be easily overlooked. She is extremely quiet, prefers very little contact with other people and spends the majority of her time alone. I met Anne during my first year as a Visitor and, owing to her level of disability, I felt that getting to know her may prove to be a little difficult. As such I decided that I would meet Anne on her terms and waited for my opportunity. Even to this day I still don't know Anne very well, but I have spent many a quiet moment sitting with her watching as she builds, by touch, some of the most perfectly symmetrical structures out of blocks, that I have seen. While Anne is unable to see or hear, her skills and her potential have impressed me. I gathered positive ideas about meaningful activities for a person like Anne from other services I visit and passed these on to Anne's carers. For example, a sensory board tailored to Anne's abilities and needs. Her carers embraced the idea and Anne now has a personalised mobile tactile board.

Now, when I visit and sit with Anne, I see a woman who smiles and vocalises loudly as she manipulates the various objects on her sensory board. Anne's reactions show an increased level of awareness and a greatly expanded capacity to participate in meaningful activity.

These case studies of real people highlight just two of the many residents I have had the opportunity to meet and work with as a Visitor. Through all of the smiles, the shared laughter, the discovering of hidden talents and the tearing down of my assumptions about people with disabilities, in my role as a Visitor I have been able to achieve some positive change for people. This is what the OCV Scheme is about. This has been a privilege that I will never lose sight of. In fact, 'privilege' is a word you will hear most Visitors use.

As my time as Visitor draws to a close my final hope is that the message I leave with you today raises questions for each of us about how we regard those who are 'different'. After all, as the people I meet as a Visitor continue to remind me, difference is a matter of perception ... *our* perception. And our perception of their difference is a matter of choice.

# Message from the Ombudsman

The past year has been a productive one for the OCV Scheme. Visitors have monitored services that provided care to over 6,600 residents residing in a number of different accommodation settings throughout NSW – supported accommodation for people with disabilities, OOHC residential facilities for children and young people, large residential centres and licensed boarding houses.

The needs of these residents can often be significant and are highly variable. Visitors play an important role in residents' lives, ensuring that the needs of these vulnerable people are given a voice. Through their visiting, monitoring of services and resolution of issues, Visitors provide a unique snapshot of life in care. This report provides an overview of the voices of people in care that Visitors have heard during the past year.

The lives of residents in care can often be misunderstood or undervalued. Sandy Muir's 'Message from Official Community Visitors', not only speaks about the challenges and value of the role, but reminds us of the residents who live in services they visit. They are individuals with their own aspirations and dreams. They are the reason for this program and why Sandy and all other Visitors are appointed to ensure people in care are able to fulfil their aspirations and dreams to the fullest extent possible and that their everyday lives have the same value as those in the wider community.

This report reinforces the critical role Visitors play in ensuring that quality services and meaningful interactions are provided to residents, and the rights of residents are protected and supported.



In the past year Visitors and staff from the OCV Team and throughout my office have worked closely together to address the needs of people in care. As the challenges of meeting the diverse needs of people in care increase, the number of visitable services continues to expand, and the OCV Scheme implements new systems, such as the new Visitor reporting systems and electronic OCV Online database, to better support Visitors. The Visitor messages throughout the report speak of the achievements they have made for people in care.

I would like to thank all of the Visitors for their work throughout the year. In particular, I would like to acknowledge the work of the Visitors who left the scheme during the year.

A handwritten signature in blue ink that reads "B. Barbour".

Bruce Barbour  
**Ombudsman**

# Year in Summary

## Visitable services

Visitors visit accommodation services for children and young people and people with disabilities that are operated, funded or licensed by the Department of Community Services (DoCS) or the Department of Ageing, Disability and Home Care (DADHC), where the residents are in full-time care. At 30 June 2009, there were 1,299 visitable services in NSW accommodating 6,622 children, young people and people with disabilities.

## Visits Conducted

During the year ending 30 June 2009, Visitors made 3,239 visits to these services.

### Services to children and young people

There are 136 OOHC services that are visitable, accommodating 248 children and young people. During the year Visitors made 435 visits to these services.

### Services to children and young people with disabilities

There are 61 services that are visitable, accommodating 205 children and young people with disabilities. During the year Visitors made 191 visits to these services.

### Services to adults with disabilities

There are 1,053 visitable disability services, accommodating 5,359 adults with disabilities. During the year Visitors made 2,301 visits to these services.

### Services to residents in licensed boarding houses

There are 49 licensed boarding houses, accommodating 810 adults with disabilities. During the year Visitors made 312 visits to these services.

## Key issues about service provision

Visitors identified 4,569 concerns about service provision to residents in visitable services during the year. Of these, Visitors reported that 2,435 (53.3%) were resolved by the services. The remaining 46.7% of concerns were either closed, ongoing, or unable to be resolved.

Visitors report to the Ombudsman about the issues they raise with services in a number of categories. The main areas of concern raised about service provision in visitable services this year were:

- > the development and implementation of individual plans to meet individual needs  
– 793 issues (17.4%)
- > environment and facilities  
– 585 (12.8%)
- > behaviour management  
– 413 issues (9%)
- > nutrition, health and hygiene  
– 385 issues (8.4%)
- > privacy, dignity and respect  
– 281 issues (6.2%)
- > entry into and exit from services  
– 280 issues (6%).

Other frequently raised issues included managing resident funds, service management, poor access to family and friends, access to community activities, medication and consent (including documentation, record keeping and treatment consent) and resident safety.

# Who are the Visitors?





Visitors monitor the quality and conduct of services, and work with the Ombudsman to resolve problems on behalf of residents.

Southern Region

- 3 Barbara Broad
- 5 Tosca Woodward
- 15 Cecile Sullivan
- 20 Helen Hewson
- Margaret Stevens
- Meg Coulson

Western Region

- 2 Cathryn Bryant
- 17 Jocelyn Barcham
- 21 Marcia Fisher
- Terri Mayfield

Northern Region

- 6 Grant Nickel
- 7 Joan Andrews
- 9 Janet Birks
- 11 Roz Armstrong
- 22 Maryanne Ireland
- 23 Bernadette Chance
- 31 Bruce Donaldson
- 33 Bernadette Mears
- 34 Sandy Muir
- Gowan Vyse
- Wendie Bradley

Metropolitan Sydney — North

- 4 Margaret Rice
- 10 Rhonda Santi
- 13 Gary Kiely
- 14 Linda Skoroszewski
- 18 Graham McCartney
- 24 Siobhan Butler
- 25 Tilly Elderfield
- 26 Melanie Oxenham
- 28 Steve Jones
- Judy Goodson
- Liz Rhodes
- Aileen Mah-Chut
- Max Costello
- Rhondda Shaw
- Michelle Hayter

Metropolitan Sydney — South

- 1 Maree Fenton-Smith
- 8 Carolyn Smith
- 12 Freda Hillson
- 16 Dianne Langan
- 19 Jo Pogorelsky
- 27 Kate McKenzie
- 29 Donald Sword
- 30 Lynn Cobb
- 32 Neale Waddy
- Ula Llewellyn

# Our role

## Objectives and legislative framework

The Official Community Visitor scheme was established in 1995 pursuant to the *Community Services (Complaints, Reviews and Monitoring) Act 1993* (CS-CRAMA) and Regulation. The Minister for Disability Services and the Minister for Community Services appoint Official Community Visitors on the recommendation of the Ombudsman for up to six years. The NSW Ombudsman administers and coordinates the scheme.

Visitors are independent of the Ombudsman, and must not be employees of DoCS or DADHC. They are skilled communicators and problem solvers and have knowledge of and experience in the community and human services and related sectors.

Visitors monitor the quality and conduct of services and work with the Ombudsman to resolve problems on behalf of residents. One of their key functions is to promote the legal and human rights of people in care.

The Visitors functions are to:

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

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

- > recommend eligible people to the Minister for appointment as a Visitor,
- > determine priorities for the services provided by Visitors,
- > investigate matters arising from Visitors' reports.

## Visitable services

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A *visitable service* is defined under CS-CRAMA as an accommodation service operated, funded, or licensed by the Department of Community Services or the Department of Ageing, Disability and Home Care, where the residents are in full-time care.

## Powers and obligations of Official Community Visitors

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Visitors have the authority to:

- > enter and inspect a service at any reasonable time,
- > talk in private with any resident or person employed at the service,
- > inspect any document that relates to the operation of the service, and
- > report on matters relating to the conduct of a service to the service and to the Ombudsman or the Minister for Community Services or the Minister for Disability Services.

Visitors respect residents' right to privacy. Where possible, Visitors seek residents' views before inspecting relevant documents and only disclose confidential information when there is a good reason to do so.

Visitors can also seek the views of relatives, friends, advocates and people with an interest in the care and welfare of those in residential services. While Visitors acknowledge and consider the views expressed, they form their own views about the circumstances of care that individuals and groups receive.

## **The Role of the NSW Ombudsman and the Official Community Visitor Team**

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The Ombudsman provides support to Visitors through an OCV Team within the Ombudsman's Community Services Division. The Team has responsibilities for:

- > the day-to-day operation and administration of the scheme,
- > supporting Visitors to respond to concerns about people living in visitable services,
- > assisting Visitors in the local resolution of issues of concern identified in visitable services,
- > providing professional development and support for Visitors,
- > coordinating the responses of Visitors and the Ombudsman to individual and systemic concerns affecting residents of visitable services,
- > working with the Ombudsman's complaints staff to identify and address issues of concern requiring further action, and
- > working strategically with Visitors and other Ombudsman teams to promote the scheme as a mechanism for protecting the human rights of people in care.

The OCV team allocates and prioritises visits to meet the needs of residents and reflect their circumstances, and to ensure that information and resources are used as effectively and efficiently as possible. The Ombudsman uses reports from Visitors to monitor visitable services and to address individual and systemic issues for people living in full-time care.

## **Recruitment of new Visitors**

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The 2008–2009 year began with 33 Visitors. In the last twelve months one Visitor ended her appointment six months early for personal reasons. Two Visitors resigned prior to completion of their terms, also for personal reasons. Three Visitors finished their appointment after completing their second three year term.

On 1 January 2009, 13 new Visitors were appointed and commenced visiting services in Sydney and regional areas. Recruitment for Visitors is always a competitive process. The new appointees bring a wealth of skills and experience that will provide for continued high quality visiting for people living in residential care in NSW.

## **Training and Development**

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Training and professional development are a very important part of Visitor's annual activities. The OCV team coordinates training to enhance visiting practices and skills, and also arranges briefings about key community service sector issues and initiatives. Training in 2008–2009 included:

- > visitor reporting and service standards
- > the Art of Negotiation
- > training and information on complaint processes and complaint education.

In 2008–2009 briefings to Visitors were provided by:

- > DADHC – Office of the Senior Practitioner, the Reform and Development Unit, Large Residential Centres, the Specialist Supported Living Unit, Strategic Policy and Planning,
- > DoCS – Intensive Support Services,
- > the Office of the Children's Guardian,
- > the Office of the Protective Commissioner and the Office of the Public Guardian.

## OCV Online

We have previously reported about plans for a new service issues reporting system for Visitor use. During 2008–2009 we have made significant progress on the development of the system. The new reporting system enhances the way service issues are classified, better aligning Visitor practice with current community service sector standards and accreditation models.

In addition, the new system will enable electronic allocation of service visits, reporting to services about issues and concerns, and Visitor payments and claims, replacing the current paper-based systems.

Development of the web-based database which will underpin the system began in late 2008. During the development we have sought Visitor feedback about the way issues will be classified and about the associated database. The new system, called 'OCV Online' will be implemented at the beginning of 2010.

OCV Online will enable:

- > all Visitor administration tasks to be completed online,
- > Visitor resources, including Visiting Guidelines, sector policies and procedures and information bulletins, to be provided online,
- > visit reports to services and service responses to be communicated electronically, wherever possible,
- > service issues classification categories to be aligned to the disability service standards, DADHC's integrated monitoring framework, the OOH standards, and the Children's Guardian accreditation guidelines,
- > historical information about services and service issues and the action taken about them to be available online,
- > trend and pattern reporting about issues, services and sector areas.



# Outcomes for residents

## Services for people in licensed boarding houses

DADHC licenses boarding houses under the *Youth and Community Services Act 1973* (YACS Act) to provide accommodation for adults with disabilities. Residents of licensed boarding houses have a variety of support needs that may arise from intellectual or psychiatric disabilities, physical disabilities, acquired brain injury and medical and health problems.

Licensed boarding houses operate as private-for-profit businesses. Boarding house proprietors are not funded to provide services, and residents are charged for rent, meals and other basic amenities. In addition to its licensing role for boarding houses, DADHC funds Home Care and other agencies to provide support services to residents, including personal and health care, transport and community participation activities.

DADHC reports that there were 49 licensed boarding houses in NSW in 2008–2009, accommodating up to 810 residents. During 2008–2009, Visitors made 312 visits to licensed boarding houses and raised 281 issues of concern about services provided to residents.

Visitors reported that licensed boarding houses resolved 142 (51%) of the issues of concern identified by Visitors. A greater number of issues were reported resolved in 2008–2009 compared to 2007–2008.

As at 30 June 2009, there were 107 (38%) ongoing issues that Visitors were continuing to monitor.

Over the past three years there has been an overall decline in the number of licensed boarding houses. Government policy to transfer high needs residents to funded disability accommodation services has affected the number of boarding house residents and number of houses. A number of proprietors are also deciding to close their premises for a variety of reasons. We anticipate this trend will continue.

Figure 1: Three-year comparison of data for visitable services for residents of licensed boarding houses

Number:	06/07	07/08	08/09
Services	50	51	<b>49</b>
Residents	792	881	<b>810</b>
Visits	397	392	<b>312</b>
Issues reported	146	199	<b>281</b>
Average issues per service	2.9	3.9	<b>5.7</b>
Issues unable to be resolved	27 (18%)	16 (8%)	<b>30 (11%)</b>
Ongoing	52 (36%)	77 (39%)	<b>107 (38%)</b>
Closed	3 (2%)	7 (4%)	<b>2 (1%)</b>
Resolved	64 (43%)	99 (50%)	<b>142 (51%)</b>

## Official Community Visitor message

By Donald Sword  
Official Community Visitor

As a Visitor to a number of boarding houses, a visit with a resident often invokes a desire within me to understand how the resident came to be accommodated in a boarding house. I question what decisions led to the placement.

Stanley resides in a boarding house that I visit and his past has piqued my interest. His circumstances and life would be familiar to many who live or work in the boarding house sector. Stanley is now seventy years old. He has lived in a boarding house since the day he was referred there from a psychiatric facility over thirty years ago. On one day, a Friday in November 1974, a psychiatric nurse handling Stanley's discharge wrote a referral note:

*Patient is a 35 year old man admitted following psychotic episode. History of schizophrenia. Requires supervision and social habilitation. Parents deceased. Lost contact with sibling – sister (in Queensland?). Condition stable. Compliant with medication. Worked as clerk – employment sporadic. Interests in chess and dancing. States desire to travel. Haloperidol 8mg qhs. Benztropine 2mg bid.*

The nurse referred Stanley to a boarding house which, under the provisions of the then new YACS Act, was operating as a Licensed Residential Centre (LRC). When Stanley moved in, the LRC accommodated about 30 residents. Stanley shared a room with two other men. The LRC received no government funding and, due to financial constraints, its operation was often arranged to suit the work of the staff rather than the needs of the residents. When initially referred to the LRC, Stanley brought with him his chess set and spent most of his time replaying the moves of his chess heroes. For the next thirty years, Stanley was fed and accommodated, and yet felt alone and isolated.

Nowadays, Stanley's chess set is seldom touched. A few pieces are long lost. For Stanley, years of having his life determined by others have stripped away his capacity to make his own decisions. He is kind but cautious towards me as a Visitor. He politely refuses invitations from a local recreation service to attend a dance. Lately his health has deteriorated and he has become increasingly frail. He has overheard talk that he must soon move to a nursing home.

I often think to myself, 'What if Stanley's circumstances of the last 30 years of his life had been different?' I mentally revisit that Friday in November 1974 wondering what would have been different if, on the day of Stanley's discharge, the nurse had referred him to a different boarding house. However, in this LRC perhaps Stanley would have found staff who encouraged his interest in chess and introduced him to a local chess club where he could make friends and socialise with his friends at local dances. I imagine one of the club members perhaps introducing Stanley to a local business owner who occasionally employs him as a bookkeeper. I think how different it would have been for Stanley if staff assisted him to make contact with his sister in Queensland whom he started to visit. If

contact had been made with his family, Stanley could have been a beneficiary in his parents' estate, and perhaps been able to travel. Staff at the LRC could have arranged with a travel agent catering for Stanley's needs, to holiday in Europe, perhaps to cruise the Danube River. In this different circumstance Stanley would perhaps have remained in better health. The dances he attended would have kept him fit. The chiropodist who visits the LRC might now report that his feet are good for many more waltzes. Stanley says he won't hear talk of moving in to a nursing home, or at least not yet, 'not while his dance card is still full'.

For too many like Stanley, nothing has changed for over thirty years. Not their circumstances, not their opportunities, and not the decisions made that determine where they may live. Decisions such as the one made for Stanley in 1974 continue to be made for vulnerable people today, and the outcomes will be just as variable. The role of a Visitor allows me to meet Stanley and to assist him to receive better services and to support him to live a more meaningful and productive life.

My Visitor colleagues and I continue to meet too many people in situations like Stanley's. We continue to ask questions about the decisions made in their lives and raise issues about the care they receive. We share the same views about their circumstances and care. Our role is to provide a voice for these individuals and to ensure that their views, their rights and the opportunities for them are no different than for anyone else in the community. It is a privileged role and one which continually provides challenges and rewards.

## Major issues by subject, number and percentage

### Issue 1: Entry and Exit – 35 (12.5%)

Licensed boarding houses provide care for people with a variety of diagnoses who would be even more vulnerable in the private housing market. For this reason it is important for health authorities and government departments to ensure the adequate transition of residents into and from licensed boarding houses. Visitors identified 35 instances of the failure of health authorities, government departments

and licensed boarding house proprietors to adequately and appropriately provide for the entry and exit of residents to and from a licensed boarding house.

### **Issue 2: Privacy and respect – 29 (10%)**

Licensed boarding houses provide shared accommodation in a large congregate model. In these circumstances the privacy of an individual and the way they are treated can be lost in the need to provide services to many. Visitors identified 29 occasions when services failed to meet the rights of the individual to privacy, dignity and respect.

### **Issue 3: Nutrition, health and hygiene – 28 (10%)**

People living in care depend on services to ensure that their health and medical needs are addressed promptly and meals are varied and nutritious. Visitors identified 28 instances of inadequate meals, poor hygiene and poor health care in licensed boarding houses.



## Case studies

### **John's saxophone**

John is a jazz fan. He is seldom found at the boarding house without his radio, which he tunes to a community radio station. Over the course of a number of visits, John has given the Visitor quite an education on the history of jazz.

When the Visitor asked if he played an instrument, John said he had always wanted to learn to play the saxophone, but that this wasn't possible now as his playing would disturb the peace of other residents. Besides, as John said, a saxophone was a 'pretty pricey piece' and John certainly couldn't afford to buy one.

The Visitor discussed John's interest in jazz with staff of the boarding house. They knew that John would soon be receiving the Federal Government's bonus payment for pensioners, and that this may provide

the opportunity for John to purchase a saxophone and learn to play.

However, a playing venue was still required, and the Visitor suggested that staff contact local community organisations. Following some research and phone calls, a nearby church agreed to allow John to play in their meeting room. The boarding house staff liaised with the Office of the Protective Commissioner about John's pension bonus, and he was able to buy a good second-hand saxophone.

After John's first rehearsal in the church meeting hall, a member of the church was quick to arrange saxophone lessons for him. The music director at the church has since been teaching John the saxophone, with John in turn teaching her some of the history of jazz. He now enjoys practicing with the church band.

### Julie makes contact with her family

On a visit to a boarding house, the Visitor found that one of the residents, Julie, seemed quite depressed. When the Visitor asked how she was feeling, Julie said that her daughter will soon be turning eighteen. Julie's daughter was living with Julie's mother, and Julie had not spoken with either of them for some time. Julie said she would like to be at her daughter's birthday party, but believed that she was not welcome at her mother's house.

With Julie's permission, the Visitor spoke with staff about her concerns. Staff told the Visitor that they thought there was a court order preventing Julie from contacting her mother or her daughter. The Visitor made further enquiries and found that there was no such order in place.

After discussions with Julie and the boarding house staff, the Visitor arranged for a local social worker to assist Julie to get in contact with her daughter. The social worker was able to pass on a birthday card from Julie to her daughter and, although Julie was unable to attend her daughter's birthday party, they are now exchanging letters.

Julie is happy to again have contact with her daughter and is encouraged by their growing relationship. They recently had a telephone conversation, for the first time in many years, and Julie told the Visitor that she hopes to attend her daughter's twenty-first birthday party.

### Jason's mobile phone bill

On a recent visit to a boarding house, a Visitor took time to catch up with Jason. Jason was not in a particularly happy mood and appeared to be very angry. He was holding on to some papers that he wanted the Visitor to look at. He showed the Visitor a mobile phone bill for over \$800.

Jason said that his brother had given him his old mobile phone so that he could call him whenever he wanted. Staff at the boarding house had helped Jason to sign up with a telephone company and he said he remembered signing a contract. Jason called his brother and his aunt with his new phone and was happy with it.

Over the following weeks, Jason made a few other telephone calls with his mobile. He called some phone numbers he saw in an advertisement on television late at night. Jason saw advertisements in which he thought women were asking him to call them. Jason called many of the women on the advertised phone numbers.

The Visitor spoke with the staff at the boarding house about Jason's situation. The staff said they were going to send the bill to the Office of the Protective Commissioner, which managed Jason's finances, with a view to pay the bill off in instalments.

Not entirely satisfied with this resolution, the Visitor suggested that staff assist Jason to speak with the Telecommunications Industry Ombudsman. The Visitor also put Jason in contact with his local community legal centre, and staff at the boarding house later provided information to Jason's lawyer about the circumstances of the phone account.

After a lot of work by all parties, Jason's debt was almost completely waived. Jason now uses a prepaid phone account.

# Outcomes for residents

## Services for children and young people

There are over 12,700 children and young people in NSW who are placed in OOHC, generally because of serious abuse or neglect. Most children and young people in OOHC are placed with, and cared for by, relatives or foster families.

A small number of children and young people are placed in residential services so they can access special supports and programs to meet their often high needs. DoCS has parental responsibility for the majority of these children and young people and arranges placements for most of them in funded and fee for service non-government agencies.

In 2008–2009, there was an increase in both the number of residential services accredited to provide OOHC placements and the number of children and young people residing in them. At 30 June 2009, there were 248 children and young people in those services compared to 204 in 2007–2008.

The Ombudsman allocates more visiting resources for children and young people in OOHC to provide a higher level of monitoring of the quality of their care because of their exceptionally high level of vulnerability. During 2008–2009, Visitors made 435 visits to residential OOHC services.

Visitors identified 604 issues of concern about OOHC services, an increase on the 427 issues identified in 2007–2008. The increase in identified issues relates primarily to the increase in the number of Visitors to OOHC services. 269 (45%) of the identified issues were resolved with the service and staff. Another 256 (42%) issues remain ongoing, with Visitors monitoring the action being taken by services to address them. Many of the concerns raised by Visitors relate to transition planning at the time of entry to and exit from services and to individual planning to better meet the needs of the child or young person.

Figure 2: Three-year comparison of data for services for children and young people in OOHC

Number:	06/07	07/08	08/09
Services	107	106	<b>136</b>
Residents	213	204	<b>248</b>
Visits	370	307	<b>435</b>
Issues reported	377	427	<b>604</b>
Average issues per service	3.5	4.0	<b>4.4</b>
Issues unable to be resolved	67 (18%)	17 (4%)	<b>27 (4%)</b>
Ongoing	150 (40%)	151 (35%)	<b>256 (42%)</b>
Closed	27 (7%)	154 (36%)	<b>52 (9%)</b>
Resolved	133 (35%)	105 (25%)	<b>269 (45%)</b>

## Official Community Visitor message

By Max Costello  
Official Community Visitor

I have been a Visitor for over 12 months and during this time I have almost exclusively worked with children and young people who are living in OOHC. Visitors in this role are instrumental in monitoring and raising issues about the quality of care provided to children and young people throughout NSW. As a Visitor, I visit young people who no longer live with their birth parents and now live in residential care services. When I conduct a visit it is my aim to ascertain the views of a young person about various aspects of their care. I review the level of care provided, facilitate the resolution of any concerns about the quality of care being provided, and generally try to contribute to the improvement of the services being provided to young people.



A key focus of our role as Visitors is the local resolution of issues and concerns, monitoring appropriate levels of care, and advocating for service improvement when it is needed. It is apparent that the management and staff of OOHC services view Visitor input and feedback in different ways and receive it with varying levels of enthusiasm. For the most part, however, services see Visitors as working collaboratively with them to improve the quality of outcomes for children and young people. The majority of services conduct themselves in a transparent manner, welcoming and assisting Visitors to review every aspect of their work and actively taking on board Visitor feedback. On occasions, when a Visitor has some difficulty resolving a concern or issue at the local level, it may become necessary for the Visitor to raise the concern directly with the Ombudsman or refer it to the relevant Minister. I have found that Visitors need to be tenacious in their commitment to following up concerns and, where a resolution is not possible at the local level, they need to have the persistence to look for alternative avenues of resolution.

When allocating visits to children and young people in OOHC the Ombudsman's office

recognises their high level of vulnerability and provides extra hours of visiting. The majority of the children and young people that we visit have experienced a significant number of placements during their time in OOHC. They may have experienced abuse and neglect prior to coming into care. They can be engaged in drug and alcohol use or be experiencing mental health problems. They frequently have a lack of access to appropriate educational opportunities. Many of these children and young people have lost the ability to trust anyone, so Visitors need to possess a wide range of interpersonal skills to enable them to engage with the young people. Visitors also need to be able to quickly identify any issues of concern and have a commitment to addressing those concerns in a timely manner. Meaningful and appropriate communication is important for Visitors to successfully work with young people, as is the capacity to act openly and honestly and to be flexible.

As a Visitor I have observed a number of recurring themes in OOHC service provision that continue to challenge good outcomes for children and young people. For example, services struggle to maintain high quality, adequately trained and experienced staff who are resilient enough to remain working in this often challenging sector. Staff turnover is a significant issue in OOHC and it is not unusual for residents to have a large number of staff working with them over a short period of time.

Another issue that I have noted is that meaningful and effective transition planning is often overlooked for young people exiting services when they reach the age of 18. In order to give young people the best opportunity to be an active member of the wider community, it is, in my opinion, critical for services to facilitate their progress to either independent or supported living, to find employment or to continue onto further education after they leave the care system. All too often Visitors observe delays in commencing transition planning, resulting in young people being placed into the community in an independent living setting with inadequate living skills and little preparation and support.

Over the past 12 months the accommodation for children and young people in care, and indeed the entire field of child protection, has had considerable media attention, in

particular following this year's release of the Wood Commission Report. While the Report had a significant focus on the development and provision of Early Intervention services for 'at risk' young people and their families, DoCS and the Office of the Children's Guardian have continued to develop stringent guidelines for the monitoring of funding arrangements and the accreditation of service providers. This focus on and review of services is a positive move towards a better quality of intervention and support for young people. The majority of the services that I visit seem to have adjusted well to the increased scrutiny of their work and have made efforts towards meeting the guidelines for best practice, resulting in services that can better focus on the best interests of children and young people in care.

Visitors have the unique opportunity to see how different models of residential care affect the quality of outcomes for children and young people in OOHC. There are definitely examples of innovative OOHC programs that have been introduced by services to meet the needs of residents, and these should be commended. For example, I have observed some OOHC services which now have a greater focus on the use of therapeutic programs and allied health practitioners as a core element of their case management and planning. It is an important function in my role as a Visitor that we can share information between services about innovations in the sector and examples of best practice that I have observed with other services and be a strong advocate for service improvement.

## Major issues by subject, number and percentage

### **Issue 1: Behaviour management – 85 (14%)**

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Children and young people are generally in care as a result of serious abuse and/or neglect. They have also often experienced multiple placements and placement breakdowns. These experiences can cause children and young people to express their feelings and frustrations through their behaviour, presenting challenges for services and staff in their response to the safety and care of the person, other residents

and staff. To effectively address residents' challenging behaviours, services need good policies, procedures and practices concerning individual planning. This includes behaviour management, staff training and support, and incident response and management systems.

Visitors identified 85 cases where there were inadequate arrangements in place for assessing the sometimes complex and challenging behaviours of residents, and planning how to better manage residents' behaviours.

### **Issue 2: Environment and facilities – 78 (13%)**

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Children and young people living in residential care should be provided with living environments that are home-like, well maintained and are located appropriately to meet their needs, but also so that residents can be linked with the community. Visitors report that services need to ensure that residents in these services are provided with a safe and comfortable environment within communities and to provide them with opportunities for meaningful interactions with their peers and in their local community.

This year Visitors identified 78 issues of concern about services where the environments did not meet individual needs, provide a home-like environment or were poorly located to ensure access to local facilities and communities.

### **Issue 3: Meeting individual needs – 65 (11%)**

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Good quality needs assessment, planning, and the effective implementation of individual case plans, are critical to a person in care's development and their care, safety and stability. Services are required to assess the needs of each child and young person in care, in consultation with DoCS, and to develop case plans to meet their assessed needs. Case plans guide staff in their care and support of residents.

Visitors reported that in 65 cases, services had not developed plans, plans were inadequate, or plans were not effectively implemented, potentially compromising the care and development of the affected children and young people.

## Case studies

### Leaving Care Support

When visiting Aiden, a young man residing in OOHC, he told the Visitor that he felt frustrated with DoCS' delay in responding to a request for a change in his individual funding from one government department to another. Aiden's caseworker told the Visitor that the service provider had applied for this change several months earlier and they were still awaiting a response. The issue was now urgent, as Aiden was turning 18 soon and also about to become a father.

Aiden was, understandably, becoming increasingly anxious about the uncertainty surrounding his future funding and access to support services. His anxiety was compounded by the increased support needs which would be associated when he was born. Aiden said he felt informed and supported by the service provider, but let down by 'the system'.

The Visitor proposed to Aiden and his caseworker the possibility of contacting the funding body to check on the progress of the application and to enquire what could be done to resolve the delay in a decision address about the application. Both agreed to this approach and to the Visitor's assistance

The Visitor reviewed Aiden's file and identified key support people who could play an important role in his care plan. The Visitor contacted DoCS and made enquiries about the funding application.

Within a week, the service provider had received confirmation that Aiden's funding application had been successful, with a final decision about his future support dependant upon a needs assessment which was already underway.

### Restoration planning

Issues facing young people in OOHC are varied, complex and usually challenging. This was the case for Leroy who was placed in care due to extreme family violence. Leroy

displayed significant behavioural problems that arose when relationships within his family broke down even further after he was removed from his parents' care. There were a number of factors that further complicated this situation, including Leroy's young age – he was 10 at the time, the distance between his care placement and his family's interstate location, and differences between Leroy's expressed needs, his family's requests, and the service provider's and DoCS' care plan for him.

Shortly after the Visitor's first visit to Leroy, the Visitor met with the Director of the service to get a better picture of what was happening for him. The Visitor viewed Leroy's care plan and discussed with the service how its specific case plan for restoring Leroy to his family. The case plan had been developed in consultation with Leroy and several other significant people in his life. Overall, the service provider, Leroy and his family, were reasonably happy with the DoCS restoration plan, which aimed for his return to his family over a 4 to 6 months period.

About a week after the visit, the Visitor received an email from the Director of the service advising that DoCS had changed Leroy's restoration plan and he was now to be restored in a 4 – 6 week period. There was also a change in Leroy's DoCS caseworker. The Director was concerned about the speed of the implementation of this new plan, its impact on Leroy, and the potential for the plan to fail.

The Visitor also had concerns about the implementation of the restoration plan over such a brief transition period and contacted DoCS to discuss the concerns about the change to a much shorter restoration plan. Following the Visitor's contact, the DoCS caseworker contacted the family and the service to seek their views. DoCS changed the restoration plan so that Leroy would return to his family over a longer period of time in a staged and more manageable way.

## Teenagers in OOHC

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A Visitor attended an OOHC service on several occasions and had concerns about the quality of care provided by staff, the adequacy of documentation on residents' files, and the physical presentation of the service, which looked neglected and run down.

The service cared for several teenage boys, who had a range of needs and challenging behaviours, and histories with juvenile justice and of significant family problems. The Visitor was also increasingly concerned about a number of issues of support. On two previous visits, the Visitor noted that the boys had been left unsupervised by their carers. On reviewing the incident reports for the house the Visitor identified a significant lack of action from staff when there was a serious incident and one boy had not received prompt medical care for a serious laceration. The Visitor was also concerned about food hygiene and food preparation techniques. Documentation in the young men's files was poor, with minimal information about, and a lack of attention to, behaviour management and individual plans. The Visitor had significant concerns about one staff member's interactions with the teenagers.

When the Visitor raised the issue with staff they responded with some hostility about the paucity and quality of the documentation and staff interactions with the young men. The Visitor communicated her concerns to the service management through Visit reports. She also phoned the service management to seek more information about procedures, planning and staff training. The service undertook to address the issues raised and to look at systemic changes to policy and procedures, including staff awareness of service policies.

At her next visit, the Visitor noticed a substantial improvement in the service. New staff had been recruited and the Visitor was met by an enthusiastic carer who showed a

high level of respect and warmth towards the boys. The physical environment of the premises was also greatly altered, with new paintwork, furniture and carpet. There were also improvements in food preparation practices and hygiene. Upon reviewing the client's files, the Visitor observed documentation was now more detailed and previously missing documents, including care plans, were now in place.

Overall, the atmosphere in the service had changed positively and was far more welcoming and home-like for the residents who were living there.

Perhaps the improvements to the house are best summed up by one of the residents, Daniel. In response to the Visitors' comment, 'it's looking good around here now Daniel', replied, 'yeah – everything has changed and it's way better', accompanied by a pleased grin.

## Access to the basics

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For children and young people living in residential care, a critical aspect of their care is that the environment they live in is one that is as home-like as possible. On visits to three homes run by a service provider, a Visitor identified a number of similar issues at each house over a 12 month period, particularly regarding the provision of food.

In each of the houses all food was kept in the staff office in a locked fridge. While the service met the basic needs of the residents by providing nutritious meals at scheduled meal times, there was no food in the kitchens that enabled the young people to have a snack when they wanted. Outside of set meal times, any young person who wanted something to eat had to ask a staff member to provide it from the locked fridge in the office. Some of the young people told the Visitor they felt uncomfortable about doing this. The residents felt they were living in an institution rather than a home.

When the Visitor raised this concern with staff and management, they could not understand why this was an issue. Staff believed residents were provided with good, healthy food on a regular basis and the home environment was clean and safe, meeting the sector standards. Staff explained that the reasons for the restrictions to food included one resident's medical condition, which required a strict diet regime, and because residents used food in food fights or wantonly wasted food.

The Visitor expressed concern that the restrictions in place impacted on the human rights of the young people and suggested that the views of the residents on this matter were not being taken into account. The service took the Visitor's suggestions on board and worked with staff to ensure the practice stopped. The service put new procedures in place.

The Visitor reports that all three homes now have food available in the kitchens that is easily accessible and that the new arrangements better meet the needs of the young people.

### **Wolfgang makes contact with his family**

Wolfgang is a 15 year old boy residing in an OOHC placement. The Visitor noted that he ran away from his placement three times in as many months. When reviewing Wolfgang's files, the Visitor noted that he had a very fractured background. He was placed in care at 10 years of age due to a volatile family environment. He had numerous placement breakdowns, including the breakdown of a foster care placement, and had moved three times already this year. Wolfgang was not attending school regularly and, at home, he sat in the backyard and smoked.

Wolfgang told the Visitor that he was unhappy and bored and no longer wanted to live in the service.

The Visitor discussed these issues with the House Manager and Wolfgang's key worker. They told the Visitor that when Wolfgang runs away he always goes back to his grandparents or sister's home. The Visitor made further enquiries and found that Wolfgang had no regular contact with his family, even though there was a court order requiring monthly contact. Wolfgang said he missed his family, particularly his sister and grandparents, and that he would like to see them more often.

There was no mention in Wolfgang's case plan about family contact and it appeared that he had not seen his family on a formal visit for at least 2 years. The Visitor suggested to the House Manager that the service meet with DoCS and raise the need for a formal contact plan. The House Manager contacted DoCS and a number of facilitated visits between Wolfgang and his grandparents and sister were organised over the following months.

On a follow up visit a few months later, the Visitor spoke with Wolfgang and found him a more settled young man. There had been no further incidents of absconding and he was beginning to attend school more regularly. He spoke about enjoying time with his grandparents and sister and the possibilities of overnight stays in the future.

# Outcomes for residents

## Services for children and young people with disabilities

There are a number of children and young people with disabilities whose significant and complex physical and medical needs, or difficult behaviour arising from their disabilities, mean they cannot be cared for in their family home. These children and young people are usually placed in an accommodation services funded by DADHC or DoCS.

Most of these children and young people are in voluntary out-of-home placements, as the family and DADHC, DoCS or a funded service, arranges their alternate care situations cooperatively.

Some children and young people with disabilities are in statutory OOHC because they have suffered abuse or neglect. These children and young people are generally placed in the parental responsibility of the Minister of Community Services following Children's Court action. DoCS and DADHC work together to coordinate accommodation and support services for these children and young people.

In 2008–2009 there was a small increase in the number of children and young people with disabilities in residential care and in the number of services in which they are accommodated. We will be monitoring this changed trend over the next year to better understand the reason for the change

The Ombudsman allocates additional visiting resources to all services for children and young people, including those with a disability, because of their exceptionally high needs and vulnerability. During 2008–2009, Visitors made 191 visits to the 61 services for children and young people with disabilities. Visitors identified 322 issues of concern about aspects of service delivery. 163 (51%) issues were resolved, with another 129 (40%) issues subject to continued monitoring.

Figure 3: Three-year comparison of data for visitable services for children and young people with disabilities

Number:	06/07	07/08	08/09
Services	59	57	<b>61</b>
Residents	204	183	<b>205</b>
Visits	196	183	<b>191</b>
Issues reported	221	271	<b>322</b>
Average issues per service	3.7	4.8	<b>5.3</b>
Issues unable to be resolved	28 (13%)	38 (14%)	<b>14 (4%)</b>
Ongoing	112 (50%)	101 (37%)	<b>129 (40%)</b>
Closed	8 (4%)	38 (14%)	<b>16 (5%)</b>
Resolved	73 (33%)	94 (35%)	<b>163 (51%)</b>

## Official Community Visitor message

By Neale Waddy  
Official Community Visitor

Children and young people are the future of our society and need an environment that both protects them and supports them to learn and grow. For young people to grow they need to be challenged and be provided with opportunities to take risks in a supportive and safe environment. Not all young people are the same, and in my other profession as a teacher, I am constantly reminded that young people have diverse needs and aspirations. I am also constantly challenged by the changing environment in which young people are now living. It is a very different world from the one I grew up in.

There are a number of reasons why children and young people with disabilities are living in the care of others. Young people living in residential care usually have high support needs. They may have complex physical and health care needs, severe difficulties communicating and often have challenging behaviours.

The OCV Scheme provides a 'window' into the services provided to children and young people with disabilities living in residential care. As a Visitor I feel very honoured and privileged to visit these young people in their homes. At the same time I am very aware of the responsibility that I and the service providers carry to ensure that young people with disabilities are supported to grow and develop just like every other child and adolescent.

Visitors ask questions and raise issues with service providers. The outcome of raising issues results in improvements being made to the lives of those in care. Making sure that the way care and support are provided reflects what happens to children and young people in the wider community.

There are numerous opportunities and challenges in meeting the needs of children and young people living in residential care.

Connections with family and friends are extremely important for young people. This is an important issue that Visitors can focus on and we can raise issues with service providers about the systems service providers have in place to promote, nurture and develop contact between a young person and their family and friends.

In residential care there are many day-to-day activities in which young people can engage. These include education, household chores, and socialising with other residents. This is another important area that we can focus on as Visitors and raise issues with service providers so that young people have greater opportunities to participate in these day-to-day activities. This makes their life more like the life that other children and young people experience.

Young people are also faced with the transition from school to a life after school which can include work, other connections to the community like sporting and recreational activities, and new things to learn. This period in life is extremely important and, as with all transitions, requires careful planning. It involves change and often results in young people meeting and interacting with a range of new people. This stage of life is also characterised by taking more control over one's life, making decisions and taking risks. This can create real challenges for service providers. This transition provides Visitors with a framework to structure observations ask questions, and raise issues, all of which can be used to strengthen supports for the young people with disabilities in care.

Service providers often talk to Visitors about the challenging behaviours of some of the young people in care. Visitors have an important role here to ask questions about the supports that are put in place and to also question the process that service providers use to understand the reasons behind the behaviours being displayed by residents. I have seen some effective systems put in place to manage some very challenging behaviours. Visitors are able to share ideas being used in other settings with service providers.

Another area of focus with young people with disabilities living in residential care is the management of health care needs. Visitors have an important role here, making sure that the individual health care needs are being well managed. Finding the right balance of addressing health care needs as well as addressing other identified needs is a challenge for those involved with young people with complex medical needs.

I am often told in response to my questions that things 'just happen' because this is the way they have always been done. Being a new visitor and being unfamiliar with the services I visit, I am able to question practices and challenge the thinking that sits behind them. I have seen practices change simply because a question was asked, resulting in improvements being made for children and young people living in care.

As a new Visitor I spend much time getting to know the young people living in the residential services. To get to know the children and young people in these settings I do many different things:

- > I spend time talking with the young people. When the young person cannot speak to me, we use different forms of communication such as sign language or by using pictures. By these means they are very quick to tell Visitors the things they like.
- > Visitors spend time just sitting back and observing the interactions that occur between staff and residents and between residents themselves.
- > Many of the children and young people are keen to show me the spaces that they call their own. They show me, with great delight pictures of their families and friends and the decorations that adorn their bedrooms. It doesn't take much to work out particular musical tastes or favourite football teams! I am constantly reminded of the wide range of interests the young people have – just like all other young people I know.
- > The service providers have much information to share. The conversations I have with them provide a real insight into what happens when I am not there.
- > There is much to read about the young people living in residential care. Their files provide me with information which is useful in building a more complete picture of the young people in care. This information highlights the different background and history that each young person brings to their home.

Every time I visit I am reminded that my role as an Official Community Visitor is an important one as it provides many opportunities to strengthen and improve the supports for the children and young people with disabilities.

It is very rewarding when I have been able to identify an issue with a service provider and watch what they do to identify a solution and then watch what happens for the child or young person once the solution is implemented. A little change can, and does, make a world of difference – I've seen it!

## Major issues by subject, number and percentage

### Issue 1: Meeting individual needs – 76 (23.5%)

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The Disability Service and OOHC Standards apply generally to service delivery for children and young people with disabilities who are in care. These standards require services to assess the needs of children and young people with disabilities and develop and implement individual plans, including behaviour plans where necessary, to meet their many needs. Services should inform, train and support staff about the plans so they can be effectively implemented.

Visitors identified 76 cases where individual plans were either not in place, not based on assessment of resident needs, did not adequately address residents' assessed needs, or were not effectively implemented.

As in the previous three years, from 2005–2008, Visitors are concerned that this critical area of service delivery continues to be the most frequently identified issue of concern. Visitors acknowledge that the delivery of services to these children and young people can be complicated by their high needs and complex care situations. Visitors will continue to closely monitor the systems and practices of planning for these highly vulnerable residents.

### Issue 2: Behaviour management – 41 (13%)

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Children and young people with disabilities are generally in care because of their high support needs. These children and young people can often have difficult behaviours, presenting services and staff with challenges in how they respond to ensure the safety and care of the person, other residents and staff. To effectively address residents' challenging behaviours, services need good policies, procedures and practices concerning individual planning. These include behaviour management, staff training and support, and incident response and management systems.

Visitors identified 41 concerns in services where behaviour management plans, though required, either did not exist, were inadequate, or were not effectively implemented or reviewed.

### Issue 3: Entry and exit – 32 (10%)

Children and young people with disabilities in care often have significant medical and physical needs which cannot be met by either their families or in other residential models. Due to those needs, it is important to ensure that placements meet the complex needs of these children and young people.

In some cases, Visitors have reported that poor planning and assessment for placement in these services has resulted in placement breakdown or service provision that is detrimental to the needs of those children and young people.

In 2008–2009 Visitors identified 32 cases where services had inadequately planned for or managed the transition of children and young people with disabilities into or out of services.

## Case study

### Jeremy's safety

Jeremy lives in a group home with two other young men and two young women. Jeremy has cerebral palsy, is short in stature and quite frail. He is a young man with a moderate intellectual disability. Living in the same house is Tricia, who has a propensity to hit, kick, punch and slap. Jeremy is often on the receiving end of Tricia's actions and has, on a number of occasions, been knocked to the ground and hurt. He luckily avoided serious injury in the two most recent incidents, one time falling heavily to the floor and banging his head.

Following contact from Jeremy's parents, the Visitor visited the house and read reports about the incidents. The Visitor identified ten other incidents in the past three months involving Tricia and the other residents. The Visitor asked the Network Manager what the service was doing to manage Tricia's behaviour. The manager said staff had developed a plan preventing Jeremy from leaving his room unless he called for a staff member to escort him to another part of the house. If Jeremy left his room unescorted, he would be counselled by staff about the 'hazards' of moving around the house by himself. The Visitor was unable to identify any other action the service was taking to manage the situation.

After further enquiries, the Visitor found that Tricia's Behaviour Management Plan had not been reviewed or updated for the 18 months. The plan that was on

her client file had very little information about her behaviours and there were no clear procedures guiding staff in their management of Tricia. The house communication book was also full of daily incidents of Tricia hitting or slapping one of her fellow residents. Staff had been told that, as much as possible, they were to 'shadow' Tricia around the house.

The Visitor suggested to the manager that applying such restrictive practices on Jeremy and the other residents would not resolve the underlying problem. The Visitor also suggested in a visit report that there be external intervention, and that the service make arrangements for Tricia to receive support from a Behaviour Intervention Specialist and a reassessment of her medication and health needs. The service acted on the Visitor's suggestions and a new Behaviour Management plan was developed and implemented for Tricia. Staff were trained in the new behaviour management strategies.

Though Tricia still acts out, she is being better managed by staff in the house. Other residents are no longer on the receiving end of physical attacks and are able to move about the house more freely. Jeremy has not had any incidents in the past two months and has returned to his normal routine. As part of the new procedures in the house, Jeremy is being taught to show his displeasure at situations he does not like, using alternative communication styles.

# Outcomes for Residents

## Services for adults with disabilities

The majority of visitable services in NSW are supported accommodation services for adults with disabilities. Many residents have an intellectual disability and need varying levels of staff support throughout their lives. Services are provided by DADHC or non-government services funded by DADHC. Different types of disability services include:

- > large institutional facilities – usually comprising several units on one site. Units can accommodate up to 25 people,
- > community based group homes – usually ordinary houses in local communities, accommodating up to six residents. Most adults with disabilities are placed in group homes; and
- > individual support – approximately 120 adults with disabilities are housed in single accommodation options.

Disability services accommodate a total of 5,359 adults with disabilities in NSW. Over 1,500 people are living in large government and funded non-government institutional facilities. During 2008–2009, there were 1,053 services for adults with disabilities (not including licensed boarding houses).

Visitors made 2,301 visits to disability services and identified 3,362 issues of concern, up from 2,737 concerns in 2007–2008. Of these concerns, 1,861 (55%) were resolved. Importantly, Visitors report that they are also continuing to monitor the action taken by services to resolve 1,333 (40%) issues of concern.

Visitors continue to be challenged by more complex issues that are difficult to resolve and often involve systemic problems such as the review and implementation of individual plans, the availability of meaningful activities such as day programs and work opportunities, the availability of affordable and achievable holiday programs, and the recruitment and

training of experienced, qualified staff. While, on the whole, services provide reasonable care for people with disabilities and do their best to meet the needs of their residents, service users, together with family members and Visitors seek continued improvement in the quality of care rather than accepting the status quo. This is of particular concern in the large institutional facilities.

Figure 4: Three-year comparison of data for visitable services for adults with disabilities<sup>2</sup>

Number:	06/07	07/08	08/09
Services	1,014	1,023	<b>1,053</b>
Residents	5,373	5,310	<b>5,359</b>
Visits	2,201	2,407	<b>2,301</b>
Issues reported	2,154	2,737	<b>3,362</b>
Average issues per service	2.1	2.7	<b>3.2</b>
Issues unable to be resolved	103 (5%)	34 (1%)	<b>50 (1%)</b>
Ongoing	941 (43%)	1,030 (38%)	<b>1,333 (40%)</b>
Closed	158 (7%)	136 (5%)	<b>118 (4%)</b>
Resolved	952 (44%)	1,537 (56%)	<b>1,861 (55%)</b>

## Official Community Visitor message

By **Melanie Oxenham**  
Official Community Visitor

On a warm afternoon recently, I sat in a young woman's colour-coordinated bedroom and chatted as she showed me fashions from her favourite magazines. Later, we looked at photos of her recent holiday. A staff member knocked on the door to discuss options for dinner.

<sup>2</sup> This data does not include licensed boarding houses. Please refer to the section *Outcomes for Residents – services for people in licensed boarding houses*.

A few days later, I knocked on a grimy wooden door that was opened by a security guard. I was ushered into a lino-clad room devoid of any pictures or ornaments and met a young woman flanked by another security guard and a residential support worker. I spoke briefly to the young woman while she paced the room. She showed me a drawing she had done of a house with flowers along the front, which she hoped to be able to move to one day. After a short while, she went to lie down in a sparsely furnished room, security guards hovering nearby.

The first visit was an enjoyable and satisfying way to spend the afternoon, but the second visit was the reason that I am passionately committed to the role of Official Community Visitor. Both these young women live in accommodation provided by the same disability service provider. The women have similar ages and both have intellectual disabilities. However their life experiences, choices and future options are vastly different.

The role of a Visitor is to monitor the support provided to people with disabilities and children and young people living in government operated, funded or licensed accommodation services. It is an independent role, requiring prior knowledge and skills to be brought to each visit, and involving the resolution of issues locally where possible. It is a pleasure to meet people face to face and hear their stories. It is frustrating being told the system can't possibly be changed. It is satisfying to achieve positive changes for the highly vulnerable residents of visitable services.

Visitors are often thought of as the 'eyes and ears' of the Ministers who appoint us and the Ombudsman who administers the scheme and handles complaints. We can report on issues and concerns, take note of trends, and share best practice examples with staff and service managers.

Now into my second year of visiting, I have had the privilege of meeting many interesting, resilient, funny and challenging people who live within disability accommodation services. I have also met many admirable and dedicated direct care workers and managers. Although I have been disappointed and sometimes angered to see examples of poor attitude and disrespect towards residents, my experience is that the majority of people working in the sector are

genuinely committed to contributing to the quality of life of people living in supported accommodation.

However, this commitment is hampered by problems that seem to plague the sector. Lack of staff training and supervision, poor individual planning and inadequate record keeping are common and slow to change. Many homes are anything but homelike, with run-down premises lacking individual decoration or comforts. I visited one house of five residents which only had three dining chairs. In a bizarre form of musical chairs, two residents each night had to sit on the verandah to eat their meals. The well-meaning manager informed me of a complex process of requisitions, funding and approvals that meant extra furniture was months in arriving. In another residence, I was informed that it was not possible to place food on a coffee table because the staff might get strains or injuries from bending down. Rather, residents crowded around a trolley and gulped food directly from the tray. These simple things, which on the surface appear easy to fix, are symptoms of a system that does not have the person with a disability at its central focus. Visitors are in a unique position to ask questions, raise issues, and negotiate resolutions to problems big and small.

Australia has ratified the United Nations Convention on the Rights of Persons with Disabilities. Since that time, the wheels have started to slowly turn to bring the principles of the Convention to life in Australia. By ratifying the Convention, Australia has made a commitment to ensure all laws, policies and practices in Australia are non-discriminatory and support the rights of people with disabilities.

The challenge for Visitors, for disability service providers, and for all members of Australian society is to make these principles real in the lives of people with disabilities. One positive example is the growing movement towards 'personalisation', which allows individuals to have accommodation and support packages built around their needs rather than having to fit into existing group home or residential facilities. One of the problems I see when visiting is incompatibility between residents, or homes that are poorly suited to meet the individual needs of five complex adults. Residents who are unhappy with the location of

their home or the facilities offered, have little choice compared with other people renting or owning a home in the community.

While Visitors are concerned with the 'big picture', it is often the day to day issues that can be resolved locally by discussion with staff on duty that make the difference in the lives of people with disabilities. Being able to discuss menu choices or advocating for the purchase of new recreational equipment are simple ways to bring about positive change for residents. Often plans that look good on paper can be clearly identified by a Visitor as not working for the individual. It is only by visiting the person at home, observing and asking questions that many systemic problems become apparent. In most cases, once these issues are brought to the attention of the service management, there is a genuine commitment to fixing the problem.

I'm looking forward to continuing my work as a Visitor with a real hope that there is change in the air and that we are moving to a time when disadvantaged people in our community are offered equal respect, opportunity and support.

## Major issues by subject, number and percentage

### **Issue 1: Meeting individual needs – 652 (19%)**

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Visitors identified 652 cases where services had not developed any plans to guide staff in supporting residents, or where plans existed but were inadequately implemented or reviewed.

Individual planning for residents with a disability is a critical aspect of service delivery. It is through such planning that services are able to provide quality care to residents by meeting their needs and providing them with opportunities to develop. Individual planning continues to be the issue of concern most often identified by Visitors. Visitors encounter many instances of effective individual planning by services for many residents with a disability.

### **Issue 2: Environment and facilities – 477 (14%)**

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People with disabilities should be provided with living environments that are homelike, well



maintained and that are located appropriately to meet their needs, and also form a part of their local community. Visitors report that services need to ensure that residents in these services are provided with a safe and comfortable environment within communities to provide them with opportunities for meaningful interactions and opportunities.

This year Visitors identified 477 issues of concern about services where the environments did not meet individual needs, provide a homelike environment or were not located to ensure access to local facilities and communities.

### **Issue 3: Nutrition, health and hygiene – 348 (10%)**

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People with disabilities living in care depend on services to ensure that their health and medical needs are addressed promptly and that meals are varied and nutritious. It is critical for people with disabilities to be regularly assessed by medical and allied health services, be assisted where necessary to maintain their personal hygiene and have options to have a healthy lifestyle.

Visitors identified 348 instances of inadequate meals, poor hygiene and poor health care in disability services.

## Case studies

### David's privacy

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Towards the end of a visit to a group home, the Visitor met with David, a resident who had moved into the home the previous week. It was apparent that David was having some difficulties settling into his new home. He seemed ill at ease and was reluctant to discuss anything that might have been troubling him.

The Visitor decided to visit David again shortly after, to see how he was coping. When the Visitor returned to the home later in the week David was wearing the same clothes he had been wearing a few days earlier. Staff told the Visitor that David was anxious about changing his clothes and often had to be encouraged to shower. When the Visitor asked David whether he had any clothes that he especially liked, David invited the Visitor to see his bedroom wardrobe which was filled with a great variety of clean shirts and pants.

The Visitor noticed, however, that David's bedroom faced onto a busy street and there were no blinds or curtains on the window. David had a clear view of the street, and passers-by also had a clear view into David's room. David told the Visitor he was very worried about his lack of privacy.

The Visitor raised the matter with staff who arranged to have curtains installed in David's bedroom. The following week the Visitor confirmed that curtains had been installed in David's room and that David was more relaxed about his level of privacy.

### Jeff's missing personal possessions

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When a Visitor arrived at the door of a group home the staff looked concerned. One of the staff members said to the Visitor 'Why have you come? We are doing the best that we can'. The Visitor took the opportunity to explain her role and what this meant in supporting services to resolve issues. Staff took the Visitor on a tour of the premises, which was a recently completed, 'purpose built' group home. The residents' rooms were configured to suit their disabilities, the facilities were spacious and appropriate, and the residents meals were varied and of a high standard.

After the tour, the Visitor sat down with one of the residents, Jeff, who was nursing a placid grey cat. The cat was purring with satisfaction and Jeff was very particular in how he 'stroked' her fur. The Visitor noticed a tear come to Jeff's eye, which he quickly wiped away. When the Visitor asked how Jeff was feeling, he took his time to tell her in a whisper 'I miss the pictures of my cat'. The conversation continued and Jeff explained that he loved living in the new house but he had none of his 'special' things. These 'special' things were his photographs and his prized model cars. He thought they must have been lost when he moved in a few weeks ago.

The Visitor talked to the staff who explained that Jeff's personal possessions, apart from his clothing, were in boxes in the store room and were still to be unpacked.

A staff member agreed to find Jeff's belongings and quickly located the box. The staff member unpacked the box and helped Jeff to hang his photos and to position his model cars on the shelves in his room. The staff on duty were upset that they had overlooked something that, while a relatively small matter, was so significant to Jeff and that made such a difference to his day.

### Lifting Kerry

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Kerry has significant mobility issues and requires staff support to assist her to transfer to and from her wheelchair. Kerry is reluctant to accept this help and usually tries to manage without staff assistance. As a result, Kerry has had a number of falls and tension between Kerry and staff has increased because of the difficulties helping Kerry to get back into her chair.

Staff had tried a variety of strategies to stop Kerry self-transferring, including a chair alarm so they could be alerted if she tried. Things got so tense that a health service practitioner suggested staff resort to restraint, which would mean that Kerry would be obliged to call for staff assistance.

When the Visitor talked about this issue with Kerry, Kerry said she sometimes

avoided calling staff to assist because they complained about her weight and how difficult this made it for them. Kerry found the whole process undignified.

Staff confirmed that they were concerned about Kerry's weight when they were manually lifting her, that the task was becoming more onerous as Kerry's weight increased, and their fears of injury were increasing. Staff said the service had promised a manual lifter, but were not confident that this would address the OHS issues. They were concerned that the manual lifter would little difference to the task and did not think it would increase Kerry's comfort level.

The Visitor discussed the issue with the service manager, who subsequently arranged a home assessment to identify Kerry's needs and staff OHS issues.

The assessment recommended installing an electronic overhead lifter, which allowed staff to transfer Kerry from bed to chair without manually lifting her, as well as giving Kerry control over the position she could adopt while being lifted and the speed of the lift. Kerry's ability to control the process of transferring from her bed to her wheelchair made her feel more at ease about being assisted and the tension between Kerry and staff has now eased.

### **Unauthorised Surveillance**

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During a routine visit to a unit in a Large Residential Centre, a Visitor who had been visiting the unit for four years noticed a small digital video camera mounted onto the wall of Len's bedroom. It had not been there on previous visits. The camera was directly facing Len's bed and when the Visitor asked staff about the camera, he found a small monitor on a desk in the staff office which was connected to the camera.

Staff informed the Visitor that the camera was turned on only after Len had retired for the night so staff could monitor and intervene when Len started to self injure. They said Len's self injurious behaviours had been occurring at night for a long time.

While Len was not on the unit at the time of the visit, the Visitor was well aware of the injuries Len sometimes inflicted on himself.

The Visitor reviewed Len's behaviour support documentation and could not locate any recommendation for the camera, authorisation for the camera's use, or consultation with Len, his guardian, family or support people about the camera. The Visitor considered the service's action to be an unnecessarily invasive attempt to remedy a long standing problem, and believed the problem could be resolved in a better way.

The Visitor reported the issue to senior management who immediately ceased use of the camera and admitted that no consent for its use had been sought. Management wrote to the Visitor outlining alternate strategies they planned to employ to work with Len. These included tactile strategies individualised to suit Len's needs and capabilities. Within a month there was a significant reduction in Len's behaviours. On a follow up visit, the Visitor reviewed Len's client files and was able to track the improvements in his behaviour. In addition to this change of intervention for Len, the policies and procedures for the service were reviewed, gaps identified and the relevant policies modified and improved. Not only was this a positive change for Len, but a positive change for the service as a whole.

### **Martin's routine**

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Martin lives with five other adults in a small residential setting. Each person has their own bedroom and shares facilities such as a recreation room, dining room and bathroom.

The routine of the house is to have dinner, followed by a shower, some relaxation time and then off to bed. During a visit to the house one evening, the Visitor observed Martin following his evening routine. This involved eating his dinner, followed by a shower and time in front of the TV. This routine suited Martin.

However it did not suit the other residents as, following his shower, Martin would walk from the bathroom to his bedroom wearing no clothes. He didn't mind doing this and thought no one else would mind either.

That evening, as the Visitor sat in the recreation room with another resident having a chat, Martin was naked as he walked from the bathroom to the bedroom. The resident sitting with the Visitor pointed at Martin and said 'Look, he's funny!' and then laughed.

The Visitor raised this matter with the staff. They explained that a number of unsuccessful attempts had been made to curb Martin's behaviour. The Visitor made a number of suggestions including taking Martin shopping to assist him to buy a dressing gown to wear after showering and reminding him to take his pyjamas or dressing gown into the bathroom with him before he showered.

On the Visitor's next visit to the house, Martin proudly showed the Visitor his new dressing gown and explained that he was to wear it when he was walking to and from the bathroom, which he enjoyed doing.

### **Greg's Activities**

Greg has lived most of his life in a Large Residential Centre. Now in his thirties, he has profound intellectual and physical disabilities which prevent him from moving about independently. He cannot sit upright and is either confined to his bed or to a 'day bed', which is similar to a hospital trolley style bed.

In recent years staff have no longer been able to support Greg to move to different spots around the grounds of the centre or even within the unit in which he lives because of OHS restrictions. As a result, Greg does not access any day programs or participate in any community access activities. His entire life is lived within the confines of the unit.

When not being fed, bathed or in bed, Greg lies on his 'day bed' in an infrequently used part of the unit, pushed up to a table covered in coloured blocks. With limited use of his arms Greg is left to 'play'. When staff pass by they will nod and offer a few words to ask him how he is going or take a minute to move a block or two around the table in front of him. For the rest of the day Greg had no other interaction with staff or fellow residents. .

The Visitor wrote to the management of the centre and asked what was being done to assist Greg to have more meaningful activities and whether it was possible to organise a day program and interactions with fellow residents and other members of the community. In response to the Visitor's report, management said that Greg had been assessed as unsuitable for attendance at the local day program due to his significant mobility issues and they had not been able to source another day program provider who could meet his needs.

The Visitor suggested to the management that, instead of looking for a day program that they could send Greg to, why not organise for the day program to come to Greg.

In the following weeks a staff member of the centre's onsite day program was introduced to Greg and trained in the alternate communication strategies required to communicate with him. A program was developed and implemented to suit Greg's needs and soon he was participating in day program activities three times per week.

The Visitor noted a marked difference in Greg's demeanour over the following months. He was more animated, more aware and the Visitor was told that he would eagerly anticipate and participate in his fun activities each day.

# Summary of activities and outcomes

## Visiting services

During 2008–2009, there were 1,299 visitable services, a small increase on the number of services in 2007–2008. The overall number of residents living in visitable services across NSW also increased slightly in 2008–2009.

Visitors undertook a slightly decreased number of visits this year as compared with 2007–2008. However, there was a reduction in the activity hours related to those visits. This reflects an increased number of service issues requiring resolution by Visitors and the increasing complexity of many of the issues. With the continuing expansion of the OOHC and disability sectors, the trend of increasing visits may continue in the coming year.

This year, the budget for the visiting scheme was \$757,000. The actual expenditure for the year was \$812,723. The added expenditure was due to the recruitment, induction, mentoring and training of 13 new Visitors and the ongoing support of those Visitors. In addition, there was added consultation with and training for Visitors about the new OCV Online system.

These were additional salaries and wages costs. The additional costs have been funded from the overall Ombudsman budget. Due to ongoing financial challenges associated with required budget reductions, this support will not be available in future years. We are working with Visitors to identify strategies to visit as many services and residents as possible within the allocated budget.

The Ombudsman allocates most services two visits per annum. The allocation of visits is higher to services for children and young people, and to services with many residents, such as large, congregate care institutions and boarding houses.

While Visitors have adequate time to monitor and resolve issues effectively in the services they visit, the residents of 293 services had no access to a Visitor during 2008–2009, as there are insufficient funds and Visitors to visit all services at the minimum visiting rate.

Figure 5: Number of visits made by Visitors

Target Group	Number of Services			Number of Residents			Number of Activity Hours			Number of Visits		
	06/07	07/08	08/09	06/07	07/08	08/09	06/07	07/08	08/09	06/07	07/08	08/09
Children and Young People	107	106	<b>136</b>	213	204	248	1,040	877	<b>1,092</b>	370	307	<b>435</b>
Children and Young People with Disability	41	39	<b>42</b>	133	120	<b>137</b>	481	344	<b>397</b>	142	137	<b>46</b>
Children, young people and adults with a disability	18	18	<b>19</b>	71	63	<b>68</b>	180	123	<b>142</b>	54	46	<b>145</b>
Adults with disabilities (inc. Boarding Houses)	1,064	1,074	<b>1,102</b>	6,165	6,191	<b>6,169</b>	7,806	7,849	<b>7,236</b>	2,598	2,799	<b>2,613</b>
<b>Total</b>	<b>1,230</b>	<b>1,237</b>	<b>1,299</b>	<b>6,582</b>	<b>6,578</b>	<b>6,622</b>	<b>9,507</b>	<b>9,193</b>	<b>8,867</b>	<b>3,164</b>	<b>3,289</b>	<b>3,239</b>

# Identifying and resolving issues

## How Visitors facilitate the resolution of service issues

After every visit, Visitors provide a written report to service staff or management identifying issues and concerns about the care provided to residents. When Visitors identify significant concerns about the safety, care or welfare of residents, they generally discuss these matters directly with service management at the end of a visit.

Visitors encourage services to resolve concerns quickly, at the local level, and facilitate action to address simple issues of concern. More complex problems can take longer to resolve. Visitors cannot compel services to act on their concerns. However, services have obligations under CS-CRAMA to address complaints about services quickly at the local level. Visitors monitor the response by services to identified concerns by seeking feedback from residents, service staff, families, advocates and other relevant stakeholders.

Parents, advocates or staff may also contact Visitors or the Ombudsman's office to discuss their concerns about a visitable service. Such contacts are acted on by Visitors, and in some cases, the concerns are handled through the Ombudsman's complaints and other functions.

Visitor reports are recorded in the Ombudsman's Visitable Services database. During 2008–2009, Visitors reported 4,569 new concerns about the conduct of visitable services in NSW. This is an average of 3.5 concerns per service, up from 2.9 concerns per service in 2007–2008.

During 2008–2009, services resolved 2,435 (53%) of all identified concerns. Visitors were continuing to monitor the action being taken by services about 1,825 (40%) concerns at the end of the year. During the year there were 121 concerns (3%) where services made genuine attempts but were unable to resolve matters. Visitors closed 188 (4.1%) concerns, usually

because the circumstances of residents or services had changed, resulting in the identified concern no longer being relevant.

Visitors will sometimes refer concerns to other relevant agencies. This may include referring residents and their families for legal advice or to advocacy services and referring child protection matters to the DoCS Helpline.

## Coordinated action by Visitors and the NSW Ombudsman to address service issues

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In addition to facilitating and monitoring the resolution of issues by services at the local level, Visitors may refer serious, urgent or systemic issues of concern to the NSW Ombudsman for complaint or other action.

The Ombudsman has functions to address such matters. For example, the Ombudsman may take up individual and systemic concerns reported by Visitors and conduct further inquiries about the impact of these problems on residents. During 2008–2009, in response to concerns identified and reported by Visitors, the Ombudsman's staff:

- > handled 30 complaints
- > provided detailed phone advice and information to Visitors regarding 77 complex service issues
- > Ombudsman staff worked with Visitors to present education and training on the role of the Ombudsman and Visitors for residents, staff and management in supported accommodation services, licensed boarding houses and to non-government OOHC service providers
- > allocated more than 400 targeted visiting hours, in addition to the normal visiting allocations, so that Visitors could follow up specific issues concerning residents
- > accompanied Visitors to meetings with senior managers of services to assist in negotiating resolution of issues.

**Figure 6: Issues reported by Visitors 2008–2009**

Target Group	Total visitable services	Issues identified	Number of				
			Av. issues reported per service	Ongoing issues (%)	Issues unresolved (%)	Issues closed (%)	Issues resolved (%)
Children and young people with disabilities	42	273	6.5	114 (41.8%)	6 (2.2%)	11 (4%)	142 (52%)
Adults with disabilities	1,102	3,643	3.3	1,440 (39.5%)	80 (2.2%)	120 (3.3%)	2,003 (55%)

### **Additional Support to Visitors**

During 2008–2009, the Ombudsman also provided other support to Visitors:

- > The focus of support this year was in streamlining and refining current Visitor practice. A Policy and Practice Working Party comprising Visitors and Ombudsman staff was established to review and develop new policies and procedures, including policies concerning mentoring, visit allocations and a new code of conduct.
- > Organising a Visitor conference in June 2009 for Visitor training, development and consultation. Minister Lynch and Minister Burney attended the conference to meet Visitors.
- > Briefings were provided by representatives from the DADHC Office of the Senior Practitioner; the Children’s Guardian, the Office of the Public Guardian; the Office of the Protective Commissioner; and DoCS and DADHC in relation to initiatives and current trends and patterns in the provision of residential care services and service practices affecting residents.

- > Visitors and Ombudsman complaints staff met for a combined training day and information exchange.
- > Over 1,000 hours were allocated to Visitors to attend the Conference and special training sessions.
- > Consulting regularly with Visitors through the four regional groups and the Official Community Visitor–NSW Ombudsman Consultation Group.
- > Regular information bulletins for Visitors on developments in the visitable services sector, good practice ideas and initiatives, and referral services and other relevant, available resources.

### **Promoting the scheme**

- > Visitors and Ombudsman staff jointly presented information sessions to community service agencies, peak bodies and other community, public and private sector agencies.
- > Ombudsman staff took calls from service staff and families who had queries about the scheme or wanted to contact a Visitor.

# Regional Focus

## Official Community Visitor message

**By Gary Kiely, Official Community Visitor**

Metro North contains the largest number of visitable services of any region in the State. The region is heavily populated – encompassing Sydney’s northern beaches, northern suburbs, the Hills Shire, and a large slice of the western suburbs through to Penrith and the Blue Mountains.

Hundreds of small group homes dot the region, and larger residential centres play a significant role in housing residents because of their special care needs. There are also residential services for children and young people in Out of Home Care arrangements.

Visitors in Metro North face many challenges as they go about their visiting. The diversity of these challenges reflects the very broad spectrum of society that constitutes the region. We believe that, notwithstanding the street, suburb or the service provider, all residents in services should receive a level of care that meets individual needs and recognises the unique contribution to the community that all people can make.

As a group of Visitors, we come from very different backgrounds and have diverse life experiences. We value the opportunity to promote the aspirations of the individual residents we meet and are not prepared to accept the setting aside of those hopes and ambitions. This can, and does, lead to many discussions with service providers to ensure that individuals are recognised as such.

In promoting the best interests of the individual we come across many recurring problems. We are still concerned with the level and range of activities and programs that are available for residents to help promote access to the community and community involvement.

# Metropolitan Sydney – North



We continue to raise issues in relation to the inconsistent availability of holidays for many residents and continue to push for more reasonable costs and greater access. The inconsistency in the quality of the residential environment continues to concern us as Visitors. Always a good starting point in discussions with service providers is ‘Would we ourselves be happy living in this residence?’

That said, there is a positive mood in the region as more resources are being allocated for disability accommodation and programs. As Visitors, we have a watching brief here to ensure these enhancements lead to a better quality of life for residents. We look forward to sharing our knowledge and experiences as we continue to work together to make life better for residents across the region.

**Figure 7: OCV identified issues – Metropolitan Sydney – North**

Target Group	Total number of visitable services	Number of issues identified	Key Issues
Children and young people	40	191	> Environment and Facilities > Nutrition, Health and Hygiene > Community Activities
Children and young people with disabilities	22	69	> Entry and Exit > Meeting Individual Needs > Behaviour Management > Community activities
Adults with disabilities	368	915	> Environment and Facilities > Meeting Individual Needs > Privacy and Respect
<b>Total</b>	<b>430</b>	<b>1,175</b>	

## Visitor profiles

### Liz Rhodes

- > visits children and young people, people with disabilities, and boarding houses in Sydney
- > experience in criminal justice, mental health, negotiation and child protection
- > training in organisational planning and alternative dispute resolution
- > Liz's appointment as an OCV finished in March 2009, when she completed her second three-year term

### Rhondda Shaw

- > visits children and young people, and children with a disability across Sydney
- > experience in child protection, adoption and accommodation services
- > degrees and training in social work, social science and conflict resolution
- > Rhondda resigned as a Visitor in June 2009

### Gary Kiely

- > visits adults with disabilities in western and northern Sydney
- > experience in disability
- > degree in Accounting

### Tilly Elderfield

- > visits adults with disabilities and people in boarding houses in western Sydney and the Blue Mountains
- > experience in disability, mental health, and drug and alcohol services
- > degrees in social work and nursing

### Graham McCartney

- > visits adults with disabilities in western Sydney
- > extensive experience in case management, negotiations, rehabilitation and detention settings
- > previous experience working for DADHC and Department of Corrective Services

### Siobhan Butler

- > visits children and adults with disabilities in northern Sydney
- > experience in service management for people with disabilities, mental health and drug and alcohol issues
- > degrees and training in social science, management and counselling

### **Michelle Hayter**

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- > visits adults with disabilities in western Sydney
- > holds a Bachelor Of Education (Habilitation)
- > works as a Regional Disability Liaison Officer with University Of Western Sydney

### **Linda Skoroszewski**

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- > visits adults with disabilities in western Sydney, the Blue Mountains and Western NSW
- > experience in the welfare and health care sectors, in particular community health, mental health, aged care, carer support, and nursing
- > holds a Bachelor of Arts (Welfare) and Diplomas in Midwifery and Community Health Nursing

### **Rhonda Santi**

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- > visits boarding houses, adults with disabilities and children and young people with disabilities in western Sydney, and the Blue Mountains
- > experience in group home management, working with people with disabilities as an advocate and as a service provider
- > holds a Diploma of Community Services (Welfare)

### **Margaret Rice**

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- > visits adults with disabilities in the northern suburbs and northern beaches of Sydney
- > Extensive experience in the field of administration and interviewing
- > holds a Bachelor of Science (Hons) (Psychology)

### **Melanie Oxenham**

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- > visits adults with disabilities in western Sydney
- > experience in the areas of disability and aged care and extensive experience as a guardian working with people with disabilities
- > holds a Bachelor of Social Work

### **Judy Goodson**

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- > visits children and young people in OOHC and adults with disabilities in western Sydney and the Blue Mountains
- > experience as a social educator for people with disabilities, is a registered nurse and has worked in an institution for young people with developmental disabilities
- > holds a Diploma of Community Welfare and currently studying for a Bachelor of Social Work

### **Max Costello**

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- > visits children and young people in OOHC in the western and northern suburbs of Sydney
- > extensive experience working with children and young people in OOHC, child protection, and with people with disabilities living in care
- > holds a Bachelor of Arts (Sociology), a Bachelor of Social Work, and a Bachelor of Law

### **Steve Jones**

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- > visits children and young people in out of home care and children and young people with disabilities in the Sydney metropolitan and Hunter areas
- > experience as a special education teacher and in various roles for NGOs working with young people who are homeless or at risk of homelessness.
- > Bachelor of Education and a Certificate IV in Assessment and Workplace Learning

### **Aileen Mah-Chut**

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- > visits adults with disabilities on the Northern Beaches and northern suburbs of Sydney
- > experience working with people with disabilities as a legal advocate and as a Mental Health Visitor
- > Bachelor of Arts and a Bachelor of Law

# Regional Focus

## Official Community Visitor message

By **Freda Hilson**  
Official Community Visitor

The Metro South Region was very pleased to welcome a number of newly appointed Visitors to the Regional Group. These Visitors visit accommodation services across the metropolitan region as well as some rural areas.

The Metro South Region has 261 visitable services with the majority of services in this region located in the eastern suburbs, Inner West, Sutherland Shire and in south western Sydney, as far as Liverpool. Members of the group visit children and young people in OOHC and children, young people and adults with disabilities who reside in group homes, boarding houses and large residential centres. Members of this group have a wide range of qualifications and experience mainly in the areas of education, community services, social welfare and justice.

Regional Meetings are held four times a year and have focused on a wide range of issues for people with disabilities and children and young people in out of home care. The most common issues in relation to people with disability included:

- > concerns relating to the quality of services provided for people living in licensed boarding houses,
- > ongoing concerns about the lack of opportunities for clients living in group homes to access holidays,
- > inconsistency in the quality of service provision in group homes,
- > meeting individual needs, the appropriateness of environment and facilities and efficacy of behaviour management strategies.

## Metropolitan Sydney – South



The most common issues raised by people visiting children and young people in out of home care included:

- > the difficulties experienced when attempting to access hard copies of files in the premises in which people reside,
- > inconsistency in service provision,
- > OHS issues for visitors visiting some OOHC services.

A number of DADHC group homes in this region are old and dilapidated and some of these have undergone renovations over the past year. This has resulted in the capacity to provide residents with a much improved physical environment.

**Figure 8: OCV identified issues – Metropolitan Sydney – South**

Target Group	Total number of visitable services	Number of issues identified	Key Issues
Children and young people	15	90	> Entry and Exit > Privacy and Respect > Management Responsibility
Children and young people with disabilities	13	68	> Meeting Individual Needs > Behaviour Management > Entry and Exit > Family and Friends
Adults with disabilities	233	703	> Meeting Individual Needs > Nutrition, Health and Hygiene > Behaviour Management
<b>Total</b>	<b>261</b>	<b>861</b>	

The regional group welcomed the opportunity provided by the scheme to give input into the development of new OCV policies. Members of the group who have been with the scheme for some time have actively participated in the mentoring program and this has resulted in group members providing a great deal of peer support and developing a collaborative and cohesive approach to identifying and addressing issues of concern. All members of this regional group are very committed to raising issues of concern in relation to the residents that they visit in endeavouring to make a difference in the lives of children and young people in care and people with disabilities.

## Visitor profiles

### Maree Fenton-Smith

- > visits children and young people, and people with disabilities in western and south eastern Sydney
- > experience in working with people with disabilities in accommodation and support services and adult guardianship
- > Bachelor of Social Work

### Freda Hilson

- > visits adults with disabilities and people in boarding houses in west and south-west Sydney
- > extensive experience in disability services
- > Bachelor of Social Work

### Ula Llewellyn

- > visits adults with disabilities in west and south-west Sydney
- > experience in services for people with disabilities, including housing, employment, case management, mental health, advocacy, social planning and community development
- > degree in social science with majors in counselling, mediation and community services management

### Gowan Vyse

- > visits children and young people, and people with disabilities on the Far North Coast of NSW
- > experience in the non-government community sector, as a public guardian, a member of the NSW Parole Authority, and as a forensic casework specialist for people with disabilities
- > degree in arts, majoring in welfare

### **Kate McKenzie**

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- > visits children and young people in OOHC in Sydney
- > experience with children and young people and in education
- > extensive experience in child welfare, administration, negotiation and conflict resolution, and management of change

### **Neale Waddy**

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- > visits children and young people in OOHC and children, young people and adults with disabilities throughout the Sydney Metropolitan area
- > experience in working with children and young people with disabilities and children and young people in OOHC including practical skills in negotiation and advocacy
- > Bachelor of Arts and a Diploma of Education along with a Graduate Diploma in Special Education

### **Lyn Cobb**

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- > visits adults with disabilities, and children and young people in OOHC in southern and inner-western Sydney
- > experience in working with children and young people in OOHC, working in Family Support services and in a support role with people living in Licensed Residential Centres
- > holds a Bachelor of Arts (Psychology), and a Post Graduate Diploma in Child Development

### **Carolyn Smith**

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- > visits services for children and young people with disabilities, adults with disabilities and boarding houses in metropolitan Sydney and regional NSW
- > experience in criminal justice, mental health, child protection, alternate dispute resolution and negotiation
- > training and experience in management and organisational planning
- > volunteer with frail aged care and children with disabilities



### **Dianne Langan**

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- > visits children and adults with disabilities, and children and young people with disabilities in OOHC throughout Metropolitan Sydney
- > experience in education, music therapy, research and community services
- > Masters degree in Education, Bachelor of Education and Music, and Graduate Diploma in Music Therapy

### **Donald Sword**

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- > visits adults with disabilities and people in boarding houses in inner-western Sydney
- > experience in disability and mental health. Previously an Official Visitor to mental health services
- > degrees in arts and science

### **Jo Pogorelsky**

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- > visits children and young people in OOHC and children, young people and adults with disabilities in the Western Sydney area
- > experience working with vulnerable people, in particular children, young people and adults with disabilities, skills in advocacy and alternate communication techniques
- > Bachelor of Social Work and a Certificate in Special Education

# Regional Focus

## Official Community Visitor message

**By Roz Armstrong**  
**Official Community Visitor**

In writing this, the diversity in the Northern Region comes to mind. The diversity of the landscape, climate and people, the diverse range of visitable services and the diversity of experience invested in the Visitors of this region.

The region extends from the northern banks of the Hawkesbury River up the north coast to the town of Tweed Heads and across the great divide to Tamworth, Gunnedah and Moree. Service providers face a range of challenges that are not always experienced in the metropolitan areas, such as scarcity of hospital and allied health services for their clients, lack of skilled and experienced employees, and the never ending tyranny of distance faced by service providers, clients and Visitors alike.

The Northern Region comprises nine members. As a team our diversity is not so much in our qualifications and professional experience as can be seen in the Visitor profiles, but in our personal experiences. Some Visitors are carers and advocates, whilst others share the common experience of being a person with disability.

Alongside diversity, generosity of spirit and time is the strength of our regional group, and members have contributed to various working parties to help meet the demands of the job. When talking about generosity of spirit and time, we should make special reference to Wendie Bradley. Wendie finished her second term as a visitor at the beginning of 2009 and the loss of her wealth of experience gained in that six years leaves a noticeable gap in discussions at our regional meetings.

Northern region Visitors met on three occasions during the past year to exchange information and discuss experiences and visiting processes. The most significant

## Northern region



procedural change was the development of OCV Online. Visitors acknowledge the need to use technology to improve work processes, and OCV Online will reduce the level of paperwork required from Visitors. Northern region representatives on the OCV Online working party will continue to work with the Ombudsman's office in the development of this important tool.

The role of the Official Community Visitor is not always well understood by service organisations or their clients. So taking the time to inform people about what we do is often a prerequisite to each visit. Sometimes this can be frustrating, but nothing brings more satisfaction than the look of relief on a person's face when they do understand. Relief, that there is somebody to listen and talk to. Relief, that there is somebody who will take some time to get to know them. Relief, that there is somebody who can help. And relief, that there is someone who will make a difference.

**Figure 9: OCV identified issues – Northern region**

Target Group	Total number of visitable services	Number of issues identified	Key Issues
Children and young people	63	239	> Nutrition, Health and Hygiene > Entry and Exit > Managing Residents' Funds
Children and young people with disabilities	18	131	> Meeting Individual Needs > Behaviour Management > Entry and Exit > Environment and Facilities
Adults with disabilities	278	1250	> Meeting Individual Needs > Environment and Facilities > Nutrition, Health and Hygiene
<b>Total</b>	<b>359</b>	<b>1,620</b>	

## Visitor profiles

### Joan Andrews

- > degrees in social work, community and business management, workplace training and assessment
- > visits people with disabilities in the New England area
- > extensive experience in disability, health and ageing services
- > awarded a Medal of the Order of Australia (OAM)

### Wendie Bradley

- > visits children and young people, people with disabilities, and people in boarding houses, in the Hunter and Central Coast regions
- > experience in senior roles with Home Care
- > trained in human resource management, mediation, public relations and conflict resolution
- > Wendie's appointment as a Visitor ended in March 2009 when she completed her second three-year term

### Bernadette Chance

- > visits children and young people, and people with disabilities in the Mid North Coast and New England regions
- > experience with CALD and ATSI communities, working with people with disabilities, mental health, research and university tutoring
- > degrees and training in communication, English literature and visual arts

### Sandy Muir

- > visits residents with a disability in large residential centres and group homes
- > experience working with young offenders, people with disabilities and people experiencing homelessness
- > qualifications in fine arts and post graduate qualifications in social change and development

### Grant Nickel

- > visits children and young people, and people with disabilities in the Hunter and Central Coast regions
- > experience in university lecturing on disability, nutrition, and student advocacy
- > degree in health sciences



### **Bruce Donaldson**

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- > visits children and young people with disabilities throughout the Central Coast region
- > experience in the areas of management, training and development and disability services
- > former special educator and School Principal

### **Janet Birks**

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- > visits adults with disabilities in the Hunter and Central Coast regions
- > experience in working with people with disabilities as an advocate and service provider, and working with people living in boarding houses
- > degree in welfare studies

### **Roz Armstrong**

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- > visits children and young people, and people with disabilities in the Hunter and Central Coast regions
- > experience working with and providing service to people with disabilities, including residents of boarding houses, and as a senior public guardian
- > degree in arts, majoring in sociology

### **Bernadette Mears**

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- > visits children and young people in out of home care and children and young people with disabilities in the Hunter area
- > experience working with children and young people and families in crisis, including with issues such as mental illness, disability, child protection and drug and alcohol issues
- > completing a Bachelor of Social Science degree

### **Maryanne Ireland**

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- > visits adults with disabilities in group homes and large residential services in the Hunter region
- > experience providing support services, advocacy and administration in an NGO providing services to adults with disabilities, including the identification and assessment of unmet need for this group
- > holds a Bachelor of Arts (Hons) (Psychology) and a Masters of Visual Arts

# Regional Focus

## Official Community Visitor message

By Barbara Broad  
Official Community Visitor

With the amalgamation of two former regional groups (Southern and Western) during the year, the new Southern and Western Region covers a wide geographical area from the Southern Highlands, the South Coast to the NSW/Victoria border, west to Deniliquin, north to Dubbo, and to the Blue Mountains. This means that Visitors in this region travel widely to visit services of all types; i.e. children and young people in OOHC, people with disabilities in group homes and adults living in licensed boarding houses and large residential centres.

Sometimes Visitors can feel isolated in their roles with the long distances they travel, but they are united with their common goal of social justice and their passion to improve the quality of care for all residents.

There has been change in the membership of the group this year, with two of our most experienced and valued members, Meg Coulson and Margaret Stevens, leaving the scheme. Five new visitors commenced during the year; Cathryn Bryant, Marcia Fisher, Cecile Sullivan, Jocelyn Barcham, and Terri Mayfield. The amalgamation of the two former regions into one has provided members of the group greater opportunities for support and development.

The change within our small group reminds us of the value of wider change in the OCV program, which has a six year maximum term for Visitors. This allows for new insights from varied professional backgrounds and experiences, fresh approaches and perspectives, ensuring the continued identification of issues in the homes we visit, and different perspectives on identification and resolution of issues to improve the quality of care for all individuals.

## Southern and Western region



The background and experiences of the Visitors in the region include decades of experience working with people with disabilities in group homes, large institutions and community development projects; dispute and conflict resolution skills; counselling; teaching; health promotion and educational projects; nursing; health assessments and rehabilitation work; recruitment; training and management; community housing; and family experiences, life skills and personal attributes including integrity, sensitivity, problem solving and good communication skills. We have the skills and experience to make a difference in the homes we visit and this continues to be our goal for all services and especially for those more vulnerable residents.

The main issues identified by Visitors in the southern region were services not meeting individual needs; lack of, or poor behaviour plans; and issues with the service not being a homelike environment.

**Figure 10: OCV identified issues – Southern and Western region**

Target Group	Total number of visitable services	Number of issues identified	Key Issues
Children and young people	18	84	> Project Issues > Environment and Facilities > Behaviour Management
Children and young people with disabilities	8	54	> Meeting Individual Needs > Behaviour Management > Environment and Facilities > Medications and Consents
Adults with disabilities	223	775	> Meeting Individual Needs > Environment and Facilities > Safety
<b>Total</b>	<b>249</b>	<b>913</b>	

## Visitor profiles

### **Meg Coulson**

- > visits children and young people, and people with disabilities in the Illawarra and the South Coast regions
- > experience in women’s probation services, research and lecturing in sociology, promoting equal opportunities for people from CALD communities, community development, domestic violence, and indigenous issues
- > Meg resigned as a Visitor in April 2009

### **Margaret Stevens**

- > visits people with disabilities in the Riverina/ Murray region
- > experience in management of children’s services and skills training, tutoring at TAFE on disability, and community development training in welfare
- > Margaret’s appointment as a Visitor ended in March 2009 when she completed her second three-year term

### **Helen Hewson**

- > visits adults with disabilities in south-west Sydney and the southern highlands
- > experience in OOHC and in disability as a support worker, manager and rehabilitation consultant
- > Bachelor of Social Science, CSU, (Sociology, psychology and criminal justice)

### **Barbara Broad**

- > visits people with disabilities in the Goulburn/Queanbeyan and South Coast regions
- > experience working for ACT Health, the Department of Veterans’ Affairs, and the Commonwealth Department of Health and Ageing
- > qualifications and experience in Nursing, degrees in Applied Science, a Master of Education, a Graduate Certificate in Health Economics, and Graduate Certificate in Management

### **Tosca Woodward**

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- > visits adults with disabilities in the Illawarra region
- > experience in Alternative Dispute Resolution and working with conflict in a resolution framework
- > experience working with children and young people, and in Mental Health as a Mental Health Official Visitor
- > holds a Certificate in Mediation

### **Jocelyn Barcham**

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- > visits adults with disabilities in the western region of NSW
- > experience working in the health and disability fields as well as in the housing sector. Worked as a manager of residential services for a non government disability organisation and worked with a wide range of people from vulnerable groups

### **Cathryn Bryant**

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- > visits children and young people in out of home care and children, young people and adults with disabilities in the Southern Region of NSW
- > experience in the disability sector and has been a provider of direct care to residents in large residential centres and in group home settings
- > holds an Associate Diploma in Social Sciences (Developmental Disabilities)

### **Marcia Fisher**

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- > visits children and young people in out of home care and children, young people and adults with disabilities in the Southern Region of NSW
- > experience in direct care services to people with disabilities and the implementation and development of programs for people with disabilities
- > holds a Bachelor of Applied Science (Intellectual Disability), a Bachelor of Primary Education Studies and a Certificate in Integration Aide Training

### **Terri Mayfield**

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- > visits children and young people in out of home care and children, young people and adults with disabilities in the Western region of NSW
- > experience in OOHHC, working with people with disabilities and in the field of Mental Health, has negotiation and assessment skills
- > holds a Bachelor of Social Sciences and a Diploma of Professional Counselling

### **Cecile Sullivan**

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- > visits adults with disabilities in the Shoalhaven/Southern region of NSW
- > experience in working with children and young people with disabilities and adults with disabilities, including skills in negotiation and advocacy
- > holds a Bachelor of Applied Science (Disability Studies) and a Certificate IV in Assessment and Workplace Training

# Financials

The Official Community Visitor scheme forms part of the Ombudsman's financial statements (or budget allocation from the NSW Government). Visitors are paid on a fee-for-service basis and are not employed under the *Public Sector Employment and Management Act 2002*. However, for budgeting purposes these costs are included in Employee Related Expenses (see Visitor Related Expenses in figure 11).

Costs that are not included here are items incurred by the Ombudsman in coordinating the scheme, including Ombudsman staff salaries, and administration costs such as payroll processing, employee assistance program fees, and workers' compensation insurance fees. Full financial details are included in the audited financial statements in the Ombudsman Annual Report 2008–2009. Copies of this report are available from the Ombudsman on (02) 9286 1000, toll free on 1800 451 524 or on the website at [www.ombo.nsw.gov.au](http://www.ombo.nsw.gov.au)

Figure 11: Visitor related expenses 2008–2009

	07/08	08/09
<b>Payroll expenses</b>		
Salaries and wages	411,067	<b>477,218</b>
Superannuation	36,622	<b>39,946</b>
Payroll tax	24,485	<b>26,706</b>
Payroll tax liability	2,197	<b>2,465</b>
Subtotal	474,371	546,334
<b>Other operating expenses</b>		
Advertising – recruitment	32,479	<b>9,436</b>
Advertising – other	0	<b>0</b>
Fees – staff development	825	<b>4,841</b>
Fees – conferences and meetings	18,556	<b>1,800</b>
Fees – contractors	23,637	<b>2,465</b>
Printing	15,671	<b>5,946</b>
Stores	343	<b>2,664</b>
Travel – petrol allowance	111,085	<b>140,192</b>
Travel – subsistence <sup>3</sup>	49,274	<b>59,126</b>
Travel – other <sup>4</sup>	29,846	<b>39,920</b>
Subtotal	281,716	266,389
<b>Total</b>	<b>756,087</b>	<b>812,723</b>

<sup>3</sup> Meal allowances are included in 'Travel – subsistence'.

<sup>4</sup> 'Travel – other' includes Visitors' costs, such as air, bus, train and taxi fares, postage, stationery and telephone bills.

Circulation: 750  
Cost per issue: \$4.80



## Contact us

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Official Community Visitor scheme  
OCV Team Leader

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C/o NSW Ombudsman

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Telephone Interpreter Service (TIS): 131 450

We can arrange an interpreter through TIS or you can contact TIS yourself before speaking to us.

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### Special needs

Audio loop and wheelchair access on the premises.

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