



**OCV**  
Official Community Visitors

Annual Report  

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2009-2010

# Letter to the Ministers



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December 2010

The Hon Linda Burney MP  
Minister for Community Services  
Level 30  
1 Farrar Place  
Sydney NSW 2000

The Hon Peter Primrose MP  
Minister for Disability Services  
Minister for Ageing  
Level 30  
1 Farrar Place  
Sydney NSW 2000

Dear Ministers

I am pleased to submit to you the fifteenth Annual Report for the Official Community Visitor scheme for the 12 months to 30 June 2010, as required under section 10 of the *Community Services (Complaints, Reviews and Monitoring) Act 1993*.

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

Yours sincerely

A handwritten signature in black ink that reads 'B. A. Barbour'.

Bruce Barbour  
**Ombudsman**

# Glossary

<b>ADHC</b>	Ageing, Disability and Home Care
<b>CS-CRAMA</b>	<i>Community Services (Complaints, Reviews and Monitoring) Act 1993</i>
<b>CS</b>	Community Services
<b>DSA</b>	<i>Disability Services Act 1993</i>
<b>LRC</b>	Licensed Residential Centre (pertaining to Boarding Houses)
<b>Makaton</b>	Key Word Sign language
<b>OCG</b>	Office of the Children's Guardian
<b>OCV</b>	Official Community Visitor
<b>OCC Online</b>	OCV electronic reporting system
<b>OOHC</b>	Out-of-Home Care
<b>OPG</b>	Office of the Public Guardian
<b>OPC</b>	Office of the Protective Commissioner
<b>PRN</b>	'pro re nata', as required

## Case study

### Managed expectations

Tom<sup>1</sup> has been active his whole life. He has a disability but that has not stopped him from participating in a range of activities when he lived with his family. Tom also has epilepsy and, recently, his health deteriorated and he moved into a group home.

One of Tom's favourite activities was swimming. When he moved into the house he was told by the manager that he could not go swimming anymore. Tom told the Visitor he was upset about this and asked the Visitor to help him. He wanted to go swimming again.

The Visitor spoke to the service about Tom's complaint. The manager informed the Visitor that Tom's medical review was overdue and that his Epilepsy Management Plan was out of date. Also the service did not have policies or plans on managing epilepsy or activities such as swimming.

The Visitor found that the service's policies were based on the training and needs of staff rather than the needs of residents. On the suggestion of the Visitor, the policies were reviewed and updated. Staff were made more aware of Tom's specific health needs and management. The Visitor also suggested that an external professional explain to Tom and the staff what safety requirements were needed to manage epilepsy and swimming.

While Tom is still not swimming, he does have a better understanding of why he can't. A plan has been developed to assist staff and Tom initiate a modified swim program that will eventually see Tom get back into the water.

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

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# Message from the Ministers

The Official Community Visitors Scheme is celebrating its fifteenth successful year of operation. The Official Community Visitors continue their valuable work, making enormous contributions to the lives of people with a disability and this year have visited over 6,600 people in care.

Official Community Visitors are in a unique position to positively influence the quality of life and wellbeing of those they visit. They manage the complex demands involved in advocating for clients who would otherwise not have a voice.

As mentioned in Bernadette Chance's message, Official Community Visitors work with both head and heart, acting as both watch-dog and safeguard to ensure the rights of some of the most vulnerable members of our community are upheld. They ensure that practical improvements to service provision are made where possible, and that the unalienable rights of clients to respect, dignity and privacy are observed. Over 3,000 visits were conducted during 2009–2010 by 29 dedicated Visitors.

Visitors work collaboratively and constructively with service providers to ensure the very best outcomes for clients. Unannounced visits by the Official Community Visitors to disability residential services bring fresh eyes to areas or practices which may have become routine and need correction.

I was honoured to have the opportunity to meet with a number of Visitors individually during the year, and also at the annual conference held in June. It is with pleasure that I now have the opportunity to thank the Official Community Visitors for their hard work and wish them the best for 2011.



Peter Primrose MLC  
**Minister for Ageing**  
**Minister for Disability Services**



**Official Community Visitors are in a unique position to positively influence the quality of life and wellbeing of those they visit.**

I am once again honoured, as the NSW Minister for Community Services, to acknowledge the immensely valuable work Official Community Visitors undertake on behalf of so many vulnerable individuals.

Community visitors have conducted 3,300 visits this year to more than 6,600 people in care. The services visited included out-of-home residential facilities for children and young people as well as supported accommodation for people with disabilities.

Being a Visitor is a demanding role, and I am always struck by the absolute determination of the OCV representatives to do the right thing by the children and young people they visit.

I was very pleased to attend the Official Community Visitors Annual Conference in June this year and meet many of the Visitors in person. I also regularly meet with the OCV Ministerial Working Group and find these meetings to be positive and productive.

A notable development this year has been the commencement of the OCV Online IT and reporting system. This is a major reform that allows OCVs to electronically report to services about the quality of care they provide to their residents. OCV Online benchmarks service issues identified by OCVs against the NSW Standards for Statutory Out-of-Home Care, the Disability Service Standards and ADHC's Integrated Monitoring Framework.

Additionally, OCV information can now be shared with the Children's Guardian, following the finalisation of a Memorandum of Understanding negotiated between OCVs, the Ombudsman's Office and the Children's Guardian. This means the valuable insights of OCVs on serious or systemic issues associated with a service can now inform the Children's Guardian's accreditation decisions and decisions to impose conditions on visitable services that provide out-of-home care for children and young people.



In conclusion I would like to emphasise my appreciation and that of the NSW Government for the valuable work Visitors do and the wonderful commitment you have to children and young people in care.

Linda Burney  
**Minister for Community Services**

# Message from Official Community Visitors

By Bernadette Chance

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My appointment as an Official Community Visitor ends soon, and with it one of the most memorable chapters of my life.

The past six years have seen me visiting adults with disabilities and young people in out-of-home care in the mid north coast area. I came to the role of Visitor following a variety of community jobs. It has not only demanded more commitment and greater challenges than previous roles but it has also provided greater rewards. It is difficult to clearly articulate my feelings about the role. Certainly the role required those tangible skills of inquiry, report writing, objectivity, impartiality, sensitivity, and, at times, dogged tenacity. Yet the return for that effort was, for me, far greater.

When I commenced my appointment, I had the single hope of achieving improvements, however small, in the lives of the residents I was to visit. I believe that I was able to achieve that. As a voice for people in care, a Visitor is often the envoy of change. Whilst I have sought to achieve change in the lives of residents, I did not anticipate the change residents would make in my own life. This change is not to be found written in case studies or visit notes or even in annual reports. It is a change that is written indelibly upon the heart.

The heart is the place from where my best work in the role was done. I found it was important for residents that I gave of myself, and further found that such giving was reciprocated. Residents and I gave each other our complete attention when speaking. They recognised in those moments, as did I, that they were an important and unique aspect of my life. I was an independent person whose main aim was to enhance the quality of their life. This was especially important to those residents who had no one else to speak on their behalf.

Using my heart as much as mind in my work was amply rewarded. Residents would welcome me with open arms and shrieks of delight. In building a trusting relationship with residents I learned from them how they were feeling and being treated.

Trusting relationships with staff were also invaluable. I usually credited a harmonious working relationship and tried to convey my respect and appreciation to staff for the work that they were doing. I ensured that I gave positive feedback to staff in person. As a result, staff preconceptions of Visitors as a threat quickly disappeared and staff began to understand that we shared a common goal, to ensure residents received the best service possible.

Over the course of my work I noticed an increasing willingness of service providers to work collaboratively with Visitors. My suggestions were appreciated and acted upon. When I raised issues they were not seen as criticism but as opportunities for service improvement. In identifying issues at services, Visitors become a clearing house of best practices that can be considered by service providers.

There have been many positive outcomes for the residents over the years. An outcome that comes to mind that exemplifies the work of a Visitor concerns Sharon<sup>1</sup>, a 23 year old, non-verbal resident who displayed a number of self-harming behaviours. She would pinch and bite her arms and bang her head against solid objects. Sharon seemed to prefer being on her own, repeatedly watching the same DVD, and had little interest in interacting with other residents.

After a few visits I noticed that Sharon seemed to be always wearing clothes and shoes that were either ill fitting or shabby. She stood out from other residents who were invariably well attired. I spoke to Sharon's key worker and raised my concern about Sharon's appearance. I was told that similar concerns had been raised in staff meetings over a period of six months, yet management seemed reluctant to address the situation.

On my next visit I checked Sharon's financial folder. The records showed that her mother was in charge of her finances.

Sharon's Disability Allowance payments were paid into her mother's bank account, who in turn forwarded money to Sharon.

The amount of money given to the service on behalf of Sharon was a total of \$250 for an 11 month period in 2008. This money was meant to cover basic personal items such as toiletries, clothing, underwear, shoes and spending money on social outings. The amount of money available to Sharon on the day of my visit in November 2008 was \$1.45.

I also found a copy of a Pensioner Security Account for a four month period in her file. Records showed that multiple withdrawals had been made from ATMs located in various social clubs. All of the withdrawals made from these ATMs attracted a \$2 fee. On one particular day, five withdrawals amounting to \$160 were made from the same bowling club. The withdrawal fee would have amounted to \$10 for that day. There were also transactions which showed that petrol had been purchased from service stations. There was simply no correlation between the amounts being withdrawn and the amounts of money that Sharon was receiving.

The following day I organised a meeting with the service manager and the house coordinator. At the meeting the manager acknowledged that staff had regularly raised these financial concerns and said that staff had started documenting all monetary requests made to the mother, together with the mother's responses. Despite this the manager had not examined Sharon's financial files and was unaware of the severity of the situation. I suggested that the situation needed to be urgently addressed.

The manager successfully applied to the Office of Protective Commissioner to have Sharon's disability allowance paid directly into her own account. This money is now being used solely for Sharon's benefit. The changes resulting from this action are remarkable. Sharon's appearance and self-esteem significantly improved. There was a noticeable reduction in her self-harming, and other behaviours. Sharon also started to interact more harmoniously with the other residents. Sharon is now very proud of her personalised bedroom and she always shows me her room when I visit. She is extremely proud of her shoes and her clothes that she has chosen and bought for herself. The positive changes have continued over the past 18 months.

Sharon's story highlights the achievements of the Visitor program. However, while much has been done, much remains. There will continue to be issues identified by Visitors and improvements suggested. I believe that the work my colleagues and I do is vital for people living in care.

I end my appointment as Visitor with the deepest gratitude for the residents who welcomed me not only into their homes but into their lives. Over the course of my appointment I have been welcomed into more than 150 lives. I also am touched by the work of the many caring staff who daily go beyond the call of duty to assist the people that they care for.

Above all else, being a Visitor has been about relationships. It has provided challenges and difficulties, and joy and laughter. It has required and rewarded an openness of both heart and mind. It has been humbling and fulfilling, and ultimately, the most wonderful privilege.

### By Melanie Oxenham

Reflecting on my beginnings as an Official Community Visitor, it strikes me that little things can be of great importance. One of the challenges for new Visitors is working out how to manage the time required to visit services, liaise with service providers and balance work and family life. At first I was concerned that only spending a couple of hours at a time in a service would not give me a good understanding of the residents and their circumstances.

Overtime I have discovered that much is gained during each visit, which provides a 'snapshot'. Sitting back and observing the interactions between staff and residents, chatting and engaging in activities with residents, and reading files provides me with a great deal of information about the lives of the people living in the service. I recall visiting a group home in the early evening to find one staff member in the kitchen cooking with a resident and another staff member playing a ball game with two other residents. I thoroughly enjoyed joining in this game for a while, observing the positive interactions between staff and residents, the way in which the staff member encouraged the residents to participate in the game and the relationship between the residents themselves.

This visit, combined with a review of files, left me feeling confident that there were no issues of concern to report. When I visited the service some weeks later, I walked in to find one resident was agitated and unhappy, pacing the room. However I observed a staff member interacting appropriately with him whilst the other staff member took the other residents for a walk. These ‘snapshots’ helped me to build a picture of the group home environment over time. I could see that, although some days may be challenging, the residents were living in a safe and positive environment.

As a new Visitor, another concern I had was that residents may not remember who I was or understand my role, particularly when I would only be seeing them a few times a year. I have been surprised to find that most residents do remember me from one visit to the next and really appreciate the chance to sit and chat with someone about their lives.

Some residents may not fully grasp the purpose of the OCV scheme. However, they are able to understand that I am interested in their welfare and able to talk to them as an impartial listener. I recall visiting one service, home to four men with a history of involvement in the criminal justice system who were wary of newcomers as they had very negative previous experiences with staff and the community. I began my visit by speaking to Harry, who quickly opened up and began to complain about the living arrangements and in particular another resident, Joe, who annoyed him. Joe, observing from a distance and getting the gist of the conversation, approached me after we had finished speaking to raise his own complaints about Harry. I asked staff how the two men got on and was told there had been some challenging dynamics between Harry and Joe who tended to wind each other up. When I raised this issue with the manager of the service, he said that alternative placements were being considered for Joe, as he needed a higher level of support and intervention than was available in that group home. As there was a lack of available alternatives, the service reviewed Joe’s and Harry’s behaviour intervention support plans to put in place additional strategies to assist them to live together in a more positive way.

I was satisfied that the service was doing what it could to resolve Harry and Joe’s problem. I explained this to them and encouraged them to talk with staff about their concerns.

When I next visited, Joe had been transferred to a more intensive support service and Harry was more relaxed.

In other services, communication can be more challenging. I recall visiting a group home and meeting a woman, Julie who had significant vision and hearing impairment but was very fluent in Makaton sign language. Julie was initially very interested in meeting me and had asked me many questions. However, she became quite contemptuous when she realised that my sign language was minimal and did not continue the conversation. This experience brought home to me the significant barriers that are created for people living in supported accommodation by lack of training (in this case mine!), service gaps and lack of resources. Luckily for Julie, most of the staff at the service had better Makaton literacy than me.

Support staff are sometimes concerned that I have not found them ‘at their best’, apologising for a disorganised day or messy house. However, this reflects the lived experience of the residents and it is essential for Visitors to understand a typical day, good and bad. It is only by seeing the less glamorous days that problems can be identified and changes suggested. I recall visiting three residents in a group home one morning. The staff member was frantically trying to get the residents ready for their day programs, as the second staff member had not turned up for work. I noticed that the staff member asked one of the residents, Jim<sup>1</sup>, to help the other two residents. I was concerned that it was not appropriate for Jim to take on a support role, and Jim was shouting at his fellow residents for being late. I raised this immediately with the staff member, who agreed to wait for the back-up staff member to arrive. I later discussed my observations with the house manager who undertook further training with the staff member, and reviewed the roster arrangements.

There are other ways in which ‘little things’ matter. In the disability sector at the moment there are many exciting developments with a greater focus on the rights of people with disabilities, a more person-centred approach to planning, and supporting people to make their own decisions about their lives. While these broad policy and planning discussions are encouraging, the residents of the services I visit may not be aware of this type or level of activity.

What is important to them is the environment around them, the choices they can make daily and the interaction with other residents and support workers.

I remember one of my first visits to a large residential service. As I approached the front door, I noticed several bedroom windows had thin curtains which were all pulled open. Through one window, I could see a woman sitting on her bed wearing only her underwear. When the staff member opened the door and let me in, I immediately brought up this issue and she went to the resident's bedroom to close the curtains. She helped the woman to dress and then introduced her to me. Mary communicated through a combination of signs and responses to simple questions. I asked staff what activities and support were planned for Mary that day and they said that Mary was scheduled to participate in activities in the activity room. However, Mary chose to return to her room. I spent some time in the activity room and observed that apart from the TV and a couple of wooden puzzles lying on a table, there were few other 'activities'. After further discussion with staff, a staff member found a communication book that belonged to Mary and contained pictures of activities that she enjoyed. Mary indicated that she wanted to go for a walk outside and we all walked into the courtyard.

Mary's enjoyment of life was greatly improved by little things like the privacy of having curtains drawn, using communication books, and planning for meaningful activities. It is my hope that through this relatively brief series of events, the staff member would be motivated to observe Mary more closely and remember to use existing resources to make her day more interesting. Building on these interactions can have a more significant impact on the quality of services than a new policy directive.

Staff are often unsure of the role of the Visitor, they can be anxious about letting me in to the house and giving me access to files. I have found that part of the Visitor's work includes education about the role. Informal chats and handouts about the Visitor scheme are small things that make a difference. Visitors can take on an education role concerning issues such as guardianship, advocacy and other services or resources that Visitors learn about through our work and can share with others.

It has been very rewarding to be able to share 'best practice' examples with staff of services as part of my Visitor role. I recall talking to one staff member who was anxious about a resident, Edward, who needed surgery and was not able to give his own consent to the operation. The staff member was planning to apply for a guardian to be appointed for Edward. After listening to the story and reading Edward's file, I realised that Edward's brother was in close contact with him and met the criteria for 'person responsible', to be able to give substitute medical consent on Edward's behalf. The staff member spoke with Edward's brother who attended his next medical appointment and discussed the surgery with Edward's doctor. Edward was able to have his operation with the consent of his brother without the need for formal guardianship.

As I began my visiting work, I quickly realised the importance of good communication skills, negotiation and conflict resolution skills. Working as an independent Visitor is very different to working as a member of a team. Visitors can be most effective when we are able to discuss and resolve issues on the spot. While I have greatly appreciated getting to know other Visitors and having the support of the Ombudsman's staff, I have found that most of my work is done face to face with staff, house managers and residents during visits. Raising an issue sensitively with a focus on the person with disabilities, at the time the issue arises, can result in a positive outcome for all concerned. I discovered that it was often not necessary to write lengthy letters and reports or arrange formal meetings to resolve issues, and a little bit of good communication goes a long way.

Although I also have a full-time job in the disability sector, I often think it is the few hours a week I spend visiting that makes the most difference in the lives of people with disabilities. It certainly has a great impact on me personally to get to know so many individuals living in supported accommodation and to spend time in their lives.

As I look forward to the coming year and more visits ahead, I will be thinking of the wonderful diversity of people, residents, staff and families that I have met along the way and reflecting on the positive impact that Visitors can have on the lives of the people that we visit.

# Message from the Ombudsman

For people in care, the provision of services is not a simple question of whether the Disability Service Standards and the Out-of-Home Care standards are met at a minimum level or at all. It is also very much about how well services meet their individual needs and expectations.

Visitors play a significant role in reviewing the circumstances and quality of care of over 6,500 residents of disability and Out-of-Home Care services. Importantly, Visitors listen to residents and observe the changes in their lives. Residents' expectations, as well as those for families and friends, are really not different to the rest of society. They should be able to live in a home-like environment with the supports necessary to provide them with a meaningful life and an opportunity to fulfil their expectations.

In this report you will read messages from Visitors which give insight into the experiences of residents and the meaningful way in which Visitors contribute to and can effect positive change. While everyday issues such as the food we eat, the temperature within our homes and the choice of recreational and social activities available to us, may seem mundane, to residents, they are of great importance and if resolved in an informed way can be life changing and affirming. Bernadette Chance and Melanie Oxenham provide some concrete examples of this, as do the Visitor reports and case studies throughout this Annual Report. These are the real experiences that Visitors have. It is more than basic compliance with a standard or Act, but about how people living in care are encouraged and supported to integrate and interact with the community around them.

The past year has seen some of the most extensive changes in the OCV Scheme since the program first came to my office. Over the last three years my staff have worked with Visitors and external agencies to develop a new reporting system.



**I extend to all the Visitors my thanks and appreciation for their work over the last 12 months. It has been a productive time for all.**

That system, OCV Online, commenced operations on 1 July 2010. It has the capacity to transform the way Visitors conduct the administrative and reporting aspects of their role and to better inform the work of my office and the quality of care provided by services.

I extend to all the Visitors my thanks and appreciation for their work over the last 12 months. It has been a productive time for all. I would also thank those Visitors who finished as Official Community Visitor this year for their efforts in supporting residents and resolving issues throughout their years of service.

**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 Community Services (CS) or Ageing, Disability and Home Care (ADHC), where the residents are in full-time care. At 30 June 2010, there were 1,243 visitable services in NSW accommodating 6,422 children, young people and people with disabilities.

## Key issues about service provision

Visitors identified 5,250 concerns about service provision to residents in visitable services during the year. Of these, Visitors reported that 3,187 (84%) were resolved by the services. The remaining 26% of concerns were either closed, ongoing, or unable to be resolved.

The main areas of concern raised about service provision in visitable services in 2009–2010 were:

- > the development and implementation of individual plans to meet individual needs – 936 issues (17.8%)
- > behaviour management – 648 issues (12.3%)
- > environment and facilities – 587 issues (11.2%)
- > nutrition, health and hygiene – 399 issues (7.6%)
- > resident safety – 380 issues (7.2%)

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

## Visits conducted

**During the year ending 30 June 2010, Visitors made 3,335 visits to these services.**

### Services to children and young people

There are 138 visitable out-of-home-care (OOHC) services, accommodating 249 children and young people. During the year Visitors made 499 visits to these services.

### Services to children and young people with disabilities

There are 52 visitable services, accommodating 178 children and young people with disabilities. During the year Visitors made 233 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 48 licensed boarding houses, accommodating 803 adults with disabilities. During the year Visitors made 274 visits to these services.

# 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 Ombudsman coordinates and administers the scheme.

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

Visitors monitor the quality and conduct of services and work individually, with their Visitor colleagues, and 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 Ministers for appointment as a Visitor
- > determine priorities for the services allocated to Visitors for visiting
- > 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 Community Services or 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, service staff 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

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The Ombudsman's Official Community Visitor (OCV) Team and other staff within the Community Services Division and office support Visitors. The Ombudsman has responsibilities for:

- > the day-to-day operation and administration of the scheme
- > providing professional development and support for Visitors
- > 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

- > coordinating the responses of Visitors and the Ombudsman to individual and systemic concerns affecting residents of visitable services
- > identifying and addressing issues of concern requiring complaint action, and
- > working strategically with Visitors to promote the scheme as a mechanism for protecting the human rights of people in care.

The Ombudsman 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.

### Visitor numbers

The 2009–2010 year began with 42 Visitors. During the year 13 Visitors left the scheme, either reaching the end of their appointments or resigning prior to completing their term. No new Visitors were appointed in this time.

In the coming 12 months the OCV Team will be recruiting and inducting new Visitors.

### Training and development

Training and professional development are a very important part of Visitors' annual activities. The Ombudsman coordinates training to enhance visiting practices and skills, and also arranges briefings about key community service sector issues and initiatives. Training in 2009–2010 focussed on the implementation of the new service issue classification system and information technology system, *OCV Online*, and included:

- > visitor reporting and plain English
- > the new service reporting framework
- > negotiation and stakeholder engagement
- > training and information on complaint processes and complaint education.

### OCV Online

We have previously reported about plans for a new service issues reporting system for Visitor use. During 2009–2010 we completed the development of the system. *OCV Online* commenced operation on 1 July 2010.

*OCV Online* incorporates four key areas of Visitor and Ombudsman work in one system. These are allocation of work, reporting of issues against current sector standards and practice, payments, and retention and use of historic information.

Prior to 2010, most of our administration and reporting used a paper based system and was resource intensive and time consuming for both Visitors and the Ombudsman. The Ombudsman's review of the previous system, in consultation with Visitors, identified ways to significantly reduce the administrative burden for Visitors and the Ombudsman.

The key recommendations of the review were to:

- > develop a system to streamline administration
- > improve the reporting system used by Visitors and services
- > develop a system of classifying service issues based on current service standards and practice in an easy to understand format for Visitors and services
- > develop a system to retain service information for Visitors to assist them in their work, and
- > provide trend and pattern reporting about services and service issues for Visitors, the Ombudsman and service sectors.

The changes that services will see to the previous visit reporting system are:

- > An electronic report provided via email and a facility to respond directly to Visitors
- > A service issues classifications system that is aligned to the Disability Service Standards; the Out-of-Home Care Standards; and the Children's Guardian Guidelines for Out-of-Home Care services, and
- > Trend and pattern reporting on the issues received and feedback provided by Visitors.

*OCV Online* is maintained by the Ombudsman. It is secured and all information on that system is protected through strict privacy guidelines. The Ombudsman's computer network is subject to regular security audits and certified to the international standard for information security management – ISO 27001.

# Summary of activities and outcomes for Visiting services

During 2009–2010, there were 1,243 visitable services, a small decrease on the number of services in 2008–2009. The overall number of residents living in visitable services across NSW also decreased slightly in 2009–2010.

Visitors undertook fewer visits this year as a number of Visitors finished their terms early. This was also reflected in a fall in activity hours. The Ombudsman is recruiting new Visitors at the beginning of 2010–2011 and it is anticipated that the number of visit and activity hours will increase next year.

This year, the budget for the visiting scheme was \$757,000, and the budget expenditure for the scheme was \$706,617. In 2008–2009 the expenditure was \$812,723. The lower expenditure was due to the number of Visitors finishing their terms early.

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.



Figure 1: Number of visits made by Visitors

Target group	Services			Residents			Activity hours			Visits		
	07/08	08/09	09/10	07/08	08/09	09/10	07/08	08/09	09/10	07/08	08/09	09/10
Children and young people	106	136	138	204	248	249	877	1,092	511	307	435	499
Children and young people with disability	39	42	36	120	137	122	344	397	313	137	46	168
Children, young people and adults with disabilities	18	19	16	63	68	56	123	142	127	46	145	65
Adult with disability (inc. boarding houses)	1,074	1,102	1,053	6,191	6,169	5,995	7,849	7,236	4,990	2,799	2,613	2,603
<b>Total</b>	<b>1,237</b>	<b>1,299</b>	<b>1,243</b>	<b>6,578</b>	<b>6,622</b>	<b>6,422</b>	<b>9,193</b>	<b>8,867</b>	<b>5,941</b>	<b>3,289</b>	<b>3,239</b>	<b>3,335</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 2009–2010, Visitors reported 5,250 new concerns about the conduct of visitable services in NSW. This is an average of 4.2 concerns per service, up from 3.5 concerns per service in 2008–2009.

During 2009–2010, services resolved 3,187 (84%) of all identified concerns. Visitors were continuing to monitor the action being taken by services about 1,468 (28%) concerns at the end of the year. During the year there were 350 concerns (9%) where services made genuine attempts but were unable to resolve matters. Visitors closed 245 (7%) 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 agencies. This may include referring residents and their families for legal advice or to advocacy services and referring child protection matters to the CS 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 2009–2010, in response to concerns identified and reported by Visitors, the Ombudsman's staff:

- > handled 34 complaints made by Visitors or based on information provided by Visitors
- > provided detailed phone advice and information to Visitors regarding 44 complex service issues
- > 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; and
- > accompanied Visitors to meetings with senior managers of services to assist in negotiating resolution of issues.

Figure 2: Number of issues reported by Visitors 2009–2010

Target group	Total visitable services	Issues identified	Av. issues reported per service	Ongoing issues	Issues unresolved	Issues closed	Issues resolved
Children and young people	138	779	4.4	268 (34.4%)	92 (18%)	12 (2%)	407 (80%)
Children and young people with disabilities	36	298	6.5	39 (13%)	12 (5%)	83 (32%)	164 (63%)
Children, young people and adults with disabilities	16	128	2.6	31 (24%)	0 (0%)	19 (20%)	78 (80%)
Adults with disabilities	1,053	4,045	3.3	1,130 (28%)	246 (8.5%)	131 (4.5%)	2,538 (87%)
Total	1,243	5,250	4.2	1,468 (28%)	350 (9%)	245 (7%)	3,187 (84%)

### Additional Support to Visitors

During 2009–2010, the Ombudsman also provided other supports to Visitors:

- > the Policy and Practice Working Party comprising Visitors and Ombudsman staff reviewed and developed policies and procedures, with particular focus on the implementation of *OCV Online*
- > organised a Visitor conference in June 2010 for Visitor training, development and consultation. Minister Primrose and Minister Burney attended the conference to address and meet Visitors
- > organised briefings by representatives from the Disability Council of NSW; the Association of Children’s Welfare Agencies; the Intellectual Disability Rights Service; the Office of the Children’s Guardian; and staff of the Ombudsman’s Office in relation to service initiatives and current trends and patterns in the provision of residential care services and service practices affecting residents
- > allocated extra hours to Visitors to attend special training sessions and follow up serious and urgent service issues

- > consulted regularly with Visitors through the four regional groups and the Official Community Visitor-NSW Ombudsman Consultation Group; and
- > provided regular information bulletins to Visitors about developments in the visitable services sector, good practice ideas and initiatives, 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; and
- > Ombudsman staff took calls from service staff and families who had queries about the scheme or wanted to contact a Visitor.

# Outcomes for people in licensed boarding houses

ADHC licensed 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, ADHC funds Home Care and other agencies to provide support services to residents, including personal and health care, transport and community participation activities.

ADHC reports that there were 48 licensed boarding houses in NSW in 2009–2010, accommodating up to 803 residents. Visitors made 274 visits to licensed boarding houses and raised 197 issues of concern about services provided to residents.

Visitors reported that licensed boarding houses resolved 105 (53.3%) of the issues of concern they identified. The number of issues reported per service remains consistent with previous years.

As at 30 June 2010, Visitors were continuing to monitor the action taken by boarding houses about 80 (40.6%) issues.

We have reported that the licensed boarding house sector continues to decline in size. In 2009–2010 only one licensed boarding house closed. However, in the coming year we are anticipating more closures.

The Government has amended the regulations in the YACS Act. The changes which will come into effect during 2010–2011 may affect service practice and policy in the boarding house sector. This, in turn may affect the issues identified by Visitors, and the lives of residents in licensed boarding houses.

Figure 3: Visitable services – residents of licensed boarding houses

Number:	07/08	08/09	09/10
Services	51	49	48
Residents	881	810	803
Visits	392	312	274
Issues reported	199	281	197
Average issues per service	3.9	5.7	4.1
Issues unable to be resolved	16 (8%)	30 (11%)	8 (4%)
Ongoing	77 (39%)	107 (38%)	80 (40.6%)
Closed	7 (4%)	2 (1%)	4 (2%)
Resolved	99 (50%)	142 (51%)	105 (53.3%)

## Official Community Visitor message

### By Roz Armstrong

Residents of licensed boarding houses have a variety of support needs that may arise from intellectual, psychiatric or physical disabilities as well as acquired brain injuries. They are often people who were once like you and me. They lived with families and held down jobs until some epoch type event changed their lives forever. This may have been the onset of a mental illness, a car accident, a stroke, a divorce or even a brush with the law. All too soon any sign of their previous life is but a memory and the daily grind of getting by and living safely in a licensed boarding house becomes their sole focus.

Unlike services provided or funded by the government, licensed boarding houses stand alone in an otherwise quite well monitored and shaped service system. They are private for profit services licensed under the *Youth and Community Services Act* (YACS) and receive no direct funding from either the NSW or Federal Governments. The lack of requirements on a licensed boarding house proprietor to provide person centred planning or the implementation of planning goals means that a resident has little or no chance of expressing a point of view about the service and gets no help in setting goals for the future.

Visitors assist where they can by talking with residents, informing them of options, and linking them to people who can help them achieve small changes in their life, such as case managers, other service providers or the boarding house proprietor themselves. Positive outcomes, however, are few and sometime a long time coming. One reason for this is that, as these services are for profit ventures, proprietors can be reluctant to provide extra needed support services because of the cost. Some proprietors will offer a case management type service for individuals with complex needs. However, this is often only available on a user pays basis, for example as an additional 3% on top of the 85% paid from a resident's disability pension for board and lodging.

Whilst ADHC undertakes to monitor these facilities, unlike disability services funded by the government, licensed boarding house operators are not required to deliver services in accordance with the Disability Service Standards. Enshrined in disability services legislation, these standards underpin minimum practice requirements in the areas of service access, individual planning, decision-making and choice, privacy, dignity and confidentiality, participation and integration, valued status, complaints, service management, family relationships, protection of human rights and freedom from abuse.

Practice requirements and guidelines relating to these service standards form the content of ADHC's *Standards in Action* document used by Visitors as a reference guide to community expectations. *Standards in Action* does not apply to the proprietors of licensed boarding houses.

The YACS regulations and conditions of license under which licensed boarding house proprietors operate are not as all encompassing of service provision and service quality as the Disability Service Standards. Despite planned changes to the YACS Act regulations, they do not cover the need to provide services or engage in planning that will improve the circumstances and dignity of people with disabilities living in a licensed boarding house.

## Major issues

### **Issue 1: Privacy and respect – 23 (11.7%)**

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 23 occasions when services failed to meet the rights of the individual to privacy, dignity and respect.

### **Issue 2: Environment and facilities – 17 (8.6%)**

For people who live in licensed boarding houses, the environment should be as home-like as possible. The residences themselves should provide opportunities for residents to access services, undertake meaningful activities and encourage contact with family and friends. Visitors identified 17 instances of failure to provide an environment that met residents' needs.

### **Issue 3: Meeting individual need – 16 (8.1%)**

For people living in licensed boarding houses it can be difficult to be treated as an individual due to the number of other residents in these congregate models. Visitors identified 16 cases where individual needs, such as choice, activities, or services, were not met.

In short, it is fair to say that people with disabilities living in a licensed boarding house are generally likely to receive a lower quality service than their peers living in other types of disability services.

In addition to its role to license and monitor boarding houses, ADHC provides some funding services to assist residents with personal care and community participation activities. There are also protocols in place with NSW Health for the provision of allied health care services to residents.

In a recent submission concerning the proposed amendments to the regulations of the YACS Act, Visitors advocated for the reform of existing legislation regulating shared accommodation for people with disabilities. In making this submission, Visitors raised the fact that the Act, long overdue for reform, was 'replete with proposals for change yet bereft of any meaningful reform. It has arguably failed the very people it was to have provided for'.

Our submission welcomed the NSW Government's Interdepartmental Committee's proposal to develop a whole of government approach to the boarding house sector and possible repeal of the YACS Act and acknowledged proprietors' concerns about differing license conditions. However, our message is one of caution.

Repeal of the YACS Act will only serve to improve the quality of services to residents in licensed boarding houses, if two things are present. First, that any new legislation ensures that residents receive the same standard of service as those people with disabilities living in other models of disability accommodation. This would mean dispensing with the vague license conditions that allow some operators to leave residents without support. Second, ADHC needs to increase its capacity to visit premises and monitor the quality of services.

For too many years residents in licensed boarding houses have been the poor cousins of those living in funded accommodation services. These people have largely been ignored by successive governments which have not progressed real reforms of a sector which generally provides services of a minimum standard.

## Outcomes for children and young people

There are more than 12,000 children and young people in NSW who are placed in Out-of-home care (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. Community Services 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.

After an increase in the number of services from 106 to 136 and residents from 204 to 248, between 2007–2008 and 2008–2009, the number of residential OOHC services and children and young people in the services remain almost the same in 2009–2010 as 2008–2009.

These children and young people are exceptionally vulnerable. Therefore, the Ombudsman allocates more visiting resources to provide a higher level of monitoring of the quality of their care. During 2009–2010, Visitors made 499 visits to residential OOHC services.

Visitors identified 799 issues of concern about OOHC services, an increase on the 604 issues identified in 2008–2009. 407 (50.9%) of the identified issues were resolved with the service and staff. Another 268 (33.5%) issues remain ongoing, with Visitors monitoring the action being taken by services to address them.

**Figure 4: Visitable services – children and young people in OOHC**

Number:	07/08	08/09	09/10
Services	106	136	138
Residents	204	248	249
Visits	307	435	499
Issues reported	427	604	799
Average issues per service	4.0	4.4	5.8
Issues unable to be resolved	17 (4%)	27 (4%)	92 (12%)
Ongoing	151 (35%)	256 (42%)	268 (33.5%)
Closed	154 (36%)	52 (9%)	12 (2%)
Resolved	105 (25%)	269 (45%)	407 (50.9%)

## Official Community Visitor message

**By Lyn Cobb**

This is my third year as a Visitor and my work predominantly involves visiting children and young people in residential OOHC. Various non-government agencies provide care to OOHC clients across NSW. The group homes I visit are located in the Sydney metropolitan area and Central Coast region.

There are a variety of young people who reside in group homes auspiced by these agencies. In some group homes there may be one young person residing alone or, as is the case in two group homes I visit, three siblings residing together. Residents may have siblings in care in a different group home managed by the same service or be cared for by another OOHC service.

Children and young people reside in OOHC accommodation for varied reasons. Some have been exposed to parental alcohol and/or drug abuse and family mental health issues. They may have experienced domestic violence or sexual and/or physical abuse. These young people need to be protected and made safe because of the serious nature of the family breakdown.

Consistent with the recent changes in legislation following the Wood Inquiry, these children and young people are known to the child protection system due to the 'significant harm' in their lives. The young people themselves may also present with alcohol or drug issues, mental health issues, education deficits, lack of appropriate family support, and they may be known to the criminal justice system.

Some children and young people may have had many placements in their lives, perhaps with extended family, such as grandparents, or aunts and uncles. Sometimes they may have been in foster placements. For varied reasons these placements have broken down and the young person is in need of group home care. They may have had to move quickly from their home or a previous placement into a service's care. This may cause poor transition planning into their new 'home'. They may then arrive at their new placement and present as confused, angry, hurt, scared or withdrawn, to name a few of the factors which can lead to challenging behaviours for their new carers.

These young people may have little trust in any well-meaning workers or carers, making it difficult to plan better outcomes for them. These behaviours can also make it difficult to assist these young people when they most need consistent and caring support. A young person may also have to share a house with other young people they do not know. Any of these factors can result in a great deal of uncertainty for their future and upheaval in their lives.

Some people say children are resilient. However, after meeting a number of children and young people in these circumstances, my view is that often young people have little choice but to get on with their lives in the best way possible as they see it at the time.

I am always so impressed with the young people I meet as a Visitor. I always attempt to engage with them about their circumstances and concentrate on the positives of their life and acknowledge how hard they have worked to overcome difficulties. From my work, I always feel it is a privilege to meet these young people and to see the achievements many of them have made.

I have known Jonathon for approximately two years and he is completing his HSC this year. He plays guitar and is a member of a local band. He has part time employment and has settled well into the group home where he has lived for the past three years. With the assistance of the group home staff, he will move to independent living next year.

Chelsea<sup>1</sup>, a young woman in the same group home, moved to her own accommodation in late 2009 in a suburb not far from the group home's location. She regularly arrives after work to have dinner with the current residents and group home staff. In this way she can seek further help when needed in a safe and confidential way. After care services are extremely important for young people to integrate into the community as staff can support past residents by providing the necessary information for the young people to successfully join the adult world.

Another small group of children and young people I visit are those whose families have broken down after arrival from overseas. Families from other countries may arrive with different expectations and the parents of these children and young people find they are unable to provide adequate care for their children. Many of the young people may have previously been accommodated in refugee camps which exposed them to high levels of violence. On arrival in Australia they may have to adjust to new ideas about family relationships, education, and day-to-day living. These factors may present extra challenges to these young people to settle into a group home setting.

Two sisters and a brother from southeast Asia live in one OOHC service. Their parents are now deceased. The young people have no other support in Australia except an adult sibling who is an illicit drug user. The young people lived on the streets for many months, and were at significant risk of harm. After coming to live in the group home, they were able to attend school and settle into a safe and secure environment.

Another young woman from Africa arrived in Australia on her own with minimal support from extended family. As she was in need of care she was placed in a group home in western Sydney. On my last visit she was continuing with her school studies and participating in various drama and music activities. She is very artistic and showed me her room which she beautifully decorated.

I approach my Visitor work by first attempting to engage with the children and young people. I try to talk with them about their circumstances and seek their views about what they may want to achieve. Initially they may not want to engage as they have often met a lot of adults who ask lots of questions. Some young people are reticent to engage at first, others are more vocal. However, I encourage them to have input into their future planning. Some may want to talk about their parents' or siblings' circumstances or raise other concerns about where and with whom they are going to live.

My aim is to ensure that they have appropriate support when individual case planning occurs, as these plans may have significant consequences for them. This support may come from various sources such as service staff, counsellors at school, family members, school friends and their families, guardians, or other professionals whom the young people feel they can rely on and trust. I monitor individual plans for the young people and approach service staff when critical plans have not been formulated, are inadequate or are not being implemented. I verify that staff are fully aware of the details of the plans and are trained in the implementation of the identified strategies. The plans may cover areas like family contact, school or employment, after school or weekend activities, or even planning weekly menus for the group home.

I see and discuss with services continuing challenges in the OOHC sector including:

- > finding and retaining suitable staff to support the young people
- > adequate supervision of staff to ensure appropriate service delivery
- > inadequate clinical supervision for staff to address the demands of the work
- > ensuring family contact, especially when a resident's family is located far from the young person's service
- > resolving schooling difficulties, particularly when young people present with challenging behaviours; and
- > pursuing appropriate psychiatric or psychological services for young people and ensuring that they are monitored and reviewed.

My work in the OOHC sector is challenging and rewarding. The young people are a delight to meet and I endeavour to ensure that each of them has a safe and secure placement with all the supports necessary to meet their full potential. For some young people this is a more challenging experience than for others. However, if group home staff and service management offer appropriate support to the young people, they can achieve very positive outcomes.

Most services work collaboratively with Visitors to achieve positive results and in my experience, if difficulties arise, the more open and flexible a service is when seeking solutions, the better the outcomes for the young person will be. After visiting a group home and talking with a young person, I often find that services will constructively respond to suggestions from this process. An example of this was a group home I visit where previous residents had damaged property. When new residents moved in to the house it was in a poor condition with a very 'unhomely' environment. This was raised with the group home coordinator and on my next visit, the house had been repaired and painted, a games room established and wall hangings had been purchased to reflect the interests and tastes of the residents.

In conclusion, it is a privilege working as a Visitor and in my work I always attempt to be an advocate for any children or young people who are placed in group home care for whatever reason. Children are our future and as such they should all have the same opportunities in life.

## Major issues

### **Issue 1: Behaviour management – 104 (13%)**

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

### **Issue 2: Meeting individual needs – 92 (11.5%)**

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Good quality service needs assessment, planning, and the effective implementation of individual case plans. These things 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 Community Services, 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 92 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.

### **Issue 3: Education and activities – 90 (11.3%)**

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Services are required to ensure that children and young people in care are provided with appropriate activities on a daily basis. This can be attending school or some form of educational program, sport, cultural or social activity. Not only that, but residents should be supported and assisted to access or participate in those activities. For example, they may need transport or access to equipment. For some young people this may also mean assistance in developing living skills or with employment as they transition into independent living.

This year Visitors identified 90 cases where the service had not provided adequate or appropriate activities to meet the needs of residents.

## Case studies

### Rodney

Rodney is a young man living in residential care. He is happy in his placement but told his Visitor that he was unhappy that the food provided isn't what he would have in his home or culture. He asked for more fruit and vegetables.

When the Visitor raised this with staff, they said Rodney was fussy and that their budget did not allow for the extras requested. Not satisfied, the Visitor raised this matter with management and negotiated a change for Rodney.

The agreement was that Rodney would be allocated a budget to shop for his own food. He would be assisted by staff and he would be given information about and assistance with healthy eating habits. Rodney now not only shops for food, but he also cooks and is learning the skills needed to budget.

Importantly for Rodney, these changes have assisted his transition from residential care to supported living. The Visitor reports that Rodney's diet improved and he has used these changes as motivation to enrol at TAFE with a plan to enter the food industry.

### Oliver

Oliver is a 10 year old boy in care who had great difficulty interacting with his peers and regularly attending school. He has had limited recreational opportunities and his school attendance for many years has been very poor.

The Visitor through regular and ongoing contact over a long period of time developed a rapport with Oliver. As is often the case, children like Oliver find it hard to have confidence in people, as they have so many people moving in and out of their lives whilst they are in care. Oliver felt comfortable in expressing himself to the Visitor and to speak about his day-to-day life.

The Visitor's report to the service noted that his individual plan needed review and updating. Importantly Oliver's plan lacked the clinical support needed to develop his personal skills and assist him to return to school. The Visitor also suggested that any support should take place slowly to assist Oliver's engagement.

In response to the Visitor's suggestions, the service reviewed Oliver's plan including him in the consultation. Oliver now talks to the Visitor about his new friends, his improved self-confidence, and his school attendance. The service staff have told the Visitor that the plans involve a gradual increase in school attendance and clinical support. The service welcomed the Visitor's advice and suggestions.

### Broken walls

Jim and Ben live in a residential service. Jim is 14 and Ben is 15. Both boys have had very troubled lives and this placement is another attempt to find the appropriate model to meet their needs.

During one visit, the Visitor found the house had been significantly damaged by one of the boys, who had taken his anger and frustration out by punching a hole in walls throughout the house. His behaviour was also frightening for the other young man. Looking at the incident reports, the Visitor found the boy has assaulted staff on numerous occasions.

The Visitor reported significant concerns about the boys' circumstances and asked for an urgent response. The Visitor also contacted the Ombudsman to discuss a complaint should the service not take relevant action to address the Visitor's concerns and ensure the boys' care and safety.

A service manager subsequently contacted the Visitor to advise of its planned action. The service swiftly repaired the damaged walls and engaged professional support for the boys. The service also planned ways to involve the boys in the decisions about the services they received and to review their current individual plans and train staff in implementing the new plans.

The Visitor was satisfied that the service had taken the circumstances seriously and acted appropriately to address the concerns. The Visitor continues to monitor the situation to ensure that the service meets their commitments and the boys' quality of life improves.

# Outcomes 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 service funded by ADHC or CS.

Most of these children and young people are in voluntary out-of-home placements as the family and ADHC, CS 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. CS and ADHC work together to coordinate accommodation and support services for these children and young people.

In 2009–2010 there was a small decrease in the number of children and young people with disabilities in residential care and in the number of services in which they are accommodated.

The Ombudsman allocates additional visiting resources to all services for children and young people, including those with disabilities, because of their exceptionally high needs and vulnerability. During 2009–2010, Visitors made 233 visits to the 52 services for children and young people with disabilities. Visitors identified 426 issues of concern about aspects of service delivery. 242 (56.9%) issues were resolved, with another 70 (16.4%) issues subject to continued monitoring. Visitors closed 102 of those issues, for example due to changed circumstances and the issues no longer being relevant; a relocation of the service; or the resident moved to a new placement.

Figure 5: Visitable services – children and young people with disabilities

Number:	07/08	08/09	09/10
Services	57	61	52
Residents	183	205	178
Visits	183	191	233
Issues reported	271	322	426
Average issues per service	4.8	5.3	8.2
Issues unable to be resolved	38 (14%)	14 (4%)	12 (2.8%)
Ongoing	101 (37%)	129 (40%)	70 (16.4%)
Closed	38 (14%)	16 (5%)	102 (23.9%)
Resolved	94 (35%)	163 (51%)	242 (56.9%)

## Official Community Visitor message

By Marcia Fisher

I have been a Visitor for approximately eighteen months and some of my visiting is to children and young people with disabilities in OOHC. The needs of these children are many and varied. Most importantly they need a stable home-like environment.

This sector is unique. Some of these children live in care full time, others are in care Monday through Friday and return to their parents' or carers' homes for the weekends. This is extremely difficult for these children and the staff who care for them, as many children talk about going home to mum and dad when they are at the service. Mondays are usually the most emotional for the children and staff as the children are returning from the weekend with their parents. As a Visitor I have found it extremely emotional to visit these facilities on a Monday as the children often tell me they want to go home to mum and dad.

The reasons the children live in OOHC are unique to each individual. Regardless of the reasons children are in care, the involvement of the parents and siblings in the child's life is heart warming. This of course does not happen for all children.

When a family is involved it is a great opportunity for the Visitor to meet and talk with family members and to get a different perspective on the OOHC services. It is also great to hear from family about what is important for them and what they wish their children to achieve. An important concern that has been mentioned on numerous occasions by many parents is that they feel the service providers don't listen to them. The parents appreciate an opportunity to speak to a Visitor and have their concerns addressed through this channel.

A major concern in the OOHC sector is staffing. Due to the difficult nature of the work it is hard for service providers to recruit and keep adequately trained and experienced staff. This of course, has repercussions as there may be high turnover among the people who work with the children.

Regardless of the fact that these children have disabilities, it is extremely important that boundaries are set and maintained, and that there is consistency in the approach to the children. A high level of turnover makes this difficult.

## Major issues

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

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The Disability and OOHC Standards both apply to service delivery for children and young people with disabilities in OOHC. 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 assessments of resident's needs, did not adequately address residents' assessed needs, or were not effectively implemented.

As in previous years, 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 – 63 (14.8%)**

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Children and young people with disabilities are generally in care because of their high support needs. They can often have difficult behaviours, presenting services and staff with challenges in how they respond to ensure the children's safety and care of the children, 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 63 concerns in services where behaviour management plans, though required, either did not exist, were inadequate, or were not effectively implemented or reviewed.

### **Issue 3: Environment and facilities – 45 (10.6%)**

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The accommodation, facilities and equipment for children and young people with disabilities should contribute to an environment that is as home-like as possible. The children and young people in these services have complex needs and providing a home-like environment provides opportunities for meaningful activities, educational development and access to family and friends. Visitors identified 45 cases where buildings and facilities were inadequate to meet the needs of residents or where the environment did not have home-like qualities.

Unfortunately, there is no easy solution to this issue, and it is likely to continue to affect service provision in the future.

An outcome that I achieved recently which had positive results for residents and staff, was to have an OOHC facility air conditioned. The service is in an area that gets extremely hot in the summer, making it difficult to do things during the day, and to sleep at night.

I raised this concern with the service management, providing information that the children and staff found it difficult to operate with a lack of sleep and, as a result, the children at times displayed challenging behaviours. Since the installation of the air conditioning the staff and children have been a lot happier during the day and the number of incidents has reduced markedly. Staff and families were very thankful for this.

Another important aspect of the Visitor role is to build up trusting and honest relationships with the children, families and staff. It is through numerous discussions with the children and staff that the majority of concerns are identified and resolved. Staff are very capable of addressing concerns that are raised at that local level.

If the matter is more serious or beyond their ability to change, the Visitor can take the issue to the next level. It is at this stage that the Visitor builds a rapport with supervisors and managers. It is extremely useful to meet and talk with service management about concerns that have been identified during a visit.

Conciliation at this level gives the service more control and ownership over any decisions that may be made.

One issue that has been frequently identified by Visitors this year has been the lack of a home like environment for the children. Unfortunately many children in this sector are frequently moved from house to house.

At times it can seem that children are living out of cardboard boxes as some staff believe it is not worth unpacking all of the children's belongings because it is likely they will relocate again. This certainly does not make children feel welcome and 'at home'. It is also rare to find photos of the children on the walls. Furniture is often minimal and if broken is not replaced as it will only get broken again. If walking into houses like this can be difficult for the Visitor, it is more difficult for the children and staff living in such an environment and is not conducive to promoting positive outcomes for the children. It is also extremely difficult for staff to go to work with a positive attitude. The goal should be to make these homes to live in for the children, not just places to sleep.

Being a Visitor is very rewarding and I am very thankful I have been given the opportunity to help make a difference in these children's lives.

## Case studies

### Serina

Serina is a nine year old girl with an intellectual disability living with two other girls in a group home. She has complex needs in the management of her health and behaviours.

The Visitor noted over several visits that staff spent more time meeting Serina's needs than the other residents. The Visitor also observed that the requests of the other girls in the house, at times, could not be met because staff were involved in supporting Serina.

In order to understand the circumstances, the Visitor spent some time reviewing Serina's files. A number of concerns were apparent to the Visitor in regard to Serina's medical and behavioural support. Following the visit, the case manager was contacted and met the Visitor about these concerns. On the suggestion of the Visitor, the service took Serina for a medical review and began developing an improved behaviour management plan.

The medical review identified significant changes in Serina's medication, diet and exercise needs. Her updated behaviour plan provided staff with strategies to assist in managing Serina's ongoing needs.

At the next visit, the Visitor noted an improvement in Serina's behaviour and her overall health. Just as importantly, staff were able to spend more time meeting the needs of the other girls and there was a more harmonious atmosphere in the house.

## Pablo

Pablo is a nine year old boy with disabilities, who has difficulty in communicating. As a result of his difficulty in expressing himself his behaviour can become aggressive. The Visitor asked staff during a visit what was in place to assist Pablo with his communication. The answer concerned the Visitor as there did not appear to be any process to assist Pablo express himself and for staff to communicate with him in return.

Following on from the visit, the service manager was contacted by the Visitor to discuss his concerns. The Visitor made suggestions as to augmented communication systems that the service could use to better develop Pablo's communication skills. The Visitor referred the manager to accredited programs and advice on how to access and implement those systems.

At the next visit, the staff were able to show the Visitor some of the tools they were using with Pablo. Staff told the Visitor that Pablo's behaviour had improved and the service and Pablo were working together to develop a new vocabulary and new skills to better meet his needs.

# Outcomes for adults with disabilities

Most 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 ADHC or non-government services funded by ADHC. 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.

## Joint action

Jonah is a young man with disabilities. However, Jonah has been living in a respite service because his family can no longer care for him and there was no placement available to meet his needs.

Jonah had regular contact with his family and spent time at home. It was on one of those visits, after having spent time with him, Jonah's family felt his changing needs were not being met by the service. The family contacted the Ombudman's office to make a complaint. The office asked the Visitor allocated to that service what her views were. She indicated that she had been raising issues of concern with the service about Jonah in her last few visit reports. There were a number of unresolved issues and the Visitor did not believe the accommodation placement was meeting Jonah's changing needs.

The office and the Visitor met with Jonah's family and the service provider to resolve the issues. Following the meeting an agreement was reached to change the service delivery for Jonah and to seek an alternate permanent placement for him. In order to facilitate the resolution of the complaint, the office provided the Visitor with an extra allocation of time to meet with the family and monitor the implementation of the changes agreed upon.

After the next visit, the Visitor reported to the office that the implementation had been successful at improving the quality of life for Jonah and assisting his family in resolving their concerns. Jonah is now waiting on the completion of a purpose built group home before he moves in. While that happens the service, with the support of the Visitor, is developing the transition arrangements for Jonah and the move is expected to be a smooth one.

Disability services accommodate a total of 5,192 adults with disabilities. More than 1,600 people are living in large government and funded non-government institutional facilities. During 2009–2010, there were 1,005 services for adults with disabilities (not including licensed boarding houses).

Visitors made 2,329 visits to disability services and identified 3,848 issues of concern, up from 3,362 concerns in 2008–2009. Of these concerns, 2,433 (63.3%) were resolved. Importantly, Visitors report that they are also continuing to monitor the action taken by services to resolve 1,050 (27.3%) 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 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 6: Visitable services – adults with disabilities<sup>1</sup>**

Number:	07/08	08/09	09/10
Services	1,023	1,053	1,005
Residents	5,310	5,359	5,192
Visits	2,407	2,301	2,329
Issues reported	2,737	3,362	3,848
Average issues per service	2.7	3.2	3.8
Issues unable to be resolved	34 (1%)	50 (1%)	238 (6.1%)
Ongoing	1,030 (38%)	1,333 (40%)	1,050 (27.3%)
Closed	136 (5%)	118 (4%)	127 (3.3%)
Resolved	1,537 (56%)	1,861 (55%)	2,433 (63.3%)

<sup>1</sup> This data does not include licensed boarding houses. Please refer to the section *Outcomes for Residents – services for people in licensed boarding houses*.

## Official Community Visitor message

By Grant Nickel

John is a man who likes his personal space. So much so he spends most of his day outdoors. He is a friendly but quiet man. John takes interest in all things that happen around his home but always at a distance. When I visit John's home he usually comes over to my car, gives a welcoming nod while standing back a couple of metres. He is interested in how I move my wheelchair across my lap, unfold it and then transfer across. Similarly, on my way home, John will study how I transfer myself and my wheelchair back into my car. He shows concern for my safety when I slip or struggle. However, what is priceless is seeing John's expression after I get myself in and then start the engine. He is totally delighted! With the occasional thumbs up and a knowing smile he shows me he is happy for me and the independence I am able to achieve.

Through the role of being a Visitor, one is extremely privileged to have such access into people's lives. Over a number of years I have got to know a lot about John and why he is the person he is. John needs his own personal space because he was the victim of ongoing physical and sexual abuse as a younger man. John does not like being cornered and if this occurs, John will fight for his life. Yet, given his own space, John is a gentle person who is happy and caring of others.

In many ways, John's life story encapsulates what Visitors are striving to achieve. Given the right environment John has the opportunity to be happy and thrive. Visitors are often negotiating with services that are focusing on the behaviours of the client or the 'risk' of something negative happening. In vastly different ways, services push people like John into a corner, leaving very little choice but for them to strike out.

The role of a Visitor is to monitor, review and report on the support provided to people with disabilities and young people living in government operated, funded or licensed accommodation services. Visitors encourage services to treat people in their care as individuals. We ask that they allow people in their care to have their own space, their own interests and to support them in achieving their personal goals.

In an unusual path to take as a Visitor, I have chosen to focus mainly on adults with disabilities who live in large institutional facilities because, this is where I believe I can be most effective as a Visitor. I visit the four large institutional facilities in the Hunter and Central Coast area. They are Peat Island Centre, Kanangra Centre, Stockton Centre, and Tomaree Lodge. In 2009, there were approximately 700 people living in these four large institutions.

It is hard to convey what it is like to visit a large institutional facility, let alone imagine what it would be like to live in one. Imagine calling a hospital like environment home from as early as infancy and then living in the same buildings as an older adult. For the last 30 to 60 years you have been eating, bathing, toileting, arguing, celebrating and sleeping with the same group of people. Residents literally grow up with their peers and now, collectively, are moving towards becoming 'aged' together.

There are staff members who have worked in the large institutional system all of their working life, with the majority of the senior staff starting out as trainee nurses some 20 to 30 years ago. There is a sense of history between residents and staff and interactions between the two parties can be both positive and negative. Staff on occasions call the residents 'children' which is both endearing (as the same staff cared for the residents when they were children) and undignified as these people are adults and have been for some time.

The many buildings that make up the large institutions are getting on, anywhere between 30 to 100 years old. They were built in a different time and for a different purpose, with dormitory style accommodation sleeping ten people per room and communal showers and toilets the norm. The entire system was developed in a different time with current residents moving there early in their life, growing up there and now ageing with the buildings.

Dealing with the culture of the large institutions has, at times, been frustrating for Visitors due to the time and effort it takes to achieve change. However, after learning how the system works, Visitors have achieved a significant amount of changes in policy.

These, in turn, have benefited hundreds of residents. Staff at times may be defensive towards Visitors having input into their work practices, but, for most staff, constructive feedback is welcomed as an opportunity to improve the quality of life for those they care for. It has been my experience that senior management at all four institutions I visit encourage transparency and accountability, and are appreciative of the work Visitors do.

In particular, Visitors have contributed to improvements in the individual planning process in large institutions. Our initial reviews in this area were extremely disappointing. There was little, if any, planning for individuals needs. Rather, plans were more an extension of the residents' medical notes. Through targeted staff education, there is now a genuine appreciation of the need to set goals and deliver action plans in key areas of the residents' lives. Most residents now experience either a short stay or holiday event either once or twice a year. This is a major improvement from five years ago when it was rare to find consideration of a holiday documented in a resident's Individual Plan.

A particular area where I believe I have been able to achieve improvements for the people I visit is the built environment. A purpose built, homelike environment can give adults with disabilities the opportunity to be as independent as their capacity allows. Large institutions can, at times, look and function like prisons. Locked doors, residents grouped into apartments, 24 hour supervision can be the norm. A number of my reports raised issues about the built environment of these antiquated buildings with an aim to reduce the constraints of being continually partitioned by physical barriers. Everyone should have the right to go where they please in their own home. That can be as basic as deciding whether one prefers to be either inside or outside, regardless of risks such as pica or poor mobility.

Looking back to when I first started as a Visitor, it is pleasing to say that there has been a marked improvement in the standard of living for the people who live in large institutions. Increased spending in the sector has brought about much needed relief in an attempt to bring large institutional facilities up to a basic, acceptable standard.

There has been a gradual reduction in the number of residents per unit, coupled with a genuine effort to provide each resident with their own room. Communal bathrooms are being systematically refurbished to provide privacy and dignity for residents. Air conditioning has been installed in most units to help cool poorly insulated buildings. Soft fall has been laid in outdoor recreation areas which has made the spaces more usable and safer for residents.

In an historic year for Peat Island Centre, the facility officially announced its closure in March 2010 and the last residents are to be transitioned by the end of the year. Due to the high media interest it has been no surprise to observe the closure being heavily managed by administration.

However, what has been reassuring from a Visitor's perspective is that the process is being adequately resourced and all concerns raised by interested parties, including Visitors, are being considered and addressed if needed. Whilst I do not mean this to sound like a parting shot, it is disappointing that many of the residents had to wait the best part of their lives until they started to be treated with dignity and valued by the community.

## Major issues

### **Issue 1: Meeting individual needs – 754 (19.6%)**

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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 disabilities 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. However, Visitors do also encounter many instances of effective individual planning by services.

### **Issue 2: Behaviour management – 481 (12.5%)**

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The behaviour of some people with disabilities can present significant challenges to services and staff because of the safety risks for the resident, other residents and staff. People with disabilities often display 'challenging behaviours' because they are unable to communicate their wishes and feelings in other ways, or as a result of mental health or other medical problems.

Residents whose behaviours are difficult or challenging are dependent on services and service staff assisting them to manage their behaviours. Services should have good systems and practices in place for individual and behaviour planning, and related systems for staff training and support, and incident response and management.

This year Visitors identified 481 circumstances about services either not developing or not implementing relevant behavioural plans, or not adequately assessing resident needs or behaviours to inform their planning.

### **Issue 3: Environment and facilities – 455 (11.8%)**

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People with disabilities should be provided with living environments that are home-like, well maintained and that are located appropriately to meet their needs, and, where possible, are part of their local community. Visitors report that services need to ensure that residents are provided with a safe and comfortable environment within communities so they have opportunities for meaningful interactions and opportunities.

This year Visitors identified 455 issues of concern about services where the environments did not meet individual needs, provide a home-like environment or were located too far away from access to local facilities and communities.

## Case studies

### Mona

During a routine review of resident files, Mona came to see the Visitor. Mona lives with a number of aging, non-verbal, people with disabilities. Mona touched the Visitor's clip board and tugged at the pen attached to the board with string. She smiled and showed excitement at simply touching something new.

The Visitor asked the service staff what sensory stimulation was available for residents. The staff understood that sensory stimulation could provide enjoyment for the residents but had little idea what could be done. They were unaware of resources available to assist residents.

The Visitor raised the matter with the staff and the service. At the same time the Visitor found some material as an example of what was easily available to assist in this activity. In response, the service has obtained a wide variety of sensory materials for resident activities. Staff have made items at home and involved their families in making craftwork for residents. The Visitor has noticed a significant change in the service and in residents' activities.



### Dushan

Dushan is an older man with disabilities. He lives with four others and they all enjoy accessing the community and being involved in a wide range of activities. The Visitor has reported that the service has no issues and the resourcing the residents receive assists in meeting all their needs.

During one visit, Dushan was at home resting. When the Visitor asked the staff what was happening for him, they were told that he had recently been diagnosed with a very serious illness but the prognosis was optimistic. The Visitor discussed with the manager what was planned should the circumstances change. The advice was that the service was considering palliative care options for Dushan and counseling for his housemates should his condition worsen. However, there had not been any discussions with Dushan's family.

With the permission of Dushan and the service, the Visitor contacted the family about his circumstances. The Visitor suggested the family talk to the service about an Advanced Care Plan. This is a plan for managing serious illness, priorities and expectations, the wishes of Dushan and his family, and medical interventions. The Visitor also suggested the family consider guardianship options, wills, cultural needs and end of life decisions.

These are very difficult matters to discuss with families and staff. However, the Visitor was able to ensure that, should Dushan's circumstances change, the process for supporting him would be compassionate and caring. The Visitor reports Dushan is in remission and, although he is not as active as he was, he is pleased to still be with his friends and able to relax at home.

## Choice

When Visitors go to a service they look not just at a standard but a community expectation that the service is home-like. There are times that this is not possible due to the behaviours of residents. However, on a visit to a service for five men, a Visitor noted that the fridge in the kitchen contained only dry pasta, water and had locks on the doors to prevent access. When the Visitor asked the residents how they got food, they said that they had to ask staff.

When the Visitor asked staff where the food for residents was kept, they showed the Visitor a fridge in the staff office that was full. The staff confirmed that residents had to ask for food. The Visitor questioned this as there was no indication that a restriction was required due to any behavioural or medical issues.

The Visitor also observed that the house urgently needed maintenance, with significant occupational health and safety concerns for all living and working there.

After the visit, the Visitor rang service management and reported that the situation was unacceptable and not in accordance with the service standards for people with disabilities. The Visitor returned to the house 10 days later because of the seriousness of the concerns and found that the service had undertaken repairs, removed the locks from the fridge and stocked it with food. Residents could choose when and what to eat without having to request it from a staff member.

## Sophia

Sophia has a disability and is non-verbal. She can communicate using Makaton, a key word sign language developed specifically to meet the needs of people with disabilities. The Visitor was able to communicate with Sophia using Makaton. Sophia however, was not always able to communicate to staff in the same way about things that were important to her as staff were not trained in Makaton.

The Visitor raised the issue with the manager of the service and suggested staff attend training in Makaton. The manager agreed and committed to organise training shortly.

The Visitor thought the training had been conducted as during a follow up visit he observed Sophia talking excitedly to a casual staff member who was using Makaton. Sophia appeared to have progressed in her communication skills. However, when that casual staff member left the house, it became apparent to the Visitor that the training had not proceeded as promised, as no other staff member was able to communicate with her using Makaton and once again raised the issue with management.

Management acknowledged that training had not been provided and prioritised staff training in Makaton. On following visits, the Visitor reported that the residents of that house, including Sophia, are now able to communicate in a more meaningful way with the service staff and have an increased ability to speak up for themselves.

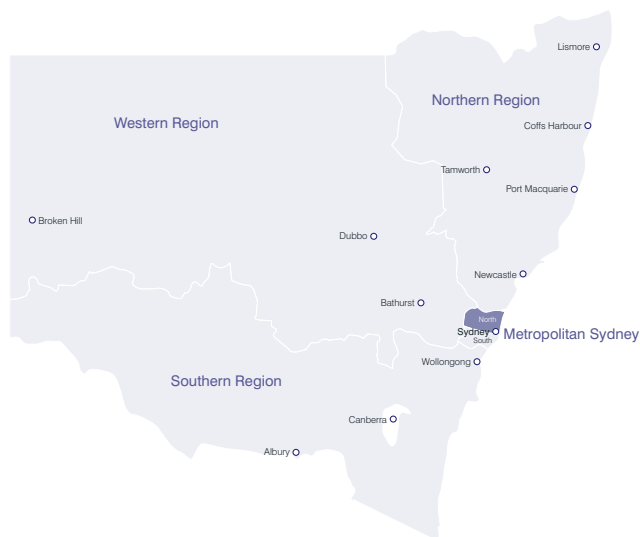
## Personal care

There is a reasonable expectation that on a cold winter's day people would be dressed appropriately. At least that is what a Visitor expected to see on entering a unit in a large residential centre. However, on entering the Visitor found some of the residents in a disheveled state, others inappropriately dressed, and some in bare feet. One resident with ugg boots on had actually taken another resident's shoes.

Each of the residents looked as if there was no attempt to assist them with their personal care. Some of the residents' clothes were inside out and others had noticeable food stains. Many of the residents appeared dirty. There was spilt food accumulating on dirty wheelchairs and a general state of disarray amongst residents.

The Visitor spoke with the management of the centre. Upon hearing the scenario they agreed that the level of care was inadequate. The management took immediate action. On the next visit the Visitor noted that the residents' personal care had substantially improved. The Visitor is continuing to monitor the service to ensure residents' personal care and hygiene is maintained.

# Regional focus: Metropolitan Sydney – North



## Official Community Visitor message

By Maraget Rice

Metro North contains the largest number of visitable services of any Visitor region in New South Wales. It reaches from the Blue Mountains to the northern beaches and is densely populated. We currently have six Visitors in this area, down from twelve a year ago.

There are residential services for children and young people in OOHC, boarding houses, group homes, and a number of large residential centres which provide congregate care for people with disabilities.

A challenge is that some of the large residential centres will soon be the focus of a devolution program and residents are to be moved into smaller group homes where they can live in a community setting. Resources for the development of new services are stretched, and Visitors are concerned about the viability and care capacity of services. Devolution should enhance the lives of people in care, and not limit the opportunities for them.

As they age the people we visit now are beginning to need a different kind of care and lifestyle. They are losing contact with friends and family as circumstances change. They have often been in care for forty or fifty years, since shortly after birth, and now they are reaching what for many people would be their retirement age. Throughout their lives they have been in care and now their needs are changing significantly as issues of ageing begin to arise.

Another issue that has concerned us this year has been the timely and appropriate provision of behaviour intervention services (BIS) for people with challenging behaviours who require regularly reviewed and updated BIS plans. Visitors have observed that some residents who require BIS support do not have a BIS team member assigned to them. In some case plans have not been reviewed for several years, or approval for the use of restrictive practices is out of date. We are concerned that ADHC services in particular have taken some months to respond to what should be a routine, anticipated and planned requirement. Similar delays have been observed in some non-government services which often rely on the use of consultant services to provide behaviour intervention support. The result is that residents may not be supported to best manage their behaviours, and staff can have difficulty in trying to manage people with potentially harmful behaviour.

Apart from the urban group homes, there are some that have been established on large properties, many kilometres from the nearest town. The perceived benefit of these more isolated locations is that residents with challenging behaviour can have more freedom without affecting neighbours. However, these locations require residents to travel long distances to attend day programs or to access community services. There can be difficulties in finding staff prepared to travel long distances or to access timely 'backup' if issues arise that require additional staff support.

Figure 7: Identified issues: Metropolitan Sydney – North

Target group	Total number of visitable services	Number of issues identified	Key issues
Children and young people	44	264	> Meeting individual needs > Behaviour management > Safety
Children and young people and adults with disabilities	19	116	> Behaviour management > Meeting individual needs > Environment and facilities
Adults with disabilities	378	1,279	> Meeting individual needs > Behaviour management > Environment and facilities
<b>Total</b>	<b>441</b>	<b>1,659</b>	

## Visitor profiles

### 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
- > Tilly ended her appointment early on 30 June 2010

### Graham McCartney

- > visits adults with disabilities in western Sydney
- > extensive experience in case management, dispute resolution, and rehabilitation and detention settings
- > previous experience working for ADHC and 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

- > 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
- > Michelle's appointment ended on 30 June 2010

### Linda Skoroszewski

- > 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
- > Linda ended her appointment early on 30 June 2010

### **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
- > Judy ended her appointment early on 30 June 2010

### **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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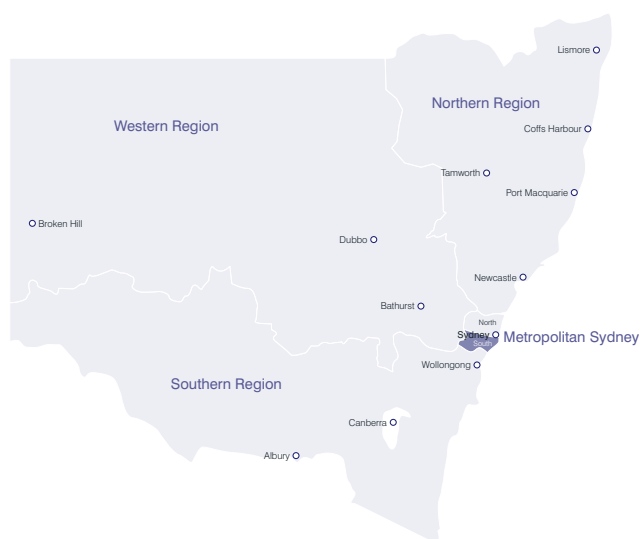
- > visits children and young people in OOHC and children and young people with disabilities in the Sydney metropolitan and Hunter areas
- > experience as a special education teacher and in various roles for NGOs working with young people who are homeless or at risk of homelessness
- > Bachelor of Education 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
- > Aileen ended her appointment early on 30 June 2010

# Regional focus: Metropolitan Sydney – South



## Official Community Visitor message

By Kate McKenzie

The Metropolitan South region comprises 275 visitable services including government and non-government providers within an area extending from the CBD and eastern suburbs to Sutherland Shire, south western Sydney and the Southern Highlands. The Visitors in this region visit residences where children and young people in OOHC and young people and adults with disabilities reside, as well as boarding houses and large residential centres. Visitors also visit some rural areas. A number

of visitors are also mentors to new appointees to the scheme.

The Metropolitan South group has met four times during the year. At regional meetings we raise and discuss regional issues. All Visitors are committed to making a difference in the lives of the children, young people and people with disabilities they visit.

The region has a representative on the Ministerial Working Group. There have been regular meetings with the Minister for Community Services and the Minister for Disability Services to discuss matters identified by Visitors in the course of their work.

Visitors have also undergone training in the *OCV Online* system and changes in our child protection reporting arrangements in line with the legislative changes following the Wood Commission recommendations.

In the disability sector, Visitors have raised concerns about a number of issues including: ADHC reconfiguration of group homes and increasing the number of residents in some houses with subsequent impact on resident behaviours; resident care in relation to entry into services and their supports (such as record availability and reviews); recreational and holiday opportunities for residents; and the greater number of residents who are facing ‘ageing’ issues and the supports to assist them age in place.

In relation to children and young persons in out of home care, Visitors raised concerns about transition planning; access to records within services; access to educational programs and supports for young people to prevent their entry into the juvenile justice system; and the case management of young people in non-government services.

Figure 8: Identified issues: Metropolitan Sydney – South

Target group	Total number of visitable services	Number of issues identified	Key issues
Children and young people	17	63	> Entry and exit > Behaviour management > Meeting individual needs
Children and young people with disabilities	18	101	> Meeting individual needs > Behaviour management > Entry and exit
Adults with disabilities	240	634	> Meeting individual needs > Behaviour management > Nutrition, health and hygiene
<b>Total</b>	<b>275</b>	<b>798</b>	

## Visitor profiles

### Maree Fenton-Smith

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- > 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

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- > 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

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- > 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
- > Ula ended her appointment early on 30 June 2010

### 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

### 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

### 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

### Gowan Vyse

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- > 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

### 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

### 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

## Neale Waddy

- > 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

## Jo Pogorelsky

- > 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: Northern region



## Official Community Visitor message

### By Maryanne Ireland

The Northern Region is an interesting mix of rural and large urban centres and as such the visitable services cover the full spectrum. Notably the region includes some of the largest residential centres in the State. Of these, last year was marked significantly by the devolution of Peat Island, involving the transitioning of approximately 80 residents to non-government operated cluster houses or to an ADHC operated purpose built aged care facility with a 100 bed capacity. Visitors are continuing to oversee the transitioning process and will monitor the impact of this move on the residents over the coming months.

Visitors in the region also visit children and young people including those with disabilities in OOHC. Significant issues reported by Visitors include a lack of education support for children and young people in care. Staff turnover and lack of trained staff in the sector and numerous relocations of children between facilities with inadequate transition planning, are all problematic issues. However, positive outcomes have been reported for young people in OOHC regionally, including evidence of quality community and recreational participation, maintenance of family and sibling contact where appropriate and effective monitoring of medical and dental service provision.

The Boarding House sector in the Northern Region, similarly to other regions, continues to be one of the more challenging sectors. The most notable development in this sector regionally was the closure of one of the larger licensed boarding houses requiring ADHC to successfully re-house the displaced residents.

Visitor numbers changed considerably during the last year with several Visitors coming to the end of their terms. Joan Andrews left in December. Joan brought great skill and dedication to her work, which entailed a great deal of travelling. As an urban based Visitor, I marvel at the commitment the rural Visitors make. Another valuable visitor, Janet Birks also left the program. Janet brought her quiet dedication to visiting everything from large residential centres to the challenges of the licensed boarding house sector. Long term Visitor, Sandy Muir, also came to the end of her term. I had the privilege of regularly team visiting with Sandy to the Stockton Centre and was always greatly inspired by her passion for the role and her wonderful rapport with the residents. Visitor turnover is a cyclical process and we look forward to welcoming new Visitors to the region in the coming year.

The particular vulnerability of residents in all the sectors we visit, whether licensed boarding houses, group homes or children and young people in OOHC, demonstrates the need of some form of oversight to ensure their rights and service provision are protected and meet their needs. Many of these individuals have no one else monitoring their care, which always reminds one of the great value of the OCV scheme in this region and across the State.

## 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)
- > Joan ended her appointment early on 1 December 2009

### 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

Figure 9: Identified issues: Northern region

Target group	Total number of visitable services	Number of issues identified	Key issues
Children and young people	67	392	<ul style="list-style-type: none"> <li>&gt; Education and opportunities</li> <li>&gt; Environment and facilities</li> <li>&gt; Liaison with other agencies</li> </ul>
Children and young people with disabilities	20	129	<ul style="list-style-type: none"> <li>&gt; Environment and facilities</li> <li>&gt; Entry and exit</li> <li>&gt; Behaviour management</li> </ul>
Adults with disabilities	282	1,013	<ul style="list-style-type: none"> <li>&gt; Meeting individual needs</li> <li>&gt; Environment and facilities</li> <li>&gt; Behaviour management</li> </ul>
<b>Total</b>	<b>369</b>	<b>1,534</b>	

### **Sandy Muir**

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- > visits residents with disabilities 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
- > Sandy ended her appointment early on 30 June 2010

### **Grant Nickel**

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- > 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
- > Janet ended her appointment early on 30 June 2010

### **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 problems
- > 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: Southern and Western region



## Official Community Visitor message

By Cathryn Bryant

The Southern and Western Regions have been amalgamated for nearly two years. It is a demanding geographical area, featuring visitable services located in the Southern Highlands, Illawarra/Shoalhaven, lower South Coast, Central West north to Dubbo, and Riverina/Murray west to Griffith. Our region is large in area, and diverse in terrain.

It covers large and small urban centres, and smaller rural centres. The services we visit include ADHC and non-government group homes, residential facilities, and OOHC services for children and young people. Some towns are quite isolated, with only one visitable service. Visitors travel large distances each year and need a great commitment to maintain an active presence in services.

There have been significant changes within our regional group this year. Initially there were eight Visitors in our group. For a number of reasons we are now four. We wish Helen Hewson, Tosca Woodward, Jocelyn Barcham and Cecile Sullivan well for their future endeavours. They were valued members of the Southern and Western Group and they will be missed by us and the wider Visitor group.

We look forward to welcoming new Visitors when they are recruited. While that is happening, we will endeavour to meet the needs of residents, ensuring that they receive the visits to which they are entitled.

We have had four regional meetings this year, coming together to discuss many issues. We find these meetings invaluable. They are one of the opportunities during the year to share information and discuss issues we have come across individually and as a group. We leave the meeting feeling more assured of ourselves and our capabilities and, importantly, less isolated.

We are all becoming acquainted with the new *OCV Online* system which went live on July 1 this year. With the invaluable training we received and persistent use of the new system, I am positive that we will all be very familiar and competent quickly and that the system will benefit OCV visiting activities.

Figure 10: Identified issues: Southern and Western region

Target group	Total number of visitable services	Number of issues identified	Key issues
Children and young people	19	60	> Environment and facilities > Behaviour management > Management
Children and young people with disabilities	10	80	> Meeting individual needs > Behaviour management > Liaison with other agencies
Adults with disabilities	229	1,117	> Meeting individual needs > Nutrition, health and hygiene > Safety
<b>Total</b>	<b>258</b>	<b>1,257</b>	

As Visitors we strive to identify issues and work with service providers, staff and residents, to achieve the most positive outcomes. Watching residents grow and gain independence to the extent of their individual capabilities is hugely rewarding. There has been a positive mood in our region throughout the year. We have raised concerns where applicable, and praised good practices. We are continuing to make positive and constructive contributions that will lead to a better quality of life for all residents.

## Visitor profiles

### Helen Hewson

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- > 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)
- > Helen ended her appointment early on 31 December 2009

### 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
- > Tosca ended her appointment early on 30 June 2010

### 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
- > Jocelyn ended her appointment early on 30 June 2010



### Barbara Broad

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- > 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

### Cathryn Bryant

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- > visits children and young people in OOHC 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

- > visits children and young people in OOHC 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

- > 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 OOHC, 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

- > 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
- > Cecile ended her appointment early on 30 June 2010

# Financial

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 below).

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 2009–2010. 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 2009–2010

	08/09	09/10
<b>Payroll expenses</b>		
Salaries and wages	477,218	428,320
Superannuation	39,946	40,043
Payroll tax	26,706	25,175
Payroll tax liability	2,465	2,269
Subtotal	546,334	495,807
<b>Other operating expenses</b>		
Advertising – recruitment	9,436	0
Advertising – other	0	0
Fees – staff development	4,841	299
Fees – conferences and meetings	1,800	8,996
Fees – contractors	2,465	4,500
Printing	5,946	6,949
Stores	2,664	45
Travel – petrol allowance	140,192	125,195
Travel – subsistence <sup>2</sup>	59,126	32,843
Travel – other <sup>3</sup>	39,920	31,983
Subtotal	266,389	210,810
<b>Total</b>	<b>812,723</b>	<b>706,617</b>

<sup>2</sup> Meal allowances are included in 'Travel – subsistence'.

<sup>3</sup> 'Travel – other' includes Visitors' costs, such as air, bus, train and taxi fares, postage, stationery and telephone bills.

## Case studies

### Liz

Liz lives with Emma in a semi-independent unit next to a group home. They undertake their day-to-day activities with minimal support. Staff drop by every day to see Liz and Emma and to assist them as appropriate.

The Visitor noticed that Liz seemed sad during visits. Liz told the Visitor she was unhappy with many aspects of her life. On reviewing Liz's file the Visitor found that Liz had a history of anxiety and depression and on a number of occasions had gone missing. The service had previously helped Liz see a psychiatrist who prescribed medication.

Staff told the Visitor they had significant concerns about Liz's wellbeing and were concerned that she was at risk of self harm. The Visitor immediately contacted the service management and suggested that Liz might need the support of specialist mental health workers. The manager said that they thought Liz had enough support from staff. The Visitor discussed with the manager her experience of specialist mental health workers assisting people with a dual diagnosis of mental illness and disability. Often this had involved joint case management to support people living in the community. The manager agreed to make the referral.

On the next visit, the Visitor found Liz had a mental health case worker and was being regularly reviewed by the local mental health team. An emergency plan was in place if Liz went missing again and staff had strategies to assist and support Liz if they noticed her anxiety levels rising. When she spoke to Liz the Visitor found that she was much calmer and happier with her daily activities.

### Individual and health plans

A Visitor has many options for reviewing the care of residents. Something that many Visitors check regularly is residents' individual plans and health care files. A Visitor did this when visiting Tim, Glen and Bill. On a previous visit, the Visitor reported a concern to the management of the service that the files for the residents were out of date. The Visitor had warned that he would follow this up on the next visit.

At the next scheduled visit the files were still not up-to-date and a number of serious health issues had not been followed up. The individual plans for each of the men were more than 12 months out of date. So too were the behaviour management plans for Tim and Glen. Annual medical reviews had not occurred for more than two years. This was significant for Bill as he had a medical condition that had a recommended follow up and no action had been taken.

Concerned with the service's lack of action, the Visitor reported the issues to management again and said he would review the matter in six weeks. The Visitor indicated that should the matter not be resolved it would be raised with the Ombudsman as a complaint.

On the Visitor's return six weeks later, all of the behaviour plans had been reviewed and updated, the medical reviews had been completed, and follow up appointments organised; these included ongoing appointments to monitor Bill's health conditions. Interim individual plans were in place with dates set for completion of the annual plans. The Visitor was satisfied that the service had committed to resolving the matter and the residents' health issues were being addressed.



## 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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