

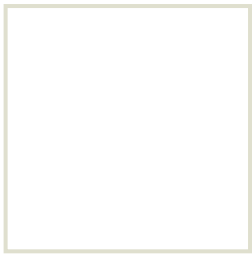


# Official Community Visitors Annual Report 2005–06



**OCV**  
Official Community Visitors



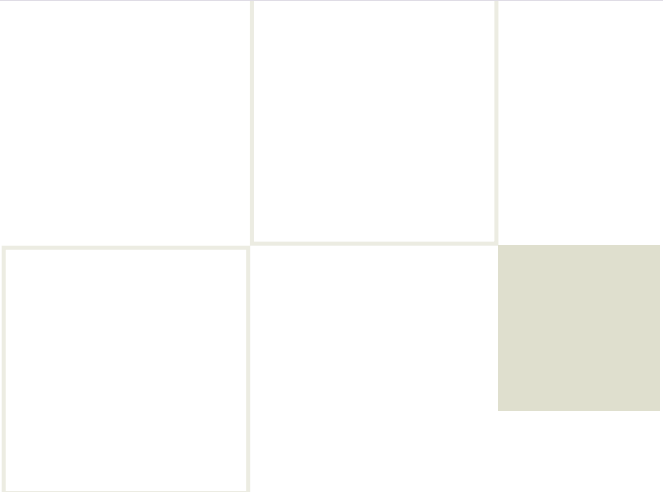


# OCV

Official Community Visitors



## Annual Report 2005–2006



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The NSW Ombudsman assumed responsibility for the oversight and co-ordination of the scheme for the first full year in 2003–04. Previously the former Community Services Commission was responsible for the oversight and co-ordination of the scheme. Official Community Visitor data for 2003–04 to 2005–06 is available.

Where examples are used in this report, names have been omitted to protect people's privacy.

For more information or a copy of the Ombudsman's Annual Report 2005-06, contact the Team Leader, Official Community Visitor Team, on 02 9286 1000, toll free on 1800 451 524, or download the report from the Ombudsman's website [www.ombo.nsw.gov.au](http://www.ombo.nsw.gov.au)

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# Letter to the Ministers



Official Community Visitors

The Hon John Della Bosca, MLC  
Minister for Disability Services  
Minister for Ageing

The Hon. Reba Meagher, MP  
Minister for Community Services

Dear Ministers

I am pleased to submit to you the eleventh Annual Report for the Official Community Visitor scheme for the 12 months to 30 June 2006, as required under section 10 of the *Community Services (Complaints, Reviews and Monitoring) Act 1993*.

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

Yours sincerely

**Bruce Barbour**  
Ombudsman

# Message from the Minister



I am very pleased to note that Community Visitors visited more 2,500 services this year and that the concerns raised with them were generally resolved directly with service providers.

Community Visitors are a key safeguard for vulnerable people in care.

Community Visitors have a mandate to get to know the people and service providers in their area. This enables them to identify and resolve most issues promptly and in ways that maximise positive outcomes.

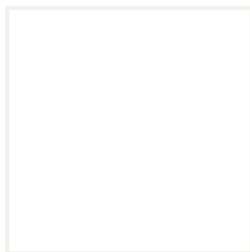
The lemma Government has made significant progress in addressing the needs of vulnerable people and communities with investment and policy reforms in the areas of disability services, public housing, mental health and community services. The Premier's firm commitment to social policy will result in stronger, more resilient families and communities.

These initiatives will also support Community Visitors in meeting the needs of vulnerable people in NSW.

I would like to take this opportunity to acknowledge the efforts of Community Visitors for their ongoing service and commitment to vulnerable people in our communities.

A handwritten signature in blue ink, appearing to read 'John Della Bosca'. The signature is fluid and cursive, with a large initial 'J'.

John Della Bosca MLC



# Message from Official Community Visitors

## By Lyn Porter

As I near the end of my appointment as an Official Community Visitor it is difficult to encapsulate the last six years in one short message. The role of a Visitor primarily is to be a voice for people in care, to promote improvement in their quality of care and the services provided to them. A Visitor is in an ideal position to get a 'snapshot' of what it is really like for a person living in full-time residential care. Attending a service unannounced allows a Visitor to make a fair and realistic assessment about the quality of care a person is receiving and the conduct of the service. The independence of Visitors is critical to being able to represent a resident's best interests.

Predominately, I have visited services for children and adults with disabilities, including large residential centres and group homes operated by government and non-government services. During my nearly six years as a Visitor, I have observed that the quality of service an individual receives is extremely variable, creating inequities for residents across the state. Having "clocked up" well over one thousand visits over my appointment this disparity in service delivery is clearly evident and presents ongoing challenges for residents, for services and for Visitors.

## By Wendy Watson

I am nearing the end of six years as an Official Community Visitor. In this role I have engaged predominantly with services providing out-of-home care (OOHC) to children and young people.

These children and young people face enormous challenges to overcome the adversity of their circumstances, and progress in their development in a way that will enable them to take their place and participate productively in the world around them.

I believe it is true to say that children and young people do value the presence and role of the Visitor. It is certainly true to say that most, if not all, see the Visitor as someone who will listen, someone who is there for them, and someone who will act on their behalf and in their interests.

They understand the independence of the Visitor. A significant number of both children and young people actively seek to contact a Visitor between visits to ask for assistance if they feel under threat, or when problems arise that they are not able to address themselves within their service.

For a Visitor, the dimension of the role encompasses challenges and achievements, frustrations and solutions, and a determination to seek and pursue outcomes. Above all it means learning from the children and young people what it is that will make a childhood lived in care a little happier

One of the most positive changes in the recent past has been the devolution of children's homes, resulting in the movement of some children and young people with disabilities into residential group homes in the community. The overall improvement for these children and young people has been remarkable in all aspects of their lives. Their health and well being has increased and they have much more involvement with their family and the community.

Similarly, a small number of adults with disabilities have benefited significantly after moving from large institutional, residential settings to community living under the devolution process. However, many adults remain in large institutions. It is important that this group's interests continue to be considered and that their interests are well represented, as many have limited family involvement and community interaction.

My role as an Official Community Visitor has been a challenging, yet rewarding, one. It has been a privilege to visit so many children, young people and adults with a disability over the last six years.



and a little more positive, and learning what will build self confidence and enable them to take stronger steps toward young adulthood. Outcomes Visitors have achieved for children and young people include safer living environments; increased family contact; participating in decisions affecting them; encouraging the development of respectful relationships between residents and services staff; better quality meals; adequate bedding; health assessments; and opportunities to continue their education and learn new skills.

There have been many recent policy and systemic changes impacting on the way that care is provided to children and young people. One of the most significant has seen a shift from single, isolated care placements to groupings of two, three or four. When these co-placements are carefully assessed, planned and implemented, the benefits are observable, and the household has the potential to become a co-operative, normalised environment in which to grow up.

It has indeed been a unique and valued experience to have so many conversations with children and young people in care about so many things important to them. I hope I have given back, in full measure, the trust they placed in me as a Visitor.



# Message from the Ombudsman



The Official Community Visitor scheme has operated for 11 years in NSW. In those 11 years, there have been significant changes in the way services are provided for children, young people and people with a disability in residential care. Each year Visitors monitor services provided to these 6,500 residents in government and non-government services. They provide a unique snapshot of life in care.

While services change, or service provision changes, the needs of residents do not. Their rights, their needs and their aspirations remain the same. The Visitors play an important role in ensuring that the needs of this vulnerable group are given a voice. The Visitors and I commend the work of service providers in delivering residential care to people living in these services. However, this report identifies the critical role Visitors play in ensuring quality services are provided and residents' rights are protected.

Lyn Porter and Wendy Watson exemplify the concern for, and commitment to, vulnerable people in care that Visitors bring to the scheme. As Lyn mentions, the Visitors give a "fair and reasonable assessment" of the care that each resident receives. While constantly challenged by their roles, Lyn and Wendy both speak of the rewards and opportunities that the scheme provides the Visitors.

This year Visitors and staff from my office have worked closely together to address the needs of people in care. I thank the Visitors for their dedication, and for their cooperative endeavours with my staff and services to resolve issues affecting individual residents and their identification and pursuit of issues of systemic concern.

I would like to personally thank the Visitors who have left the scheme during the year, and the Visitors, including Lyn and Wendy, who will leave the scheme in the near future, for their contributions to the improvement in quality of services and the quality of life of the residents of visitable services in NSW.

A handwritten signature in black ink that reads "B. A. Barbour". The signature is written in a cursive style.

**Bruce Barbour**  
Ombudsman



# Year in summary

## Visitable services

Official Community Visitors visit accommodation services for children, young people, and people with a disability that are operated, funded or licensed by the Department of Community Services (DoCS) or the Department of Ageing, Disability and Home Care (DADHC), and where residents are in full-time care. At 30 June 2006, there were 1,371 visitable services in NSW accommodating 6,632 children, young people and people with a disability.

## Visits conducted

During the year, Official Community Visitors made 2,569 visits to visitable services.

### *Services to children and young people*

There are 96 out-of-home care services that are visitable, accommodating 246 children and young people. During the year, Visitors made 414 visits.

### *Services to children and young people with a disability*

There are 64 visitable services, accommodating 269 children and young people with a disability in out-of-home care services. During the year, Visitors made 237 visits.

### *Services to adults with a disability*

There are 1,371 visitable services accommodating 5,076 adults with a disability. During the year, Visitors made 1,704 visits.



### *Services to adults in licensed boarding houses*

DADHC reports that there are 55 licensed boarding houses accommodating up to 1,041 adults with a disability. During the year, Visitors made 267 visits.

## Key issues about service provision

Visitors identified 2,531 concerns about service provision to residents in visitable services during the year. Of these, Visitors reported that 1,132 (45%) were resolved by services. Visitors report to the Ombudsman using various categories, and the major areas of concern about service provision in all visitable services were:

- Development and implementation of plans to meet the individual needs of residents — 378 issues (15%)
- Nutrition, hygiene and health care — 277 issues (11%)
- Environment and facilities — 254 issues (10%)
- Behaviour management — 205 Issues (8%)
- Management response to service concerns — 201 issues (8%)

Other frequently raised issues included the safety of residents, the management of residents' entry to and exit from services, the arrangements put in place by services to maintain residents' privacy and dignity, and medication management and dispensing systems.

# Our role



## Objectives and legislative framework

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

Official Community Visitors visit accommodation services for children, young people and people with a disability in care in NSW. Visitors monitor the quality and conduct of services, and work with the Ombudsman to resolve problems on behalf of residents, and to promote their legal and human rights.

Visitors are independent of the Ombudsman, and must not be employees of the Department of Community Services or the Department of Ageing, Disability and Home Care. They are skilled communicators and problem solvers and have knowledge of, and experience in, the community services sector.

The 2005/06 year began with 28 Visitors. Six Visitors retired after reaching the end of their six-year appointments. Three Visitors resigned for personal reasons, and 13 new Visitors were recruited and appointed in March 2006, though one Visitor resigned shortly after being appointed for personal reasons. The new Visitors were inducted in June 2006. The 2006-07 year started with 31 Visitors.

The Visitors' functions are to:

- inform the Minister 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
- help resolve complaints.

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

- recommend eligible people to the Minister for appointment as Visitors
- determine priorities for the services provided by Visitors
- investigate matters arising from Visitors' reports
- convene meetings of Visitors
- report to the Minister.





## Visitable services

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

In June 2006 there were 1,371 services in NSW accommodating 6,632 children and young people, people with disabilities, and people in licensed boarding houses.

## Powers and obligations of Official Community Visitors

Official Community 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
- report on matters relating to the conduct of a service to the service, the Ombudsman or the Minister for Disability Services or the Minister for Community Services.

Visitors respect residents' privacy when they are visiting. They seek residents' views before inspecting relevant documents, where possible, and only disclose confidential information when there is a good reason.

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

The Ombudsman focuses on people who are least likely to complain and protect their own interests when allocating resources to the scheme, and ensures that information and resources are used as effectively and efficiently as possible. The Ombudsman uses reports from Visitors to monitor the visitable services sector and to address individual and systemic issues for people living in full-time care.

The Ombudsman operates an Official Community Visitor (OCV) Team within the Community Services Division. The Team has responsibilities for:

- the day-to-day operation and administration of the scheme
- supporting and assisting Visitors to respond to concerns about people living in visitable services
- coordinating the responses of Visitors and the Ombudsman to individual and systemic concerns affecting residents of visitable services
- working with Ombudsman complaints staff to identify and act on concerns requiring Ombudsman complaint action
- working strategically with Visitors and other Ombudsman teams to promote the scheme as a mechanism for protecting the human rights of people in care.

## Recruitment of new Visitors

A major focus for the team in 2005-06 has been a NSW-wide recruitment of new Visitors to replace Visitors who had either resigned or whose term had expired. The recruitment also targeted recruiting new Visitors to geographic areas in the state where, previously, there have not been Visitors. The recruitment resulted in the appointment in May 2006 of 13 new Visitors, increasing Visitor numbers to 32. One new Visitor resigned shortly after appointment for personal reasons, leaving 31 visitors. An additional three new Visitors are expected to begin work in early in 2007.

The large number of new Visitors were involved in a substantially enhanced induction and mentoring programme, effectively using the experience and expertise of longer term visitors. The OCV Team continues to deliver improved mentoring training and support systems to increase visitor effectiveness. The Ombudsman's support of Visitors will be increased further in the coming year with additional training for mentors and mentees, the development of mentoring policy guidelines and procedures, and the enhancement of existing Visitor training activities.



**Outcomes for residents**  
Services for people in licensed  
boarding houses



# Outcomes for residents Services for people in licensed boarding houses

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

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

DADHC reports that there were 55 licensed boarding

houses in NSW in 2005-06, accommodating up to 1041 residents. During 2005-06 Visitors made 267 visits to licensed boarding houses. Visitors raised 120 issues of concern about services to residents.

Visitors reported that licensed boarding houses resolved 84 of the issues of concern they identified (70%). The resolution rate in 2005-2006 was twice that achieved in 2004-05 when only 35% of issues were resolved. This significant increase in the resolution rate is very positive, suggesting that many proprietors and staff of licensed boarding houses are responding to the increased scrutiny and feedback provided by Visitors since they started visiting boarding houses in 2003/04.

Visitors continue to monitor the action taken by licensed boarding houses to resolve 29 issues of concern.

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

Boarding House	2003/04	2004/05	2005/06
No. of boarding houses	62	57	55
No. of residents	970	970	1041
No. of Visits	411	288	267
No. of issues reported	208	127	120
Average no of issues per service	3.4	2	2.2
No. of issues unable to be resolved (%)	n/a	n/a	5 (4%)
No. of issues ongoing (%)	n/a	n/a	29 (24%)
No. of issues closed	n/a	n/a	2 (2%)
No. of issues resolved (%)	65 (31%)	45 (35%)	84 (70%)

## Major issues by subject, number and per centage

### Nutrition, hygiene and health care — 26 (38%)

People living in care depend on services to ensure that their meals are varied and nutritious, and that their health and medical needs are addressed promptly. Visitors identified 26 instances of inadequate meals, poor hygiene and health care in licensed boarding houses. Boarding houses resolved 20 (77%) of these issues, resulting in better meals and health care for the affected residents. Visitors continue to monitor boarding houses' responses to the remaining issues.

### Safety — 19 (28%)

Licensed boarding houses should ensure the safety of residents. Visitors identified 19 initial instances of the failure of licensed boarding houses to protect residents from abuse and assault, usually by other residents. Visitors report that services took appropriate action to resolve and address concerns about the safety of residents in 12 (63%) of these cases. The remaining concerns relate to boarding houses with inadequate safety and behaviour management systems and procedures, and poorly trained and supervised staff. Visitors continue to monitor these services as their systems are revised.

### Medication — 11 (16%)

Many residents of licensed boarding houses are prescribed medication to treat a variety of medical and health problems, including mental health problems. Visitors identified and raised 11 concerns about medication issues during the year. These concerns related to inadequate storage and dispensing of medications and documentation of medication needs. Boarding houses resolved seven (64%) of these concerns. Visitors have observed improvements in some boarding houses in their systems for storing medication.



## Complaints about complaints handling effectively resolved

Residents of a licensed boarding house told a Visitor that they had no way to raise concerns or complaints about poor quality meals and other issues. The Visitor received similar information from other agencies providing support services for the residents. The agencies also expressed concern that residents had told them that they were scared to discuss the quality of services and care at the boarding house because they were fearful of retribution from staff.

The Visitor discussed options for addressing the concerns with the NSW Ombudsman's OCV Team, resulting in a meeting between the boarding house proprietor, the Visitor and an Ombudsman Community Education Officer. The proprietor agreed to the Ombudsman presenting community information, education and training workshops about making and handling complaints for the boarding house staff and residents.

Subsequently, the Ombudsman's Community Education Team, supported by the Visitor, presented a full day workshop using the *Solving problems right at home training package*. This is a package developed by the Ombudsman specifically for staff and residents of licensed boarding houses. The proprietor, staff and residents all commented that the education workshops were a great success.

The licensed boarding house now has a suggestions box and a complaints book which residents can use to raise their concerns or complaints. The Visitor has since reported that the staff have quickly addressed concerns raised in this manner. The residents continue to give positive feedback about the new complaints system.

## Local resolution — not always as easy as it might be?

A large licensed boarding house insisted that residents have morning and afternoon tea at a fixed time. Residents could not make a cup of tea or coffee at any other time. During morning and afternoon tea staff insisted on adding sugar and milk to beverages beforehand, without regard for the personal preferences of residents.

Most people take for granted the simple matter of being able to make a cup of tea or coffee when they want to. Unfortunately, the boarding house proprietor, while acknowledging the practice of the staff, has not reviewed or amended it. The Visitor continues to monitor the issue and encourage its resolution.

## Positive outcome results from cooperation between a boarding house proprietor and a Visitor

A resident of a licensed boarding house who has an intellectual disability and mental health problems unsuccessfully applied for a Centrelink Mobility Allowance to help him access community support programs that had been specially developed for him. The resident's disabilities prevented him from accessing the supports without financial assistance.

The proprietor of the boarding house discussed the resident's predicament with a Visitor. The Visitor suggested the resident ask Centrelink to review its decision to decline his application. The proprietor supported the resident to do this. The Visitor also wrote to Centrelink providing information about the resident's disabilities and supporting his application.

The Centrelink review upheld the decision to decline the allowance. The Visitor, proprietor and resident then worked together to lodge an application to the Social Security Appeals Tribunal. The resident attended the Tribunal hearing and was supported on the day by the proprietor, an Active Learning Initiative (ALI) staff member and other involved agency staff. The tribunal upheld the resident's appeal, granted him the Mobility Allowance and backdated the allowance to the date of his original application. The presiding members of the Tribunal commented that they rarely saw such good representation for an applicant appearing before the Tribunal.

The coordinated and cooperative action of the proprietor, the Visitor, the ALI staff member and other involved agencies led to an excellent outcome for the boarding house resident.

# Outcomes for residents

## Services for children and young people



# Outcomes for residents

## Services for children and young people

There are over 10,000 children and young people in NSW who are placed in OOHC, generally because of serious abuse or neglect. Most children and young people in OOHC are placed with and cared for by relatives or foster families.

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

In 2004-05 DoCS implemented a new policy for the placement and care of children and young people with high and complex needs. DoCS sought expressions of interest from non-government OOHC services to provide placements, care and support for these children and young people. DoCS identified a small number of services which will, in the future, receive placements of children and young people with high and complex needs. DoCS is working closely with OOHC services currently caring for these children and young people to gradually transfer them to placements within the specially selected high needs OOHC services. DoCS retains case management responsibility for most of these children and young people, and casework responsibility for many of them. DoCS and the non-government OOHC services work cooperatively to provide

the placement, therapeutic and other supports required by these children and young people.

In 2005-06 the number of visitable OOHC services decreased by 23, to 96 services, accommodating 246 children and young people. The closure of such a large number of OOHC services is primarily the result of DoCS' new policy direction for children and young people with high and complex needs.

The Ombudsman allocates more visiting resources for these children and young people in OOHC because they are particularly vulnerable and thus require a higher level of monitoring of the quality of their care. During 2005-06, Visitors made 414 visits to children and young people living in visitable OOHC services, increasing the number of visits to OOHC services from 363 visits in 2004-2005 and 282 in 2003-2004.

Visitors identified 452 issues of concern about OOHC services in 2005-06, an increase of 66 issues over 2004-05. Of these only 152 (34%) were resolved. This was a significant decrease from last year's resolution rate of 52%. However, 218 issues of concern (48%) are ongoing, as Visitors monitor the action taken by services to address and resolve the concerns. Many of the concerns Visitors continue to monitor in 2005-06 relate to the transition planning for children and young people moving from their current service and placement to one of the new specialist OOHC services.

**Figure 2: Three-year comparison of data for variable services for children and young people**

OOHC	2003/04	2004/05	2005/06
No. of services	111	119	96
No. of residents	266	263	246
No. of Visits	282	363	414
No. of issues reported	449	386	452
Average no of issues per service	4	3.2	4.7
No. of issues unable to be resolved (%)	n/a	n/a	41 (9%)
No. of issues ongoing (%)	n/a	n/a	218 (48%)
No. of issues closed	n/a	n/a	41 (9%)
No. of issues resolved	215 (48%)	201 (52%)	152 (34%)

## Major issues by subject, number and per centage

### Entry and Exit — 59 (13%)

Children and young people in care can experience multiple placements. In 2005-06 DoCS' new policy for high needs children and young people resulted in many residents moving to the new placements. Visitors identified 59 situations where they believed that the entry or exit arrangements for children and young people transferring from their existing placements were not well managed, often because of planning problems.

Only 16 (27%) of these situations were resolved. Visitors continue to monitor 26 situations involving the transfer of children and young people between services. A potential issue of concern is that 11 of these situations were unable to be resolved – in some instances Visitors reported that poor planning of placement transfers resulted in placements not proceeding, or breaking down, to the detriment of these highly vulnerable children and young people.

### Behaviour management — 56 (12%)

Children and young people are generally in care as a result of serious abuse and/or neglect. The children and young people placed in residential care 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 services and service staff with challenges in how they respond to ensure the safety and care of the person, other residents and staff. To effectively address residents' challenging behaviours, services need good policies, procedures and practices concerning individual planning, including planning about residents' behaviours, staff training and support, and incident response and management systems.

During 2005-06 Visitors identified 56 concerns in OOHC services where behaviour management plans, though required, either did not exist, or were inadequate, or were not effectively implemented or reviewed. Of these, 23 were resolved and Visitors continue to monitor service actions about 22 issues of concern. Visitors closed eight of these issues, usually because a change in the circumstances of residents, such as a move to a new placement, resulted in the issue no longer being relevant.

### Individual planning, including plans for leaving care — 51 (11%)

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

Services are also required to develop transition plans to assist residents who move to new services or placements, and to develop leaving care and after-care plans for young people who leave care. Such planning is vital, considering the frequent placement changes that characterise the circumstances of this highly vulnerable group.

Visitors reported that, in 51 cases, services had either not developed plans, or that plans were inadequate, or that plans were not effectively implemented, potentially compromising the care and development of the affected children and young people. Services resolved 20 of the planning concerns raised by Visitors and Visitors continue to monitor development and/or implementation of care plans in 21 cases.

### Safety — 42 (9%)

Services are required to ensure the safety of children and young people in care. During 2005-06 Visitors identified 42 instances where they believed that the safety of children and young people was compromised, either because of abuse and assault (usually by other residents) or because their own behaviour placed them in danger. This is of concern given that the majority of children and young people are placed in OOHC because of previous abuse or neglect.

Visitors reported that services took appropriate and relevant action to address safety issues in 13 cases, and that they are continuing to monitor 23 cases.



### **Prompt action to ensure the safety of a young person in care**

A young person living in an OOHC service with one-to-one staffing complained to a Visitor about the conduct of a staff member. The resident said the staff member threatened him, and demonstrated how the staff member held a model gun to the resident's head and threatened to shoot. The resident also said that there had been a number of physical altercations with the staff member. The resident had told other service staff about the threats and the fights, and that nothing had happened as they did not believe him. The resident was very frightened of being left alone in the care of the staff member.

The Visitor, concerned about the seriousness of the resident's allegations and about the lack of action by staff when told of them, immediately contacted DoCS and the service's senior management to report the allegations. DoCS, in consultation with the service, quickly organised alternative support arrangements for the resident. DoCS and the service investigated and confirmed the allegations and took appropriate action about the staff member.

### **The importance of family contact**

A young person who had been in OOHC since he was a toddler was placed in a service that the Visitor observed was punitive and lacking in any caring qualities. A Visitor, who had visited the young person in different services for over five years, reported that the current one-to-one care environment was unnecessarily harsh and punitive.

During visits the young person had a lot to say about what the care he was receiving and suggestions about what he thought might improve his situation. One of his suggestions, and his request, was for more contact with

his family. When the Visitor enquired of service staff about the resident's family contact, it appeared that the service denied the resident family contact because of his poor behaviour on occasions.

The Visitor reported these concerns to the service management, resulting in changes to the resident's care plan and supports. The Visitor's intervention led to the resident being granted increased, regular contact with his family, and improvements in his behaviour.

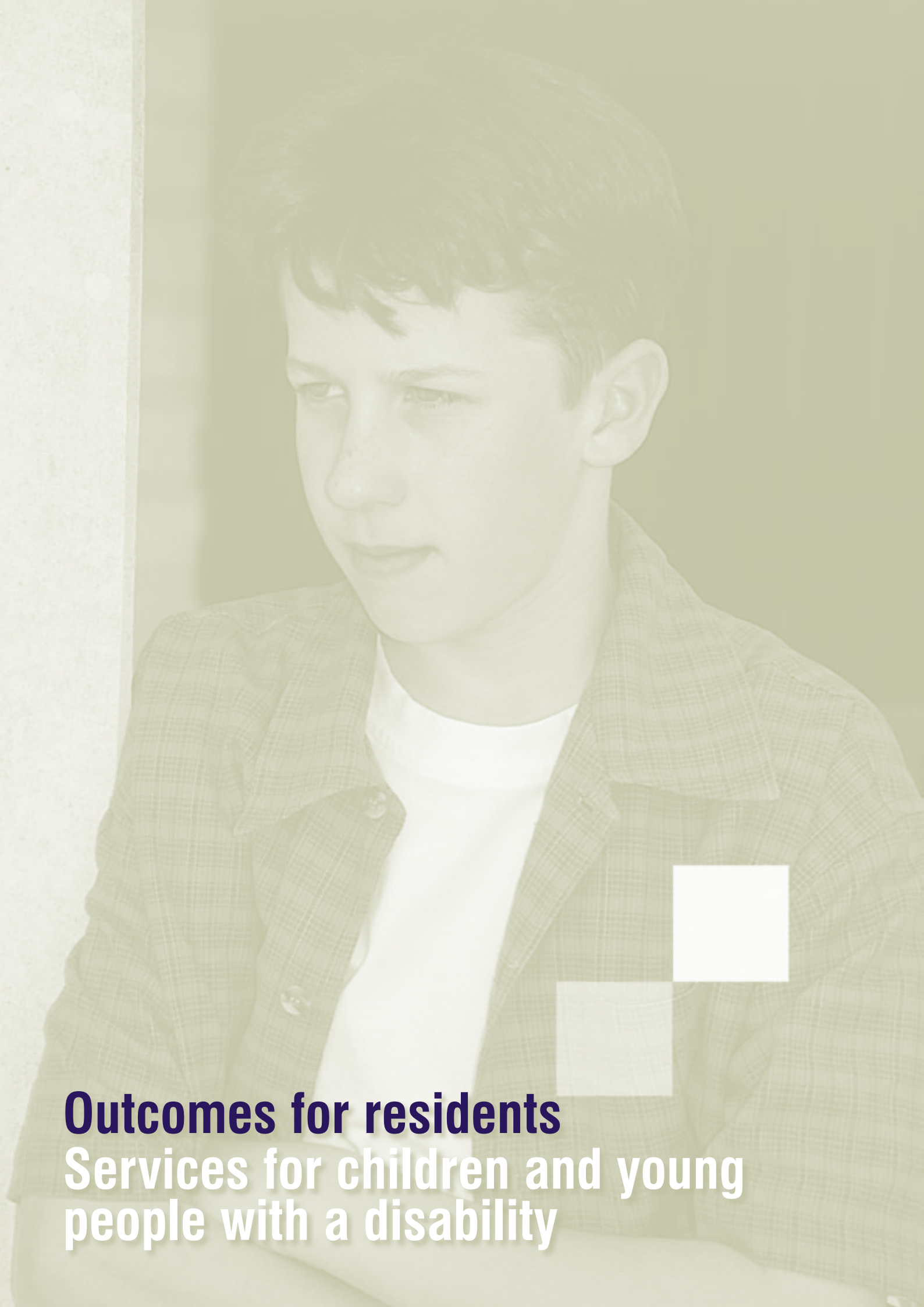
### **No action about Visitor concerns, leading to placement breakdown**

Three young women living together in an OOHC group home were extremely self destructive and violent. A Visitor was concerned about the mental health of one resident and about the self-harming behaviour and substance abuse of a second resident.

When a fourth resident was placed in the group home the Visitor reported the existing residents threatened this resident with violence. The resident was very frightened, and began staying out all night rather than remain at risk in the group home.

The Visitor persisted in numerous attempts, including to the senior manager of the service and to DoCS, to encourage the service to assess the needs of the four young people, and to take action about the concerns about the residents' behaviours and their incompatibility. The Visitor reported no success in resolving the situation to enable the needs of these young people to be attended to and to ensure their safety.

Ultimately, the placements broke down and service staff informed the Visitor of a number of very concerning outcomes for some of the residents, including homelessness, escalating serious substance abuse and early pregnancy.



## **Outcomes for residents**

**Services for children and young people with a disability**

# Outcomes for residents

## Services for children and young people with a disability

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

Most of these children and young people are regarded as being in voluntary OOHC, as the family and DADHC, DoCS or a funded service, arranges their alternate care situations cooperatively. Some children and young people with a disability are also placed in statutory OOHC because they have suffered abuse or neglect. These children and young people are generally placed in the parental responsibility of DoCS following Children's Court action. DoCS and DADHC work together to coordinate accommodation and support services for them.

Over the last three years there has been a significant decrease in the number of children and young people with a disability requiring OOHC care, and an associated decrease in the number of services providing accommodation and care for them. This is consistent with government policy that

children and young people with a disability should, wherever possible, be supported to stay with their own family, or, when this is not possible, to be placed in family-based accommodation, such as a host or foster family, rather than in residential care. While DADHC and DoCS have worked to develop and increase the availability of intensive family support services and family-based care services for children and young people with a disability, the NSW Ombudsman commented in his 2005-06 Annual Report that 'many new support options are not readily available ... The need for continued improvement in this area is critical.'<sup>1</sup>

The Ombudsman allocates additional visiting resources to all services for children and young people, including those with a disability, because of their high needs and vulnerability. During 2005-06, Visitors made 237 visits to the 64 services for children and young people with a disability.

Visitors identified 329 issues of concern about aspects of service delivery, averaging 4.9 issues per service. Visitors reported that 132 issues (40%) were resolved and that they continue to monitor resolution of 114 (34%) of the issues they identified.

<sup>1</sup> NSW Ombudsman Annual Report 2005-06, page 75

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

OOHC	2003/04	2004/05	2005/06
No. of services	99	73	64
No. of residents	467	395	269
No. of Visits	328	238	237
No. of issues reported	309	328	329
Average no of issues per service	3	4.5	5.1
No. of issues unable to be resolved (%)	n/a	n/a	25 (8%)
No. of issues ongoing (%)	n/a	n/a	114 (34%)
No. of issues closed	n/a	n/a	58 (18%)
No. of issues resolved	133 (43%)	153 (47%)	132 (40%)

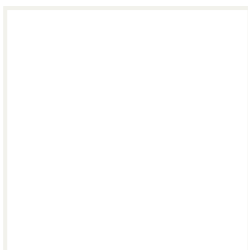
## Major issues by subject, number and per centage

### Individual planning — 51 (16%)

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

Visitors identified 51 cases where individual plans were not in place, were not based on assessment of resident needs, did not adequately address residents' assessed needs, or were not effectively implemented. Services resolved only 14 (27%) of the individual planning issues identified by Visitors. Visitors continue to monitor services' action about 21 issues of concern. Another 13 issues of concern were closed, generally because they became irrelevant to the service after the children and young people moved to a new accommodation service.

It is of concern to Visitors that this most critical area of service delivery continues to be the most frequently identified issue of concern about service delivery and that the resolution rate of issues is so low. 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 practice of planning for these highly vulnerable residents.



### Environment and facilities — 34 (10%)

The physical environment and facilities and equipment to support residents in services are key factors affecting their quality of life. Visitors identified 34 cases where buildings and facilities were inadequate to meet the needs of residents or where the environment did not have home-like qualities. Of concern was services' very low resolution rate concerning these issues – only six (18%) were resolved during the year. Visitors continue to monitor services' action about 14 issues and closed 8 issues.

### Entry and Exit — 33 (10%)

An increasing number of children and young people are moving to new accommodation placements as DADHC and DoCS, in association with funded non-government services, establish new service types that better meet the needs of children and young people with a disability. Though, generally, such changes in accommodation placements are of benefit to the children and young people, the transition planning for such moves is not always of high quality. Visitors identified 33 cases where services had not adequately planned for the entry or exit of children from services, 11 of which were resolved following Visitors' action, and five of which Visitors continue to monitor. Visitors report that the services did not resolve eight of these cases, and that they closed another nine cases, generally because a service entry or exit had already occurred and it was no longer possible or relevant to resolve or remedy problems that were identified by Visitors.

### Nutrition, hygiene and health care — 33 (10%)

Many children and young people with a disability have high and complex physical and medical needs. They are often frail and depend on high levels of nutrition, health care and general support from their service, to maintain their health, and protect them from infections that can be life threatening. In 2005-06 Visitors identified 33 issues of concern about poor quality nutrition or health care for these residents. Services resolved 17 (51%) of the concerns and are taking action about 11 of the concerns, leading to improved services for the residents.

## Visitor coordinates action to secure a permanent placement

A family arranged voluntary care for their young son because they could no longer meet his very high, constant support needs. The family lived in rural NSW, requiring them to regularly transport their son lengthy distances between two respite facilities. This situation was adversely affecting the boy, as he was required to move between the two facilities weekly, and each time had to re-familiarise himself with other residents and staff. In addition, the quality of care was inconsistent because not all of the large number of staff in the two facilities were informed about, or familiar with, his care needs.

Service management informed the Visitor that the arrangement for the boy to access two respite facilities was necessary because both facilities offered respite to children and adults in separate blocks. The Visitor arranged a meeting to discuss this concerning situation with the service management, supported by a member of the OCV Team. The service agreed to plans to expedite the search for a permanent placement for the boy, and to coordinate higher levels of support for him in the two respite facilities in the interim.

Following the meeting, and because of the high level of concern about the boy's unsettled placement and care arrangements, the Visitor wrote to the Minister for Disability Services about the situation. The Visitor received advice from the Minister and the service management that a permanent placement for the boy has been located in a community-based group home. The Visitor has since reported that the boy settled well into his new home.

## A resident's choice resolves behavioural problems

A young woman with physical disabilities and challenging behaviour lives with four other young people in a

community group home. When a Visitor first went to the group home she was shocked to see the state of the young woman's bedroom. The room was stark and had nothing in it that expressed the individuality of the resident. The only furniture was a single bed covered with an old blanket and a heavy old-fashioned wooden wardrobe. This was in direct contrast to the rooms of the other young people living in the home. They had decorated their bedrooms with football memorabilia, pop star and model posters, family photos and much loved collectables, knick-knacks, souvenirs and teddy bears.

When the Visitor questioned service staff about the state of the resident's room, they said that the resident would destroy anything put in her room and that it would not be safe to put more furniture in the room. The Visitor queried this as the young woman managed to use other decorated living areas in the house without problems. The Visitor had lengthy discussions with the service management and staff. They undertook to look at ways to decorate and furnish the resident's room and to plan for any behavioural problems that she might experience.

When the Visitor visited the group home three months later she found the resident smiling and eager to show off her 'new' room. The room had been repainted, there was new bedding, a bookcase full of stuffed toys, an occasional table and a CD stacker – all chosen by the resident. The resident's family photos and posters were hung from the walls. She had been directly involved in the choice of her bedroom's colour scheme and furnishings, and had been assisted to shop for new furniture and knick-knacks. Staff reported that there had been no incidents of the resident destroying anything in the room. In fact, they said that her behaviour in the house had significantly improved.

And proudly displayed on the door was a sign... 'Welcome to My Room'.



**Outcomes for residents**  
**Services for adults with a disability**

# Outcomes for residents Services for adults with a disability

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

- large institutional facilities – usually comprising several units on one site; units can accommodate up to 25 people.
- community based group homes – usually ordinary houses in local communities, accommodating up to 6 residents. Most adults with a disability are placed in group homes.
- individual support – approximately 120 adults with a disability are housed in single accommodation options.

Disability services accommodate a total of 5,076 adults with a disability. Approximately 1,750 people are still living in large government and funded non-government institutional facilities.

During 2005-06, there were 1,156 services for adults with a disability (not including licensed boarding houses), a 20% increase on the number of services in 2004-05. The increased number of services results primarily from increasing numbers of new, funded accommodation placements.

Visitors made 1,704 visits to adult disability services in 2005-2006, compared with 2,175 visits in 2004-05.

The fewer visits this year related to low Visitor numbers following the retirement and resignation of nine Visitors early in the financial year. This issue has been addressed through the appointment of 13 new Visitors in 2006. The new Visitor appointments will enable the previous level and frequency of visiting to services for adults with a disability to occur. During the period when low Visitor numbers affected visiting capacity, visits were prioritised to services and residents that were considered most at risk.

In 2005-06 Visitors identified 1,630 issues of concern, down from 1,969 concerns in the previous year as a result of the low Visitor numbers for a part of the year, and, therefore, fewer visits. Of these concerns, 764 (47%) were resolved, similar to the resolution rate in 2004-05 and continuing the pattern of increased resolution of issues since 2003-04.

Importantly, Visitors report that they are continuing to monitor the action taken by services to resolve 654 (40%) issues of concern. Visitors report that, as the scheme matures and as services for adults with a disability improve, services are more able to quickly address many of the less complex issues that are identified. However, they are increasingly challenged by more complex issues that are more difficult to resolve and often involve systemic problems such as the availability of assessment, therapeutic and other support services and the recruitment and training of experienced, qualified staff.

Figure 4: Three-year comparison of data for visitable services for adults with a disability

Adults with a disability	2003/04	2004/05	2005/06
No. of services	879	962	1,156
No. of residents	4,925	4,910	5,076
No. of Visits	2,511	2,175	1,704
No. of issues reported	2,133	1,969	1,630
Average no of issues per service	2.4	2	1.4
No. of issues unable to be resolved (%)	n/a	n/a	79 (5%)
No. of issues ongoing (%)	n/a	n/a	654 (40%)
No. of issues closed	n/a	n/a	133 (8%)
No. of issues resolved	791 (37%)	966 (49%)	764 (47%)

## Major issues by subject, number and per centage

### Individual planning — 266 (16%)

Visitors identified 266 cases where services had not developed any plans to guide staff in supporting residents or where plans existed and were inadequately implemented or reviewed. Visitors reported that services addressed or resolved 114 of these issues of concern and that they continue to monitor services' action for 134 issues.

Individual planning for residents with a disability is a critical aspect of service delivery. It is through such planning that services are able to provide quality care to residents by meeting their needs and providing them with opportunities to develop. Throughout the life of the Official Community Visitor scheme, individual planning has consistently been the issue of concern that has most often been identified by Visitors. Visitors encounter many instances of effective individual planning by many services for many residents with a disability. However, Visitors remain significantly concerned that, in 2005-06, inadequacies in planning for residents continues to be the most frequently reported issue, as in previous years, and that only 42% of their concerns were resolved.

### Nutrition, hygiene and health care — 193 (12%)

Visitors identified 193 issues of concern about the nutrition and health care for residents with a disability during the year. Services resolved 107 (55%) of the concerns and are continuing to take action about another 70 (36%) concerns. The high resolution rate by services of nutrition and health care issues is positive, as these aspects of service delivery have a significant impact on the quality of residents' day-to-day lives.

### Environment and facilities—185 (11%)

Visitors identified 185 concerns about the quality and state of disrepair of disability accommodation, and about accommodation environments that were sterile in character and not home-like. Visitors reported that services

resolved 81 (44%) of these issues and are continuing to work to improve the adequacy of residents' environment and facilities in 70 (38%) cases.

### Management responsibility — 145 (9%)

Visitors focus on the quality of the planning and day-to-day care of individual residents. In addition, they also monitor and act on issues of concern about services' management systems, including the policies and procedures and other systems services have in place to recruit, train and supervise staff. These are integral to the provision of quality services. In 2005-06 Visitors identified 145 concerns about inadequate management systems, policies and procedures, of which services resolved 56 (39%) concerns. Visitors continue to monitor the action by services concerning 62 (43%) concerns.

### Behaviour management — 124 (8%)

The behaviour of some people with a disability can present significant challenges to services and staff because of the safety risks for the resident, other residents and staff. People with a disability 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 behaviour is 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 behavioural planning, and related systems for staff training and support, and incident response and management.

This year Visitors identified 124 issues of concern about services either not developing or implementing relevant behavioural plans, or not adequately assessing resident needs or behaviours to inform their planning. Positively, services resolved 61 (49%) of these concerns and are continuing to take action about another 44 (35%) concerns.

## **A problem for one resident results in problems for all residents**

The residents of a community based disability group home were in danger as a result of poor support and management of a male resident who displayed significant challenging behaviours. The Visitor attending the group home reported to the service's group home and senior management that the resident's behaviour was causing problems for other residents, including them needing to be prescribed anxiety reducing medication, staff failing to respond to the needs of all residents because of their focus on the resident with challenging behaviours, and the reduced quality of life for the person with challenging behaviour and all other residents.

The families of the residents discussed with the Visitor their concerns about the unsafe and poorly managed situation in the home. The Visitor supported one family to make a complaint to the NSW Ombudsman about the situation.

The service responded to the Visitor's action and the complaint to the Ombudsman by initiating a thorough assessment of the behaviour of the resident with challenging behaviours, including a full medical and medication review. The service also reviewed the circumstances of the other residents. The service identified that it could no longer meet the needs of the resident in the group home, and moved him to another home more appropriate to his needs. A second resident was also moved to a group home closer to her parents.

The Visitor reports that the residents of the first house are happier, more settled and less in need of anxiety reducing medication, and are now getting opportunities for a greater variety of activities.

## **Visitors support service staff to obtain improvements for residents**

During a routine team visit to a large residential unit in which approximately 30 men and women reside, Visitors observed that a number of residents appeared to be unusually distressed. This was evident because residents were constantly pacing up and down and displaying regressive behaviours. The Visitors' concerns were amplified when concerned staff took them to see an elderly female resident who had severe bruising to the left side of her face.

The Visitors made further enquiries about the cause of the residents' distress. They identified that the mix of strong, young and robust residents alongside those who had become quite frail as they aged was placing a number of the residents at risk of physical assault, and causing most residents to be stressed.

The Visitors reported their concerns to the senior management of the service. The Visitors suggested that the unit be divided into two apartments to separately accommodate the younger and more able residents and the older and frailer residents. The Visitors noted that staff in the unit had been suggesting this strategy for two years.

The management of the service accepted the Visitors' suggestion. Within three months the more robust residents had been placed together in one apartment and the frailer individuals in another. Visitors have since observed a significant decrease in violence against the older residents. The units' staff continually comment to Visitors that the residents are more settled and less distressed, and that the atmosphere of the units has improved dramatically.



**Summary of  
Activities and outcomes**

# Summary of activities and outcomes

## Visiting services

During 2005-06 there were 1,371 visitable services, an increase of 13% over the 1,211 visitable services in 2004-05. This increase is significant compared to the atypical increase of 4% in 2004-05, and is similar to annual increases of 10% to 15% in previous years. Overall, since the commencement of the scheme in 1995, there has been a 72% increase in the number of visitable services.

The number of children and young people, people with a disability, and people in licensed boarding houses increased slightly from 6,538 in 2004-05 to 6,632 in 2005-06.

This year, the recurrent budget for the visiting scheme was \$698,803.

The Ombudsman allocated most services two visits per annum. The Ombudsman allocates a higher level of visiting to services for children and young people and to services with many residents, such as large, congregate care institutions and boarding houses. These allocation decisions are made because these residents are more vulnerable.

Visitors have adequate time to monitor and resolve issues effectively with this visiting allocation. However, the

residents of 403 (33%) services had no access to a Visitor during 2005-06, primarily because there were insufficient Visitors to visit all services. The major recruitment undertaken in 2005-06, resulting in the appointment of 13 new Visitors in 2006, should address this issue. The residents and services that were unable to be visited in 2005-06 will be prioritised for visiting in 2006-07.



Figure 5. Number of visits made by Visitors in 2005-2006.<sup>2</sup>

Target Group	No. of services	No. of residents	No. of visits 04/05	No. of visits 05/06	No. of activity hours 05/06
Children and young people in OOHC	96	246	363	414	921
Child and young people with a disability	42	144	162	134	422
Child, young people and adults with a disability	22	125	76	109	316
Adults with a disability (including residents of 55 Boarding House)	1,211	6,117	2,175	1,912	5,580
<b>TOTAL</b>	<b>1,371</b>	<b>6,632</b>	<b>2,776</b>	<b>2,569</b>	<b>7,171</b>

<sup>2</sup> The data in Figures 5 and 6 differs from Official Community Visitor data provided in Figures 37 and 38 of the NSW Ombudsman 2005-06 Annual Report, page 78. The data includes Official Community Visitor reports relevant to the 2005-06 financial year and received after 30 June 2006.

# Outcomes for residents

## Identifying and resolving issues

### How Visitors facilitate the resolution of service issues

After every visit, Visitors provide a brief written report to service staff or management identifying issues and concerns affecting visitable service residents. When Visitors identify significant concerns about the safety, care or welfare of residents, they generally discuss these 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 and concerns about services quickly at the local level. Visitors monitor the response by services to identified concerns by seeking feedback from residents, service staff, families and 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, or sometimes handled through the Ombudsman's complaints and other functions.

The reports Visitors provide to visitable services are also given to the Ombudsman. These reports are recorded in the Ombudsman's Visitable Services database. During 2005-06, Visitors reported 2,531 new concerns about the conduct of visitable services in NSW. This is an average of 1.8 concerns per service, down from 2.3 concerns per service in 2004-05.

During 2005-06, services resolved 1,132 (45%) concerns of all identified concerns. Visitors were continuing to monitor the action being taken by services about 1,015 (40%) concerns at the end of the year. Visitors reported that, during 2005-06, there were 117 concerns (5%) where services made genuine attempts but were unable to resolve matters. Services were unwilling to take the necessary action to resolve 33 concerns (1%). Visitors closed 234 (9%) concerns during the year, usually because the circumstances of residents or services had changed, resulting in the identified concern no longer being relevant.

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

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

In addition to facilitating and monitoring the resolution of issues of concern 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 provides services and has functions to help Visitors handle such concerns. 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 2005-06, in response to concerns identified and reported by Visitors, the Ombudsman:

- handled 32 serious complaints based on information from Visitors or brought by Visitors
- used information from Visitors to assist NSW Ombudsman action in relation to the following significant work:
  - *DADHC: Monitoring Standards in Boarding Houses*, an inquiry into DADHC's monitoring of licensed boarding houses against the requirements of the Youth and Community Services Act 1973

— *Services for children with a disability and their families: DADHC progress and future challenges*, a progress report about DADHC's action to implement the Ombudsman's recommendations from an investigation into DADHC's policy and practice for supporting children and young people with a disability and their families

- provided detailed phone advice and information to Visitors regarding over 60 complex service issues
- conducted information, education and training days for residents, staff and management of two licensed boarding houses and two funded non-government disability residential services about residents' right to complain, and how to use complaints for service improvement
- allocated more than 375 targeted visiting hours, in addition to the normal visiting allocations, so that Visitors could follow up specific issues concerning residents
- accompanied Visitors to more than 30 meetings with senior managers of services to assist in negotiating resolution of issues.



During 2005-06, the Ombudsman also provided additional support to Visitors, involving:

- coordinating a representative group of Visitors to meet with the Minister for Disability Services in April 2006
- organising Visitor conferences in November 2005 and June 2006 for training and networking purposes
- conducting training and briefings for Visitors about issues and initiatives affecting visitable services, including briefings from DoCS about initiatives within OOHC and from DADHC about its licensing activities concerning boarding houses and its new Integrated Monitoring Framework for monitoring funded non-government services
- consulting regularly with Visitors through the four regional groups and the Official Community Visitor/ NSW Ombudsman Consultation Group
- monthly information bulletins to Visitors about developments in the visitable services sector, good practice ideas and initiatives, and referral services and resources available to them and visitable services and their residents.

The Ombudsman promoted the scheme to the community sector by:

- presenting over 50 information sessions to community service agencies and peak bodies and other community, public and private sector agencies
- presenting targeted information sessions in Queanbeyan, Tamworth, Dubbo and the Sydney metropolitan area to more than 150 potential candidates for visitor selection
- handling calls from service staff and families who had queries about the scheme or wanted to contact a Visitor
- distributing to all visitable services and relevant community, public and private sector agencies the booklet *A Voice for People in Care: Answering your Questions about the Official Community Visitor Scheme*.

### **Improving the effectiveness of the scheme**

Continuous improvement activities aimed at enhancing the effectiveness of the scheme are based on consulting with Visitors and reviewing performance. Improvement activities included:

- providing induction, training and mentoring for 13 new Visitors in June 2006
- deciding, in consultation with Visitors, to hold only one conference a year instead of two, and increasing Visitor training and briefing days about issues and initiatives affecting visitable services
- revising and distributing the Official Community Visitor practice guidelines
- commissioning an external review of the system for identifying, classifying and reporting on service issues of concern and developing a new issues classification system
- reviewing and improving the scheme's database.

Figure 6. Issues reported by visitors 2005-2006

TG of Services	Total no. of visitable services	No. of issues identified	Ave issues reported per service	No. of issues ongoing (%)	No. of issues unresolved (%)	No. of issues closed (%)	No. of issues resolved (%)
Children and young people	96	452	4.7	218 (48%)	41 (9%)	41 (9%)	152 (34%)
Children and young people with a disability	42	142	3.4	62 (44%)	17 (12%)	17 (12%)	46 (32%)
Child young, people and adults with a disability	22	187	8.5	52 (28%)	8 (4%)	41 (22%)	86 (46%)
Adult with a disability (including the residents of 55 Boarding Houses)	1,211	1,750	1.7	683 (39%)	84 (5%)	135 (8%)	848 (48%)
<b>Total</b>	<b>1,371</b>	<b>2,531</b>	<b>1.8</b>	<b>1,015 (40%)</b>	<b>150 (6%)</b>	<b>234 (9%)</b>	<b>1,132 (45%)</b>



## Regional focus

Visitors work alone. Given the nature of the work, this can be stressful and demanding. Visitors are organised into four regional Visitor groups for administration and support purposes. The regions do not follow electoral boundaries or local government areas, but represent geographical groupings of Visitors, who meet for networking, peer support and to consider local and systemic concerns arising from their visits to services. Visitors also support each other through their own informal networks. Some Visitors are allocated services as part of a team approach, enabling opportunities for consultation about issues.

# Southern NSW

## Regional Focus Southern region



**Figure 7: Data for services in Southern Region**

	No. of services	No. of Issues	Key Issues
Children and young people	12	15	<ul style="list-style-type: none"> <li>• Liaison with Other Ag</li> <li>• Entry and Exit</li> <li>• Environment and Facilities</li> </ul>
Children and young people with a disability	8	10	<ul style="list-style-type: none"> <li>• Environment and Facilities</li> <li>• Complaints and Concerns</li> <li>• Individual Planning</li> </ul>
Adults with a disability (including people in Boarding Houses)	97	97	<ul style="list-style-type: none"> <li>• Individual Planning</li> <li>• Environment and Facilities</li> <li>• Safety</li> </ul>
total	117	122	



### Meg Coulson

- visits children and young people, and people with a disability in the Illawarra and the South Coast regions.
- experience in women's probation services, research and lecturing in sociology, promoting equal opportunities for people from CALD communities, community development, domestic violence, and indigenous issues.



### Denise Fraser

- visits children and young people, people with a disability and people in boarding houses in the Southern Highlands and South West Sydney
- experience in health and disability services, criminal justice, and psychiatric services
- degrees and training in teaching, social work, management and criminology.



### Suzanne Jackson

- visits adults with a disability in the Southern Highlands and southern Sydney
- experience in Centrelink, teaching English and working with people with a disability
- degrees and training in social work, arts and teaching
- Ms Jackson resigned as an Official Community Visitor in December 2005.



### Julie Mitchell

- visits children and young people, and people with a disability in the Illawarra and Southern NSW
- experience and training in out-of-home care services, support and education for people experiencing domestic violence, and advocacy
- Ms Jackson's 6-year appointment as an Official Community Visitor finished in July 2005.



### Margaret Stevens

- visits people with a disability in the Riverina/ Murray region
- experience in management of children's services and skills training, tutoring at TAFE on disability, and community development training in welfare.

# Regional Focus

## Western region

**Figure 8: Data for services in Western region**

	No. of services	No. of Issues	Key Issues
Children and young people	N/a	N/a	N/a
Children and young people with a disability	5	17	<ul style="list-style-type: none"> <li>• Nutrition, Hygiene and Health care</li> <li>• Education and Occupation</li> <li>• Other</li> </ul>
Adults with a disability (including people in Boarding Houses)	110	329	<ul style="list-style-type: none"> <li>• Individual Planning</li> <li>• Nutrition, Hygiene and Health care</li> <li>• Behaviour Management</li> </ul>
total	115	346	



### Tilly Elderfield

- Ms Elderfield was appointed as a new Visitor in March 2006
- visits adults with a disability and 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.



### Cassie Gardner

- visits children and young people, and people with a disability in the Central and Far West area
- experience in early intervention and education, and advocacy for people with a disability in regional areas
- training in habilitation (disability) studies
- Ms Gardner's 6-year appointment as an Official Community Visitor finished in July 2005.



### Lina Moffitt

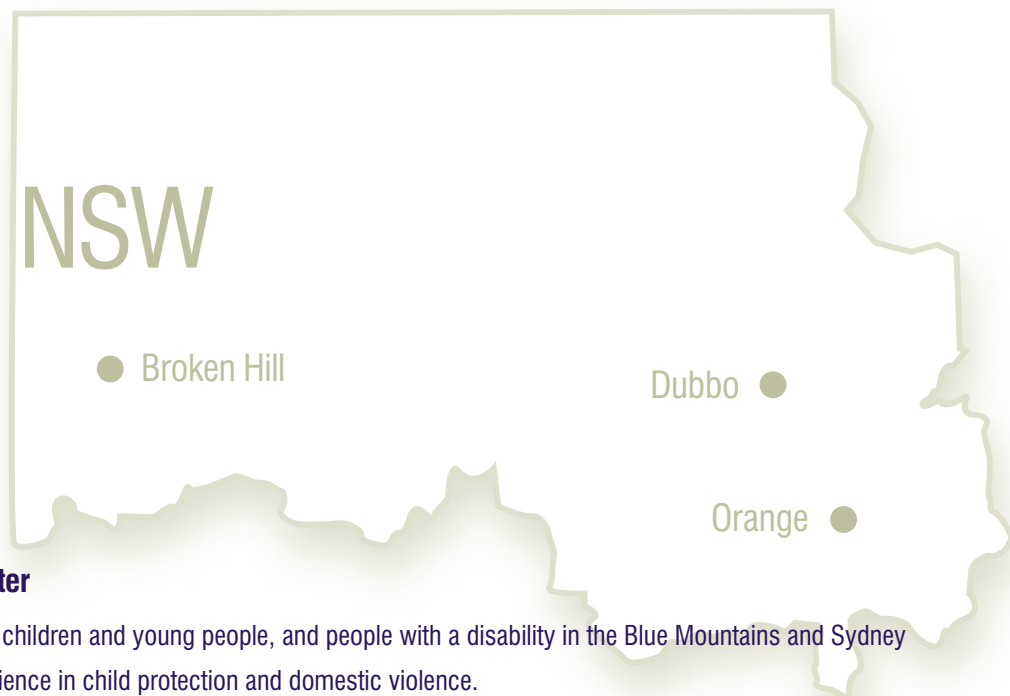
- Ms Moffitt was appointed as a new Visitor in March 2006
- visits adults with a disability and boarding houses in the Central West area
- experience in disability. Certificate in Disability Studies.



### Errol McCann

- Mr McCann was appointed as a new Visitor in March 2006
- visits adults with a disability in the Central West area
- experience in disability and education services. Also appointed as an Official Visitor to mental health services
- former School Principal.

# Western NSW



## **Lyn Porter**

- visits children and young people, and people with a disability in the Blue Mountains and Sydney
- experience in child protection and domestic violence.



## **Phyllis Setchell**

- visits people with a disability in the Orana and Central West regions
- experience in early childhood, adult literacy, employment training, family support, disability and community development.



## **Tim Sullivan**

- Mr Sullivan was appointed as a new Visitor in March 2006
- visits adults with a disability and boarding houses in the Blue Mountains and Central West area
- experience in disability, health and mental health services
- training in psychiatric nursing
- awarded a Medal of the Order of Australia (OAM).



## **Wendy Watson**

- visits children and young people, and people in boarding houses in the Blue Mountains and Sydney
- experience in the education and welfare of children and young people
- degrees in history, philosophy, politics and special education.



## **Lynette Wittig**

- visits people with a disability and people in boarding houses in the West and Orana regions
- experience in disability and child protection, and senior management experience in community services
- training in psychiatric nursing.

# Regional Focus Northern NSW

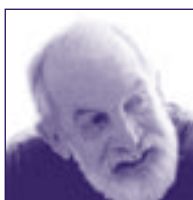
**Figure 9: Data for services in Northern region**

	No. of services	No. of Issues	Key Issues
Children and young people	23	5	<ul style="list-style-type: none"> <li>• Behaviour Management</li> <li>• Community Access</li> <li>• Environment and Facilities</li> </ul>
Children and young people with a disability	12	41	<ul style="list-style-type: none"> <li>• Nutrition, Hygiene and Health care</li> <li>• Individual Planning</li> <li>• Entry and Exit</li> </ul>
Adults with a disability (including people in Boarding Houses)	236	249	<ul style="list-style-type: none"> <li>• Environment and Facilities</li> <li>• Individual Planning</li> <li>• Privacy and dignity</li> </ul>
total	271	295	



## Joan Andrews

- Ms Andrews was appointed as a new Visitor in March 2006
- visits people with a disability in the New England area
- extensive experience in disability, health and ageing services
- awarded a Medal of the Order of Australia (OAM).



## John Archer

- visits children and young people, and people with a disability, in the Hunter and Central Coast regions
- author, publisher and activist on environmental, health, social justice and equity issues
- experience with self-help housing groups, an indigenous housing organisation, medical consumer networks, and has developed a disability accessibility guide to Sydney
- Mr Archer's 6-year appointment as an Official Community Visitor finished in July 2005



## Wendie Bradley

- visits people with a disability, and people in boarding houses, in the Hunter and Central Coast regions
- experience in senior roles with Home Care
- trained in human resource management, mediation, public relations and conflict resolution.



## Bernadette Chance

- visits children and young people, and people with a disability in the Mid North Coast and New England regions
- experience in CALD and ATSI communities, working with people with disabilities, research and university lecturing
- degrees and training in communication, English literature and visual arts.

# Northern NSW



## Mary Dallow

- visits children and adults with a disability, and people in boarding houses, in the Hunter region
- experience in community development, and disability service management
- training in disability.



## Scott Goodwin

- visits children and young people, and people with a disability, in the Hunter and Central Coast regions
- experience as a community chairperson, and in various roles with legal aid, mediation, and community justice conferencing
- degree in law
- Mr Goodwin's 6-year appointment as an Official Community Visitor finished in July 2005



## Sandy Muir

- visits children and adults with a disability in the Hunter and Central Coast regions
- experience working with homeless people, and in disability services, and community development
- degrees in fine arts and social science.



## Grant Nickel

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



## Francesca Seychell

- visits children and young people, and people with a disability in the Far North Coast region
- experience in advocacy, counselling and education for families and people with a disability at local, national and international forums, and board member of Carers NSW
- degree in social science.

# Regional Focus Metropolitan Sydney

**Figure 10: Data for services in Metropolitan Sydney**

	No. of services	No. of Issues	Key Issues
Children and young people	61	392	<ul style="list-style-type: none"> <li>• Entry and Exit</li> <li>• Behaviour Management</li> <li>• Individual Planning</li> </ul>
Children and young people with a disability	39	249	<ul style="list-style-type: none"> <li>• Individual planning</li> <li>• Environment and Facilities</li> <li>• Entry and exit</li> </ul>
Adults with a disability (including people in Boarding Houses)	607	1,124	<ul style="list-style-type: none"> <li>• Individual Planning</li> <li>• Nutrition, Hygiene and health care</li> <li>• Management Responsibility</li> </ul>
<b>Total</b>	<b>707</b>	<b>1,765</b>	



## Siobhan Butler

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



## Metty Cassimattis

- visits children and adults with a disability in northern Sydney
- experience in service management for people with a disability, mental health and drug and alcohol issues
- degrees and training in social science, management and counselling
- Ms Cassimattis' 6-year appointment as an Official Community Visitor finished in July 2005.



## Beth Evans

- Ms Evans was appointed as a new Visitor in March 2006
- visits adults with a disability in south-east Sydney
- experience in services, training and education for people with a disability
- degree in social science.



## Maree Fenton-Smith

- visits children and young people, and people with a disability in western and south eastern Sydney
- experience in working with people with a disability in accommodation and support services and adult guardianship
- degree in social work.

# Metropolitan Sydney

## North and South

Sydney CBD



### Helen Hewson

- Ms Hewson was appointed as a new Visitor in March 2006
- visits adults with a disability in south-west Sydney and the southern highlands
- experience in disability as a support worker, manager and rehabilitation consultant and in OOHC.



### Freda Hilson

- Ms Hilson was appointed as a new Visitor in March 2006
- visits adults with a disability and boarding houses in west and south-west Sydney
- extensive experience in disability services
- degree in social work.



### Megan Jones

- visits people with a disability in northern Sydney
- experience in service management in disability, health and children's services, and direct work experience in both disability and education
- degrees in clinical psychology, special education, management and fine arts.



### Ula Karas

- Ms Karas was appointed as a new Visitor in March 2006
- visits adults with a disability in west and south-west Sydney
- experience in services for people with a disability, including housing, employment, case management, mental health, advocacy and social planning
- degrees in social science with majors in counselling, mediation and community services management.



### Garry Kiely

- Mr Kiely was appointed as a new Visitor in March 2006
- visits adults with a disability in western and northern Sydney
- experience in disability.



### Losena Ma'ake

- visits people with a disability in Sydney
- experience in senior roles in aged care, disability, housing, child protection, program evaluation, project management, and working with people from culturally diverse communities
- degrees in social science and social policy
- Ms Ma'ake's 6-year appointment as an Official Community Visitor finished in July 2005.



### **Kate McKenzie**

- Ms McKenzie was appointed as a new Visitor in March 2006
- visits children and young people in OOHC in Sydney
- experience in education and with children and young people
- former School Principal.



### **Senaka Mendis**

- visits adults with a disability in south western Sydney
- experience in disability services management, advocacy, mental health issues, and youth services
- degree in philosophy
- Mr Mendis resigned as an Official Community Visitor in September 2005.



### **Julie Millard**

- visits people with a disability, and people in boarding houses across Sydney
- experience in residential care services, mental health and conflict resolution
- Ms Millard resigned as an Official Community Visitor in October 2005.



### **Lisa Patston**

- visits children and young people, and people with a disability, in western Sydney
- experience in immigration, art teaching and church ministry
- degrees and training in teaching and ministry
- Ms Patston resigned as an Official Community Visitor in June 2006.



### **Liz Rhodes**

- visits children and young people, and people with a disability in Sydney
- experience in criminal justice, mental health, negotiation and child protection investigation
- training in organisational planning and alternative dispute resolution.



### **Rhondda Shaw**

- visits children and young people, and children with a disability across Sydney
- experience in child protection, adoption and accommodation services
- degrees and training in social work, social science and conflict resolution.



### **Donald Sword**

- Mr Sword was appointed as a new Visitor in March 2006
- visits adults with a disability and 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.

# Financial

The Official Community Visitor scheme forms part of the Ombudsman's Crown Transactions Entity. 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 2005-06. 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 2005–06

	2004–05 Expenditure	2005–05 Expenditure
<b>Payroll expenses</b>		
Visitors remuneration	366,678	390,638
Superannuation guarantee contributions	30,972	37,995
Payroll tax	21,990	23,368
Payroll tax liability	1,858	2,280
<i>Subtotal</i>	<b>421,498</b>	<b>454,281</b>
<b>Other operating expenses</b>		
Advertising — recruitment	–	8,659
Fees — staff development	7,664	3,204
Fees — conferences and meetings	8,055	20,899
Minor expenses	42	148
Printing	11,193	24,657
Stores	1,073	1,693
Travel — petrol allowance	133,342	106,562
Travel — subsistence <sup>3</sup>	40,059	39,529
Travel — other <sup>4</sup>	33,906	39,171
<i>Subtotal</i>	235,334	244,522
<b>Total</b>	<b>656,832</b>	<b>698,803</b>

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

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

NOTES

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NOTES





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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.

## Special needs

Audio loop and wheelchair access on the premises



OCV

Official Community Visitors