



THE SOUTH AUSTRALIAN
**COMMUNITY
VISITOR SCHEME**

**PRINCIPAL COMMUNITY VISITOR
ANNUAL REPORT 2022-23**

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Acknowledgement of Country

Aboriginal people have made and continue to make a unique and irreplaceable contribution to the state of South Australia.

The Community Visitor Scheme (CVS) acknowledges and respects Aboriginal people as the state's first people and nations and recognises Aboriginal people as traditional owners and occupants of South Australian land and waters.

The CVS acknowledges that the spiritual, social, cultural and economic practices of Aboriginal people come from their traditional lands and waters, and that Aboriginal people maintain cultural and heritage beliefs, languages and laws which are of ongoing importance today.

The Annual Report cover artwork by Ngarrindjeri artist Jordan Lovegrove represents the Community Visitor Scheme and all the volunteers that engage with and advocate with community receiving disability or mental health services in South Australia.

United Nations Convention on the Rights of Persons with Disabilities

The CVS also acknowledges the United Nations Convention on the Rights of Persons with Disabilities especially Article 16.3: "In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities."

Language

The CVS acknowledges the use of varied terms in the mental health and disability sector including patient, inpatient, consumer and resident. For the purposes of this Annual Report, the CVS has adopted the term 'client' to represent the varied population groups.

The names and locations of case studies and examples have been de-identified to protect the identity of clients.

The South Australian
Community Visitor Scheme

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Hon Chris Picton, MP
Minister for Health and Wellbeing
Citi Centre Building
11 Hindmarsh Square
ADELAIDE SA 5000

Dear Minister

Annual Report for 2022–2023

In accordance with Division 2, section 54(1) of the *Mental Health Act 2009* (the Act), it gives me great pleasure to submit to you this Annual Report of the Principal Community Visitor 2022–2023 for presentation to Parliament.

This report provides an account of the work of the South Australian Community Visitor Scheme during the financial year ending 30 June 2023, in compliance with the Act and the Department of Premier and Cabinet Circular (PCO13) on Annual Reporting Requirements.

Yours sincerely,



Anne Gale
Principal Community Visitor

27 September 2023

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Community Visitor Scheme

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Hon Nat Cook, MP
Minister for Human Services
1 King William Street
ADELAIDE SA 5000

Dear Minister

Annual Report for 2022–2023

In accordance with Regulation 6(2) of the *Disability Services (Community Visitor Scheme) Regulations 2013*, it gives me great pleasure to submit to you the Annual Report of the Principal Community Visitor 2022–2023 for presentation to Parliament.

This report provides an account of the work of the South Australian Community Visitor Scheme during the financial year ending 30 June 2023, in compliance with the Act and the Department of Premier and Cabinet Circular (PCO13) on Annual Reporting Requirements.

Yours sincerely,



Anne Gale
Principal Community Visitor

27 September 2023

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1. Message from the Principal Community Visitor

Since my appointment as Acting PCV in September 2019 and subsequent formal appointment in June 2021, I have visited every mental health service in South Australia and met many people who are supported with services. There are some new services I am yet to visit. I have also visited many state-run disability services sites. It has been insightful and rewarding to speak with the residents and hear about their experiences and lives.



Throughout this time, I have seen examples of exceptional service and some instances where service improvement is required in the mental health sector. Improvements for the most part, relate to infrastructure limitations that inhibit the ability of the service to provide sensory rooms, privacy (due to shared rooms and bathrooms), small activity or outdoor areas. Models of care can be compromised by infrastructure and the building. This compromise is most prevalent at the Forensic Mental Health Service, James Nash House who provide acute and inpatient care. This building is outdated, prison like. The inpatient acute and inpatient wards are not conducive to therapeutic and trauma informed care due to their age and design. Whilst some additional buildings require updating, James Nash House is a priority to promote the wellbeing of people receiving treatment, at the most acute stage of their mental health condition.

There are additional mental health services that have been identified as requiring infrastructure development. This includes Northgate Older Persons Mental Health Service (which was intended as a temporary location after the closure of the Oaken Aged Care and Older Persons Mental Health Service); Woodleigh House (Modbury Hospital); Cramond Clinic (Queen Elizabeth Hospital) and Glenside Inpatient Rehabilitation Service.

A number of services provide high quality practices of care, within modernised buildings. These include the Urgent Mental Health Community Centre, Jamie Larcombe Centre, Specialist Advanced Dementia Unit, Neuro-behavioural Unit, Helen Mayo House and Community Rehabilitation services (Trevor Parry Centre, Elpida House, Wondakka Community Rehabilitation Centre). Ramsay Clinic Adelaide, Ward 18V (Flinders Medical Centre), the three regional Integrated Mental Health Inpatient Units (Whyalla, Mount Gambier and Berri) and Eastern, Southern, Western and Northern Community Health Services are also on the list. These services deliver quality models of care and notably, all are supported by good infrastructure and multi-disciplinary teams. These services provide a blueprint for reform for services in need of development.

The workforce in the mental health sector is experiencing shortages, and is well documented and acknowledged. Shortages in psychology, psychiatry, occupational therapy and Aboriginal peer workers are evident, particularly in regional areas and in the north of the state, they operate a fly-in, fly-out model. I acknowledge the dedication, commitment, understanding and kindness that highly skilled mental health staff provide to the people they work with.

Long stays in emergency departments for mental health patients continues to be a pressure point and patient flow is complex. People visited by CVs have reported that once navigate the fast-paced emergency department which is not conducive to mental health wellbeing, they are well supported in the acute and psychiatric inpatient care units. There is more work to do in emergency settings to support people presenting with mental health conditions and illness, to minimise their stay and support their exit and access to dedicated mental health care.

In relation to state-run disability services, this year the Department for Human Services, Disability Services (DHS DS) has transitioned to become a NDIS registered provider. New NDIS plans have been developed for each client. This has been an important and time-consuming task but essential for clients to receive an appropriately funded plan to achieve their goals. With these new plans in mind, CVS visits will focus on increased community participation and personal development. Many clients actively engage in community, some in employment but there are others where this participation could be enhanced. It is notable that the philosophy of support and care is evolving to be more individualised.

DHS DS rolled out the new state-based Restrictive Practices Authorisation Scheme. Over the past few years, I have noticed greater staff recognition of human rights and promoting client independence, choice and control. More recently I have observed an increase in knowledge and training to reduce restrictive practices by engaging Positive Behaviour Support Practitioners, to guide practice.

DHS DS operate two Transition to Home (T2H) services in the south of Adelaide, and one at Semaphore. These services facilitate hospital discharge for people sourcing longer term housing or their return to home, pending modifications. The service was subject to two external reviews and reports, with recommendations for improvements. The service is operated in conjunction with the Department of Health and Wellbeing and it has worked diligently to improve and clarify governance (including clinical governance) and roles and responsibilities and implement recommendations of the reports. A shared letter of understanding between T2H and NDIS providers will be developed to again clarify roles and responsibilities, I strongly support this approach.

Maintenance of properties is regularly raised in CVS reports. The properties are predominantly managed by several community housing providers, some of which are also leased from the South Australian Housing Authority. Due to this multiplicity of housing providers and different maintenance processes, there are varying timeframes for responsive maintenance. I have undertaken advocacy for timely maintenance from community housing providers, with positive responses to date.

Housing types can include individualised units, clusters of units and shared houses. Between two and five residents can reside in one home. The mix of households is very important to ensure harmony and positive relationships. Staff work diligently to support residents. Families and residents report the need for consistent staff who know them well and understand their support needs.

The staff who provide support demonstrate their commitment, support, and knowledge of the residents. They are experiencing significant change through the transition to the NDIS, working to reduce restrictive practices with Positive Behaviour Support Plans, and recognising human rights including independence, choice and control.

These and some of the other key matters this year relating to CVS visits undertaken in both mental health and disability, are outlined in this report.

This scheme is upheld by volunteers. The CVs give their time generously, and I note their continued commitment to undertake visits and inspections, as well as provide advocacy for clients. This year marks the fifth consecutive year that the CVs were awarded the Premier's Certificate of Recognition for Outstanding Volunteer Service. I congratulate and thank every CV for their contribution and dedication.

Thank you to the members of the Community Visitor Scheme Advisory Committee, including its Chair Ms Anne Burgess. The committee provides a forum for robust discussion and strategy development to assist me to address issues that arise from our collective work.

I also wish to acknowledge the staff of the CVS who continue to provide a high level of service to the scheme, CVs and the people who seek assistance from the scheme. I thank them for their work, dedication and commitment.

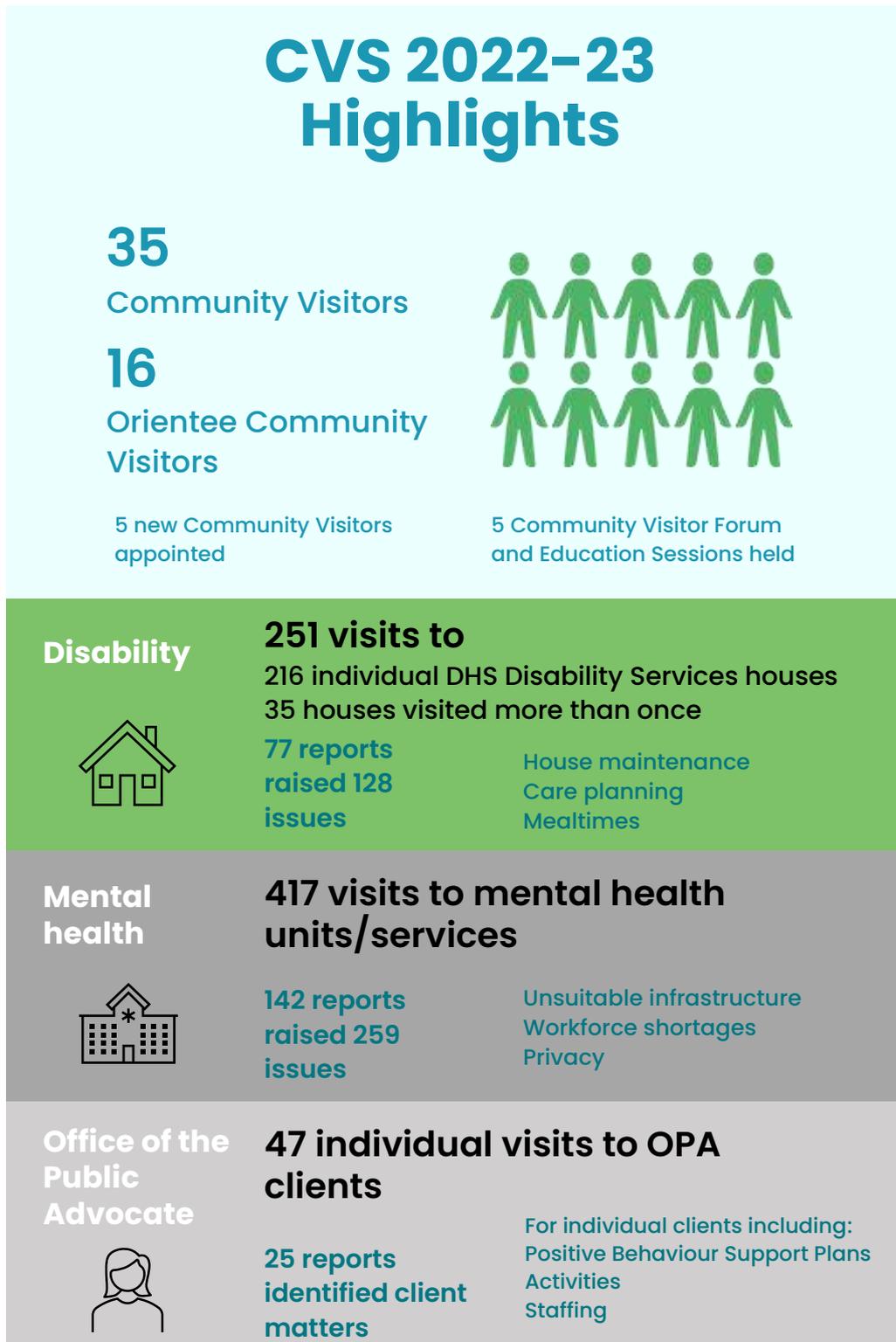
And most importantly I thank the people (clients), their families and carers who have generously and with trust shared their views, voice and experiences with CVs this year.



Anne Gale

Principal Community Visitor
South Australian Community Visitor Scheme

2. Snapshot of 2022–23



3. Structure of the Community Visitor Scheme

3.1 Principal Community Visitor and Community Visitors

The Community Visitor Scheme (CVS) is comprised of the Principal Community Visitor (PCV), the newly appointed Assistant Principal Community Visitor (APCV) and appointed Community Visitors (CVs). These positions are supported by the Community Visitor Scheme team, who are public sector employees.

The PCV, APCV and CVs are appointed by the Governor on the recommendation of the Executive Council under the *Mental Health Act 2009*.

The independence of the CVS is integral, enabling clients, carers and family members to speak with individuals who are not associated with the provision of support and services.

3.2 Governance Arrangements

The PCV reports to the Minister for Health and Wellbeing on matters related to the scheme's functions under the *Mental Health Act 2009* and to the Minister for Human Services on matters related to the scheme's functions under the *Disability Services (Community Visitor Scheme) Regulations 2013*.

3.3 Community Visitor Scheme Advisory Committee

An Advisory Committee provides strategic advice and support to the PCV, monitors the key issues arising from the work of the CVS, and contributes to strategic networks and relationships.

The Advisory Committee met on five occasions in 2022–23.¹

This year, the committee contributed to the development of CVS policies and provided consultancy on the strategic projects. The committee has also discussed systemic issues, the SALRI review, the transition of disability services to the National Disability Insurance Scheme (NDIS), the expansion of the CVS's scope and safeguarding measures such as the new restrictive practices legislation.

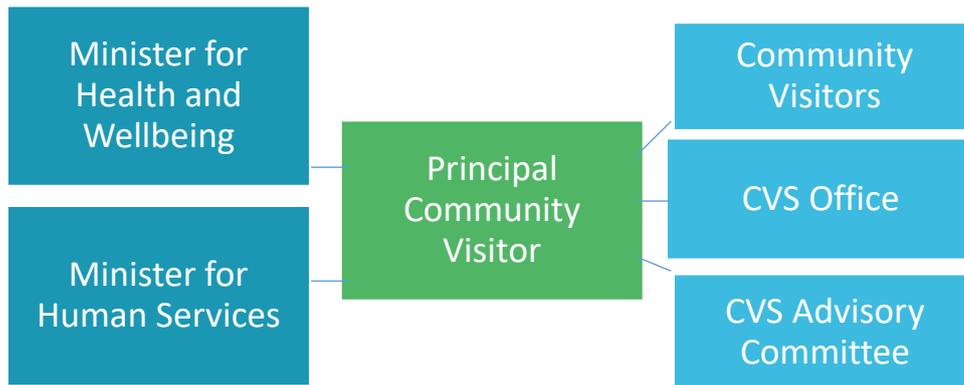
The membership of the Advisory Committee is set out in Appendix 1.

¹ 23 August 2022; 25 October 2022; 28 February 2023; 18 April 2023; 27 June 2023.

3.4 Structure of the Community Visitor Scheme

The diagram below shows the relationship between the components of the scheme.

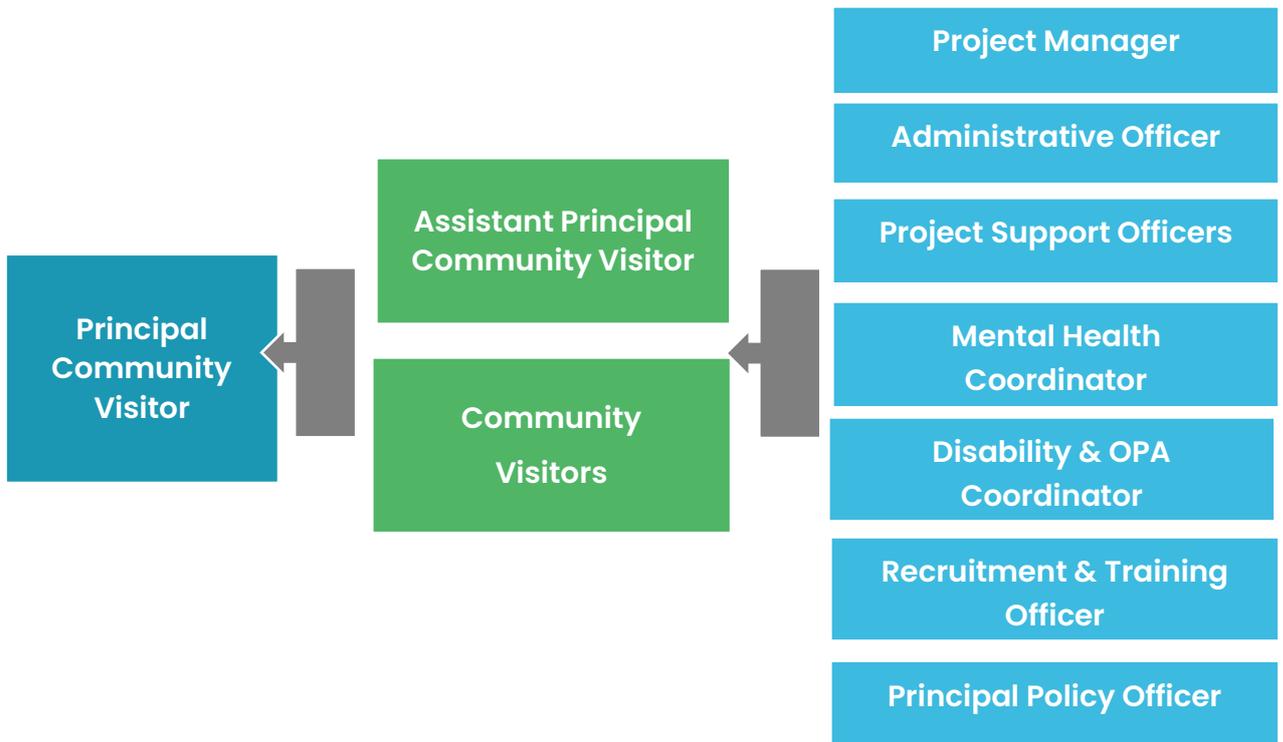
Components of the Community Visitor Scheme (June 2023)



3.5 Funding and Administrative Support

The CVS is funded by the Department for Health and Wellbeing (DHW) and the Department of Human Services (DHS). At end June 2023, the scheme was supported by a small office of 6 FTE ongoing staff, and 1 FTE temporary policy and project staff employed to build the capacity of the scheme. These staff are under the direction of the APCV.

Community Visitor Scheme Organisational Structure (June 2023)



4. Functions of the Community Visitor Scheme

4.1 *Mental Health Act 2009*

The CVS is established by the *Mental Health Act 2009*. The Act creates the roles of PCV and CVs. Under section 51 of the *Mental Health Act 2009*, CVs have the following functions:

- to conduct visits and inspections of treatment centres and authorised community mental health facilities as required or authorised by the Act;
- to refer matters of concern relating to the organisation or delivery of mental health services in South Australia or the care, treatment or control of patients to the Minister, the Chief Psychiatrist or any other appropriate person or body;
- to act as advocates for patients to promote the proper resolution of issues relating to the care, treatment or control of patients, including issues raised by a guardian, medical agent, relative, carer or friend of the patient or any other person who is providing support to a client under the Act; and
- any other functions that may be assigned to them by the *Mental Health Act 2009* or any other Act.

The PCV has the following additional functions:

- to oversee and coordinate the performance of the Community Visitors' functions;
- to advise and assist Community Visitors in the performance of their functions;
- to report to the Minister about the performance of the Community Visitors' functions;
- any other functions assigned to the Principal Community Visitor by the *Mental Health Act 2009* or any other Act.

4.2 Disability Services (Community Visitor Scheme) Regulations 2013

The *Disability Services (Community Visitor Scheme) Regulations 2013* allocate the following additional functions to Community Visitors:

- to visit state-run disability accommodation premises to inquire into the following matters:
 - the appropriateness and standard of the premises for the accommodation of residents;
 - the adequacy of opportunities for inclusion and participation by residents in the community;
 - whether the accommodation services are being provided in accordance with the principles and objectives specified in Schedules 1 and 2 of the *Disability Services Act 1993*;
 - whether residents are provided with adequate information to enable them to make informed decisions about their accommodation, care and activities;
 - any case of abuse or neglect, or suspected abuse or neglect, of a resident;
 - the use of restrictive interventions and compulsory treatment;
 - any failure to comply with the provisions of the Act or a performance agreement entered into between a disability services provider and the Minister;
 - any complaint made to a Community Visitor by a resident, guardian, medical agent, relative, carer or friend of a client, or any other person providing support to a resident;
- to refer matters of concern relating to the organisation or delivery of disability services in South Australia to the Minister;
- to act as advocates for residents living in state government-run disability accommodation to promote the proper resolution of issues relating to their care, treatment or control, including issues raised by a guardian, medical agent, relative, carer, friend or any other person who is providing them support.

4.3 Guardianship and Administration Act 1993

Community Visitors visit people who are under the guardianship of the Public Advocate who are participants in the NDIS. The Public Advocate has delegated authority under the Act, to the CVs to undertake visits. The visits undertaken on behalf of the Public Advocate to fulfil the objectives of the *Guardianship and Administration Act 1993*, have a different purpose to the visit's CVs complete under *the Mental Health Act 2009* and *Disability Services (Community Visitor Scheme) Regulations 2013*. When visits are conducted under the *Guardianship and Administration Act 1993*, CVs focus on the individual, their care planning and care arrangements.

The CVS reports directly to the Office of the Public Advocate about the visits and any care planning or individual client follow-up.

5. The Year in Review

5.1 Appointment of Assistant Principal Community Visitor (APCV)

The APCV was appointed on 19 January 2023 as a CV and commenced accompanying orientee CVs on visits. This position has been significant in providing additional visits and inspections and enhancing the orientation process. The APCV role also supports the PCV and oversees the CVS team, as well as working alongside appointed CVs.

5.2 Transition to Home Review

In April 2022, the Minister for Human Services, Nat Cook MP, announced a review of the Transition to Home (T2H) service. The review was undertaken in May–June 2022 by Dr Christine Dennis and Mr Greg Adey. The CVS provided information to the review and the report was provided to the CVS in late 2022.

The PCV and APCV visited the T2H Noarlunga site on 22 March 2023 to address reports about the service provision and the client experience, as part of the CVS due diligence and follow-up of key issues raised. There is evidence to demonstrate that the recommendations have been actioned, with some implemented and others in progress. This report has been shared with DHS DS and the Minister for Human Services on 23 May 2023. The CVS will continue to ensure robust follow-up occurs to ensure improvements are in place. Further details regarding the visit are provided in Section 6.4.6.

5.3 CVS Expansion

In 2022, the state government committed \$1.8m over four years to expand the scope of the scheme to visit non-government-sector disability service providers. The scope is yet to be determined until the outcomes of both the Disability Royal Commission and the Review of the NDIS, due to be released in late 2023.

5.4 Capital Works Infrastructure

Across the mental health system there is continuing concern regarding the ageing infrastructure of services including Northgate House and James Nash House. At every visit conducted to James Nash House this year, CVs noted concerns regarding the ageing and inappropriate building and facilities. Community Visitors noted that the lack of a modern and therapeutic building environment has a significant impact on clients. Northgate House was developed as a short-term response and was the only available property that could accommodate the timeline for closure of the Oakden Older Persons Mental Health Service. The CVS has been advised that funding to replace Northgate and James Nash has not been secured and the Northern Adelaide Local Health Network will continue to pursue a funding commitment.

5.5 Mental Health Gazetted Services

In 2022–23 the Chief Psychiatrist gazetted 11 mental health services as Authorised Community Mental Health Facilities under the *Mental Health Act 2009*, and this included the Child and Adolescent Mental Health Service (CAMHS). The introduction of CAMHS sites and engagement with children, young people and their parents/carers has resulted in the CVS working closely with CAMHS to implement a visiting strategy to meet requirements and engage with staff and this new client group.

There are an additional 28 sites yet to be gazetted and the requirement for visits every two months for current sites impacts on CVS resources and visits to DHS DS clients. The CVS is exploring potential amendments to the *Mental Health Act 2009* regarding visitation frequency.

5.6 Restrictive Practices

The South Australian DHS Restrictive Practices Authorisation Scheme came into effect in May 2022 to implement new laws that provide safeguards for people living with disability. The *Disability Inclusion (Restrictive Practices – NDIS) Amendment Act 2021* and *Disability Inclusion (Restrictive Practices – NDIS) Regulations 2021* set out the roles, processes and criteria for the authorisation of regulated restrictive practices for people receiving NDIS services. The scheme sets out legal requirements that must be met before restrictive practices can be authorised.

Restrictive practices continue to be an important focus for the CVS. Community Visitors report on restrictive practices, inspect documentation and explore the impact of the practices on the client or others, if applicable. The CVS provided feedback on a DHS resource titled “Restrictive Practices in and Around the Home” that was created in response to CVS visits and discussions with stakeholders. The pictorial guide is used to assist a range of restrictive practices in and around the home and will be utilised by the CVS, NDIS providers, behaviour support practitioners, family members and other professionals to help identify and discuss restrictive practices in an open and accountable way.

5.7 National Interjurisdictional Meetings (Disability)

In August 2022, the PCV sought the views of interstate colleagues as to whether there was interest in organising a national meeting of community visitor/official visitor schemes. Positive interest was gained from other jurisdictions and in September 2022 the meetings commenced, to be held every two months. The aim is to share information about the schemes and discuss themes that arise from the Disability Reform Ministerial meetings. Of particular interest is how interstate schemes are defining visitable sites in the NDIS context and the significant growth of potential disability visitable sites.

5.8 Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT)

In 2021, the OPCAT Implementation Bill was introduced into the South Australian Parliament to create the legislative scheme for the National Preventive Mechanism (NPM). The Bill nominated the PCV as the NPM for closed mental health services. In 2022, a new government was elected and, since that election, this nomination has not been confirmed. Additionally, in South Australia legislation has not been enacted, budget allocations have not been made, and the structure of the NPM has not been established. Therefore, the CVS has not implemented or conducted any NPM functions since the initial (and unconfirmed) nomination. The CVS continues to adopt a monitoring role through ongoing communication with the Attorney-General and at the Commonwealth interjurisdictional meetings.

The PCV considers that additional staff should be employed to undertake the detailed, rigorous and expert inspections that must be completed under OPCAT. It is anticipated that OPCAT inspections may take place over several days, with detailed reporting requirements. OPCAT funding arrangements must reflect the staff levels necessary to undertake the inspection requirements, and not rely on a volunteer model.

5.9 Engaging with Stakeholders

The PCV meets regularly with the Minister for Health and Wellbeing, the Hon Chris Picton, MP, and the Minister for Human Services, the Hon Nat Cook, MP, to provide a briefing on the CVS and discuss emerging sector issues.

The PCV, APCV and CVS staff have regular meetings with other statutory officers and senior public servants, including:

- Chief Psychiatrist
- Health and Community Services Complaints Commissioner
- Public Advocate
- Chief Executive and other senior staff from both the Department of Human Services and the Department for Health and Wellbeing
- Mental Health Directors of the Northern Adelaide Local Health Network (NALHN), Central Adelaide Local Health Network (CALHN) and Southern Adelaide Local Health Network (SALHN), Women's and Children's Health Network (WCHN), Barossa Hills Fleurieu LHN (including Rural & Remote unit, Glenside), Limestone Coast Local Health Network (LCLHN), Flinders Upper North LHN (Whyalla Hospital) and Riverland Coorong Mallee LHN (Berri Hospital)
- NDIS Quality and Safeguards Commission.

Regular meetings with the senior staff of Local Health Networks and Department of Human Services Disability Services provide an opportunity to review the outcome of CVS visits and discuss any emerging or outstanding issues.

5.10 Strategic Policy and Practice

The PCV contributes to planning, policy, strategy, reviews, research and inquiries at both a Commonwealth and state level.

The PCV engages with stakeholders at regular meetings regarding policy sector developments and CVS policy, as well as participation in relevant sector reviews, reports and submissions, which have included the following during the reporting period:

- Community Visitor Schemes National Interjurisdictional Meetings
- SA NDIS Psychosocial Disability Transition Taskforce
- Statutory Authorities Group and Rights Protection Agencies meeting
- participating in national meetings regarding the Optional Protocol to the Convention against Torture
- feedback on the Office of the Chief Psychiatrist Sexual Safety in Mental Health Services
- feedback on the South Australian Law Reform Institute review of the *Mental Health Act 2009*

- participating in research interviews with Melbourne University for the project “Community Visitor Schemes within the NDIS and OPCAT landscapes: Inspection powers and reporting to safeguard the rights of people with disabilities”
- Human Rights and Coercion Reduction Committee
- attending the launch of the Lived Experience Leadership & Advocacy Network.

5.11 Expansion of the Scope of the CVS

In 2022, the state government committed \$1.8m over four years to expand the scope of the CVS to include visits to non-government-sector disability services. The PCV has maintained ongoing dialogue and exploration with the Minister for Human Services regarding this potential expansion. This issue remains unresolved pending the recommendations of the Disability Royal Commission in September 2023 and the review of the NDIS due in October 2023.

The additional funds that were provided for the last financial year to build the capacity of the CVS through various projects have now been expended. Funding arrangements will need to be re-examined should there be an expansion of the scheme. The legislative requirement for bi-monthly mental health visits and increasing mental health gazettals impacts the scheme’s capacity to conduct twice yearly visits to disability services.

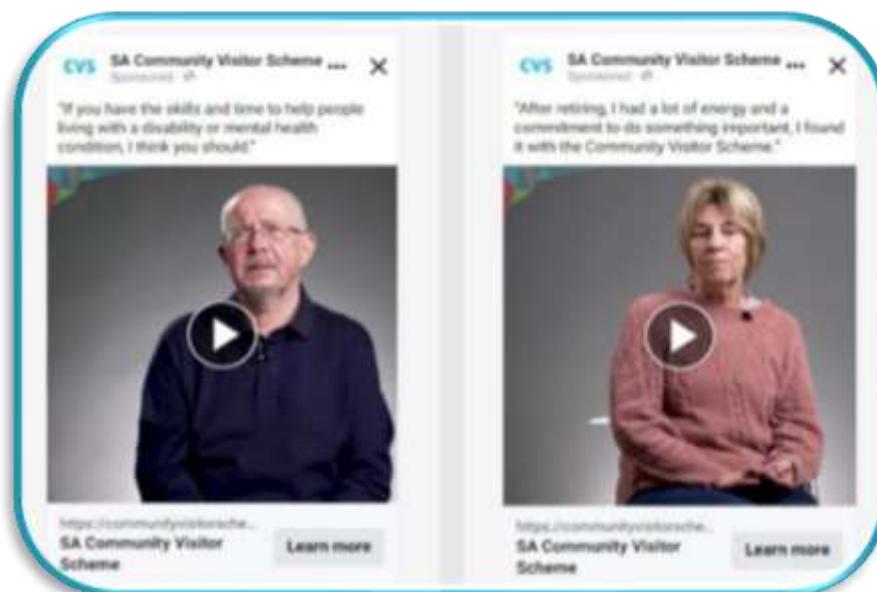
5.11.1 Priority Projects

In 2022 the CVS commenced a range of priority projects aimed at enhancing and building the capacity of the scheme. A dedicated Project Manager and Principal Policy Officer were appointed to manage and oversee the projects focused on bolstering the volunteer workforce, process improvements, policy reviews, system upgrades, enhancing data and reporting mechanisms. These projects are outlined below.

Recruitment and Engagement Campaign

The CVS Volunteer Recruitment and Engagement Campaign was a priority project that took place between 20 February and 19 April 2023. An external vendor developed a strategy and implementation plan to increase CV recruitment. The plan also identified actions to promote the CVS and to increase community engagement and awareness.

To maximise reach and impact, a multi-channel approach was adopted, leveraging platforms such as Facebook, LinkedIn, targeted distribution networks, Channel 44 and “The Senior” publication. The campaign also utilised videos and graphics produced by the CVS (see below) which were incorporated into a paid advertising campaign that resulted in a total of 77.8k video views.



The number of expressions of interest generated between February 2023 (the commencement of the recruitment campaign) and end June 2023 was encouraging. A total of 39 expressions of interest were received in the campaign period, with 23% (nine individuals) making contact as a direct result of the campaign.

Of the nine expressions of interest resulting from the campaign, five resulted in new CV applications. The campaign also generated substantial improvements in the CVS's online presence and engagement across social and digital channels:

- The CVS Facebook page experienced:
 - a 491.3% increase in page views
 - a 1200% increase in new page likes
- The CVS LinkedIn page witnessed:
 - a 562.1% increase in page views
 - a 393.8% increase in unique visitors
 - an 877.8% increase in new followers.

These results reflected positive progress towards achieving the campaign's objectives and building awareness of the scheme.

The CVS will continue to build on the momentum generated by the successful recruitment and engagement campaign to sustain and enhance the online presence of the CVS and engagement across existing networks and stakeholders. The CVS is seeking to recruit CVs who are living with disability, are Aboriginal or Torres Strait Islander, and are from culturally and linguistically diverse communities.

Community Visitor Training

The second priority project focused on the enhancement of the CV training and orientation process. The CVS worked closely with a third-party provider to develop an online interactive learning module to support the training of volunteers. This introductory online module successfully rolled out in February 2023. The two-day orientation training was also reviewed and rewritten to align with contemporary language, CVS practice approaches and interactive training modules. The revised training includes presentations from people with lived experience of living with a mental health condition or illness or living with disability, written materials and readings, role plays, and videos. This project also identified the need to develop a video that depicts a visit and inspection for training purposes. This video will be completed in the second half of 2023.

Scheduling, Data and Reporting System Improvements

The third project commenced in October 2022 and involved a review of the CVS visit and inspection functions and post-visit CV reporting. The purpose of the project was to increase report consistency and efficiency and reduce subjectivity. The project also revisited the prompts that guide visits and inspections, based on relevant standards, laws and conventions. Consultations with stakeholders and CVs informed the development of a set of six visit domains and four inspection domains that guide visit and inspection purpose and reporting at both disability and mental health services.

The project concluded that a CV:

- **visits** the client and staff to engage and discuss the client's rights across six domains: participation, safety, inclusion and diversity, wellbeing and development, access to information, dignity and respect.
- **inspects** the service across four domains: environment, safety, equipment and records.

Community Visitors adopt a rights-based framework and are client centred; therefore the domains and the post-visit and inspection report questions are designed to reflect this approach. The domains and the supporting indicators in practice are considered in conjunction with clients, their voice, experience and perspective, while considering their wellbeing, dignity, safety and rights. The post-visit and inspection online report questions and template completed by CVs has been adapted to reflect the domains; however, it has not yet been operationalised. The online reporting system will be upgraded and amended to improve the consistency and efficiency of reporting and to improve data collation and is due for completion in late 2023.

CVS Visit Domains

I have the right to participate and be involved in decisions and care planning.
(Voice and participation)

I have the right to access services that meet my individual needs.
(Inclusion and diversity)

I have the right to access services, information and my records.
(Access to information and person-centred services)

I have the right to be safe.
(Restrictive practices and safety)

I have the right to quality services that ensure my wellbeing and development.
(Wellbeing and personal development)

I have the right to be treated with respect and my privacy upheld.
(Dignity and respect)

CVS Inspection Domains

I have the right to an accurate record.
(Records)

I have the right to be in a safe environment.
(Environment)

I have the right to equipment that meets my needs.
(Equipment)

I have the right to access a safe service.
(Safety)

The CVS also examined the current numerical rating system used to accompany the CV post-visit report narrative. The current rating system is one to five, with the rating one to three indicating the area requires development and the rating four or five indicating generally

positive practice. Community Visitors select the rating based on what was discussed, observed, inspected and raised during the visit/inspection.

Drawing on approaches interstate and consultation with CVs and stakeholders, the CVS decided to cease the use of the numerical rating, replacing it with a word-based rating system. This will be introduced in 2023–24. This Annual Report continues to report on the numerical rating system used by CVs in the 2022–23 reporting period.

During 2022–23, an external review revealed that the existing CVS IT infrastructure does not meet operational requirements, prompting the need for an upgrade. As part of the review process, the CVS identified several immediate opportunities for improvement, specifically in scheduling, recruitment and automation, resulting in enhanced efficiency within the CVS team. Further efficiencies can be achieved by implementing an upgraded IT infrastructure that aligns with the CVS's future goals. As a first step in the roadmap, the CVS is focused on updating and modernising the reporting tool for volunteers with a portal and ensuring seamless integration with CVS technological systems. It is expected this update will be implemented by the end of 2023.

5.11.2 Policy and Practice Review

The CVS has a comprehensive internal policy framework that supports the work of the CVS office team and the CVs.

Due to the development of the visit and inspection domains and indicators and training modules, the CVS's internal policies and procedures now require review and adaptation.

The distinction between the visit and inspection functions (as opposed to the terms being used interchangeably) is now outlined in a policy position. Supporting policies and procedures will now be re-drafted to outline operational procedures.

The CVS also trialled a reduction in unannounced visits to outpatient community mental health services in the first half of 2023. This has been in response to CV feedback about the lack of engagement with clients during outpatient visits, arising from outreach-based appointment systems and irregular clinic days. If clients are present, they are often in a waiting room or awaiting an appointment, which is not an ideal environment for meaningfully engaging with CVs. By both announcing visits and working with outpatient mental health services to promote the upcoming visit, the CVS aims to increase client engagement with CVs during outpatient visits. The policy position has been developed, and feedback is being sought in the latter half of 2023. Unannounced visits to residential and treatment services will be maintained at a ratio of 50%.

The scheme has focused on the development of policy in practice in respect of restrictive practices in response to the implementation of the DHS Restrictive Practices Authorisation Scheme. As part of that development, the CVS has reviewed the domains and indicators in

relation to restrictive practices and re-written the training content to reflect contemporary approaches.

Review of the Mental Health Act 2009

The SA Law Reform Institute (SALRI) released the report of the review of the *Mental Health Act 2009* (SA) in April 2023. The SALRI made 61 recommendations in total, five of which relate to the CVS. Section 11 of the report specifically addresses the role of the CVS, which is established under Part 8 Division 2 of the Act.

The PCV welcomed the review's recommendations relating to the frequency of visits to mental health services, the appointment of CVs by the Minister, and the potential for volunteers to attend ongoing training and development.

The PCV expressed concern about the SALRI review's recommendations regarding the roles of the Mental Health Commissioner and the PCV and recommended further clarity about roles and responsibilities. Additionally, Recommendation 53 seeks to remove powers of inspection from the CVS. This could potentially result in the scheme being unable to inspect aspects that are critical to its role.

The PCV also mentioned that the CVS visits and inspects both DHS DS and visits clients of the Public Advocate who are participants of the NDIS. Therefore, any proposed changes to functions in mental health also impact other areas of the CVS's work.

The PCV provided an initial response on the above issues to the Minister for Health and Wellbeing, as well as a copy to the Minister for Human Services and the Chief Psychiatrist. The consultation process to respond to the review has not yet been announced.

Gazettal of Additional Mental Health Services

During 2022–23 the Chief Psychiatrist gazetted 10 mental health services as Authorised Community Mental Health Facilities under the *Mental Health Act 2009*. These services are listed below.

Gazetted on 27 October 2022:

- Mt Gambier Child and Adolescent Mental Health Service
- Mt Gambier Community Mental Health Service
- Riverland Child and Adolescent Mental Health Service
- Riverland Community Mental Health Service
- Whyalla Child and Adolescent Mental Health Service
- Whyalla Community Mental Health Service

Gazetted on 10 November 2022:

- Central Metropolitan Child and Adolescent Mental Health Service (Eastern Team)
- Central Metropolitan Child and Adolescent Mental Health Service (Western Team)
- Northern Metropolitan Child and Adolescent Mental Health Service
- Southern Metropolitan Child and Adolescent Mental Health Service

The CVS took a staged approach to the commencement of visits to the Child and Adolescent Mental Health Service (CAMHS) given this was a new type of service for CVs. The PCV and APCV undertook introductory meetings with CAMHS management and local Clinical Coordinators prior to commencing visits, to develop an appropriate process to visit services and engage with CAMHS clients. Training was held for CVs with a CAMHS staff member to provide information regarding CAMHS services and useful ideas to engage with clients.

Additionally, the Chief Psychiatrist gazetted an eleventh site, the Timor 6 ward at the Repat Health Services as an Approved Treatment Centre on 28 June 2022. The CVS will commence visits to this service in the new reporting year.

It should also be noted that on 16 January 2023 the Southern Intermediate Care Centre was revoked as an Authorised Community Mental Health Facility following its temporary closure in January 2022.

6. Overview of Visits and Inspections

6.1 Visits to Disability Services, Mental Health Services and Public Advocate Clients who are Participants in the NDIS

6.1.1 Disability Visits

Disability Services Visits

	Visits completed to individual DHS houses	Potential client reach	Requests for advocacy	Report numbers with issues referred to DHS for follow-up
2022–23	251 visits ²	594	7	77 reports raised issues
2021–22	155 visits	Not recorded	5	38 reports raised issues

² 251 visits were to 216 individual homes. A total of 35 houses were visited more than once.

There are 222 individual houses in which the Department of Human Services Disability Service (DHS DS) in South Australia provides support to clients. The houses are primarily managed by community housing providers.

This year, 216 individual houses were visited once. During 2022–23, 35 individual houses were visited more than once by CVs. More frequent visits are made to sites supporting particularly vulnerable clients or where concerns have been raised during previous visits. Six individual houses were not visited by CVs this financial year.

The CVS completed a total of 251 announced visits and inspections to 216 individual houses. The individual homes have the capacity to house 594 clients. This is a 62% increase compared with 155 announced visits in the previous year.

The visit numbers have increased from the previous year due to several factors, which include;

- greater availability of CVs due to a reduction in COVID-19 restrictions and illness
- increased ability to visit clients and houses due to reduced COVID-19 restrictions and illness amongst clients
- the appointment of the APCV, who together with the PCV has visited more disability houses including as part of the orientation program for new CVs.

From the 251 visits to individual houses, 77 reports raised 128 issues or concerns which were raised with DHS DS. All issues raised in the reporting period were referred by the CVS back to the relevant service for a response or follow-up.

The CVS also conducts visits on request. A client, carer, guardian, relative, friend, or any person or organisation who is providing support to a client may request a visit by a CV. There were no requested visits in the reporting period. The CVS received a total of seven requests for advocacy in this financial year. An example is provided in Section 9.1.

6.1.2 Public Advocate Client Visits

In September 2019, the Public Advocate delegated some functions of the Public Advocate to the PCV and CVs under the *Guardianship and Administration Act 1993*.

This delegation allows the PCV and CVs to visit people under the guardianship of the Public Advocate who are participants of the NDIS. The purpose of these visits is for CVs to engage with clients and enquire into matters where the Public Advocate is appointed as guardian for areas such as health, accommodation or lifestyle.

During the reporting period CVs undertook 47 visits to Public Advocate clients in both regional and metropolitan areas. Seven clients resided in non-government accommodation, and the

remaining 40 clients were in DHS DS houses. This is a 20% increase from the previous financial year (37 visits).

6.1.3 Mental Health Visits

Mental Health Services Visits

	Individual units/services	Requests for advocacy	Report numbers with issues referred to LHNs/service provider for follow-up
2022–23	417	55	142 reports raised issues
2021–22	368	45	81 reports raised issues

The *Mental Health Act 2009* mandates that each approved treatment centre and authorised community mental health facility will have a visit and inspection by CVs at least once in every two-month period.

In 2022–23, the CVS was required to visit and inspect 76 gazetted sites, which include:

- 15 approved treatment centres with 50 individual units within those centres³
- 26 authorised community mental health facilities.

The full list of facilities within the scope of the CVS are listed in Appendix 2.

During the reporting period, the CVS completed 417 visits and inspections to individual mental health services, wards, centres, units and facilities. This represents a 20% increase in visits compared to 2021–22. Approximately 35% of all visits were unannounced during the reporting period. The increase in the number of gazetted sites resulted in a greater number of announced visits to establish an ongoing visiting regime for new sites. In the reporting period, the CVS undertook eight audio-visual visits and inspections to mental health services,⁴ compared to 72 in the last financial year (a higher use due to COVID-19-related restrictions). Of the eight audio-visual visits and inspections, six were conducted for reasons related to COVID-19 and two were undertaken for introductory visits to regional community mental health services.

³ Note this figure includes Timor 6, Repat Health Precinct, which was gazetted on 28 June 2023 and was not visited in this reporting period.

⁴ In late 2021, the *Mental Health Act 2009* was amended to allow the CVS to continue audio-visual visits in specific circumstances, including the risk of contagious disease.

Community Visitors inspect all areas of the mental health service that provide treatment, care and rehabilitation for people living with a mental condition and/or illness. From the 417 visits, 142 reports included a range of concerns or issues requiring follow-up with mental health services management. All issues raised in the reporting period were referred back to the relevant service for a response.

In addition to the scheduled visits every two months, the CVS also conducts visits on request. A client, carer, guardian, relative, friend, or any person or organisation who is providing support to a client may request a visit by a CV. If a request is made to a manager of or a person in a position of authority at a treatment centre or community mental health facility, that person must advise the CVS office of the request within two working days. The CVS undertook six requested visits to clients during 2022–23.

In addition to this the CVS also responded to 55 requests for advocacy relating to mental health services (this is a 22% increase in advocacy requests compared to 2021–22).

6.1.4 Scheduling of Visits

The CVS schedules visits and inspections several weeks in advance, considering the availability of CVs and sites. A total of 18 per cent of all scheduled visits (78 visits) were cancelled in the last financial year and required rescheduling. Mental health visits are rescheduled promptly to meet legislative requirements. The rescheduling for disability visits must take into account CV and client availability.

The reasons for cancellation include:

- Sites are unavailable for various reasons such as the client/s is unwell on the day, clients attending clinical appointments or site being vacant due to client moving to a different address.
- CVs are unavailable for other reasons such as illness, leave or personal commitments.
- Sites are not taking visitors due to active COVID-19 cases or CVs unavailable due to COVID-19.
- ‘Other’ includes unexpected events and extreme weather conditions.

6.2 Reporting on Visits

CVs are provided with prompts to guide them on the areas or matters they should observe and consider during their visits and inspections. This reporting approach and prompts are currently under review and due to be implemented in 2023–24.

Where possible at the time of the visit, CVs will provide the site staff with informal verbal feedback about any concerns and/or positive observations.

On completion of the visit, the CVs complete an online report that contains a variety of predetermined questions relevant to the visit. The report is provided to the PCV and, after processing, to DHS Disability Services Quality and Safeguards Team, Local Health Network (LHN) Mental Health Directors and the Office of the Public Advocate, as well as any identified matters requiring action.

CVs are requested to provide a numerical rating out of five, and any relevant comments, for the following matters:

- communication – client and staff interaction/respectful communication
- environment – suitability of facilities, grounds and their maintenance
- quality of client services and access.

CVs comment on, but do not rate, the following matters:

- safety and rights
- least restrictive practices
- treatment and care planning.

The report also provides an opportunity for any issue of concern or request for advocacy to be presented to the PCV for follow-up. When required, the PCV can escalate an issue to the appropriate body for action and resolution.

6.3 Analysis of the Visit Data

Community Visitors provide a numerical rating for each report section and a sample of CV report ratings are collated and presented in graphs in the following sections of this report. For this financial year, the ratings data has been configured to classify a numerical rating of four or five as positive. Ratings of one, two and three are classified as potentially requiring improvement and/or further investigation. Percentages have been rounded to the nearest whole number.

Quotations from CV reports are also provided in the commentary to represent some of their observations.

6.4 Key Report Findings: Disability Services

6.4.1 Communication between Staff and Clients and Staff Responsiveness to Client Needs

Effective communication is key to building trust and rapport with clients and essential to staff understanding clients' needs. During visits, CVs engage with both clients and staff about how communication is working and make observations about engagement. In the reporting

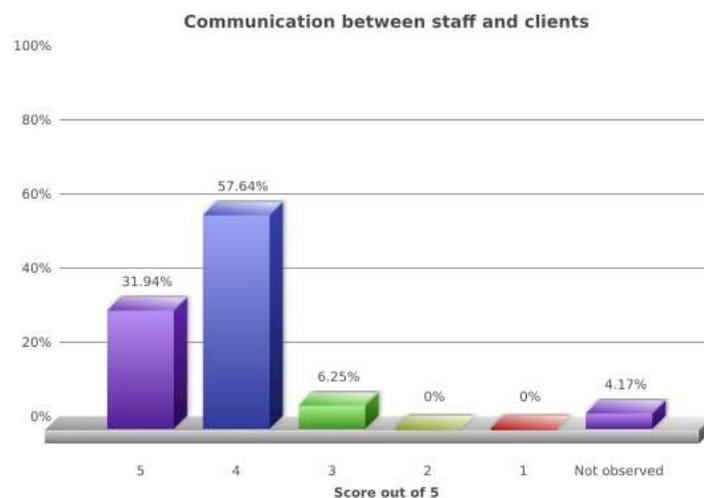
period, CVs frequently commented on the caring and respectful communication observed during visits.

“All clients were invited by staff to join the discussion with CVs. [Three clients] chose to sit around the table with us. [Staff] ensured they were fully included in conversation, encouraging them to answer questions and express their thoughts. The clients were assisted with prompts and cues. Communication between staff and clients was caring and respectful. Communication between staff and the parents of [client], who were also present, was open and very friendly.”

“At the time of the visit communication was observed as respectful, inclusive and supportive. The dignity of the client appeared to be central to the communication. It was encouraging to witness the supervisor training the support workers on the job and demonstrating how to improve communication skills.”

Community Visitors rated their observations of respectful communication and interaction between staff and clients high at **90%**, which is a 5% increase from the previous year.

Staff responsiveness to client needs was assessed positively by CVs at **90%** of visits.



6.4.2 Environment: Suitability of Facilities and their Maintenance

A key component of any visit and inspection is to assess the appropriateness, accessibility and standard of the house and facilities and equipment, including whether they are well maintained. Community Visitors inspect the environment, including the building, equipment,

grounds, emergency procedures and privacy for clients. The standard of accommodation can positively or negatively impact on the wellbeing, safety and satisfaction of clients and staff.

Standard of the House and Facilities

During visits to DHS DS, CVs visit a mixture of newer homes, purpose built to accommodate clients' needs, and older properties that have been modified to accommodate clients living with disability.

Community Visitors reported that some house maintenance issues were not addressed in a timely manner, or homes were not maintained to a good standard. This is reflected in the 27% of ratings awarded by CVs that indicated issues related to the standard of the houses or facilities needed improvement or attention. Maintenance issues continued to be raised with DHS DS management during the reporting period.

“All of the units are showing their age and are in need of general maintenance. There are also some particular issues that need attention – such as a broken heater, and scratched walls. This is especially the case for [one unit]. Requests were made through [the client’s] NDIS provider to modify the unit to make it more accessible – these were rejected. The unit is in need of painting and general repairs, and it would be good to have protection on the walls so they do not get scratched by the wheelchair.”

DHS services are provided in homes that are leased from a variety of community housing providers and landlords. The timeframe for maintenance may depend on their responsiveness. Further information on this issue is provided in Section 10.1.1.

In this reporting period the standard of buildings was rated positively by CVs for **72%** of the visits, which is a 6% increase on last year.

Standard of Equipment

The standard of equipment within the houses is important to clients and their care. The ease with which clients can access heating, cooling, and kitchen and bathroom facilities is vital to their rights, as well as their sense of independence and wellbeing. Some clients also require additional support equipment to enhance their safety and daily living tasks.

Community Visitors observe the cleanliness of the home, and also enquire and observe whether the housing interiors reflect the styles and personalities of the clients.

Community Visitors noted that there were some issues with the standard of equipment. Delays in repairs and replacement can relate to the approval times of NDIS plans.

“There were lifters, bathing/showering equipment, wheelchairs and communication devices evident in the houses. It was reported that the replacement or repairs of some equipment could take some months. There is also no internet access and the mobile phone reception is for some reason unreliable.”

“Ceiling lifter in [client’s] bedroom requires a new part, still usable but now manually until part replaced. [Client] also requires a more robust blender to process his pureed food. This will need to be included in his NDIS plan.”

Community Visitors observed and reported on issues regarding clutter both inside and outside homes. While the individual preferences of clients about belongings should be respected, there needs to be a balance between the amount of equipment and personal items, and space required to ensure the safety of both clients and staff.

“The staff did bring up that there is no way for them to dispose/give away the old equipment. This equipment, such as commodes and wheelchairs, are stacked up in the carports. This is a hazard for staff. The staff also feel that it clutters up the area. They also would like this equipment, some of it in very good condition, to be donated/given to those without access to new equipment (such as new clients or overseas charities).”

“There is a large room where unneeded equipment is stored – the amount of equipment is more than the room can hold. This means that it is spilling out into a shared area, which may impact on the clients being able to use the room. It also is a safety hazard for staff to be able to access any equipment that is in the back of the room.”

The CV reports indicated that in three quarters (**74%**) of the visits, CVs regarded the standard of equipment in disability services (DS) houses positively.

Standard of the Facility Grounds

Having house grounds and gardens of a good standard enables clients to participate in everyday activities such as gardening and hanging out washing, as well as being a pleasant area to socialise and enjoy the outdoors.

Issues of concern noted by CVs involved reports of gardens being “untidy”, with “bare ground” and “nowhere appropriate to sit or spend time outdoors”. Safety hazards were also observed such as:

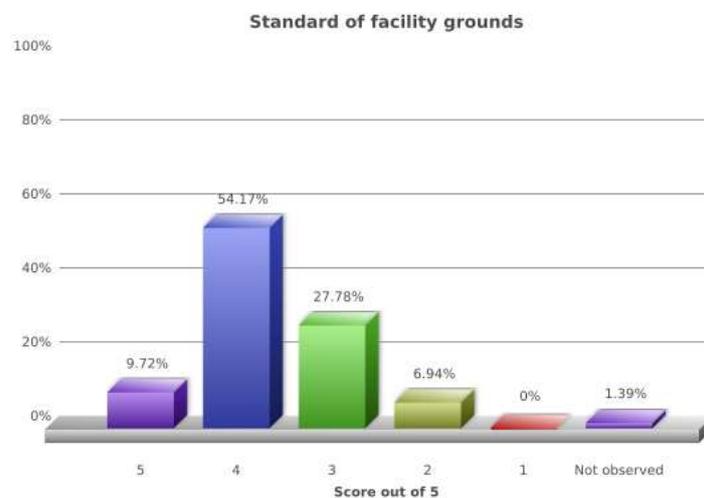
“Thick ground cover”

“The entrance gate has severely cracked concrete, which is a safety hazard, and the front veranda is poorly maintained. Very poor lighting at the front and back”

“Unsafe pavers and poor outside lighting”

Community Visitors reported on other issues that affected clients using wheelchairs, such as “a small wheelchair accessible area [only]”, and “clients in wheelchairs may not be able to manipulate opening the door themselves [push door], which could limit their independence to access the garden”.

Community Visitors stated in 35% of reports that some issues, as mentioned above, required attention or improvement and were therefore awarded a rating of two or three. The standard of facility grounds was rated as good or excellent in **64%** of the reports, with CVs noting attractive and well-maintained gardens at some sites.



Emergency Equipment and Procedures

Another key service aspect assessed during visits and inspections was emergency equipment and procedures. In most homes, CVs observed a fire blanket, fire extinguisher and smoke detectors, and were advised that fire drills and evacuation procedures are completed on a regular basis.

If CVs detected an issue in this area during the visit, they raised it in their post-visit report.

“Appropriate equipment seen. Fire drill conducted quarterly with all clients willing to participate in mock evacuations.”

“Fire drills appear to be irregular. General emergency protocols in place. The staff member who we spoke to could not recall a fire drill occurring in the seven months he had worked there. He could not recall any documentation indicating how each client would evacuate. It is important that there is a plan for evacuation, reviewed with each change in clients.”

Overall, **80%** of reports had a positive rating in respect of emergency procedures, which is a 15% increase from the previous reporting period.

Suitable Privacy for Clients

It is important for CVs to monitor whether the privacy of clients is being respected and whether they have a space in which they can retreat or spend time on their own. Client privacy and dignity are important rights that must be honoured, while ensuring client safety.

“All clients have generous bedrooms they are able to retreat to. Each house has two living areas and comfortable outdoor areas as well.”

“Client personal spaces are spacious and offer a high degree of privacy. This is a purpose-built facility that supports privacy.”

Generally, CVs reported that client privacy was of a good standard in most houses, with **80%** reported as positive, a 6% increase over the year.

6.4.3 Quality of Client Services

When assessing the quality of client services, CVs consider transport, quality and choice of food, entertainment, family or carer involvement, access to personal documentation and information regarding rights and advocacy, and access to holidays.

Suitable Client Transport

For the majority of houses, the vehicles available were adequate and provided clients with opportunities to travel to work, shops, appointments and day outings. Many clients were also able to access public transport, which increased their independence.

“A dedicated van is available to transport clients as required.”

“A van is available for exclusive use by the household. Clients travel to their day programs with service provider transport.”

It was noted at one house that, although the house has access to a van, it was not wheelchair accessible. This impacted on clients waiting for travel to and from appointments via access cabs. Staff were concerned this was a significant issue that impacted on client wellbeing and caused them stress.

Access to transport options remains vitally important to clients’ ability to attend activities and engage in their communities. The NDIS has the capacity to provide funding for transport assistance on three participant support levels, depending on the needs of the participant.

The majority of ratings awarded by CVs in respect of transport suitability were positive, at **87%**.

Quality and Choice of Food

The provision of healthy and nutritious food is very important. The opportunity for clients to be involved in meal planning, grocery shopping and the preparation of meals increases their life-skills and knowledge about healthy foods.

“A large bowl of fresh fruit was noted and the fridge was well stocked with fresh produce. There is also a large chest freezer in the kitchen which was stocked with many items including seafood, meat and vegetables. Clients are able to voice their choices and assist with the weekly shopping.”

Community Visitors reported that many clients assist with shopping and choosing food, and dietitians and speech pathologists provide care and advice when needed.

In some houses, the night shift staff prepare the meals, which excludes clients from the opportunity to be involved in food preparation. This practice limits clients’ opportunities to engage with meal choice and preparation and affects the quality and enjoyment of meals.

“In the house, the night staff do the main cooking for the next day. The food is ordered online and delivered on Friday.”

“It appeared that night staff cook the food for the next day.”

There were a few instances where CVs observed that the evening meal was being served at 4.30pm or 5.00 pm. Early dinner times were noted in previous CVS Annual Reports and continue to be monitored by the CVS. Instances have been referred to DHS DS for follow-up.

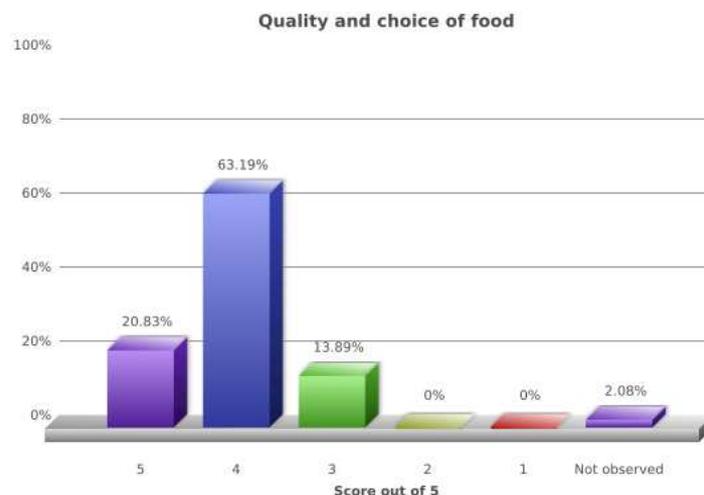
“Dinner of beef stew that did not appear to have many vegetables was being served at 4.30 pm, which seemed quite early. CVs asked if clients are provided with supper and staff advised this is served at 8.00 pm.”

“Mealtimes are routine and appear to not vary (8.30 am for breakfast, 12 for lunch and 5.00 pm for dinner). Supper is available for those who want it and snacks and drinks at any time.”

“As dinner time is at 5 pm, clients have a supper around 8 pm that consists of a small snack such as tea and biscuits.”

“Evening dinner is usually 4.30 or 5.00pm, with supper later in the evening.”

Quality and choice of food at these services was awarded a mostly positive rating by CVs at **84%**.



Activities Available to Clients

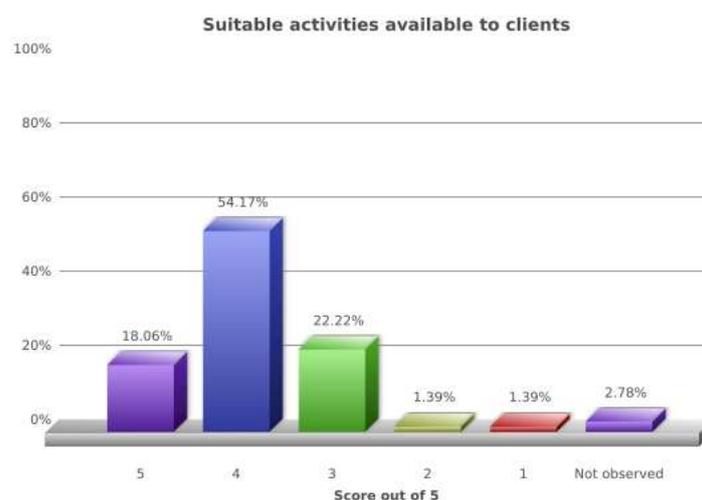
Suitable activities should be planned in conjunction with the client, taking into account their interests and strengths. Clients across disability services are involved in a wide range of activities such as art classes, gym, drives to a nearby farm to observe the animals, café visits, visits to the library, as well as attending day programs off site.

“Clients have a wide range of activities including Barkuma, drama group, cultural activities, one-on-one support from additional workers and sporting events.”

“Many of the clients have different inhouse and outside forms of activities. Some are planned, whilst others have a worker assigned to do what they would like to do for the day.”

Community Visitors reported that, for some clients, activities are limited by their complex health issues, and access to day programs may not be possible due to the level of care required, for example, one-to-one support. Other clients do not wish to be involved in any activities, preferring to “do their own thing”, or they find social interaction and group involvement “too stressful”.

Overall, activities received a positive rating for **72%** of visits, which was an 8% decrease from the previous year.



Suitable Entertainment

Access to entertainment is important for everyone. The most common forms of entertainment CVs noted in visited homes were televisions, DVD players, books, puzzles and games.

As an example, CVs reported in one home:

“There are 2 large TVs in both the lounge areas. There are DVD players and DVDs that clients are able to use; groups sometimes get together to watch a movie. There are also radios and games that may be used. Many clients have own TVs and devices and use headphones when wanting to block out house noises.”

Many clients have a television in their own room and access to a television in the communal areas. The CVs also reported some clients liked listening to music and watching YouTube videos or music videos of favourite entertainers. Community Visitors also engaged clients about their pets including dogs, birds and fish.

During the year 10% of visits received a rating of 5 by CVs, compared with 24% of visits rated at 5 in the previous year. This may reflect an increase this year in activities outside the home due to the changes in COVID-19 management.

Overall CVs gave entertainment a positive rating for **71%** of visits.

Support of Independent Living for the Client

A key component of the role of the CV as an external, independent visitor is to enquire about the potential growth or opportunities for clients, particularly in relation to their personal independence and independent living skills.

Community Visitors reported that a number of clients attend programs off site with agencies such as Barkuma, Skylight, Community Bridging Services and other day programs.

“All clients attend day activities and staff describe supporting and encouraging independent daily living skill development for clients.”

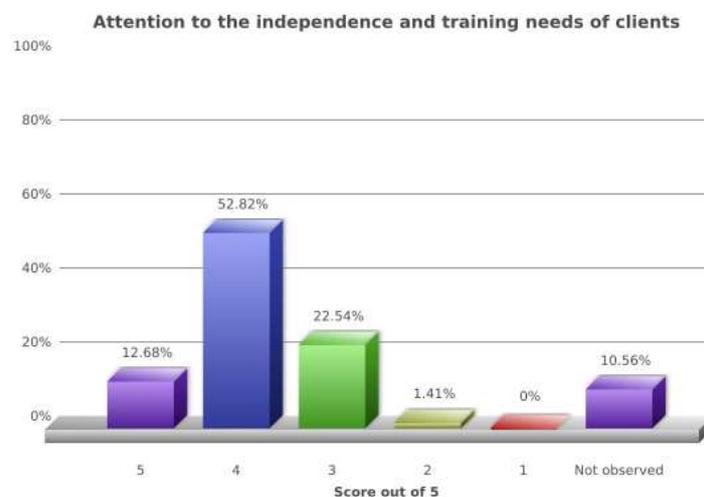
For some clients, due to high needs and dependency on staff for all their care, it is vitally important for staffing ratios to be adequate to support clients to undertake daily tasks.

“All clients are being supported to live as independently as possible. Some extra hands-on support and supervision is required now they are ageing.”

Staff supporting clients should always be open to exploring the capabilities and interests of the clients. Some CVs detected opportunities for staff growth in this area, such as:

“Limited evidence of training to enhance independence was noted.”
“... it appeared that staff were unaware of [client’s] needs and in particular his strengths”.

The overall percentage of positive ratings for independence and training was **66%**, an 11% increase on last year. Community Visitors reported that in 24% of visits there was room for service development in this area to benefit clients.



Access to Holidays

Access to holidays remains an area for further attention and development by DHS DS. Although COVID-19 restrictions have eased, one CV noted that, “as expected, COVID has interfered with any plans of holidays”. Other CV reports stated:

“Due to COVID, staff have not thought about [client] and holidays ...”

“Due to COVID this has not been thought of in the last few years.”

“[It] was discussed at length about the difficulty for clients to have holidays as the money is not available. Direct care staff are not involved in the NDIS plans and are not consulted about the individual’s goals or desires; therefore this is not included in the application or review of their NDIS plan.”

Conversations regarding holidays and day outings should be encouraged with clients, families and guardians, where appropriate, to enable planning.

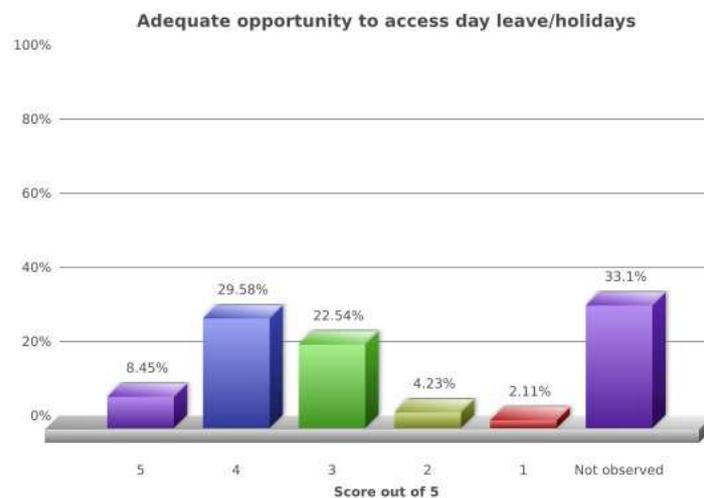
There were positive reports about clients spending time with family, either on weekends or for day outings.

“All clients have regular breaks from the house, mainly with family.”

“Day outings with family”

“Clients have opportunities to stay at their family's homes but no holidays of late had been undertaken.”

The overall positive rating was **38%**, which reflected an 11% reduction in opportunities for clients to organise holidays. Nearly 30% of visit reports indicated this was an area for improvement and development, to ensure clients can access breaks and maintain their wellbeing.



6.4.4 Safety and Rights

The issue of client safety remains a key area of interest and CVs explore this issue during visits and inspections.

The number of clients who reported not feeling safe to CVs during visits and inspections has reduced from **5%** in 2021–22 to **2%** in this reporting period. It should be noted that safety was not discussed in 15% of visits.

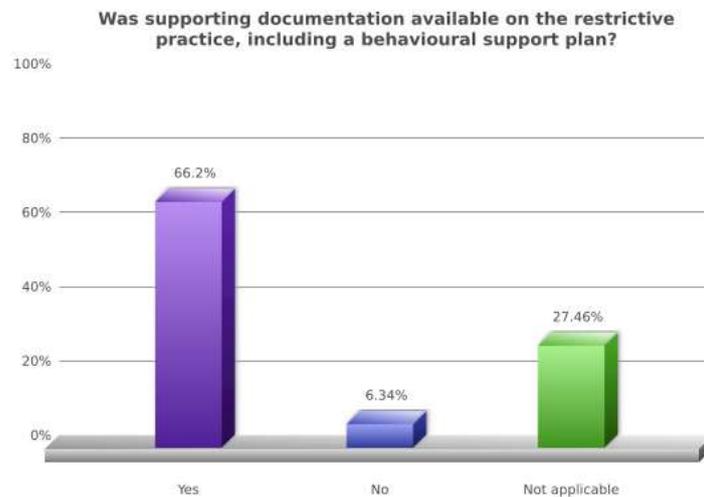
Restrictive Practices

Another key element of visits is the monitoring of restrictive practices. A restrictive practice is any intervention that restricts the rights and freedoms of a person, with the primary purpose of protecting that person or others from harm. Service providers need to have a clear rationale and plan to use a restrictive practice.

Community Visitors are not auditors of restrictive practices and they do not provide any formal checks on authorisations. Community Visitors need to understand restrictive practices but are not required to be experts. The role of the CV is to consider the use of restrictive practices from the client's perspective, query to ensure that they are used as a last resort, explore the impact of the practices on clients' rights, and check that there are policies and procedures in place to ensure they are used safely and correctly. Community Visitors may also enquire about staff training in restrictive practices and plans to reduce their use and inspect the dates and reviews of records such as SACAT orders or Positive Behaviour Support Plans.

Restrictive practices were reported as observed during visits/inspections in **68%** of reports, which is an 8% increase compared from last year. In this reporting period, supporting documentation for restrictive practices was available and provided in **66%** of cases, an 8% increase from last year.

In **32%** of reports, CVs did not observe the use of restrictive practices during the visit or inspection. This may be for various reasons such as restrictive practices not being used at a particular site, CV awareness of what constitutes a restrictive practice, or the time or frequency of restrictive practice use.



Access to Personal Documentation, and Information Regarding Rights, Complaints and Advocacy

It is important to know whether clients can access their personal documentation as well as having access to information regarding their rights, how to make a complaint, and whom they can contact for assistance and advocacy.

Staff indicated that, while clients are aware of the documents, understanding the concepts can be challenging for some clients.

“Client files were accessible and [client] sat with us and showed us profile information and support plans.”

DHS DS provides resources to clients, families and guardians about how to report an incident, make a complaint and provide feedback. This reporting period, an easy read resource “Self-Advocacy in Accommodation Services” was developed by the DHS, providing easy-to-understand information about getting support and having a say in choices that affect a client’s life.

“Although clients have limited capacity to understand complex documents, they are able to be read to them and explained in simple language. Family and guardians are able to access these for the clients should issues require their attention.”

The visit report data indicated that CVs assessed that **54%** of clients knew they can access their personal documentation.

Family Engagement and Support

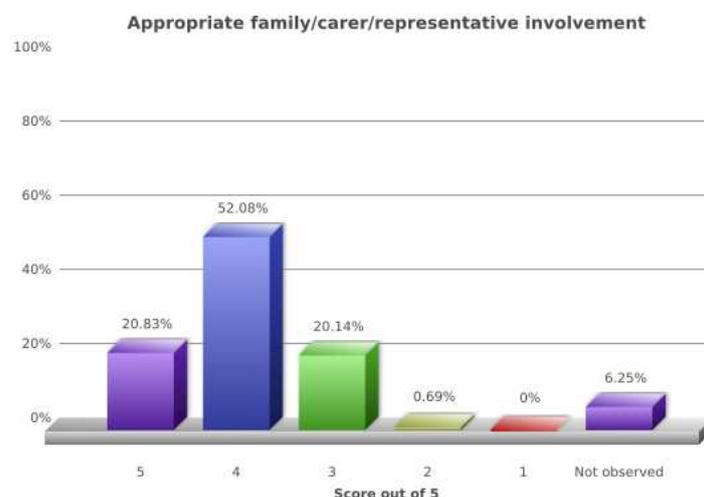
The CVS encourages services to notify family members of the CVS visit where possible and provide posters of the upcoming visit for display in houses. However, a number of CV reports indicated families were not made aware of the visit, and CVS posters were not visible. The CVS is working with DHS DS to increase family member participation at CVS visits and to provide feedback to clients and families, carers and guardians. They can be involved in person during announced visits, or via phone calls to the CVS office.

“Minimal family interaction. [Client] has no family known to the service. [Other clients] have family but they live in the country.”

“Staff advised that family were not advised of the CVS visit. No [CVS] brochures or pamphlets were observed but staff were aware of our visit.”

“Families were not informed of our visit.”

This chart reports on CVs’ assessments of whether appropriate family and carer involvement occurred during visits. A total of **73%** of responses reflected support and involvement by families, with 20% indicating room for development in this area as outlined above.



6.4.5 Care and Support Plans

Reviewing whether clients have Individual Care Plans remains a priority for CV visits and inspection of records. This is particularly important as clients transfer to the NDIS. Clients of DHS DS can have one of a number of care plans. These can include a Personal Support Plan, Health Care Plan, Positive Behaviour Support Plan and Personal Profile Record.

Plans that match an individual's expectation and their capacity should be developed and fully implemented to ensure there are opportunities for individuals to achieve their goals and lead fulfilling lives.

CVs reported that, for **97%** of visits, clients had a plan and many clients (**69%**) had participated in their development and were aware of their plan, which is similar to the previous year.

Plans matched expectations at **92%** of the visits, and plans had been implemented in over **94%** of visits, which is a 6% increase on the previous year.

“Care plans are extensive and recently updated in May 2023 – some awaiting consent from guardian. Care and support plans are extensive and well detailed including the extensive behaviour support plans. One PBSP was quite pictorial and easy to follow. As outlined in the restrictive practices section, both clients had extensive positive behaviour support plans as well as NDIS plans.”

“Clients actively participate in the formation of the plans, and work with staff to ensure that any new/temporary staff are aware of their needs and preferences.”

Community Visitors reported that there were a number of clients with support plans that were out of date or due for review. This was raised with DHS DS, which advised they are working to ensure all plans, including Positive Behaviour Support Plans, are reviewed in accordance with timelines for the transition to the NDIS.

“... development of care plans is an inclusive process and the NDIS planning is now routine and regular, after several years of infrequent and inadequate agreement on client requirements.”

“a number of plans are due for review. CVs observed that clients were able to engage with workers and workers understand and communicate well to meet requested needs.”

“Some of the plans seemed to lack detail and could include more information about the expectations and capacity of the clients. All of the plans are due for review in the next month.”

6.4.6 Transition to Home: CVS Visits

The CVS continued to undertake visits to the Transition to Home (T2H) sites at St Margaret's at Semaphore on 4 January 2023 and T2H South at Noarlunga on 22 March 2023. In January 2023, CVS was advised that T2H Daw Park had relocated to Jackson PI, Noarlunga.

Two robust T2H units remain at the Repat Hospital, Daw Park, with another five recently refurbished properties (funded by SA Health) on the Minda Campus at Brighton, where it is understood Minda will be the landlord and DHS will be the Supported Independent Living (SIL) provider.

The PCV and APCV attended the southern site of T2H at Noarlunga on 22 March 2023. This visit was specifically to address previous reports about the service provision and the client experience, as part of the CVS's due diligence and follow-up of key issues raised in the following reports:

1. Public Summary: investigation into the provision of health services by Transition to Home by Health and Community Complaints Commissioner (February 2022);
2. Transition to Home independent review by C. Dennis and G. Adey (May–June 2022); and
3. CVS reports of 16 February 2022.

During the March 2023 visit, the following areas were specifically observed and documented:

1. governance
2. clinical care
3. restrictive practices
4. client files
5. client feedback and rights
6. community participation and skills development
7. environment and privacy
8. discharge from hospital and T2H.

It is pleasing to note that there is evidence to demonstrate the recommendations from previous reports have been actioned across T2H sites, with some implemented and others in progress. A key new development is a proposed Shared Care Letter of Understanding with NDIS providers who attend to clients on site and assist them to access the community. It is important that the roles and responsibilities of T2H and NDIS providers are clearly understood and implemented. This ensures the principles of consistency, cohesion and safety are upheld in clinical and non-clinical governance arrangements.

The CVS will continue to monitor T2H services, with particular attention to continued improvement in the areas mentioned above.

6.5 Key Report Findings: Mental Health Services

6.5.1 Communication between Staff and Clients and Staff Responsiveness to Client Needs

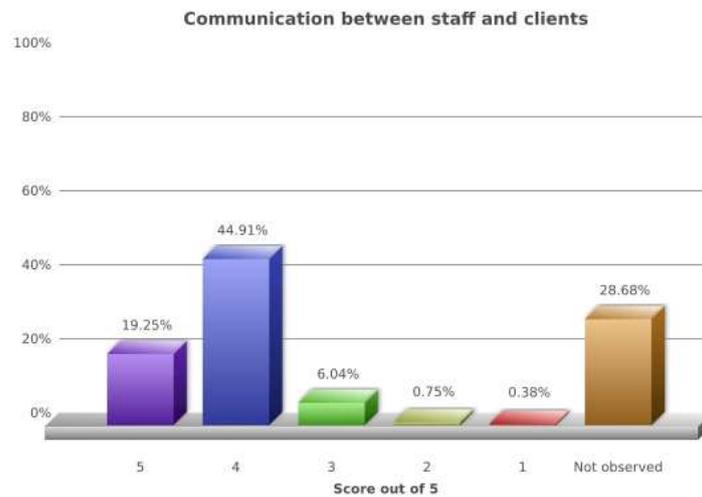
Respectful communication and staff responsiveness to client needs provides a vital foundation for a therapeutic environment. Many services conduct client community meetings, on a daily or weekly basis, which provide a positive forum for open communication between staff and clients, as well as allowing clients' issues to be raised and common questions answered.

Many clients commented during visits that they felt supported by the staff, with some CVs noting:

“CVs observed the respectful and collaborative approach the staff have with the clients. One example was the OT checking with a client about food shopping and provid[ing] a couple of options for her to choose. Staff also demonstrated a caring and respectful approach when asking clients about whether they would like to speak to CVs. It is evident that there is a collaborative approach when communicating with clients.”

“On a wall in the middle of the communal living area is a display of all staff working in the ward including the therapy dog. Clients can read a little information about each staff member. Staff are displayed as avatars, making this potentially more user friendly for clients as a getting to know you tool.”

Whilst CVs noted many examples of positive communication, there was one service in particular where CVs observed poor communication by staff to clients, and feedback was received from clients that a small number of staff were often rude and antagonised clients when they were unwell. This particular concern is addressed further in Section 7.3.1.



6.5.2 Environment: Suitability of Facilities and their Maintenance

Building Facilities, Equipment and Grounds

Community Visitors have observed many positive developments in the equipment available for clients, particularly an increase in the availability of sensory rooms or sensory boxes. These rooms provide a calming space for clients to assist in regulating their feelings and behaviour, and include items such as massage chairs, weighted blankets, music and soft lighting. In the services that do not have the space to provide a sensory room, sensory boxes with portable equipment can still be provided for clients.

Of note is the sensory modulation room created in the Margaret Tobin Centre, which was the winner of the SA Health “Improving Safety and Quality” award for 2022. Community Visitors have noted positive feedback from clients about the use of this space.

Another aspect of equipment that has been commonly raised with CVs is the lack of internet or Wi-Fi access within mental health services. This has been especially requested in residential community mental health settings, where in some services there is only one computer available for clients to use. A number of services have advised the CVS of their intention to provide Wi-Fi access to clients when this issue has been raised with them; however, these are yet to be implemented.

“Wi-Fi access is not available to clients who wish to use their personal devices. It has been raised by clients in previous CV visits as of high importance and was raised with us again on this occasion by a client. One computer and landline phone access are only available in a treatment room under staff supervision.”

There have also been reports of significant delays in the maintenance or replacement of equipment such as massage chairs, TVs and furniture. CVs have noted examples.

“In general, the equipment seems to be very good, with the notable exception that both lounge areas have minimal furnishings and only empty television brackets on the walls. Staff reported that one TV was broken within days of the unit opening three years ago, and has never been replaced, despite requests. The other TV was broken a long time ago, and numerous requests for a replacement have not been funded. There is a DVD player ... and a collection of DVDs but these cannot be used without a screen.”

“We observed a massage chair sitting in storage, unused for 12 months now. Preparation for its use and procedures like risk management have not been finalised in this time.”

As has been reported in previous years, access to outdoor spaces is an important aspect of a therapeutic environment that is noted by clients. Varied access to welcoming and well-maintained outdoor spaces, including internal courtyards, has been noted over the year, particularly for those in a Psychiatric Intensive Care Unit. Lack of access to an outdoor area has regularly been noted at Ward 4GP at Flinders Medical Centre, which does not have an adjoining internal courtyard and many clients are not free to leave the hospital grounds for outdoor time. Resolution of this issue at Ward 4GP would require significant infrastructure upgrades to provide an appropriate outdoor space for its clients.

“Common spaces are limited and there is no outdoor space available. Clients are encouraged to go outdoors on weekends (only to areas very close by) but otherwise cannot access fresh air during the week. Unlike in newer mental health wards, the windows cannot be opened.”

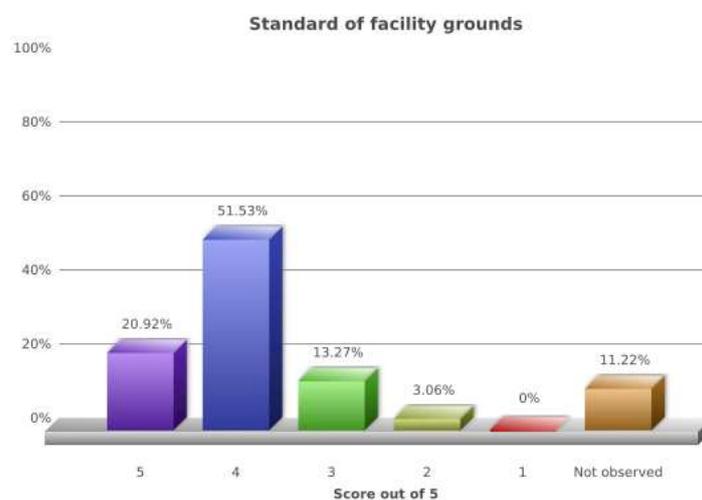
“... the unit is old and does not have natural lighting, or access to outdoor areas. Clients expressed frustration that they could not take advantage of the treatment benefits of spending time outdoors. They were unaware of this restriction at admission.”

An ongoing concern across the system is the maintenance of ageing infrastructure, particularly given competing demands on budgets for services and LHNs. Maintenance such as fresh paint on the walls and new carpet contribute to a welcoming and calm environment; however, CVs have been informed at visits that this is often not prioritised.

“[Staff] expressed concerns about preventative maintenance ... state this doesn't occur and instead things break down and are then fixed, but the process is slow, with difficulty tracking what has been requested and what has been completed ... Ward décor looking neglected, carpet well worn, furniture looking old, quite dark inside the ward.”

Concerns regarding the lack of a modern and therapeutic building environment are nowhere more evident than in James Nash House. At every visit conducted to James Nash House this year, CVs noted concerns with the ageing and inappropriate building and facilities, particularly in Aldgate, Clare and Birdwood wards. This is noted in further detail in Section 10.2.1 of this report.

Overall the standard of building facilities (**66%**), facility grounds (**73%**) and equipment (**73%**) were rated positively by CVs in their post-visit reports, an increase on last year's ratings, with a 20% increase in the ratings of suitable equipment available to clients in particular.



Privacy and Appropriate Spaces for Clients

Whilst CVs generally reported that client privacy was protected, in the later part of this reporting period they reported some concerns relating to privacy for clients in acute mental health services.

In March 2023, following a Coronial Inquest into a death by suicide and subsequent Coroner's findings, the Office of the Chief Psychiatrist issued a Safety Advice to all LHNs seeking a risk assessment of ligature risks and subsequent removal of non-compliant bedroom ensuite doors in all inpatient mental health units. This direction was to be undertaken whilst replacement anti-ligature bathroom doors could be sourced.

Whilst the CVS acknowledges the importance of providing a safe and ligature-free environment for vulnerable clients,⁵ this must be balanced with a client's right to privacy and dignity. For those services that were required to remove the ensuite doors in bedrooms, concerns have been raised about clients' privacy as well as their ability to provide trauma-informed care to clients in that environment.

The CVS understands from a number of Local Health Networks, the sourcing and availability of that new anti-ligature doors are not readily available and accessible, meaning a number of inpatient mental health services will continue to face these concerns until a solution is found. This has been particularly significant at Helen Mayo House, where not only are the clients, some of whom are new mothers, facing reduced privacy, but crawling babies are able to

⁵ The CVS is not a clinical auditor and CVs do not audit ligature points or risks.

access the bathrooms, which is a hazard. This has meant that some mothers have not spent as much time in their bedrooms as they desire.

“The absence of doors to the bathroom is a potential risk for crawling infants because the bathroom cannot be shut off. Staff and clients are alert to this.”

The CVS will continue to monitor the impact on clients’ privacy whilst the replacement doors are sourced across all impacted services.

Regarding client privacy, it is also important to note that there remain four mental health services that have shared bedroom facilities, including bathrooms. These services are Morier Ward at Noarlunga Health Service, Cramond Ward at the Queen Elizabeth Hospital, Clare Ward at James Nash House and Ward 4GP at Flinders Medical Centre. A Coroner’s recommendation in 2020 recommended room sharing “no longer be permitted” in psychiatric wards and for all mental health services to move to single rooms for the safety and privacy of clients. This remains an issue.

Clients have raised their frustrations with CVs when they have had to move bedrooms to accommodate new clients and gender-appropriate sharing of rooms. In one example a client noted to CVs they were asked to move bedrooms three times during their stay in an acute mental health unit.

“In [service] there are shared bathrooms, which isn't ideal. [Client] in the closed unit shared their frustration with the bathroom being left untidy and dirty and expressed they were upset. Additionally in [service] there are some shared bedrooms and this is challenging depending on the mix of genders of clients and may result in multiple moves for clients, which is unsettling.”

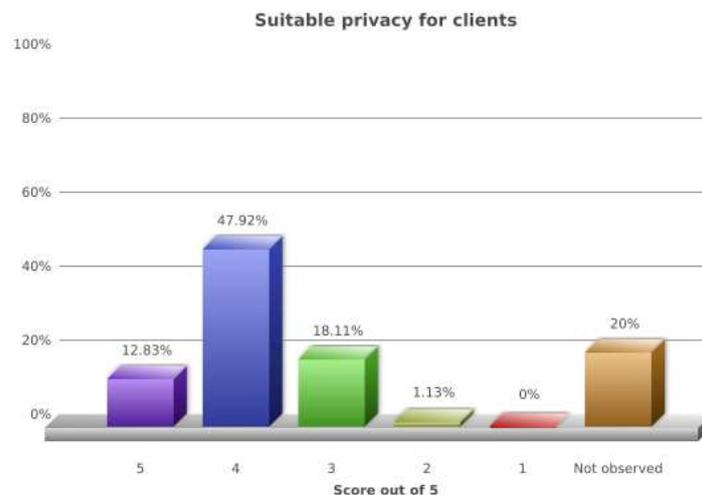
“[Service] has shared bathrooms and shared rooms, and this can prove to be problematic at times and impacts on privacy. In some shared rooms, wardrobes/furniture is used to create a privacy barrier between the beds.”

Privacy for clients in the Emergency Department (ED) has also been raised as a concern at visits, particularly at those EDs that do not have a dedicated quiet room or space for clients presenting with mental health needs and requiring assessment.

“ED doesn't have a designated interview room. Clients are seen in the radiology waiting area or in a corner next to a bed bay. There is no privacy or confidentiality in these two options for clients to be assessed.”

“The impact of the ED not having a designated space for people experiencing mental health issues was being played out. The one client there was in the major resus room due to his high level of agitation. This is clearly an inappropriate use of this space which is designed for critical clients.”

Overall the provision of suitable privacy for clients was rated positively by CVs at **61%** of visits and the appropriate spaces available for clients rated positively at **71%** of visits.



6.5.3 Quality of Client Services

Smoking Provisions

The management of smoking by clients in mental health services remains a contentious issue across the sector and has been the subject of many complaints from clients to CVs over the year. This has been well reported in previous annual reports and many of the same issues remain.

During this reporting period, particular issues have been raised related to the short-term change in use of courtyard spaces to allow smoking during the COVID-19 pandemic. Due to COVID-19 restrictions a small number of services sought an exemption to allow clients to smoke within the internal courtyards. Whilst this may have been effective for those clients who smoke, CVs received feedback from clients who were non-smokers that this then made those internal courtyards unusable for them, due to smoke and litter.

Community Visitors also continued to note the well-documented issues for clients in short-term mental health facilities where the SA Health smoke-free policy is inconsistently enforced.

“Clients were observed to be smoking in the courtyard. Although this gives smokers a place to smoke, it may deter non-smokers from using the courtyard.”

“From the commencement of the COVID pandemic, staff sought and were granted an exemption to SA Health worksite regulations which prohibit smoking on hospital grounds. Smokers make frequent use of the single courtyard, which unfortunately means it is largely unavailable for other activities.”

“The ban on smoking in hospital grounds is observed. In the ED, this creates a constant and ongoing source of tension between staff and clients. It is very difficult for clients to suddenly stop smoking and nicotine replacement therapy is not an effective alternative in this setting.”

“Smoking policy is determined by SA Health which limits clients’ ability to smoke ... Fines for smoking within the grounds are imposed by security. We were interested to hear that for clients in [service], the average amount owed by each client is \$4000.”

Smoking provisions for clients were rated positively by CVs in only 34% of visits; however, the same number (**34%**) were noted as not observed at visits.

Quality and Choice of Food

The most significant difference in feedback from clients regarding meals was between the services that cook all meals onsite versus those that have meals delivered from an offsite location, usually coming from the closest major hospital.

Community Visitors generally recorded positive feedback from clients regarding quality of food and meals when meals were made onsite and clients were provided with greater flexibility and choice in their order. This was also enhanced at services where clients can participate in making their meals, either individually or as a communal mealtime, such as a BBQ lunch.

“Every second Tuesday night there is a community meal either outside if the weather permits or within the staff hub. One client becomes the ‘Head Chef’ assisted by another client who is the ‘Sous Chef’. This activity is very popular and staff report at times therapeutic for the ‘chefs’ who view the activity as an opportunity to give back to their own community.”

“For a number of clients, learning to shop and cook is one of their rehab goals. They are assisted to plan, shop and cook for themselves and sometimes housemates. They are also offered cooking as one of the many group sessions on offer and it was evident in reception that two meal lesson options were on offer this week and that several clients had already signed up. A breakfast club is also on offer fortnightly.”

The most common feedback from clients concerned meals that were made offsite and transported to the service, then generally reheated later in the day for dinner (not provided fresh). Some services have acknowledged this feedback and addressed this issue by offering alternatives such as fresh sandwiches or salads.

Community Visitors captured the below feedback from clients:

“The issue of poor-quality hospital meals was consistently raised by clients and a family member who was present. The complaint centred on the ‘soggy’ texture and taste of meals ... which are transported from the hospital and then put in heated storage at the centre until they are served. Clients were clearly disappointed and dissatisfied with the reality of what they ordered from a menu that looks appetising and varied.”

“One client expressed their disappointment that they were often served a cold dinner as the meals are brought in at lunch time and reheated. They acknowledged that there is a choice of two main meals but that they ‘aren’t good’.”

“Until relatively recently, the clients disliked their food as onsite cooking was discontinued because of concerns with food hygiene and safety. As of this week, group cooking has resumed to the satisfaction of most, if not all, clients.”

An ongoing issue relating to short-term rotating menus in long-stay services was again noted this year. For clients spending a lengthy time at a service, possibly with limited ability to leave the service and go elsewhere for a meal or food, a three-week rotating menu can become mundane.

Overall, the quality and choice of food provided to clients was rated positively at **74%** of visits over the past year, which is a 16% increase on last year.

Activities and Entertainment

The variety and availability of meaningful activities across the mental health services has increased over the past year, particularly with the easing of COVID-19 restrictions enabling offsite activities once again.

“We saw for ourselves how important gardening activity was to the clients who found it therapeutic. Others liked the tai chi and yoga classes, which highlight the focus on holistic treatment. A group program for trauma recovery runs over 10 weeks. The gym is popular and well patronised. Therapy dogs work with clients using the outdoor dog run. Quattro is a beautiful golden Labrador just introduced to the ward. He will accompany clients in group walks and in other activities like group interviews where he can help clients de-stress.”

The weekends continue to be a source of boredom for clients receiving care in residential or inpatient services, with limited to no activities available on weekends. The overwhelming feedback received from both clients and staff at CVS visits is that there is a lack of activities available for clients on weekends and many clients expressed their boredom on weekends.

“Some clients state that they have previously left due to boredom”

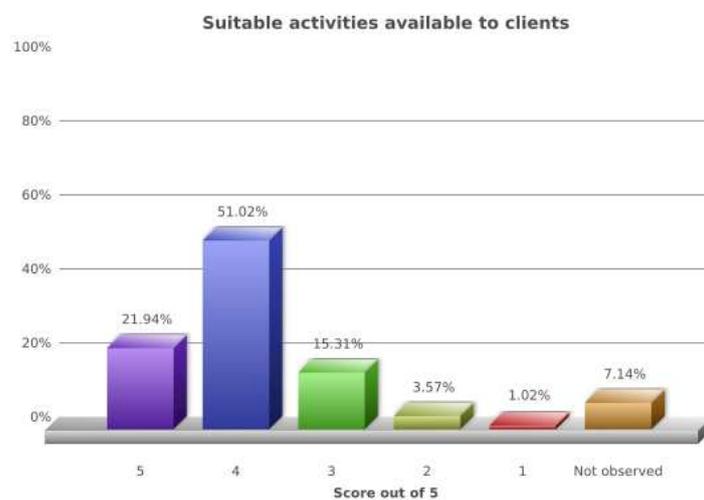
“At [service] a client said there is nothing to do and described himself as being bored ... Staff advised that due to staff shortages and the Christmas/New Year period there are no planned activities or groups at present. We observed an activities planner on the door of a client’s room and a whiteboard in the common with no activities listed.”

“Inadequate diversional activities remains an issue for the inpatient units, particularly at weekends, which those who spoke to us described as boring and tedious. Suggestions made by clients were peer workers available on weekends and pet therapy.”

“The frequency and variety of activities is totally dependent on the availability of allied health/diversional therapy staff which continues to be inadequate (whether though funding, allocation to different units or illness). This means that the clients are often left with insufficient activities. This is exacerbated by a total absence of TV screens.”

The provision of activities also seems to be dependent on staff availability, and CVs recorded numerous instances of activities being cancelled due to staff being on leave or under workload pressure.

The provision of suitable activities and entertainment was seen favourably overall by CVs, other than the issues related to activity variety and boredom noted above. Community Visitors reported activities positively at **73%** and entertainment at **69%** of visits, a slight increase of 6% on last year.



Access to Allied Health Services

The multidisciplinary team approach is quite evident across mental health services with increasing involvement with the lived experience workforce, which has been noted as a valuable resource for clients in their recovery journey.

Community Visitors were informed of the addition of a dedicated social worker role in the ED of one service following a successful trial. Positive feedback from both staff and family members was noted by CVs at visits.

“A comprehensive list of allied health personnel was given for each of the therapy programs. All clients have access to: registrar, consultant, nurses and psychologist. Other specialists involved are gambling therapist, occupational therapist, dietician, physiotherapist and social worker.”

“Access to allied health services appears very strong, particularly because much of this is in-house and referrals/advice is accessible.”

“Following a successful trial, the ED now has a dedicated social worker and this has enabled more successful identification and management of family crises.”

“There is a social worker (SW) on site more regularly now, who staff commented is a massive asset to the ED. The SW goes around to all clients needing support and spends time with them. SW is very knowledgeable and has a lot of great referrals to facilitate support for clients.”

One area of concern raised at services across multiple LHNs is the shortage or lack of access to Aboriginal Peer Worker or Aboriginal Liaison Officer roles for Aboriginal clients. When the CVS raised this issue with the LHNs it was evident that there is a shortage in this workforce group across the system and many services were facing difficulties in providing this service, despite many attempts to recruit staff to similar roles.

“The [service] finds it almost impossible to secure an Indigenous Peer Specialist. There is one at the [nearby service] but none on site here.”

“The issue of a unit designated Indigenous Peer Specialist remains unresolved. Given that up to 30% of clients identify as Indigenous, this is an important resource to offer. Attempts to recruit to this position over the past year have been unsuccessful.”

Access to allied health services was rated positively by CVs in visit reports, at **80%** of visits in this reporting period.

Referrals to Support Services in the Community

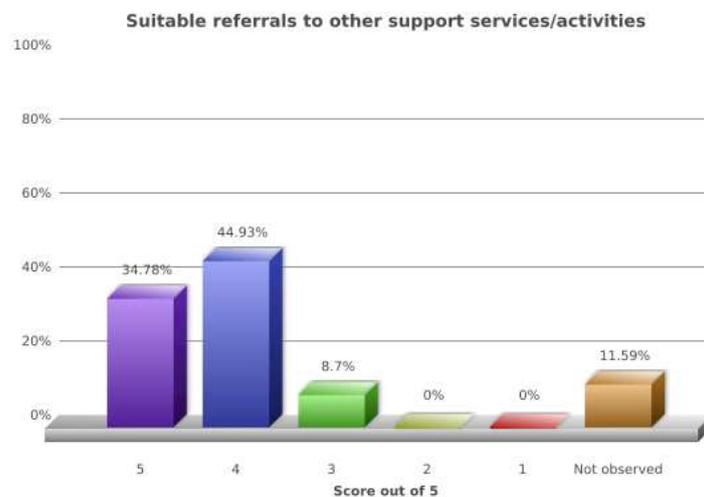
For clients of community mental health services, referrals to relevant support services in the community can provide additional support to assist with recovery and developing goals for the future. This is particularly important for clients who are not participants of the NDIS.

“CVs spoke with the peer specialist in the community clinical rehabilitation service. In his role he meets clients in the home environment or over coffee or on site. He engages directly with them to identify their interests, hobbies, skills, experience, key supports and contacts. Once client-owned goals are established, he works to link clients to study, work experience, volunteering, coffee ‘n’ chat or mindfulness groups and more. With allied service personnel working alongside the peer specialist we observed it to be a very valuable and practical client-focused service.”

“The care model of the centre is very much about referrals to support services and activities in the community. Clients are assessed individually to devise a profile of their needs and facilitate links.”

Through CVS visits to community mental health services, the CVS has also identified that a number of historical NGO programs have ceased in recent times (partly due to the change in funding structures with the NDIS) and this has created a gap for referrals to community-based programs for clients who are not participants of the NDIS.

Referrals to support services and organisations that support rehabilitation in the community post-discharge was rated positively at **75%** of visits.



6.5.4 Safety and Rights

Clients' Access to Personal Documentation, and Information Regarding Rights, Complaints and Advocacy

Examples of proactive provision of information regarding clients' rights and advocacy was noted by CVs in the display of relevant posters and brochures around the services detailing information such as complaints processes, CVS visits and statements of rights. Many services also provide clients with a 'welcome pack' containing this information which they can refer to later.

Consideration should also be given to *when* a client is given important information regarding their rights, as clients may not be as receptive or understanding of the information in the first days of an admission. One client spoke with CVs about their experience at admission to a service and their ability to understand and provide consent to activities at this time.

"If the client is receptive, then this information is made available at admission. Otherwise, this information is shared/discussed with the client as soon as they are capable of assimilating the information."

"Staff provided the CVs an example of the information pack given to clients when they are admitted to the unit called 'My Journey to Recovery'. This includes copies of care plans, rights and complaints information."

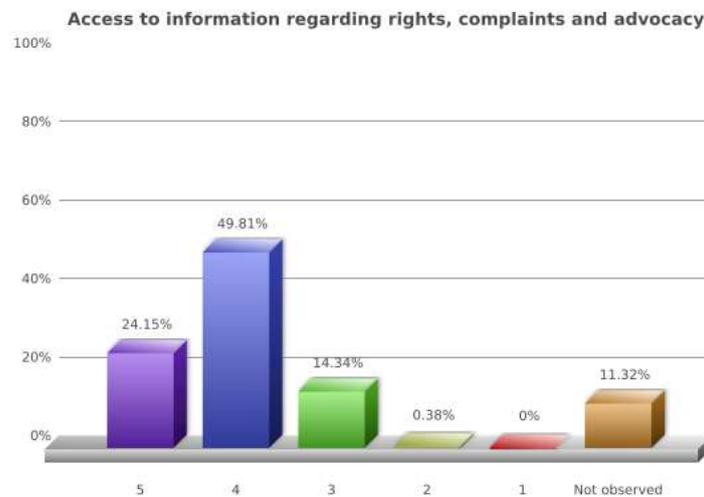
"A client described that, during the admission/intake process, they were impacted by medication provided at the hospital and weren't fully able to comprehend consents and their rights to a range of items. In particular, they did not want their photo taken. The client explained that, if clients are not in a state to fully comprehend, then some flexibility could help and other processes could be completed the next morning ... The client was able to follow up the next morning and have the photo of themselves deleted. It's about ... flexibility with the intake system depending on the state of mind of clients and the ability to fully be involved in the consent and rights processes."

Community Visitors noted many examples of clients having ready access to their treatment and care plans; however wider access to personal documentation seemed to vary depending on the service and CVs received different answers across services when enquiring about this at visits. Community Visitors were often advised that clients could gain access to information other than treatment and care plans, such as case notes and medical records, through a Freedom of Information application.

“A copy of the care plan and all the relevant information is given to clients.”

“Access to personal documentation was discussed with staff and it was highlighted that clients would need to go through a Freedom of Information process.”

The provision of information regarding clients’ rights, complaints and advocacy was rated positively at **74%** of visits, whereas client access to personal documentation was rated positively at **60%** of visits.



Appropriate Family/Carer/Representative Involvement

Family, carer or guardian involvement has been more evident in this reporting period, particularly given the expansion of CVS visits to CAMHS, where family or carer involvement is important. The role of a Carer Consultant is also invaluable both in providing support to family, carers and guardians and also in connecting them to the members of their client's treating team.

"A team approach to the care of young people is vital, and much effort is put into ensuring this occurs."

"A core focus on family involvement and close working relationships was evident in all aspects of the management and program. The Nurse Unit Manager's statement that 'family connection helps us care better' captures this commitment. It could be seen in social events, family BBQs, gatherings in the family lounge, participation in care plan meetings, feedback written on the Family Board and the work of the Carer Consultant."

"Family members are welcomed and were present with clients and participating in activities during our visit. The Carer Consultant runs a coffee 'n' chat once a month. They also call in at other times to talk with families. The OT, nurses and SW are involved in a CupaChat fortnightly. The focus is on client wellbeing and connection with family."

Additional funding made available during COVID-19 has allowed a number of services to purchase iPads or laptops to enable clients to make video calls to family or friends who may not be able to come into the service. This is particularly helpful for regional services or clients from regional areas who have been transferred to Adelaide for treatment and care.

Family, carer or guardian involvement was rated positively by CVs at **70%** of visits.

Safety and Restrictive Practices

Similar to last year, approximately 4% of clients reported not feeling safe in their surroundings to visiting CVs. These were commonly clients in a PICU or closed ward where there may be other clients displaying challenging behaviours, as well as services with shared rooms, particularly noted by female clients. Gender safety is an important consideration for all mental health services and the CVS was pleased to provide feedback on the new Chief Psychiatrist Standard: Sexual Safety in Mental Health Services during the year.

“Clients reported not feeling safe due to the overbearing nature of the environment.”

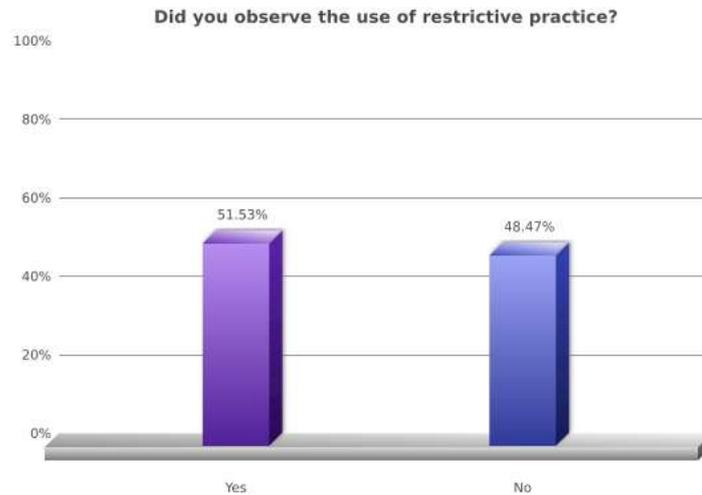
“Staff noted that gender safety (including LGBTQI+) is always a challenge. For example, a female client was scheduled to arrive at [service] during the day and, to ensure her safety, one or two existing clients were asked to change their bedrooms in order for nurses to have the female client in better view to undertake 0–15 minute visual observations. [Staff] opinion is that it would be better if there was a separate wing.”

Whilst it is acknowledged that some acute services, generally PICUs, tend to restrict access to clients’ own mobile phones, CVs noted the policy regarding access to client phones and property was reportedly inconsistent across services. Following queries about this by CVs at a visit, staff acknowledged that this practice was quite restrictive and CVs were advised at a future visit that the policy had been relaxed to allow more clients to have unfiltered access to their mobile phones.

A concern raised with CVs by clients at multiple visits was the practice of staff conducting regular safety checks at night, which often woke clients up.

“We spoke with three clients who said they were not happy with being woken to ensure that they are safe and well at 9.30–10 pm each night.”

The use of restrictive practices was observed at **52%** of visits, which is a 15% increase on last year. This increase could partly be attributed to the decrease in audio-visual visits, where it is difficult to make observations about restrictive practices.



6.5.5 Treatment and Care Planning

Community Visitors reported that some services had reviewed their treatment and care plan templates to make them more client focused and to use easier to understand language, in order to increase client participation and ownership of their plan. This is particularly important for the CAMHS services to enable children and young people to understand their plans. The usefulness of appropriately completed and up-to-date treatment and care plans is also shown in the comments below, for example by enabling any service to understand a person's preferences when they become unwell.

The use of treatment and care plans within services was noted at **98%** of visits, with evidence of the implementation of plans noted at **85%** of visits.

“The care plans are developed and agreed with the client, and ‘translated’ into age-appropriate language. The interventions are time limited so the review of plans is frequent to ensure their currency to the circumstances of the client.”

“Staff said a new mental health care plan had been developed that was more client friendly with simpler language and focused on client voice/views.”

“One client gave us feedback about her treatment plan. She felt she was fully informed and fully supported. When she experienced a relapse she knew what to do and who to contact. She felt empowered because she said it was ‘always my decision’.”

“The care plan that was observed was extremely comprehensive and thorough. If there were to be a crisis, another clinician could easily read the existing plan and be aware of how to respond to the client most appropriately.”

The following chart highlights CVs’ observations of client participation and knowledge of treatment and care plans across mental health services, with a positive rating for **81%** of visits. The difference in these figures may be attributed to the acuity of the clients and the nature of the service, as an ED or PICU will have a lower rate of client knowledge and participation in their plan compared to a community mental health service.



6.6 Local Health Networks and Service Providers

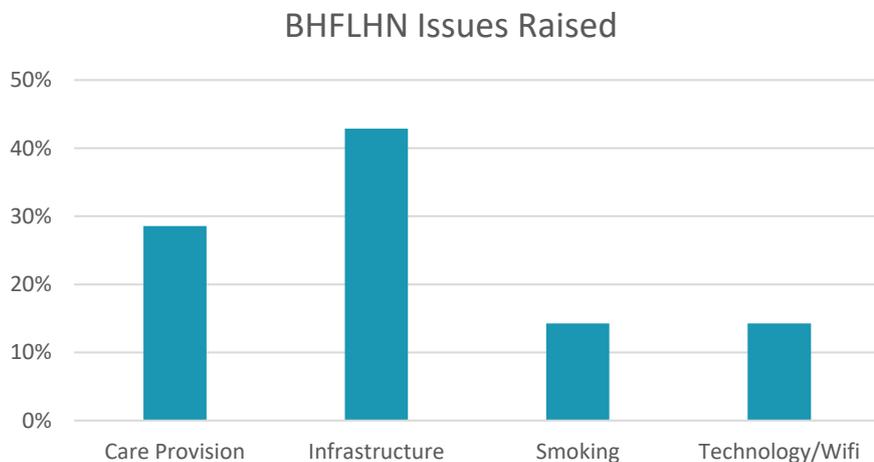
This section provides an analysis of the data collected through CVS visits and inspections to mental health services and the most common issues raised in each LHN or service provider.

6.6.1 Barossa Hills Fleurieu Local Health Network (BHFLHN)

Only a small number of issues were raised at BHFLHN services, with the most common relating to infrastructure at the Rural and Remote service at Glenside Campus. This related to the need for a laundry service to be available for clients and improvements to the courtyard space, both within the High Dependency Unit of the service.

The BHFLHN hosts the Borderline Personality Disorder Collaborative (BPDCo), which provides services across all LHNs. Community Visitors have found the BPDCo to be a modern and innovative service; however, given the state-wide hub and spoke model of the service, which provides support for clients and services within their ‘home’ LHNs and only has limited client engagement on site, it has been difficult for the CVS to gain a complete perspective of the service.

There were seven issues raised at visits to mental health services in the BHFLHN over the reporting period. The range and frequency of issues is presented in the graph below.



6.6.2 Central Adelaide Local Health Network (CALHN)

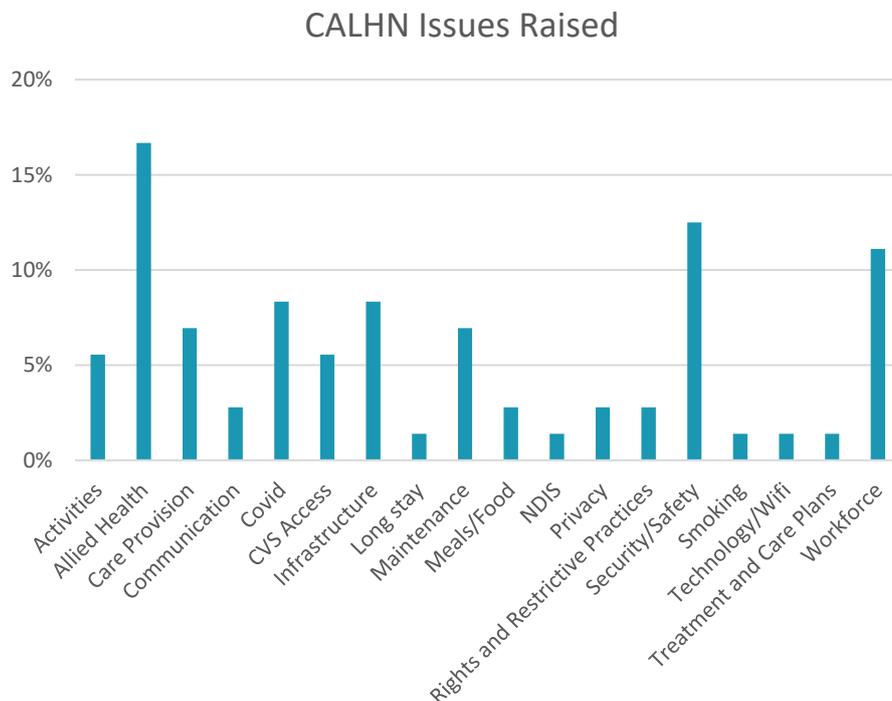
The issue most frequently reported by CVs on visits to CALHN sites was related to the provision of allied health services, particularly the impact of the shortage in this workforce group, as well as a number of reports related to accessing the support of the Aboriginal Liaison Officer for clients, as noted in Section 6.5.3.

The Aboriginal and Torres Strait Islander Liaison Health and Wellbeing Hub is located in the Royal Adelaide Hospital and is reported to be available to other CALHN services. However, CVs have been informed at visits to the Glenside Campus and Queen Elizabeth Hospital that it is challenging to access assistance for clients with a mental health condition and/or illness and there is a need for an Aboriginal Liaison Officer to be employed or allocated to these services directly.

The extended length of stay for clients presenting with a mental health condition and/or illness in the Royal Adelaide Hospital Emergency Department (ED) was raised as a concern in the later part of the year. Community Visitors noted numerous instances of clients waiting for more than 40 hours and up to 70 hours in the ED for a bed in the Psychiatric Intensive Care Unit or Acute Unit. At one visit it was reported there were seven clients presenting with a mental health condition and/or illness in the ED awaiting a transfer to a bed on a ward. It is well documented that an ED environment is not a therapeutic environment for clients presenting with a mental health condition and/or illness due to the bright lighting, loud noises and increased security presence, which can negatively impact a client’s wellbeing.

Issues related to safety and security were also identified, including reports from clients at one service of challenging behaviour towards other clients and staff. The need for emergency evacuation drills was also raised, as CVs observed there had been no recent fire drills at a number of services.

There were 72 issues raised at visits to mental health services in the CALHN over the reporting period. The range and frequency of issues is presented in the graph below.

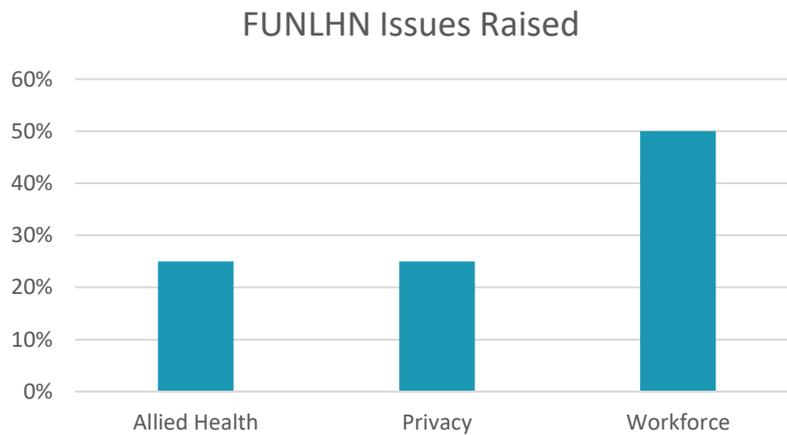


6.6.3 Flinders and Upper North Local Health Network (FUNLHN)

The CVS has been pleased to commence visits to the Whyalla Community Mental Health Service to enable a greater picture of mental health services in the region. Community Visitors have observed a well-connected service providing a smooth transition for clients from the Integrated Mental Health Inpatient Unit to the Community Mental Health Service.

Community Visitors highlighted that the Whyalla Hospital needed a dedicated mental health practitioner to support clients in the ED, prior to admission to the Integrated Mental Health Inpatient Unit. Community Visitors were pleased to note this role has since been filled, providing a seven-day-per-week service and providing links to the local Community Mental Health team which is also on the same site.

There were four issues raised at visits to mental health services in the FUNLHN over the reporting period. The range and frequency of issues is presented in the graph below.

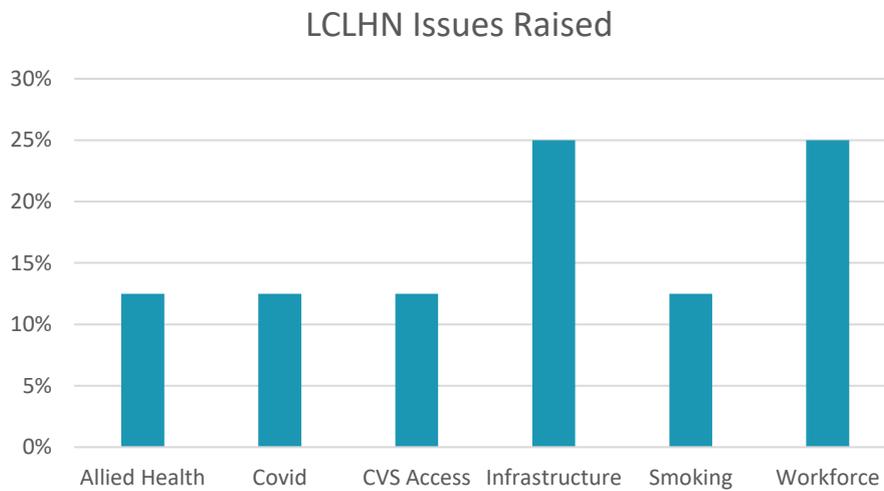


6.6.4 Limestone Coast Local Health Network (LCLHN)

Similarly, the CVS has welcomed the addition of the Mt Gambier Community Mental Health Service to its visitation schedule during the year. The most common issue raised for the LCLHN related to workforce, highlighting the difficulty the regions often face in recruiting and retaining specialist staff.

One of the issues raised related to infrastructure, particularly the removal of bathroom doors as noted earlier in the report. The Mt Gambier Integrated Mental Health Inpatient Unit was the subject of a recent coronial inquest and, as a result of the Coroner’s findings, removed the bathroom doors as discussed earlier in the report. The service is trialling the use of a new anti-ligature door and it is hoped this will meet the needs of clients and the service to resolve the issue in the near future.

There were eight issues raised at visits to mental health services in the LCLHN over the reporting period. The range and frequency of issues is presented in the graph below.



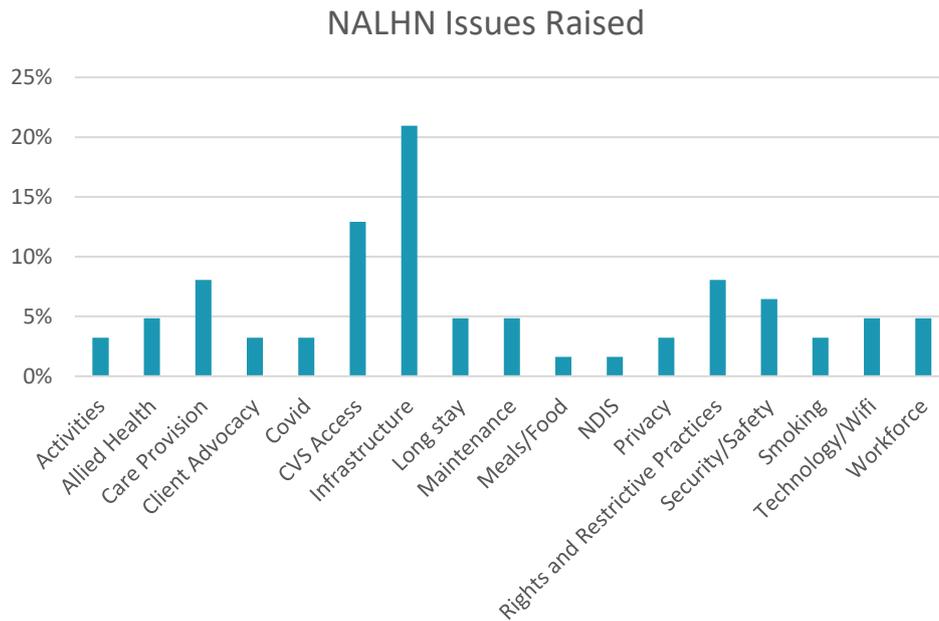
6.6.5 Northern Adelaide Local Health Network (NALHN)

The NALHN had the largest number of issues identified by CVs related to infrastructure or standard of building facilities across all mental health services. This is largely due to a number of ageing or unsuitable building environments within the NALHN area, in particular James Nash House and Northgate House, which is expanded on in Section 10.2.1. NALHN has been unsuccessful in securing funding for the significant capital works needed for these services.

Limitations to CVs' access to and engagement with clients at community mental health services has been identified at visits within NALHN, particularly given that some services mostly operate as outreach and home visits. The CVS is working with these services to trial alternative ways of engaging with clients and there have been some positive improvements in recent months.

The suspension (since COVID-19) of the Northern Recovery and Rehabilitation Program (previously known as 'Club 84') for clients accessing community mental health services has also been noted. There has been feedback from clients seeking the resumption of this program to provide psychosocial rehabilitation and day programs. The CVS understands this program has been under review with no outcome as yet for the service.

There were 62 issues raised at visits to mental health services in the NALHN over the reporting period. The range and frequency of issues is presented in the graph below.



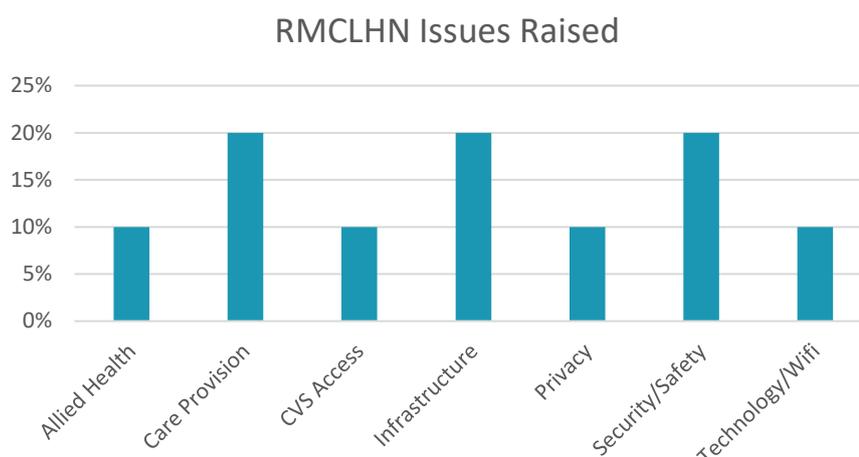
6.6.6 Riverland Mallee Coorong Local Health Network (RMCLHN)

The RMCLHN is the third regional LHN to have had a Community Mental Health Service added to the CVS visit schedule this year. Again this has provided CVs with an extended view of the mental health services in the region.

Throughout the year ongoing issues have been raised in both the Emergency Department and Integrated Mental Health Inpatient Unit regarding the need for security guards within the hospital, which has also been widely reported in the media. It is important that any security staff that are employed within mental health services are appropriately trained in working with people living with a mental health condition and/or illness.

Issues related to infrastructure have also been raised at the Community Mental Health Service, with observations that the current building space is no longer fit for purpose to accommodate clients and staff, due to a lack of private spaces and limited telehealth facilities.

There were ten issues raised at visits to mental health services in the RMCLHN over the reporting period. The range and frequency of issues is presented in the graph below.



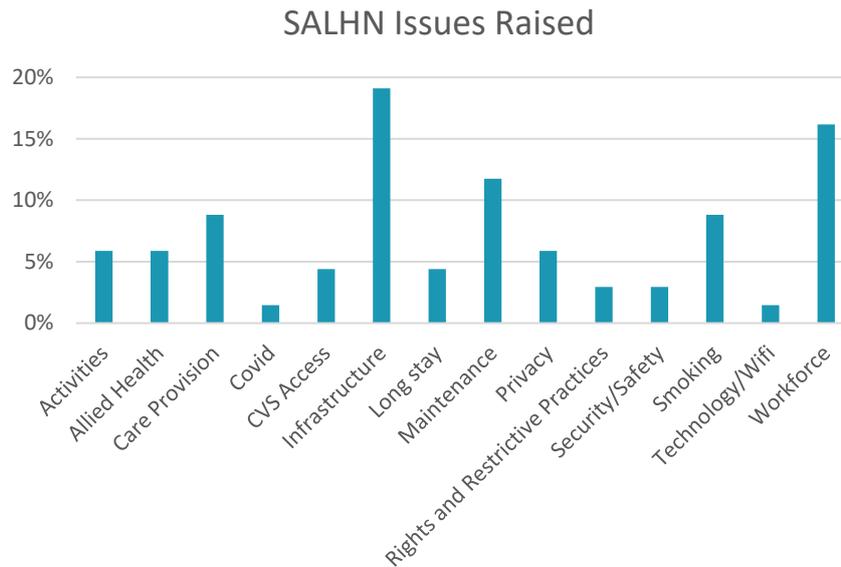
6.6.7 Southern Adelaide Local Health Network (SALHN)

Similar to NALHN, a significant number of issues were raised within the SALHN mental health services related to infrastructure and the standard of buildings and outdoor spaces available to clients. This has particularly been raised at both Margaret Tobin Centre and Ward 4GP (a state-wide eating disorder service), where there are opportunities for a refresh of the ward environment. The need for easier access to outdoor space for clients in Ward 4GP was noted earlier in the report.

The CVS must also highlight the exceptional standard of the Neuro-behavioural Unit (NBU) at the Repat Health Precinct. The NBU was opened in 2021 and provides a modern and innovative service for clients living with dementia who experience very severe to extreme behaviours associated with dementia, known as Behavioural and Psychological Symptoms of Dementia. This service consistently receives positive feedback from CVs at visits, particularly regarding aspects of family and carer involvement and communication and responsiveness to clients' needs.

Issues related to workforce shortages were also highlighted at visits to SALHN services, particularly within the mental health teams in the Emergency Departments. Instances were also noted where a shortage in staff has impacted on activities available to clients, particularly in supporting the use of the sensory room.

There were 68 issues raised at visits to mental health services in the SALHN over the reporting period. The range and frequency of issues is presented in the graph below.



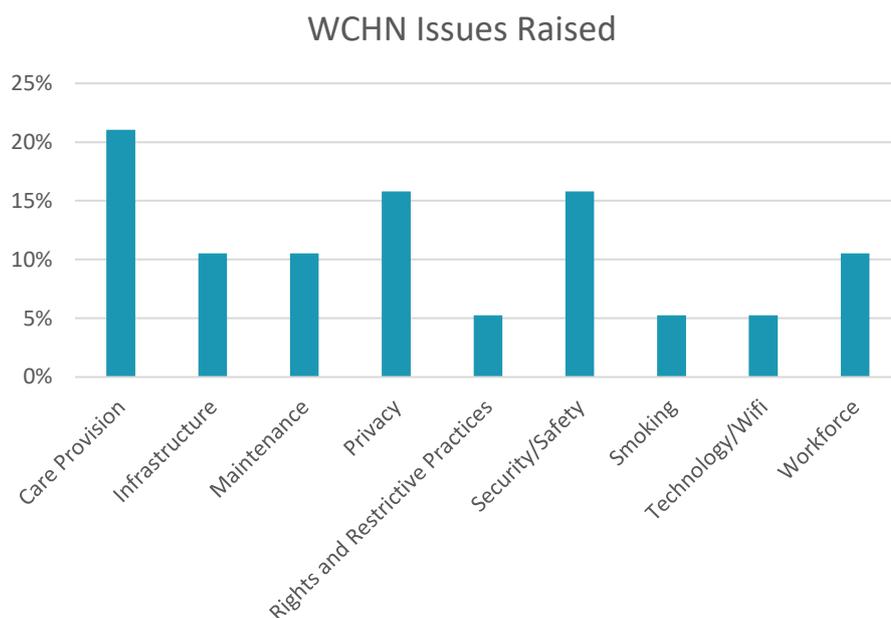
6.6.8 Women's and Children's Health Network (WCHN)

The addition of the seven Child and Adolescent Mental Health Service (CAMHS) sites has provided the CVS with a greater view of mental health services across the network, with the opportunity to visit these community settings for children and young people. Whilst the CVS has been visiting the Women's and Children's Hospital (WCH) for many years, the addition of the new services has been a learning experience for CVs, who have learned to better understand the services and how they engage with children, young people and their families. As these services and their clients become familiar with the CVS, it is hoped that CV engagement with the clients will increase and the CVS appreciates the assistance of the CAMHS staff in the development of these visits to date.

In June 2023 the Health and Community Services Complaints Commissioner released a summary of an investigation into the care and treatment of a young man in Mallee Ward, WCH dating back to 2021. A number of recommendations were made relating to restrictive practices including seclusion and physical restraint and improving documentation. The CVS is pleased to note that the hospital will be developing a specific policy in conjunction with the Office of the Chief Psychiatrist for practices relating to the restraint and seclusion of children and young people and their reduction.

Issues related to privacy were noted at visits to WCHN inpatient services. The removal of the bathroom doors at Helen Mayo House has caused significant concerns for clients, as have the shared rooms in the adolescent ward. The Women's and Children's Hospital has also raised issues about privacy for young people.

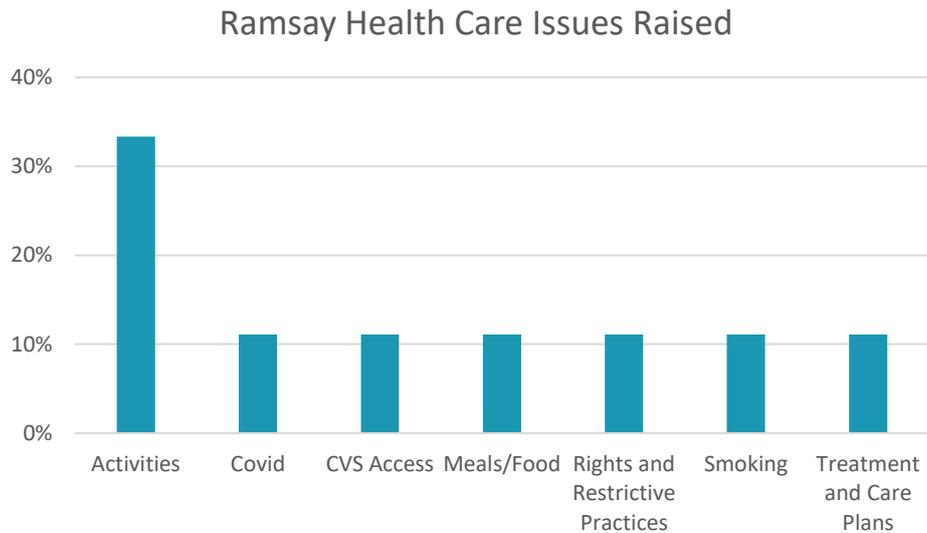
There were 19 issues raised at visits to mental health services in the WCHN over the reporting period. The range and frequency of issues is presented in the graph below.



6.6.9 Ramsay Health Care – Ramsay Clinic Adelaide

The CVS visits the Ramsay Clinic Adelaide, the only gazetted private inpatient mental health service in South Australia. This service provides a high quality private mental health service in a modern and well-staffed facility. A small number of issues were raised with CV's at visits to this service regarding access to meaningful activities in the evenings and on weekends, which is a common concern across many mental health services. Clients have also raised concerns regarding a limited ability to leave the facility for day outings, which was initially reduced as a result of COVID-19 restrictions however has remained in place after the wider restrictions were removed.

There were 9 issues raised at visits to the Ramsay Clinic Adelaide over the reporting period. The range and frequency of issues is presented in the graph below.



6.6.10 NEAMI National – Urgent Mental Health Care Centre

This centre is a unique model of mental health service, providing a calm and peer-led alternative to an Emergency Department for clients experiencing a mental health crisis. Community Visitors have noted positive feedback from clients at visits about this service, including the relaxed and inviting environment and the follow up service that is provided for clients upon leaving the centre.

No issues have been raised at visits to the Urgent Mental Health Care Centre over the reporting period.

7. Progression and Follow-Up of Issues Raised in Community Visitor Reports

A key component of the role of the CVS is to refer issues raised in visit reports to the appropriate organisation for resolution. Generally, these issues are referred back to the service provider (DHS DS or state mental health services). The CVS advises the service provider of the issue or concern and the service provider will provide a response addressing how the issue/concern will be progressed.

Community Visitors have reported issues of concern arising in 77 DHS DS reports and 142 mental health service reports. At the time of writing this report, all issues raised in the disability and mental health visit reports had been responded to by the relevant service provider.

Examples of issues progressed with the relevant services are provided below.

7.1 Disability Services Accommodation

Community Visitors observed during a visit that, for one client in a home, the range of activities available could be more ambitious. They noted that the activities also should be reflected in care and support plans. They suggested this could involve staff encouraging and supporting clients to participate more in activities for daily living, such as shopping and cooking, in addition to increasing opportunities and activities outside of the home. The CVS made additional enquiries and DHS DS responded that the client's support plans had been reviewed and updated to include the client's involvement with food shopping and meal preparation. It also noted that a dietitian attended the house to prepare healthy food with the client. The CVS was informed that clients were often provided opportunities to go out with DHS DS staff to the shops, nature walks, lunches and visiting a local art gallery. Staff were reportedly supporting a client to grow vegetables in the garden and exploring additional external support for clients to pursue other interests.

A number of post-visit CV reports raised the absence of referrals to allied health services. For one client there had been challenges sourcing a referral for a psychiatrist, a second report indicated a client was seeking additional assessments and a third report noted that there "needs to be a clearer understanding for staff of accessing allied health for clients". Following enquiries made by the CVS, DHS DS provided additional information that confirmed referrals were in place or being pursued at future appointments; a review of relevant registers was undertaken to ensure clients had engaged with healthcare professionals or new appointments had been scheduled; and a psychiatrist was being engaged to assess the mental health of the client. A proactive approach to access to allied health practitioners would be beneficial to support these actions and follow-up by DHS DS.

7.2 Mental Health Services

In a number of reports, Community Visitors reported on concerns about the physical environment of an inpatient mental health service. This included concerns regarding a lack of privacy due to shared rooms, insufficient space for activities and no communal dining area for clients to use. At a visit to the service earlier in the year CVs were advised by the Nurse Unit Manager that renovations to the environment to address these issues had been planned and would commence shortly and that the regular CVS reporting of these issues had an influence on this outcome.

At a visit to a mental health service CVs highlighted feedback from a client who raised concerns about the lack of information they had been given upon admission, such as the ward routine, shared facilities and lack of privacy. The CVs observed that the client was quite anxious and enquired whether they had been offered any sensory modulation tools or items, of which the client was not aware. When this was raised with the LHN they advised that the team had since prepared a quick reference guide in each room to support the initial orientation and provide information to clients. The CVS was also informed that a new occupational therapist had been recruited who will assist in the promotion of sensory modulation and the use of self-calming items within the ward. Training will also be provided to nursing staff to promote the use of sensory modulation for clients where needed.

7.3 Referring Significant Visit Issues or Matters of Concern

The *Mental Health Act 2009* and the *Disability Services (Community Visitor Scheme) Regulations 2013* provide that the Community Visitor Scheme should refer 'matters of concern' to the relevant Minister, their delegate or other appropriate bodies relevant to those services. A matter of concern is a complex and significant issue that requires the immediate attention of, and action by, the PCV.

The CVS refers most issues or matters of concern to the service provider to be progressed directly. The CVS also refers matters to relevant stakeholders such as the Office of the Chief Psychiatrist or the Health and Community Services Complaints Commissioner.

7.3.1 Disability

No matters of concern were referred directly to the Minister for Human Services during the reporting period. However, the PCV wrote to the Minister in June 2023 regarding a visit to T2H (South) in March 2023. The PCV reported on issues arising in relation to the Health and Community Services Complaints Commissioner report from February 2022 and the report of the review conducted by Mr Greg Adey and Dr Christine Dennis.

The PCV also wrote to the Executive Director, DHS DS in May 2023 requesting a response on the progress of the recommendations, and a substantial response was received in late May 2023, which demonstrated the following examples of improvements:

- A Shared Care Letter of Understanding between T2H and relevant NDIS service providers has been developed.
- Developing and implementing clear operational approaches to areas of the service including risk management.
- Staff support guidelines are used to train new recruits and for regular compliance training. These are updated regularly to ensure best practice is being operationalised.
- A memorandum of administrative agreement has been signed and finalised by both DHS and DHW.
- Forms provided for client signature are now available in plain English and easy read format.
- DHS, SA Health and the South Australian Housing Authority regularly meet to discuss housing stock and to work through supply and demand issues.

In a letter to the Minister for Human Services, the PCV noted a number of recommendations from both reports had been implemented or were in progress including the Health Monitor role; skin/health tests; conditions of acceptance of clients from hospitals; nursing oversight including daily reviews by the Team Leader; and weekly clinical reviews with the Director of Nursing.

It is pleasing to note and acknowledge the significant work being undertaken to continue to make improvements to implement all recommendations. The PCV will continue to visit T2H facilities and monitor further developments.

During the year, the PCV also wrote to DHS DS management to seek information regarding a significant issue arising from a visit relating to the management of a client's wound. Community Visitors had undertaken a visit and reported back to the CVS Coordinator that they were concerned about a perceived lack of wound care and medication management for the client. The situation was complicated by the varying perspective held by the client about their own health needs. The Coordinator sought additional information from the Area Manager, and then brought this matter to the attention of the PCV, who escalated these concerns to the Executive Director of Disability Services and the Director Quality and Clinical Services, to ascertain the risk to the client. A prompt response was received from the Executive Director of Disability Services who advised that nursing services were attending every day and a general practitioner visit resulted in prescribed medication to assist wound healing. It was also acknowledged that staff encouraged the client to comply with the health professionals to gain the best outcome. Further follow-up was undertaken a month later by the CVS, and responses indicated that Disability Services were actively reviewing care strategies and discussing support options with the client. The PCV acknowledges the working

relationship maintained with DHS DS which promotes information sharing and open conversations to resolve issues when they arise.

7.3.2 Mental Health

The CVS has raised some key matters of concern this year relating to visits and inspections to mental health services. This includes a CVS visit to Northgate House on 4 April 2023. Northgate House is a state-wide, specialist residential neurological behavioural support unit developed within a residential care framework. It is for people with behavioural and psychological presentations of dementia or older people living with mental illness with complex care needs. Arising from a visit, CVs reported significant concerns about the current building and facilities. On 6 April 2023, the PCV escalated these concerns to the Minister for Health and Wellbeing, the Chief Psychiatrist and the NALHN Chief Executive and Mental Health division. This resulted in an inspection being undertaken by the Office of the Chief Psychiatrist on 13 April 2023. Following the CVS visit and OCP inspection, the Northern Adelaide Local Health Network provided a response to the CVS detailing actions to address the issues identified. The Minister for Health and Wellbeing was updated on all actions during June 2023. The CVS has since conducted another visit on 1 June 2023 and CVs have noted an improvement in staff morale and the use of building facilities.

Another matter of concern requiring escalation in the reporting period related to Cramond Clinic at the Queen Elizabeth Hospital. During CV visits to Cramond Clinic in November 2022 and January 2023, CVs both observed and received feedback from clients regarding the way they had been spoken to and treated by a small group of staff, including particular instances where clients had been spoken to in a derogatory and undignified manner. Following these visits, a staff member of the service contacted the CVS office highlighting similar concerns regarding the way some clients are spoken to by staff.

Some examples of comments made by CVs about visits to Cramond Clinic are highlighted below:

“On our arrival and while waiting to introduce ourselves to staff at reception, CVs were approached by a client ... when we explained who we were and our role she was eager to talk about her concerns. It was her perception that staff were not listening and not responding to her requests. She expressed anger and frustration using strong language. She felt the way some [not all] staff treated her was racial discrimination. CVs considered it best to discuss the issue with a staff member present and a nurse who knew the client was asked to join us by the Team Leader. We observed the interaction between the nurse and the client to be tense and confrontational. While the client used a number of swear words in her conversation she made a point of saying that the language of staff included swear words to her. One other client who spoke with us later also raised this issue, saying he thought it was ‘unfair’ he was told off for swearing when he heard staff do it.”

“We spoke with two clients, one of whom spoke of general ‘rudeness’ of some staff but did not want any follow-up. Another spoke at length of experiences she had with a particular staff team earlier in the week. The gist of the conversation was around staff inattention and inappropriate communication.”

These concerns were escalated to both the CALHN Mental Health division and the Chief Psychiatrist in January 2023. Following this the CALHN provided a response to the initial concerns and a detailed action plan as to how these concerns would be addressed with staff at the service. The CVS has continued to monitor and enquire about this issue with clients at recent visits to Cramond Clinic and has been pleased to note that the CVS has not received any additional feedback from clients regarding poor communication by staff.

8. Public Advocate Clients Who Are Participants in the NDIS

In September 2019, the Public Advocate delegated some functions to the PCV and CVs under the *Guardianship and Administration Act 1993*.

This delegation allows the PCV and CVs to visit people under the guardianship of the Public Advocate who are participants of the NDIS, and to enquire into matters where the Public Advocate is appointed as guardian such as health, accommodation or lifestyle. This is a different visit focus and purpose than CV visits to mental health and disability services. The

visit is undertaken on behalf of the Public Advocate and the focus is on the individual, and their care planning and care arrangements.

During the reporting period CVs undertook 47 visits to Public Advocate clients in both regional and metropolitan areas. Seven clients resided in non-government accommodation, and the remaining 40 clients were in community housing supported by DHS DS. This is a 20% increase from the previous financial year (37 visits).

During the reporting period, 25 CV reports identified matters for follow-up. Examples of these matters included lack of clarity about the available funds to plan for a holiday, positive behaviour support plans, assisting clients with daily living activities such as personal grooming and dressing, staff consistency, greater use of assistive technology for a sight-impaired client, and the need for more home-based activities for a client not attending day programs.

These matters were reported to the Office of the Public Advocate (OPA) for follow-up. At the time of writing this report, all matters had been addressed by the Public Advocate.

9. Individual Advocacy

A function of the CV role is to provide support and advocacy for clients, including the referral of issues or matters of concern to the PCV to other services. While the CVS is not a complaints resolution body or an investigation unit, it will refer individuals to other agencies and support them through formal complaints processes as needed.

The CVS office receives requests for advocacy directly from clients, staff, family members, guardians, or other persons who may support or have contact with a client.

9.1 Disability Services: Advocacy Case Study

Marie phoned the CVS Disability Coordinator. Marie's sibling (Joanne) was residing in a home, with support provided by DHS. Marie had concerns about the lack of opportunity for Joanne to participate in activities out in the community. Marie noted that COVID had resulted in staff shortages, but felt that COVID was being used as an excuse. Marie was advised Joanne could not go out often due to staff shortages and no house vehicle access. Marie felt that was not acceptable. With Joanne's permission the CVS Disability Coordinator contacted the DHS Area Manager. The Area Manager was not aware of Marie's concerns but welcomed her feedback and acknowledged Marie's concerns.

The Area Manager contacted Marie to hear her views. The CVS Disability Coordinator approached DHS for an update and was informed that outings had been planned, and that Joanne had attended a concert which she enjoyed. Planning was underway to ensure regular outings and family visits. Further CVS follow-ups discovered a comprehensive list of activities had been developed for Joanne. Joanne was now participating in many activities of interest, including increased time with family.

9.2 Mental Health Services: Advocacy Case Study

The CVS was contacted by Matt, the son of client Mary, who was in an acute mental health service. Matt made contact as he had seen a CVS brochure that was left with Mary during a recent visit. Matt did not live locally and was not able to visit Mary. He was seeking information and advocacy regarding some concerns he had about Mary's treatment and care.

The concerns related to lack of clothing available, as Mary had been in hospital for many weeks with only one set of clothing since admission. He was also concerned about items of Mary's property, including clothing and a mobile phone, that had been lost in the process of the hospital admission. Matt also noted that Mary had an upcoming SACAT hearing and wished to visit her home to get fresh clothes and other items, as her family mostly lived interstate and were unable to bring in items for her.

After also speaking with Mary to seek her consent to advocate on her behalf, the CVS Coordinator followed up with the Nurse Unit Manager and Social Worker at the service. The service was very responsive to the concerns raised and agreed to follow these up, whilst clarifying the issues raised. A home visit was arranged by the Social Worker within four days of the request and Mary was able to collect additional clothing and personal care items. The service also acknowledged the lost items and confirmed that the hospital would be reimbursing her for the items, including assisting her with purchasing a new mobile phone.

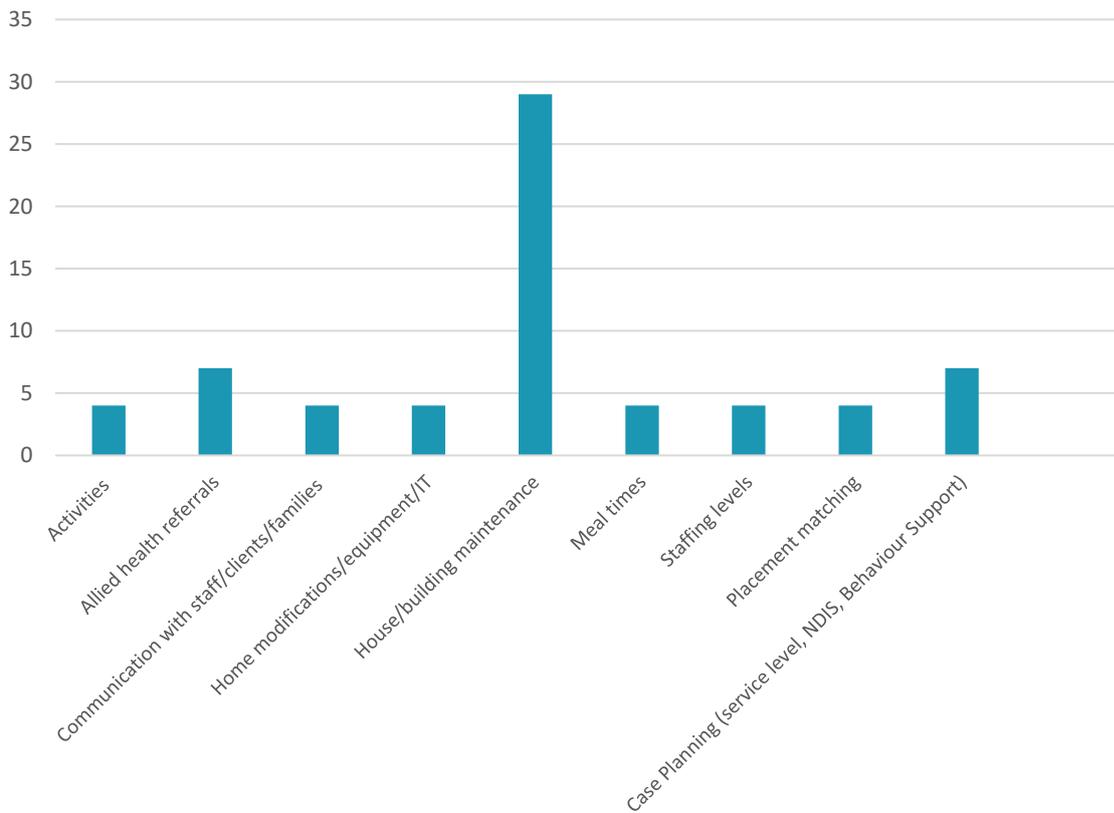
10. Systemic Advocacy

Through visits and advocacy for clients, the PCV has identified issues to be addressed to improve services to clients of DHS DS and mental health services.

Predominant system issues from this year’s reports are expanded on below.

10.1 Disability Services

Top Ten Issues Reported on by CVs after Visits to DHS Disability Services



10.1.1 House Maintenance

House maintenance continues to be an ongoing and significant issue across DHS DS and the properties in which residents reside. In the majority of cases, the landlord is a third party, and any maintenance actions are outside the remit of DHS DS, which must request action and repairs. The CVS understands that DHS DS have processes in place to raise maintenance requests with landlords.

Although there has been a streamlining of maintenance reporting processes for all houses, there appears to be different approaches to repairs and timelines between houses owned by Community Housing Providers (CHPs) and houses provided by CHPs under lease from the South Australian Housing Authority.

During the reporting period, the PCV provided advocacy for a client regarding the home and maintenance. The parents of clients had repeatedly asked the landlord to attend to maintenance issues including blocked gutters, pergola repairs and tiling in the bathroom. The CVs report was sent to DHS DS management to seek feedback on the issue. The Executive Director Disability Services responded acknowledging that building standards were somewhat out of their control and were the responsibility of the landlord. The PCV wrote a letter to the landlord advocating timely attendance to maintenance issues and requesting feedback on issues raised. The landlord responded in writing to the PCV and advised that they had met with DHS DS support staff and family members to discuss maintenance concerns and had developed a timeline for addressing maintenance issues. The PCV thanked the landlord for their attention to the matters.

The PCV will advocate to landlords where maintenance issues have been unresolved for a significant period of time, and where other avenues for repairs have not been successful. This area of concern will continue to be monitored by the CVS.

10.1.2 Timely Reviews of Plans

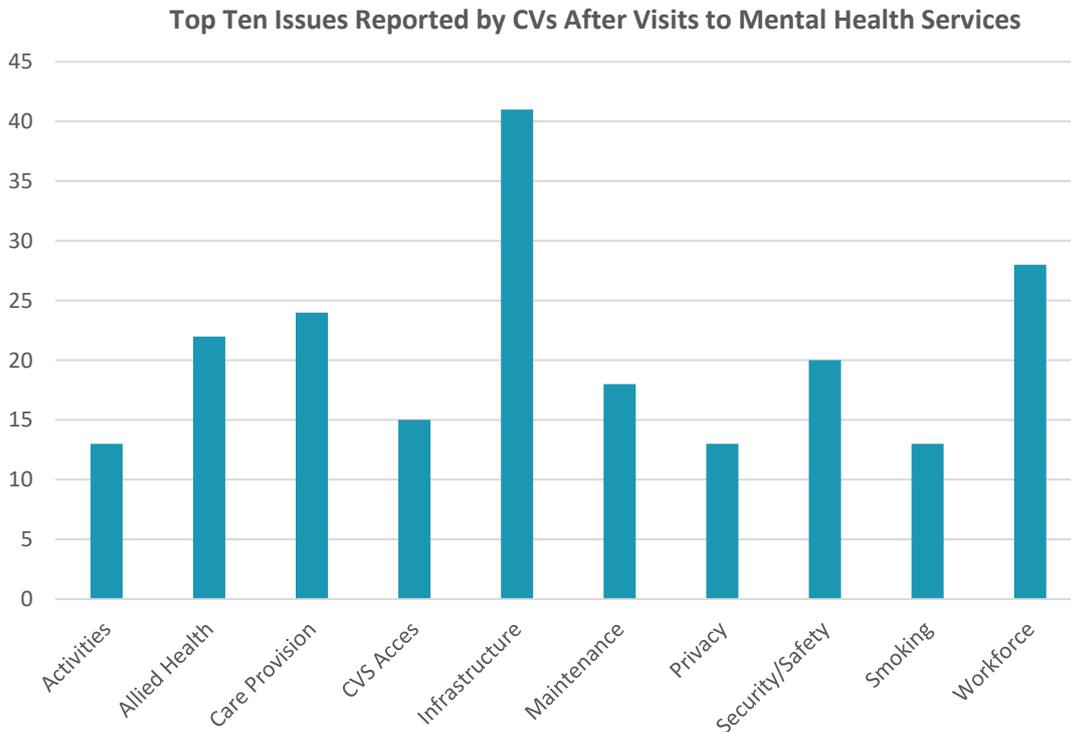
Eight Community Visitor reports this year indicated client plans were “in need of review” or “had expired”. Plans in need of attention included Positive Behaviour Support Plans (PBSPs), Mealtime Support, NDIS Support Plans and evacuation procedures. System challenges that were reported to affect plan reviews included:

- The DHS DS transition to the NDIS from 1 July 2023 was seen by some clients and families as challenging, with insufficient communication about the upcoming changes. DHS DS have held general information forums on the transition to the NDIS for clients, families and caregivers.
- PBSPs were found to be out of date for some clients, and reportedly a shortage of positive behaviour support practitioners had impacted services’ ability to ensure all PBSPs were up to date.
- At times, improved communication with an external service coordinator was needed to capture changes in clients’ support requirements, as was the case with a mealtime management plan.
- The aspects of good and timely client planning that were most frequently mentioned were planning to ensure clients have opportunities to go on holiday and to ensure the availability of adequate funds in NDIS plans. The person responsible for developing clients’ NDIS plans must consult with clients, their families and guardians to ensure there is funding available for holidays and it is incorporated into planning.

10.1.3 Mealtimes

The serving of early evening meals is an emerging issue reported by CVs. Community Visitors have reported concerns that serving dinner at 5.00 pm could be a strategy from past institutional times, or for the benefit of the system or staff, and does not necessarily consider clients’ needs or preferences. Community Visitors reported that serving dinner early was “becoming increasingly noted in other facilities”. DHS DS acknowledged that, while 5.00 pm may seem early, some clients can tire by the end of the day, especially those with swallowing issues. In services where an early dinner is served, supper is offered to clients later in the evening at around 8.00 pm. Clients should be able to choose to have dinner at a time that suits their individual needs, rather than meals being served at the same time for all clients as a system response. The CVS will continue to monitor this issue.

10.2 Mental Health Services



10.2.1 Ageing or Unsuitable Infrastructure

As referred to earlier in the report, the most common issues raised at visits by CVs related to infrastructure, particularly the need for capital works or improvements to unsuitable infrastructure to better provide a modern and therapeutic environment for clients.

Confirmation of the progress of capital works is pending for a number of services such as James Nash House, Tarnanthi & Sub-Acute Unit, Northgate House, Woodleigh House, Inpatient Rehabilitation Service and Cramond Clinic. The CVS has been advised that many of these services have developed plans for development but are awaiting funding through a capital works budget bid. In the meantime, the ageing, inappropriate building and infrastructure impacts on the management and care of clients.

Issues related to environment and infrastructure are most significant at James Nash House. James Nash House cares for clients who are classified as forensic under s269 of the *Criminal Law (Consolidation) Act (1935)*, clients deemed unfit to stand trial due to mental illness or correctional clients who have developed a mental illness and been transferred from a correctional facility. Forensic clients have been found not guilty by reason of mental incapacity. There are four units: Aldgate (high security), Birdwood and Clare (transition units), and Ken O'Brien Centre East and West (focus on rehabilitation).

At every visit to this service CVs have noted the complete lack of therapeutic environment related to the physical infrastructure of the James Nash building. The building is dark and ageing, with a prison like feel. The dated structure impacts on service delivery and client wellbeing, for example, shared bedrooms in one unit and a lack of space for dining in another. A more suitable building is required to provide an environment conducive to providing therapeutic care, with individual rooms and bathrooms to ensure privacy. All units require dedicated spaces for activities, treatment and care, a common area and a sensory room(s). The dining room arrangements require renovation to become a welcoming space, while also being a safe and operational space to provide meals. James Nash House is in urgent need of upgrading or refurbishment.

10.2.2 Mental Health Workforce Shortages

The impact of shortages across the mental health workforce has continued in this reporting period. CVs have commonly reported a shortage of staff at visits to mental health services across all workforce groups; however, the impact was particularly noted in the shortage of the psychology and the Aboriginal peer workforces.

Difficulties in recruitment to clinical psychology roles have been identified as an issue at both the state and national levels. The demand for these roles and other allied health professionals in the NDIS industry has also contributed to the shortage in mental health services.

Acknowledging the impact of COVID-19 on many workforce groups, it is concerning that these shortages continue to affect the delivery of care for clients, which has been noted in aspects such as the provision of activities for clients or the amount of time that staff are able to spend with clients.

The CVS understands that the Department for Health and Wellbeing is continuing to work on workforce strategies in conjunction with the Office of the Chief Psychiatrist and the tertiary education sector to address these issues.

10.2.3 Removal of Bathroom Doors in Inpatient Units

As noted earlier in the report, the removal of the bathroom doors in several inpatient units has created concerns about clients' privacy and dignity in care. This issue has been ongoing for a number of years; however, with the Coroner's findings earlier this year, the clients of a number of mental health services are now being impacted by this.

The CVS understands that both funding and supply issues in acquiring the required number of anti-ligature doors are impacting on the resolution of this issue. Community Visitors have observed the trial of anti-ligature doors at the Mt Gambier Integrated Mental Health Inpatient Unit.

Appropriate anti-ligature doors need to be appropriately funded and fitted in all relevant mental health services to protect the privacy and dignity of clients, without comprising existing resourcing and service integrity.

11. Community Visitors

11.1 Overview

Along with other organisations working with volunteers, the CVS experienced recruitment challenges during 2022–23.

Research released in October 2022⁶ showed that:

- Volunteering was already declining well before the commencement of COVID-19.
- COVID-19 is having a lasting impact on volunteering and therefore on organisations that rely on volunteers.
- The cost-of-living pressures are negatively impacting on volunteering.
- Demand for volunteers is high.

⁶ Volunteering Australia, "New landmark research to guide the future of volunteering", media release, 17 October 2022, <https://www.volunteeringaustralia.org/wp-content/uploads/MEDIA-RELEASE-New-landmark-research-to-guide-the-future-of-volunteering.pdf>

The research also provided further evidence on the wellbeing effects of volunteering. Those who continued volunteering during the COVID-19 period reported higher life satisfaction than average, while those who said they had stopped volunteering due to COVID-19 and were not volunteering as of April 2022 reported lower life satisfaction than average. If volunteering participation increases, there will be a wellbeing dividend. Encouragingly, many people intend to increase their volunteering in the future.

In order to address the decline in volunteering, the CVS continues to explore ways to minimise the barriers to volunteering while ensuring suitable volunteers for this exceptional role.

The recruitment and retention of CVs continues to be a priority for the CVS.

11.2 Appointments and Resignations

As of 30 June 2023, there were 35 appointed CVs (including the PCV and the APCV); however, these numbers fluctuated over the year.

During the reporting period:

- Five new CVs were appointed (including the APCV).
- Two CVs resigned – one due to moving overseas and the other due to a change in personal circumstances.

Since November 2020 appointments and reappointments have been for a term of three years. This has resulted in a more efficient appointment process and assisted in the recruitment and retention of CVs. For this reason, it has not been necessary to reappoint any CVs during the reporting period.

Appointed Community Visitors for the 2022–23 Reporting Period

Adele Querzoli

Amalia Azis

Andrew Crowther

Anne Burgess

Anne Gale

Brigitte Squire

Briony Lia

Cecil Camilleri

Dana Alexander

David Meldrum

Diana Massey

Eimear Muir–Cochrane

Elizabeth Iussa

Eric Ford

Frank Walsh

Heather Ng

Helen Jones

Helen Mitchard

Ingrid Davies

Jacy Arthur

Jade McInerney

Janice Clark

John Callaghan

John Leahy

Judy Harvey

Karen Rogers

Kate McPhee

Lou McLennan

Maree Hollard

Margaret Eifenbein

Marianne Dahl

Michelle Diener

Pam Simmons

Rennie Gay

Sally Goode

Sue Whittington

Tati Turcinov

11.3 Community Visitor Profiles

The CVs come from a wide range of backgrounds and have diverse skills and experience that support the delivery of CVS functions.

Of the appointed CV as at end June 2023:

- 43% are retired or not working and 34% are employed part-time.
- 25% speak a language other than English.
- 23% have disclosed lived experience of disability or a mental health condition and/or illness.
- The average age is 62 years (ages range from people in their early 30s to their mid-80s).
- the average length of service is approximately three and a half years, with the longest serving CV at 11 years.
- 80% are female and 20% are male.

Community Visitors are an integral and valued component of the scheme, and it is with great pleasure that we introduce two of our long-serving CVs below:



"I currently work part-time as a teacher at an international college for students preparing for entry to university. Previously, I worked in laboratories as a medical scientist. My husband and I have been fortunate to live interstate and overseas for several years. In 2015, we returned to our hometown of Adelaide to raise our two young children. My own experiences and interest in psychology led me to apply for work as a volunteer in the mental health sector. At the time, I also began studying psychology at the University of Adelaide.

I find volunteering as a community visitor to be hugely rewarding. I enjoy working with other like-minded volunteers. Together, we visit a variety of disability and mental health services and engage with many clients and staff. I continue to learn and develop transferable skills such as report writing and interpersonal skills, and excellent training is provided by the supportive CVS staff. It is an honour to be involved in such important work. A great sense of fulfilment comes from playing a role in protecting the rights of vulnerable members of our community."

Adele Querzoli (appointed 24/10/2017)



"I started volunteering for CVS in 2016 and absolutely loved it as I've always wanted to 'catch out' the support workers treating their clients with respect or not.

As I have a disability myself and endured experiences where I was treated like a child, downtrodden and I wasn't being heard. I would be too shy or afraid to 'speak up' in my younger years. Now that I'm older with confidence I can speak up easily but sadly many still do not so I like to be their 'voice'.

During the CV visits I would notice how the support workers react towards me and how they react to their clients. It's easy to pick up clients' behaviours whether they are comfortable with their workers or not. I would talk to the client, ask them questions, find their interests and whether they are happy or not.

Some workers are good 'actors' and I am wary of them. Luckily there are lots of workers who genuinely care.

In 2021 the CVS approached me to ask if I would be interested in delivering the lived-experience module as part of the two-day initial training new CVs receive. I tailored the 'If Only You Knew' presentation I'd previously developed and delivered and continue to receive positive feedback about my involvement."

Jacy Arthur (appointed 15/12/2016)

11.4 Feedback from Community Visitors

Three of our Community Visitors were involved in the recruitment campaign and made the following comments:

“If you've spent a lifetime acquiring skills that can be applied to help people living with a disability or a mental health condition, I think you should do it.”

Andrew Crowther, Volunteer Community Visitor, 2018 – present



“When I retired, I still had a lot of energy and a commitment to do something important. I found it with the Community Visitor Scheme.”

Helen Jones, Volunteer Community Visitor, 2021 – present



"I thought, this is something that I have some skills in, and I think I could make a difference. It helps me broaden my horizons and become more understanding of what other people go through."

Elizabeth Iussa, Volunteer Community Visitor, 2021 – present



Progress meetings and yearly reviews are an important way for the PCV to connect with our CVs and are an opportunity for a two-way conversation. These conversations are documented and the following are just some of the comments captured:

"The structure and support of the CVS Office is admirable. I particularly appreciate that staff get back to me immediately. I find the information in the monthly update from the PCV useful. Other organisations could learn from CVS about good volunteer management."

"I am impressed by the frequent attempts to ask the volunteers for our views and what updates and training we need."

"I feel privileged to visit places I wouldn't ordinarily have access to."

11.5 Recruitment of Community Visitors

11.5.1 Recruitment Criteria

There are no formal qualifications required for the role, however applicants must:

- be 18 years of age or over
- not be working or studying full-time
- have access to a computer and mobile phone.

Community Visitors require good communication skills, a desire to support people through advocacy and a dedication to improving services. People with lived experience, from culturally and linguistically diverse backgrounds, and Aboriginal or Torres Strait Islander people are encouraged to apply.

11.5.2 Recruitment Strategy

The CVS recruitment strategy is ongoing in the wake of the volunteer recruitment and engagement campaign and includes advertising on the CVS website, the Volunteering SA-NT website and other career sites such as Seek Volunteer and Go Volunteer. Current Community Visitors are encouraged to talk about their role within their networks to encourage others to take an interest in the CVS.

The expressions of interest during the campaign period (February 2023 to June 2023) represented 66% of the total for the financial year (57 in total, and 39 during the campaign period). From the 57 expressions of interest that were made, 33 individuals submitted an application to become a CV. Twenty-nine people were accepted and a total of 24 people attended an interview. The reason for the decrease in interest from the expression of interest stage to the interview stage included:

- applicants pursuing paid employment or undertaking study commitments;
- applicants changing their mind about their application (no reason provided)
- applicants indicating after further information was provided, that the role did not suit their circumstances or current capacity

A total of 16 individuals commenced their orientation program following a two-day training program.

11.6 Training for Community Visitors

11.6.1 Initial Training and Orientation

Full support and training are provided to all volunteers. Prior to appointment, applicants must attend the two-day training program, followed by a series of orientation visits. During that period, feedback is exchanged between the orientee and the CVS. The PCV acknowledges that the CV volunteer role is a significant commitment and unique. The role requires time to undertake visits and inspections, as well as to write post-visit reports. These requirements can impact on people's availability and capacity to commit to this role.

In 2022–23, 19 people attended the two-day training program over four rounds, a 74% increase on the previous year. As at 30 June 2023, two of these attendees have gone on to be appointed as CVs, with a further 16 undertaking orientation visits with a view to being appointed. One of the attendees has withdrawn from the process due to a change in personal circumstances.

Once they have completed the training, the applicants enter the orientation stage. They are asked to complete a series of orientation visits with the PCV or the APCV. This orientation visit process is currently under review to ensure a variety of orientation sites are visited within a specific time period. These visits provide orientees with the opportunity to see the practical application of key areas covered in the training.

11.6.2 Appointment

If an applicant successfully completes their training and orientation, they are recommended for appointment and required to sign "Conditions of Appointment" and "Principles of Conduct" documents.

Community Visitors are appointed by Her Excellency, the Governor of South Australia, on the recommendation of Executive Council. All appointments are published in the Government Gazette.

11.6.3 Ongoing Training Forums and Support

The CVs were invited to five CVS Forum and Education Sessions throughout the year. For those unable to join in-person, MS Teams is available.

Education sessions have been held on the following topics:

- disability housing
- two disability services updates (presented by the Department of Human Services)
- the Child and Adolescent Mental Health Service (presented by CAMHS)
- restrictive practices (presented by the Restrictive Practices Authorisation Unit).

12. Abbreviations

APCV	Assistant Principal Community Visitor
BHFLHN	Barossa Hills Fleurieu Local Health Network
BPDCo	Borderline Personality Disorder Collaborative
CALHN	Central Adelaide Local Health Network
CAMHS	Child and Adolescent Mental Health Service
CHP	Community Housing Provider
COVID-19	Coronavirus Disease of 2019
CV	Community Visitor
CVS	Community Visitor Scheme
DHS	Department of Human Services
DHW	Department for Health and Wellbeing
DS	Disability Services
ED	Emergency Department
FUNLHN	Flinders and Upper North Local Health Network
LCLHN	Limestone Coast Local Health Network
LHN	Local Health Network
NALHN	Northern Adelaide Local Health Network
NBU	Neuro-behavioural Unit
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
NPM	National Preventive Mechanism
OCP	Office of the Chief Psychiatrist
OPA	Office of the Public Advocate
OPCAT	Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
OT	Occupational Therapist
PBSP	Positive Behaviour Support Plan
PCV	Principal Community Visitor
PICU	Psychiatric Intensive Care Unit
RMCLHN	Riverland Mallee Coorong Local Health Network
SACAT	South Australian Civil and Administrative Tribunal
SALHN	Southern Adelaide Local Health Network
SALRI	South Australian Law Reform Institute

SW	Social Worker
T2H	Transition to Home
WCH	Women's and Children's Hospital
WCHN	Women's and Children's Health Network

13. Appendices

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Appendix 1: Members of Advisory Committee

The members of the Advisory Committee as of 30 June 2023 are:

Ms Anne Burgess	Chairperson
Ms Anne Gale	Principal Community Visitor and Public Advocate
Dr Grant Davies	Health and Community Services Complaints Commissioner
Ms Catherine Whittington	proxy for Health and Community Services Complaints Commissioner

Mental Health Representatives:

Dr John Brayley	Chief Psychiatrist and Director Mental Health Policy
Ms Sally Cunningham	proxy for Chief Psychiatrist and Director Mental Health Policy
Mr Cecil Camilleri	Community Visitor Representative (Mental Health)

Disability Representatives:

Dr David Caudrey	Manager, Strategy and Advocacy, Office of the Public Advocate
Prof Richard Bruggemann	Independent Advocate (Disability)
Mr Joe Young	Executive Director, Disability Services, Department of Human Services
Ms Ksharmra Brandon	Director of Social Inclusion, Department of Human Services
Ms Jayne Lehmann	Disability Carer Representative
Ms Sue Dixon	Disability Representative
Ms Julie Rogers	Director, Strategic Policy and Partnerships, Department of Human Services, proxy for Executive Director, Disability Services, Department of Human Services
Mr David Meldrum	Community Visitor Representative (Disability)

The following people also served on the Advisory Committee during the 2022–23 reporting period:

Ms Kate McKinlay	Mental Health Client Representative
Ms Lisa Huber	Principal Officer, Office of the Chief Psychiatrist

The CVS staff provide secretariat support to the committee.

Appendix 2: Mental Health Services Visited by the CVS

Table 1: List of Units within Treatment Centres Visited by the CVS

Treatment Centre	Units Visited
Flinders Medical Centre	Emergency Department Margaret Tobin Centre – Ward 5H, 5J & 5K Short Stay Unit Ward 4G Ward 18V – Older Persons Mental Health Unit
Glenside Health Services	Eastern Acute Helen Mayo House Inpatient Rehabilitation Services Jamie Larcombe Centre Rural and Remote Tarnanthi and Sub-Acute Unit
James Nash House	Aldgate Ward Birdwood Ward Clare Ward Ken O’Brien Centre – East & West
Lyell McEwin Hospital	Emergency Department Psychiatric Intensive Care Unit (PICU) Short Stay Unit Ward 1G Ward 1H – Older Persons Mental Health Unit
Modbury Hospital	Emergency Department Woodleigh House
Mount Gambier and Districts Health Service	Emergency Department Integrated Mental Health Inpatient Unit
Noarlunga Health Service	Emergency Department Morier Ward
Queen Elizabeth Hospital	Emergency Department Cramond Clinic Psychiatric Intensive Care Unit (PICU) Short Stay Unit Ward South East (SE)

Ramsay Clinic Adelaide	Parks Ward Rose Ward Torrens Ward
Repat Health Precinct	Specialist Advanced Dementia Unit Timor 6
Riverland General Hospital	Emergency Department Integrated Mental Health Inpatient Unit
Royal Adelaide Hospital	Emergency Department Psychiatric Intensive Care Unit (PICU) Short Stay Unit Ward 2G
Whyalla Hospital	Emergency Department Integrated Mental Health Inpatient Unit
Women's and Children's Hospital	Adolescent Ward Emergency Department Mallee Ward

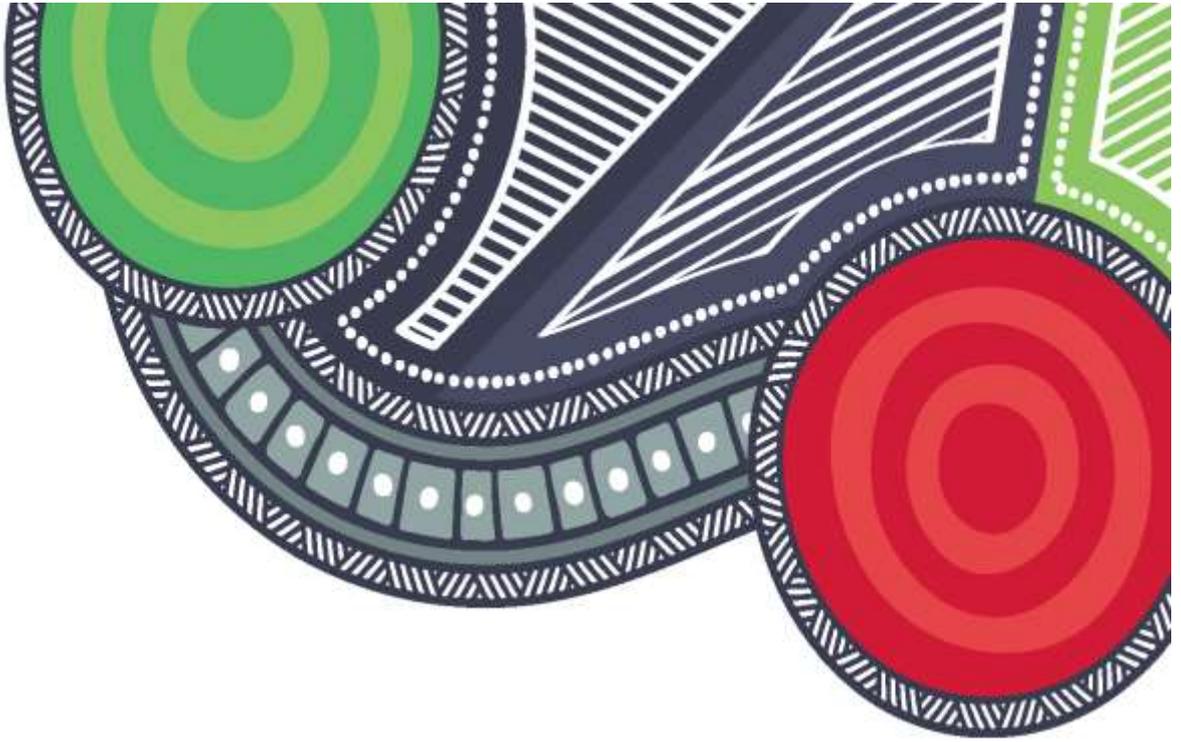
Table 2: List of Authorised Community Mental Health Facilities Visited by the CVS

Ashton House
Borderline Personality Disorder Collaborative
Central Metropolitan Child and Adolescent Mental Health Service (Eastern Team)
Central Metropolitan Child and Adolescent Mental Health Service (Western Team)
Eastern Community Mental Health Centre
Elpida House
Inner South Community Mental Health Service
Mt Gambier Child and Adolescent Mental Health Service
Mt Gambier Community Mental Health Team
North East Community Mental Health Centre
Northern Community Mental Health Centre
Northern Metropolitan Child and Adolescent Mental Health Service
Northern Older Persons Community Mental Health Service
Northgate House – Beachside Ward
Northgate House – Woodlands Ward
Repat Health Precinct – Neuro-behavioural Unit
Riverland Child and Adolescent Mental Health Service
Riverland Community Mental Health Team
Southern Metropolitan Child and Adolescent Mental Health Service
Trevor Parry Centre
Urgent Mental Health Care Centre
Western Community Mental Health Centre
Western Intermediate Care Centre
Whyalla Child and Adolescent Mental Health Service
Whyalla Community Mental Health Service
Wondakka Community Rehabilitation Centre

Appendix 3: Compliance with Premier and Cabinet Circular (PC013) on Annual Report Requirements

The following table details SA Community Visitor Scheme (CVS) compliance with the Department of Premier and Cabinet Circular (PC013) on Annual Report Requirements.

PC013 Statutory Reporting Requirement	
Employment opportunity programs	Refer to the Department of Human Services Annual Report 2022–2023
Agency performance management and development systems	Refer to the Department of Human Services Annual Report 2022–2023
Work health, safety and return to work programs; workplace injury claims; work health and safety regulations; return to work costs	Refer to the Department of Human Services Annual Report 2022–2023
Executive employment in the agency	Refer to the Department of Human Services Annual Report 2022–2023
Financial performance, consultants, contractors	Budget and finances of the CVS is managed by DHS. CVS complies with all departmental, Treasury and audit frameworks.
Risk management; fraud detected in CVS; public interest disclosure	Number of instances of fraud in CVS and public interest disclosure: Nil
Strategies implemented to control and prevent fraud	CVS complies with all departmental, Treasury and audit frameworks.
Public complaints against CVS	Number of public complaints against CVS: Nil
SA Community Visitor Scheme is compliant with Premier and Cabinet Circular 039 – complaint management in the South Australian public sector	Yes
SA Community Visitor Scheme has communicated the content of PC039 and the agency’s related complaints policies and procedures to employees	Yes



THE SOUTH AUSTRALIAN
**COMMUNITY
VISITOR SCHEME**



Government
of South Australia

