



Principal Community Visitor

2016-17 Annual Report

Disability Services

Community Visitor Scheme

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To:

Hon Katrine Hildyard MP

Minister for Disabilities

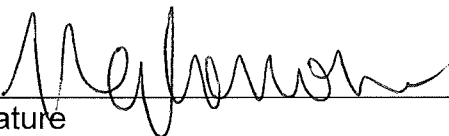
In accordance with Regulation 6(2) of the Disability Services (Community Visitor Scheme) Regulations 2013, I present to you the Annual Report of the Principal Community Visitor 2016-17 for presentation to Parliament.

This report provides an account of the work of the South Australian Community Visitor Scheme during the financial year ending 30 June 2017 in compliance with the Act and meets the requirements of Premier and Cabinet Circular *PC013 Annual Reporting*.

Submitted on behalf of the Community Visitor Scheme by:

Maurice Corcoran AM

Principal Community Visitor


Signature

29/09/2017
Date

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Section A: Reporting required under the Public Sector Act 2009, the Public Sector Regulations 2010 and the Public Finance and Audit Act 1987

Agency purpose or role

The purpose of the Community Visitor Scheme, as described in the *Disability Services (Community Visitor Scheme) Regulations 2013*, is to further protect the rights of people with a disability who live in disability accommodation, Supported Residential Facilities (SRF) or attend a disability day options program, through the conduct of visits and inspections and the provision of support with advocacy.

Objectives

- » To conduct regular visits and inspections of disability accommodation, Supported Residential Facilities (SRFs) and disability day options programs in order to assess and report on services provided to clients, identify any gaps in service provision and report on this to improve the quality, accountability and transparency of disability services;
- » To recruit and train enough volunteers to ensure there is a sufficient number of Community Visitors, appointed to undertake the required visits and inspections of facilities;
- » To act as advocates for disability clients 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;
- » To refer matters of concern relating to the organisation or delivery of disability services in South Australia or the care, treatment or control of an individual to the Minister, Ministers delegate, the Senior Practitioner or any other appropriate person or body;
- » To ensure plans, policy and practice development is influenced by the experience of people with a disability and their relative, guardian, carer, friend or supporter.

Key strategies and their relationship to SA Government objectives

Key strategy	SA Government objective
Implement a visit schedule by Community Visitors to disability accommodation, SRFs and day options facilities to observe if clients are being treated with dignity and respect, that services are responsive and appropriate to their needs and that they have been provided with information about their rights and their plan of care and support.	We advocate for everyone to reach their full potential – Target 25. Support for people with a disability
Recruit, train, orientate and mentor volunteers to become competent Community Visitors.	We value and support our volunteers and carers – Target 24. Volunteering
Advocate for clients to promote the proper resolution of issues relating to their care and service provision.	We advocate for everyone to reach their full potential – Target 25. Support for people with a disability
Through interviews, observations, assessments and meetings, refer individual and systemic issues of concern to senior disability managers, the Senior Practitioner, investigative bodies or the Minister.	Governments demonstrate strong leadership working with and for the community – Target 32. Customer and client satisfaction with government services
Lead the development of submissions and evidence-based proposals on service improvements that are informed by objective visit assessment, service standards, processes and policy development.	Governments demonstrate strong leadership working with and for the community – Target 32. Customer and client satisfaction with government services

Agency programs and initiatives and their effectiveness and efficiency

Program name	Indicators of performance / effectiveness /efficiency	Comments
Visits and Inspections	All disability accommodation, SRFs and day options programs have been visited annually and a visit report submitted in a timely manner.	Provided independent, objective scrutiny of disability services to ensure the rights and needs of people with a disability are being met.
Recruitment and training of community visitors	Annual recruitment targets are met. Two day mandatory training sessions are conducted quarterly.	Ensured there are sufficient CVs to undertake visits as per legislative requirements.
Advocacy Service	Number of issues identified and resolved. Clients are satisfied with CVS intervention, process and outcome achieved.	Provided information and support to individuals, their carers and family in understanding their rights and in the progression of their issues.

Program name	Indicators of performance / effectiveness / efficiency	Comments
Issue Referral	Number of matters of concern referred to other external bodies for resolution – Minister, Senior Practitioner, HCSCC etc. Number of meetings held with managers, Senior Practitioner, Minister or other statutory officers.	Ensured that people with a disability can have confidence their concerns will be appropriately managed.
Consultation	Number of responses to request for submissions or comments. Number of advisory committee meetings held.	Provide a vital link between frontline service delivery and policy directorates both state and national.

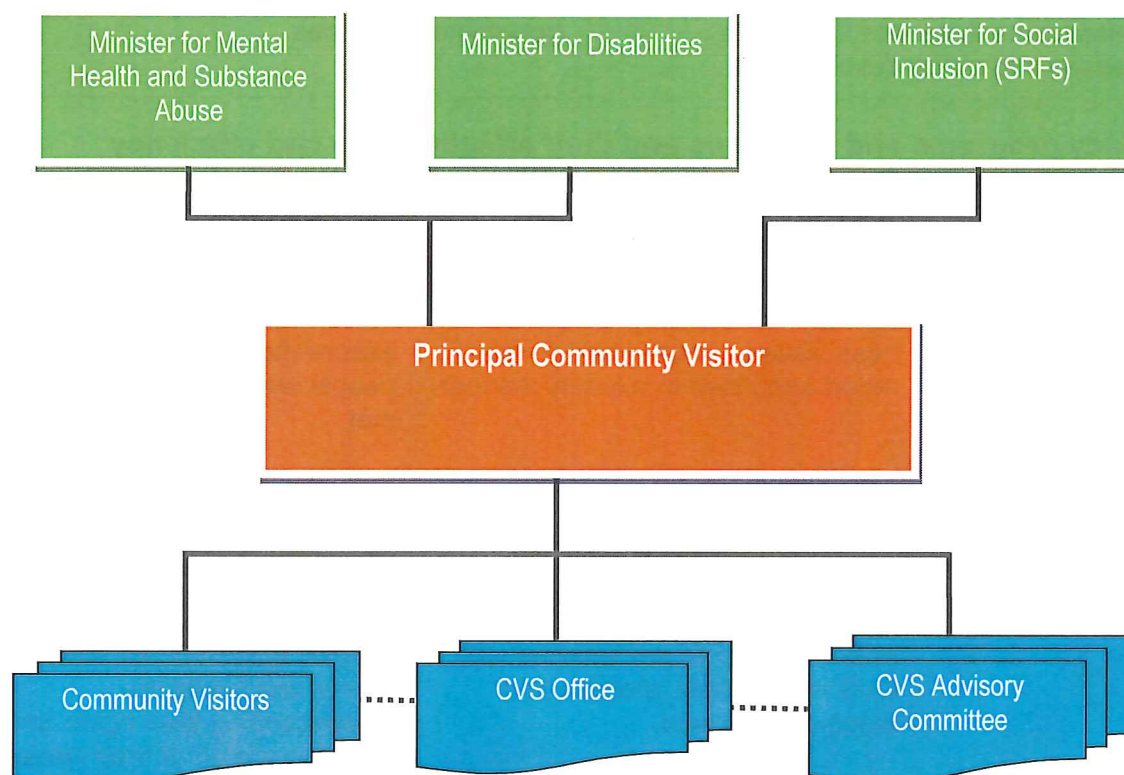
Legislation administered by the agency

Not applicable

Organisation of the agency

The Principal Community Visitor (PCV) and Community Visitors are independent statutory appointments by the Governor of South Australia. The PCV reports to the Minister for Disabilities on matters related to the Scheme's functions under the Disability Services (Community Visitor Scheme) Regulations, 2013.

The Department for Community and Social Inclusion (DCSI) auspices the Community Visitor Scheme for administrative purposes only.



Other agencies related to this agency (within the Minister's area/s of responsibility)

Department of Communities and Social Inclusion – Disability SA and NDIS Reform

Employment opportunity programs

Program name	Result of the program
Recruitment of Community Visitors (CV's)	<p>Two hundred and twenty-eight (228) Expressions of Interest were received during the reporting period. This was an increase of 83% compared to the previous year. Of these, forty-six (46) submitted an application; an increase of 53% on the previous year.</p> <p>28 proceeded to training, the other eighteen (18) applicants either withdrew or were unsuccessful after interview.</p> <p>Twelve (12) applicants were appointed; five (5) were awaiting appointment; eleven (11) did not proceed to appointment after training and orientation due to not attending training, withdrawing, or being unsuccessful after training.</p> <p>This took the total number of CV's to 52.</p>

Agency performance management and development systems

Performance management and development system	Assessment of effectiveness and efficiency
Performance partnership plans	85% of staff have developed a performance partnership plan with their manager
Community Visitors annual reviews	77% of community visitors attended an annual review with the Principal Community Visitor

Occupational health, safety and rehabilitation programs of the agency and their effectiveness

Occupational health, safety and rehabilitation programs	Effectiveness
Not applicable	Refer to DCSI - https://dcsi.sa.gov.au/home

Fraud detected in the agency

Category/nature of fraud	Number of instances
Not applicable	0

Strategies implemented to control and prevent fraud

Refer to DCSI - <https://dcsi.sa.gov.au/home>

Whistle-blowers' disclosure

Number of occasions on which public interest information has been disclosed to a responsible officer of the agency under the *Whistle-blowers' Protection Act 1993* 0

Refer to DCSI - <https://dcsi.sa.gov.au/home>

Executive employment in the agency

Executive classification	Number of executives
Not applicable	0

Data for the past five years is available at: Refer to DCSI - <https://dcsi.sa.gov.au/home>

For further information, the [Office for the Public Sector](#) has a [data dashboard](#) for further information on the breakdown of executive gender, salary and tenure by agency.

Consultants

The following is a summary of external consultants that have been engaged by the agency, the nature of work undertaken and the total cost of the work undertaken.

Consultants	Purpose	Value
All consultancies below \$10,000 each	Purpose (combined)	\$0
Consultancies above \$10,000 each		
Business name	Purpose	
Business name	Purpose	
Total all consultancies		\$0

See also <https://www.tenders.sa.gov.au/tenders/index.do> for a list of all external consultancies, including nature of work and value. See also the Consolidated Financial Report of the Department of Treasury and Finance <http://treasury.sa.gov.au/> for total value of consultancy contracts across the SA Public Sector.

Financial performance of the agency

Refer to DCSI - <https://dcsi.sa.gov.au/home>

Other information requested by the Minister(s) or other significant issues affecting the agency or reporting pertaining to independent functions

Section B: Reporting required under any other act or regulation

Disability Services Act 1993

Disability Services (Community Visitor Scheme) Regulations 2013 section 6—Reports by community visitors

(2) The Principal Community Visitor must, on or before 30 September in every year, forward a report to the Minister on the work of the community visitors under these regulations during the financial year ending on the preceding 30 June.

I would like to begin this section of the report by apologising to all those people who have an interest in our Annual Reports and who have appreciated the extent of our reports and how both quantitative and qualitative information have both informed and told a story about our visits and the issues that have emerged. This year we have been directed to follow a reporting template and requirements of Premier and Cabinet Circular *PC013 Annual Reporting* which compels us to produce a vastly different report that is also reduced in the number of pages that we can discuss or raise issues of concern. However, we have continued to produce a document that is very similar to previous Annual Reports that includes comparisons with previous year's and will publish this on our website but have been advised that we cannot refer to this as an Annual Report.

During the 2016-17 reporting period the CVS undertook 583 visits as summarised below:

- 453 visits to Disability Supported Accommodation;
- 41 visits to Supported Residential Facilities (SRFs); and
- 89 visits to Disability Day Options Programs

On completion of the visit, where possible, the Community Visitors (CVs) provide the senior staff member with informal verbal feedback about any issues of concern raised during the visit and/or any positive observations made. CVs are then required to provide a formal written report on the visit to the Principal Community Visitor (PCV). The facility is expected to make every effort to address any issue(s) raised in the report promptly or at the least, present a plan/strategy they are implementing in resolving the issue. Unresolved or more complex issues are referred to senior management of the service or another appropriate body for resolution.

Following is a summary of the outcomes and themes emanating from visit reports to these different service segments.

Disability Supported Accommodation:

During this reporting period 144 reports received by the PCV highlighted a range of concerns/issues raised at visits that required follow up by the office. Eighty nine (89) of these report issues have been resolved, thirty (30) required advocacy assistance and twenty five (25 -17%) remain ongoing/outstanding.

Communication - Resident and Staff Interaction/Respectful Communication

80 (14%) of the total comments provided during the reporting period were positive in relation to resident and staff interaction/respectful communication and this was observed at a number of visits. The importance of consistency in staffing continues to show positive and stable outcomes for both residents and staff and many service providers have placed a high level of attention to this.

29 (11%) of the total comments provided were noted as issues of concern. The Disability

Coordinator followed up each of the issues with the respective service provider and a positive outcome was achieved in the majority of cases.

Recommendation:

The CVS to continue to monitor interactions between staff and residents and report on whether these observations are either positive, sensitive and respectful or to the contrary. Issues of concern to be raised and followed up with senior management within the relevant organisation.

Suitable Facilities, Maintenance of Environment & Food Provision

In general, the standard of most facilities/accommodation the CVS has visited is rated high and there is evidence the standard across the sector is continuing to improve. There is evidence that the design, function and condition of a house impacts on the quality of care provided to residents. There is a distinct correlation in CV reports between quality of house, quality of care and staff satisfaction. 80 (14%) of the total comments provided during the reporting period were positive in relation to the suitability of facilities. This is pleasing to see and will hold those services in good stead when the sector transitions to the NDIS.

Recommendations

CVs continue to inspect all areas of the facilities they visit and report on any environmental concerns or inadequacies, especially where this has an impact on the provision of client centred care.

Supporting Independent Living, Activities & Structured Programs and Care Plans

129 (23%) of the total comments provided during the reporting period were positive in relation to activities and structured programs and supporting independent living. The sector appears to be performing well in this area and it has been pleasing to see the support service providers are continuing to provide to encourage residents to live their lives as independently as possible. There were 30 (12%) comments provided that were noted as issues of concern. These were followed up with the respective service provider reinforcing this key requirement under the disability standards.

46 (18%) of the total comments provided regarding care plans were noted as issues of concern. The importance in having care plans and keeping them up to date was reinforced on many occasions and service providers are continuing to be reminded that for their residents to be eligible for the NDIS, care plans must be prepared. The PCV has continued to express concern to the Minister's delegate, the Chief Executive and Minister Vlahos that a number of accommodation services do not have Plans in place for all residents and that they should have.

Recommendations

That CVs continue to monitor and report on activities and structured programs that residents are involved in and that they are consistent with the preferences and capability of residents.

That CVs continue to monitor and report on Lifestyle/Person Centred Plans being in place, the involvement of residents and where appropriate families and guardians in their compilation, and they seek evidence that the Plans are being implemented and regularly reviewed.

Rights and Responsibilities - Least Restrictive Practices

The monitoring of restrictive practices, including medication specifically prescribed to manage challenging behaviour(s) remains a high priority during visits. There was evidence from visit reports that where there was observation of restrictive practice there was in most cases, supporting documentation and positive evidence where staff were working hard to manage behavioural challenges without the application of restrictive practice.

Strong pressure from family members/guardians for the placing of restrictive practices on their child presented as a problem for several houses. Utilising the resources of the Senior

Practitioner, Professor Richard Bruggemann, the CVS convened meetings to achieve a resolution that met the needs of all parties.

Recommendation

The CVs continue to check on the use of restrictive practices and report undocumented or unusual practices to the PCV who will report to the Senior Practitioner.

Rights and Responsibilities - Personal Safety

The issue of personal safety (for both residents and staff) remains a key area of interest and focus at all visits giving attention to situations and environments which could potentially expose individuals to risk. The placement of residents with more challenging behaviours into environments without adversely impacting on the other house residents remains a challenge at some houses. The CVS has been engaged in a couple of situations to provide support with mediation and to advocate for solutions which gives respect to all concerned. It also tries to ensure no individual is subject to stress or a modified life style in order to accommodate the challenges faced by other individuals or the supporting organisation.

Recommendations

That the CVS continues to monitor personal safety of both residents and staff and that a focus on this aspect be undertaken in the next reporting period.

Advocacy Assistance

A key element of the Community Visitors role is to provide support and advocacy in referring matters of concern and promoting the proper resolution of issues. Throughout this reporting period, the requests for advocacy assistance has significantly risen. This may be due to family members/supporters being made more aware of the services CVS provides and being notified of and invited to attend CVS visits by the service providers. Following are a few examples of effective advocacy that achieved positive outcomes for residents.

Suitable Accommodation

Whilst CVs were undertaking a visit and inspection in a rural area, they met a young gentleman who lived in respite accommodation and attended day option programs during the week but was required to return home on weekends as the facility was used as a children's respite centre. In addition to his physical disabilities, he suffers from acute anxiety, becoming very ill when he becomes anxious. The family, Day Options provider and respite accommodation provider were informed by Disability SA that the only option for this man is to share a local house with a number of residents who have autism, including some residents with a tendency for violence. Furthermore, as soon as the required renovations to the proposed house have been completed, he will be moved to this shared accommodation.

This situation was not deemed satisfactory to the family and they sought advocacy from the PCV. A range of meetings were convened between family and Disability SA which led to assurances that an alternate shared accommodation setting within the home town of the man would be sought. A suitably matched resident has been approached to share his accommodation and the model of service/staffing structure was being looked into to further develop the accommodation required for the two residents.

Long-term stay in Hospital (October 2016 - April 2017)

Client Y who lives with physical disabilities, was admitted to the RAH hospital due to a mental health episode. Client Y had spent the past 6+ months in a shared ward within the RAH even though he was deemed well enough by hospital staff to be discharged at the end of 2016 (2 months after initial admission). This delay in discharge was placing client Y at significant risk including exposure to infection and he was taking up a valuable hospital bed that other less well patients could potentially have used.

CVS attended several case conferences with representatives of the Hospital and the Disability SA Accommodation Placement Panel to provide advocacy support for the client and his family. After numerous discussions, and further meetings with potential service providers, client Y was offered respite housing whilst a new accessible home was being built (completion date anticipated end of 2017).

Incompatible Resident Mix – resulting in volatile and dangerous living arrangements

During a visit, concern about a volatile and dangerous incompatibility of residents was brought to the attention of the PCV. The following concerns were also identified:

- » the two young residents were both in bed in mid-afternoon and this happened on a regular basis and was a concern also expressed by the parents of both residents;
- » resident X at times becomes aggressive and can throw large items around;
- » the provision of care plans was not readily available for the residents and neither parents had previously been engaged in the compiling of plans;
- » there did not appear to be any toilet management plan or a training program in place for resident Y and it was suggested by the PCV that there would be benefit in getting a continence assessment and program via the ASSIST program;
- » Police had been regularly called to the residence after resident X has thrown furniture around &/or assaulted or attempted to assault staff;
- » staff had been instructed by the service provider management to lock themselves in the office for their own safety when resident X becomes aggressive;
- » resident Y and his family members felt unsafe. Resident Y's guardian has also been assaulted by resident X when visiting the residence.

Given the serious nature of the situation there was an immediate referral to Disability SA for investigation. The Incident Management Unit considered that the remedial action undertaken by the service provider was reasonable; however it recognised that the situation was untenable for all parties involved. As such, the Department considered the most equitable way forward was to put both the clients' names forward to the Accommodation Placement Panel to investigate all options for alternative accommodation.

Until alternative accommodation is found for either client, six-weekly meetings were programmed with the service provider's management and family members, and a case conference for each client organised by Disability SA on a 3 monthly basis.

Further to this, the PCV has remained in close contact with resident Y's parents and undertaken an unannounced visit where there was opportunity to observe and be informed that the situation has settled significantly. Both residents (in particular resident Y) is now undertaking more activity during the day and spending considerably less time in bed. Furthermore, a continence assessment has been undertaken and a plan prepared.

Supported Residential Facilities (SRFs)

SRF residents are widely recognised as a particularly vulnerable and disadvantaged population group, reflecting a variety of complex needs requiring a range of support services. The majority of residents present with a primary mental health or disability diagnosis. However, dual diagnosis and complex co-morbidities are frequently evidenced including health conditions reflective of premature ageing. A high proportion of SRF residents do not have a key support worker or active engagement with family.

Issues Impacting the SRF sector

The 2016-17 reporting period has been a time of significant challenge for the SRF sector.

NDIS and Aged Care Reform and Transforming Health

The concurrent system wide changes have continued to be the primary area of impact for the

SRF sector and a major source of concern for sector service providers. There has been considerable confusion as to the proposed NDIS assessment process and its suitability for this client group. CVS and other stakeholders have advocated for providing specific consideration and support to SRF residents to ensure that they are able to access the assessment process. Of particular concern, is that those approximately 60 % of SRF residents are not currently in receipt of any additional support package and are at risk of 'falling through the gaps'. Additionally, support services provided by SRFs can 'camouflage' the support needs an individual has, resulting in a lack of personal insight as to the true extent of their support requirements and underlying issues.

Concerns have been raised that some SRF residents may be moved across to aged care prematurely, thereby enabling SRFs to 'cherry pick' residents with lower support requirements. The CVS has continued to advocate for the wellbeing of SRF residents throughout this transition process. Correspondence detailing concerns has been provided to Minister Bettison and CVS acted as a conduit in providing opportunity for the Regional SRF Networks to meet with the SA Regional Manager NDIA.

Recommendation

That the CVS continue to advocate for the specific support requirements of SRF residents throughout this transition process and refer any identified issues of concern to the appropriate forum.

Local government Regional SRF Social Programs

The CVS acknowledges that the majority of activities accessed by SRF residents are through the three regional local government SRF social programs. Specific funding for these programs – along with other local government programs – will cease as of 1/7/2018. The programs have been a valued and respected presence in the SRF sector for well over a decade, providing significant opportunities for socialisation and community connection and reducing isolation. Devolving these programs will dramatically reduce available opportunities for SRF residents. However, a number of the councils have committed to incorporating some level of SRF service provision within their established programs in an effort to redress this issue wherever possible.

Boarding Houses

Implementation of the NDIS has the potential to significantly impact the SRF sector given that the NDIA will be reluctant to support a congregate accommodation model. There is concern that the predicted closure of multiple SRFs will displace a growing number of people - who already meet the definition of tertiary homelessness – into unregulated boarding houses.

In April 2017, Shelter SA released its report 'The End of the Road – Rooming Housing in South Australia', highlighting the issues and high level risks for those individuals residing within this accommodation model. The similarity of residents utilising these two accommodation models was acknowledged, with the difference being that SRFs were regulated under legislation to provide low level support while boarding houses were unregulated.

The CVS 2015-16 Annual Report contained a recommendation to review the *Supported Residential facilities Act, 1992* (the Act). However, it is now recognised that ideally any review of the Act should be undertaken from a broader perspective that incorporates consideration of Boarding Houses.

Recommendation

That the CVS continue to participate in the Boarding Houses Round Table discussion and that it continues to promote review and creation of legislation that incorporates regulation of SRFs and Boarding Houses.

Disability Day Options Programs

Visits to Day Options programs formally commenced in July 2016. Overall the response has been positive, with providers identifying the CVS visits as a valuable resource for both the individual clients and the providers themselves.

Issues and Challenges Impacting Day Options programs

The CVS recognises that there are a number of issues and challenges affecting Day Options programs and these have been identified in a 'Day Options Issues Document'. As this is the first year that the Scheme has been visiting Day Options programs, it is anticipated that additional issues are likely to emerge over time.

NDIS

The advent of NDIS is an unknown at this stage with regard the impact it will have on Day Options programs as they currently exist. It is impossible to tell how many new providers will enter the space, how many current providers may exit and how this will effect individuals' accommodation and program choices. This clearly has the potential to impact CVS particularly in relation to the number of visits conducted within the sector. It is conceivable that some programs will be conducted from private homes with possibly only one or two clients. Clarity will be required as to what in fact constitutes a Day Options program for the purpose of CVS visitation and inspections.

Recommendation

That the CVS canvas the process by which it can best monitor the number of registered Day Options providers to which it will provide visitation and inspection.

Communication between disability accommodation sites and Day Options programs

Increased observation on the quality of integrated care provision to those with disabilities was one of the initial anticipated benefits of incorporating the Day Options component of the Scheme along with accommodation visits.

Staff at Day Options programs have noted that on occasion accommodation sites and / or family have not provided them with comprehensive information relating to a client's behaviour or health considerations. This negatively impacts the programs' capacity to provide appropriate and informed support both for the particular individual as well as those clients already in attendance and potentially poses significant risks.

The issue of provision of out of date documentation and Individual Support Plans has also been raised in CVS disability accommodation reports. CVS has raised the issue with the relevant organisations and it appears that there has been some reluctance to update plans given the uncertainty of future accommodation arrangements. This is of concern to the CVS as up to date plans are seen as an important source of information that can assist in the development of accurate and comprehensive packages under the NDIS. Additionally, the CVS regards interagency communication as critical in ensuring awareness of any instances where clients either arrive at Day Options or at their accommodation in a soiled state.

Recommendation

That the CVS continue to promote the importance of accurate shared client information between Day Option programs and disability accommodation.

Least restrictive practice

Any restrictive practices noted at CVS visits are brought to the attention of the Principal Community Visitor (PCV), with the organisation being contacted to clarify the circumstances and ascertain appropriate documentation is in place. However, more consistently, CVS reports have noted that the focus has moved towards Behaviour Support Plans as a way of managing challenging situations and generating an inclusive and proactive approach. There appears to

be a widespread and genuine intention across Day Option programs to move away from the use of restrictive practices. Requirements for the establishment of Behaviour Support Plans are underpinned by *The Restrictive Practices Reference Guide for the South Australian Disability Services Sector* which was recently launched by the Senior Practitioner DCSI, Professor Richard Bruggemann. The CVS recognises the importance of this document in providing clear and concise direction in the reduction of the use of restrictive practices.

Recommendation

That the CVS continue to champion the reduction and removal of restrictive practices and promote the development of Behaviour Support Plans within Day Options programs.

Current Day Options model

The current Day Options model is based on clients travelling to a particular site where they spend the day with varying numbers of other people and attend community based activities.

Historically, individuals were only able to attend Day Options or supported employment. This inherently limited the potential for a person to generate opportunities that were individualised and skill enhancing. Further, most would attend the same Day Options program each day. It has been interesting to learn that there are more individuals combining different activities throughout the week including work and attending different Day Options programs depending on the activities.

While the CVS has seen many examples of dedicated and professional staff and innovative programs in its first year of visits and inspection, the current model does not reflect how most people live and raises the question of how this may change with the advent of NDIS. It is hoped opportunities can be created whereby individuals are able to spend time both at home and in the community participating in pursuits of their choosing and thereby reflecting a more accurate life rhythm.

Transport

The CVS recognises that transport is an important consideration within Day Options programs from a number of perspectives. Adequate transport options are necessary to ensure access to community activities and the drop off and pick up of clients. Larger organisations usually have sufficient transport arrangements while smaller organisations find this more challenging. Limited transport can impact an organisation's capacity to include additional clients. Concerns have been raised by organisations particularly with regard NDIS and the lack of certainty as to how transport costs will be met when incorporating a range of individualised packages.

The CVS is also aware that some clients travel for long periods of time to attend a Day Options program. This is largely dependent on how many people are being picked up and where a person is located within that itinerary. While some organisations have stated that they aim to not have anyone travelling for longer than an hour, that is still a long time particularly when considered that it occurs on a daily basis. This can be further complicated if a client has high-level personal care support requirements.

Hygiene and personal care requirements

Clients attending Day Options programs have a range of support requirements up to and including full support for personal care. The CVS regards this as a priority area and has made amendments to the reporting process to ensure its specific consideration at every visit.

Organisations are required to have appropriate resources for clients needing full personal care support. Further, it is critical that both the Day Options program and disability accommodation maintain awareness of any instances of clients being left soiled and unattended. Awareness of the impact of extended transport time on clients requiring full personal support needs to be maintained by organisations.

Recommendation

That the CVS continue to monitor and promote this as a priority area.

Conclusion

As indicated earlier, this is a very brief synopsis of the work and performance of the CVS over the past year due to the new DPC requirements for Annual Reporting. A fuller review of our work for the past year will be posted on our website. I would like to acknowledge the incredible dedication and contribution to the visit inspections and reports that have been undertaken by our outstanding team of Community Visitors. I would also like to acknowledge our dedicated office team who have again coordinated the many visits throughout the year, followed up on the many issues arising and further developed our systems, protocols and processes to ensure that we are responsive and accountable to the users of these services and their families.

I would also like to acknowledge the work of Michelle Egel and Karen Messent in the preparation and initial drafting of this report.

Section C: Reporting of public complaints as requested by the Ombudsman

Summary of complaints by subject

No public complaints in relation to the Scheme were received by the Principal Community Visitor in 2016-17

