

A decorative graphic in the top-left corner consisting of several overlapping triangles in shades of blue, red, green, and grey.

OFFICIAL

# **Principal Community Visitor**

## **Annual Report**

### **2021-22**

**Community Visitor Scheme**  
**South Australia**

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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.

### **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 (UNCRPD) 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.”*

### **Principal Community Visitor**

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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 2021-22**

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 2021-22 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 2022, in compliance with the Act and the Department of Premier and Cabinet Circular (PCO13) on Annual Reporting Requirements.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Anne Gale', written over a horizontal line.

Anne Gale

Principal Community Visitor

29 September 2022



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 2021-22**

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 2021-22 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 2022, in compliance with the Act and the Department of Premier and Cabinet Circular (PCO13) on Annual Reporting Requirements.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Anne Gale', written over a horizontal line.

Anne Gale

Principal Community Visitor

29 September 2022

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# 1. Message from the Principal Community Visitor

I am pleased to present my Annual Report for 2021-22.

This document reports on the performance of the Community Visitor's functions under the *Mental Health Act 2009* and the *Disability Services (Community Visitors Scheme) Regulations 2013*.

The Community Visitor Scheme provides independent oversight and advocates for improvement of services to people:

- receiving care in a mental health treatment centre or hospital
- attending a community mental health facility
- living in state-run disability accommodation
- who are clients under guardianship of the Public Advocate, and participants in the NDIS.



The Community Visitor Scheme is the combined work of the Principal Community Visitor and the volunteer Community Visitors who generously provide their time and expertise to support the Scheme.

My report provides an overview of the work of the CVs but more importantly, it provides an insight into the experience of consumers of mental health services and residents of state-run disability services in South Australia.

The CVS reports on the performance of mental health and disability services. It also highlights the ongoing systemic issues that require attention in the mental health and disability service areas.

It is important to note that the significant majority of reports completed by Community Visitors for 2021-22 provide a positive assessment of the services visited.

Whilst there are areas for improvement in these services, I do wish to acknowledge the hard work and commitment of the dedicated workforce in mental health services and disability services. COVID-19 has also highlighted the workforce challenges referred to in my previous annual report and which continues to be an issue. Despite these challenges, staff have continued to provide crucial support to vulnerable people during challenging circumstances over the last two years.

The COVID-19 pandemic has continued to impact the operations of the Community Visitor Scheme during 2021-22. The Community Visitors and staff of the scheme are now experienced at adapting to changing circumstances and have embraced technology to conduct audiovisual visits and maintain connection with clients and service providers. An 'in-person' visit is preferred however the audiovisual option has provided a valuable means of delivering services in circumstances where physical visits may be difficult or pose risks to the participants.

South Australia experienced a significant increase in cases of COVID-19 from late 2021 and through 2022. Restrictions were imposed on the broader community and there were significant impacts on consumers of mental health services due to restrictions on movement



and reduced activities. It is important that the management of COVID-19 does not detract from treatment and services for consumers, and I have sought advice from mental health services as to how they have managed the imposition and lifting of restrictions to minimise the impact on consumers

This year has brought significant challenges to the community we support but also opportunities for the growth of the Community Visitor Scheme.

The new State Government has committed \$1.8m over 4 years to expand the scope of the scheme to visit non-government sector disability services. The State Government has also made commitments to increase the number of mental health beds and services and these commitments are welcomed.

The new Australian Government has committed to improvement of the National Disability Insurance Scheme, and this is also welcomed.

Access to suitable housing has been an obstacle to discharging consumers from hospital. In 2021, the Department of Human Services (DHS) and SA Health established the Transition to Home service (T2H), to provide interim care for people prior to returning to longer term accommodation. The service is a good initiative but has experienced issues in the implementation. The service has been the subject of a report by the Health and Community Services Complaints Commissioner released in February 2022. The report included 13 recommendations, all of which were adopted by DHS for implementation. The CVS visits the service and will monitor the implementation of the recommendations.

In April 2022, the Minister for Humans 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 is due to be released in the coming financial year.

Since my appointment as PCV I have been working to identify and address issues in reports and advocate on systemic issues for consumers. This year I have identified the need for better recording and analysis of data and consistency of reporting. The data produced in this year's report will look different to the data from last year due to the change in reporting and analysis. I have also looked at the previous year's data in the same way so as to draw a comparison between the two years. A lower positive rating this year does not necessarily mean that the service has produced a worse outcome. The data for the two years must be read together to have a true indication of the service performance across the two years.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities has continued its inquiry into the delivery of services and the experiences of consumers. I look forward to the Commission's findings and recommendations relating to visiting schemes.

It is important to acknowledge that Community Visitors are volunteers. They give generously of their time and skills to support and undertake the work of the CVS.

Community Visitors were again awarded The Premier's Certificate of Recognition for Outstanding Volunteer Service in recognition of their ongoing commitment and dedication to volunteering. This Certificate has now been awarded to the Community Visitors four years running. I congratulate every Community Visitor and thank them for their contribution to the Scheme.

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National Volunteer Week is also an opportunity for the community to recognise and thank all volunteers for their generous contribution to their community.

I acknowledge and thank the members of the Community Visitor Scheme Advisory Committee, chaired by 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 thank them for their dedication and commitment to their work.

I also wish to acknowledge the staff of the Community Visitor Scheme who continue to provide a high level of service to me, Community Visitors and the people who seek assistance from the Scheme. I thank them for their support and commitment.

## 2. Overview of 2021-22

### 2.1 The COVID-19 pandemic and business continuity

The Community Visitor Scheme has continued to undertake visits despite the challenges of increased COVID-19 numbers in the community.

The CVS staff and Community Visitors have been flexible and adept at moving between audiovisual visits and in person visits, in accordance with changing public health advice.

CVS has worked closely with Department of Human Services Disability Services (DHS DS) and SA Health to ensure compliance with public health advice and appropriate measures to protect both CVs and clients during visits such as sourcing appropriate PPE and testing measures.

### 2.2 Community Visitor Activities in 2021-22

#### Disability Services

- 92 scheduled visits completed, including visits with residents at 155 individual homes (135 scheduled visits with residents at 216 individual homes in 2020-21).
- responded to 5 requests for advocacy relating to disability accommodation services (17 requests in 2020-21).
- 38 reports included a range of concerns or issues which were raised with DHS DS. All issues raised in the reporting period were resolved.

#### Mental Health Services

- 202 visits to mental health treatment centres and community mental health facilities (162 visits in 2020-21).
- responded to 45 calls of concern or requesting advocacy relating to mental health services (71 calls/advocacy requests in 2020-21).
- 81 reports included issues requiring follow up with mental health services management with 97% being resolved during the reporting period.

#### Visits to Public Advocate clients

- 37 people were visited by CVs pursuant to delegation of powers by the Public Advocate. This included 25 visits to persons in DHS DS homes, and 12 persons in non-government sector homes.

### 2.3 Engaging with stakeholders

Following the election of the new State Government in March 2022, the Principal Community Visitor has met with the Hon Chris Picton, MP, Minister for Health and Wellbeing and the Hon Nat Cook, MP, Minister for Human Services to brief them on the Community Visitor Scheme and discuss the government's commitments to disability and mental health services.

The Principal Community Visitor will continue to meet regularly with the Ministers.

The PCV had also met regularly with the former Minister for Health and Wellbeing, the Hon Stephen Wade, MLC, the former Minister for Human Services Hon Michelle Lensink MLC.

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

- Chief Psychiatrist
- Health and Community Services Complaints Commissioner
- Office of the Public Advocate
- Chief Executive and other senior staff from Department of Human Services, and senior staff of Attorney-General's Department and Department of Health
- Mental Health Directors of 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, (Rural & Remote unit, Glenside), Flinders Upper North LHN (Whyalla Hospital), 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 resolve any outstanding issues.

Some issues in the mental health area have progressed slowly as meetings with Local Health Networks have been cancelled. The PCV appreciates that health services have been under substantial pressure during the pandemic however, it is important that the PCV has regular access to senior staff to maintain effective working relationships and resolution of issues.

### 2.4 Influencing policy and practice

A significant and important role the CVS performs is its contribution to planning, policy, strategy, reviews and investigations at both a Commonwealth and State level. In addition, the CVS must ensure policy and clinical practice development is influenced by the experience of people with disability and their relative, guardian, carer, friend or supporter.

The PCV will discuss issues of policy and practice at regular meetings with stakeholders set out above.

During the reporting period the PCV has also been invited to participate on committees and contribute to reviews, investigations, reports and discussion papers. Examples include:

- Participating in national meetings on the implementation of the Optional Protocol to the Convention against Torture (OPCAT)
- SA NDIS Psychosocial Disability Transition Taskforce
- Statutory Authorities Group and Rights Protection Agencies meeting

## 2.5 Future issues for 2022-23

### 2.5.1 Expansion of the scope of CVS

The State Government has committed to expanding the scope of the CVS to visit non-government disability services. Additional funds of \$1.8 million have been committed over 4 years to support this expansion. The nature and scope of this expansion is being developed.

The State Government has committed to an increase in mental health beds which may also impact on the future workload of the CVS.

### 2.5.2 Priority Projects

The PCV has identified key priority projects to enhance the scheme and support the PCV, and CVS, to deliver the proposed expansion of the scheme to visit non-government disability services. These projects will also support any expansion of workload in relation to mental health visits.

The projects have now commenced with a priority to review and improve service delivery, including a larger and well-trained volunteer work force, process improvements, policy reviews, increased use of technology and improved data capture and reporting.

A dedicated Project Manager and Principal and Policy Officer have now been appointed to lead and manage the projects.

#### ***Recruitment and Engagement Campaign***

The recruitment of Community Visitors during 2021-22 has been adversely affected by COVID-19 restrictions and with recruitment being dependent on training and on-site orientation requirements.

CVS has commenced work on a campaign with two key focus areas – Recruitment and Retention and Community Engagement. These focus areas will be integrated into a single, unified campaign to both successfully engage the community and generate interest to recruit and retain volunteers.

The campaign is being developed in consultation with the CVS Advisory Committee and Community Visitors.

The CVs are important advocates for the scheme and their work will be promoted through the campaign.

It is anticipated that the campaign will launch in early 2023.

#### ***Community Visitor Training***

The recent challenges posed by COVID-19 have highlighted the need to have a flexible and adaptive training program that can be delivered in person or online.

The CVS is reviewing the learning outcomes required to create a skilled and competent CV. The curriculum will then be designed to achieve those outcomes.

The training modules will also be delivered in a flexible format and tailored to meet the learning outcomes.

The final stage will focus on converting the materials onto an online platform which will be a combination of online, face to face and practical role play training.

### ***Scheduling, Data, and Reporting System Improvements***

The CVS is reviewing business processes to:

- increase automation in the scheduling of Community Visitor visits
- capture, organise and analyse data for the CVS to improve insights into individual and systemic issues arising from visits.

### ***Policy and Practice Review***

The CVS will undertake a comprehensive review and renewal of the scheme's policies, procedures, and reporting processes. This will include all policies and procedures that outline legislative functions including advocacy, visiting and inspection.

The policy review will also focus on how information obtained through visits and inspections work towards improving the service that clients receive, and inform systemic advocacy undertaken by the CVS.

### ***Engaging with stakeholders***

As these projects progress, CVS will engage and seek input with key stakeholders. This includes those with lived experience, Community Visitors, Community Visitor Scheme Advisory Committee, and the CVS team.

### **2.5.3 Optional Protocol to the Convention Against Torture (OPCAT)**

The Australian Government ratified the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) in December 2017.

The key obligations arising from OPCAT include establishing a system of regular preventive visits by independent bodies, known as National Preventive Mechanisms (NPMs) to places of detention. The Australian Government has taken the view that the implementation of OPCAT will initially focus on 'primary places of detention'. This includes locations where people may be involuntarily detained by way of mental health assessment or treatment and held for 24 hours or more (including closed mental health facilities and forensic disability facilities).

The Australian Government has deferred the date for implementation of the obligations under OPCAT several times. In December 2021, the Commonwealth Attorney-General wrote to the Chair of the UN Subcommittee on Prevention of Torture (SPT) requesting a 12-month extension for implementation of Australia's NPM obligations. This request was approved, and Australia must now implement its obligations by 20 January 2023.

The SPT has announced that it will visit Australia from 16 to 27 October 2022.

A Bill was introduced into the South Australian Parliament in 2021 to create the legislative scheme for the NPMs. The Bill proposed to appoint the PCV as the NPM for closed mental health services. The Bill lapsed however the previous Attorney-General wrote to the Commonwealth to advise that the PCV would be nominated as the NPM in South Australia for closed mental health facilities.

At the time of writing this report the implementation of OPCAT was yet to be resolved.

The PCV is of the view that specific legislation must be passed to create a dedicated scheme for an NPM with appropriate powers and employed, expert inspection staff.

It would be inappropriate for volunteers to undertake the detailed, rigorous, expert inspections that must be completed under OPCAT. A consultant psychiatrist must also be engaged to assist with the inspections.

#### **2.5.4 Review of the Mental Health Act 2009**

The Office of the Chief Psychiatrist announced a review of the *Mental Health Act 2009* in June 2022.

The review will be undertaken by the South Australian Law Reform Institute.

The Act establishes the process for the appointment of the PCV and CVs and specifies powers and functions of those roles. The PCV intends to make a submission to the review on a range of matters that will improve the overall management and functioning of the CVS.

## 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) and appointed Community Visitors (CVs).

The PCV 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 to the program, enabling patients/residents, 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 Committee met 5 times during 2021-22.

The Committee has contributed to the development of CVS policies and strategic projects to enhance the capacity of the CVS for future work.

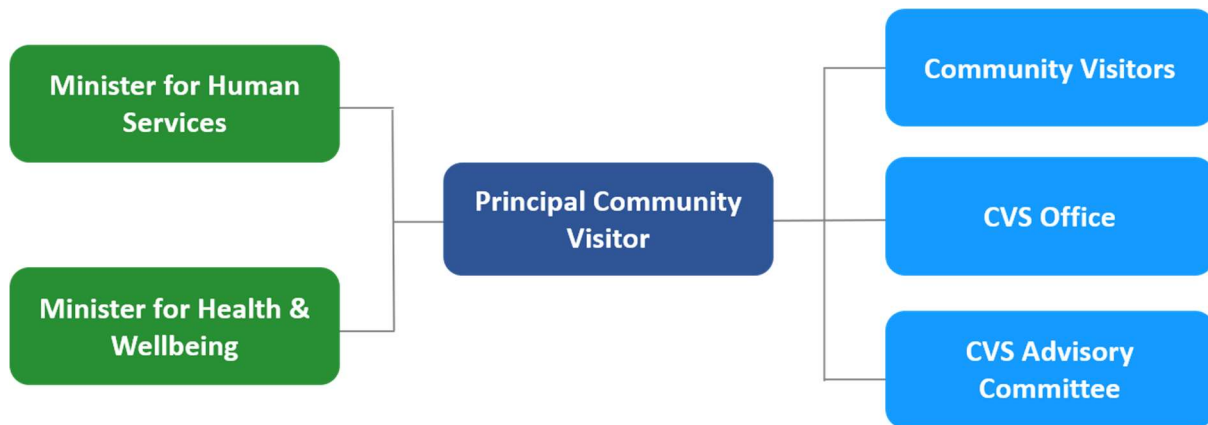
The Committee has also discussed safeguarding measures such as the new restrictive practices legislation.

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



### 3.4 Structure of the Community Visitor Scheme

The table below shows the relationship between the components of the Scheme.



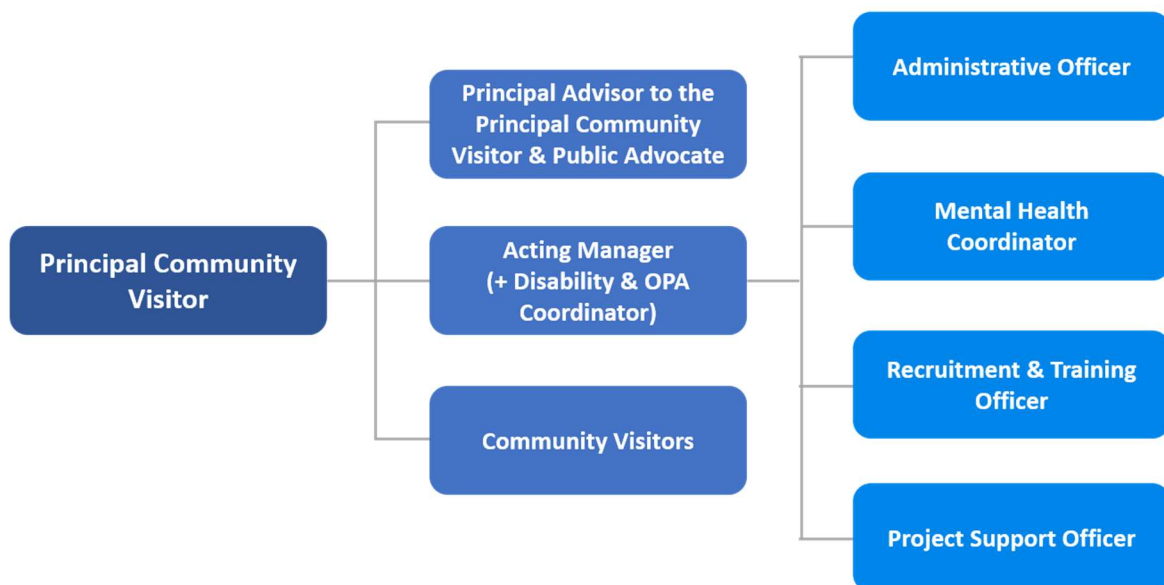
### 3.5 Funding and administrative support

The CVS is funded by SA Health and the Department of Human Services (DHS).

The Scheme is supported by a small office of five administrative staff (4.5 full time equivalent staff) employed by DHS. These staff are under the direction of the PCV.

All reporting requirements in relation to CVS staff are addressed in the Annual Report of the DHS (see Appendix 4).

### CVS Organisational Structure



## 4. Functions of the Community Visitor Scheme

### ***Mental Health Act 2009***

The Community Visitor Scheme is established by the *Mental Health Act 2009*. The Act creates the role of Principal Community Visitor and Community Visitors. Under section 51 of the *Mental Health Act 2009* Community Visitors 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 patient under the Act, and
- any other functions that may be assigned to them by the *Mental Health Act 2009* or any other Act.

The Principal Community Visitor has the following additional functions:

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

### ***Disability Services (Community Visitor Scheme) Regulations 2013***

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

- to visit state funded 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 Act (*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 resident, 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;
- acting as advocates for disability 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.

***Guardianship and Administration Act 1993***

The CVS visits people under guardianship of the Public Advocate who are participants in the National Disability Insurance Scheme.

The Public Advocate has delegated her authority under the Act to the CVS to undertake visits.

The CVS reports direct to the Office of the Public Advocate about those visits.

## 5. Visits and inspections

### 5.1 Number of visits to disability services

There are 140 Department of Human Services Disability Service (DHS DS) sites across South Australia, providing support services to residents. At the time of reporting, these sites included 223 individual homes. There may be multiple homes located at some sites and each home may have one or more residents.

A scheduled visit may therefore include an inspection of varying numbers of homes and visiting with multiple residents at each site and multiple residents in each home.

The majority of DHS sites are visited at least once per year. Sites supporting more vulnerable residents or where concerns have been raised in previous visits, will be visited more frequently.

The CVS completed 92 scheduled visits, which included inspecting 155 individual homes. In the previous year the CVS completed 135 scheduled visits.

The visit numbers for the reporting period are less than the previous year, due to several factors, including reduced availability of CVs due to COVID-19 related illness and exposure, and cancellation of some visits due to the service being affected by COVID-19. The CVS has also had to prioritise visits to mental health services as the frequency of these visits is mandated by legislation.

The CVS also conducts visits on request. A resident, carer, guardian, relative, friend, or any person or organisation who is providing support to a resident may request a visit by a Community Visitor (CV). If a request is made to a manager of, or a person in a position of authority at the disability accommodation premise, that person must advise the CVS office of the request within 2 working days.

There was a total of five requested disability visits/advocacy requests undertaken in this financial year. Examples are outlined later in the report (refer to section 7.1).

### 5.2 Number of visits to mental health services

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 2021-22, the CVS was required to visit:

- 15 approved treatment centres with 48 individual units within those centres
- 14 authorised community mental health facilities

The full list of facilities within the scope of the CVS are listed in Appendix 2. It should be noted that a visit to each treatment centre will include an inspection of all of the discrete services located at that centre.

The CVs completed 202 visits to mental health treatment centres and community mental health facilities.

CVs inspect all areas of the facilities used to provide treatment, care and rehabilitation to people experiencing mental illness.

The CVS was not able to meet the bi-monthly requirement for the months of July 2021-January 2022 due to the impact of COVID-19. Whilst the CVS was not able to visit mental health facilities in person, CVs were able to adapt to audiovisual visits during this time to ensure that some sites were still visited by CVS (see section 6).

It was not possible to maintain 50% unannounced visits this year due to visitor restrictions at services and the difficulty of conducting unannounced audiovisual visits. Approximately 28% of visits were unannounced during the reporting period.

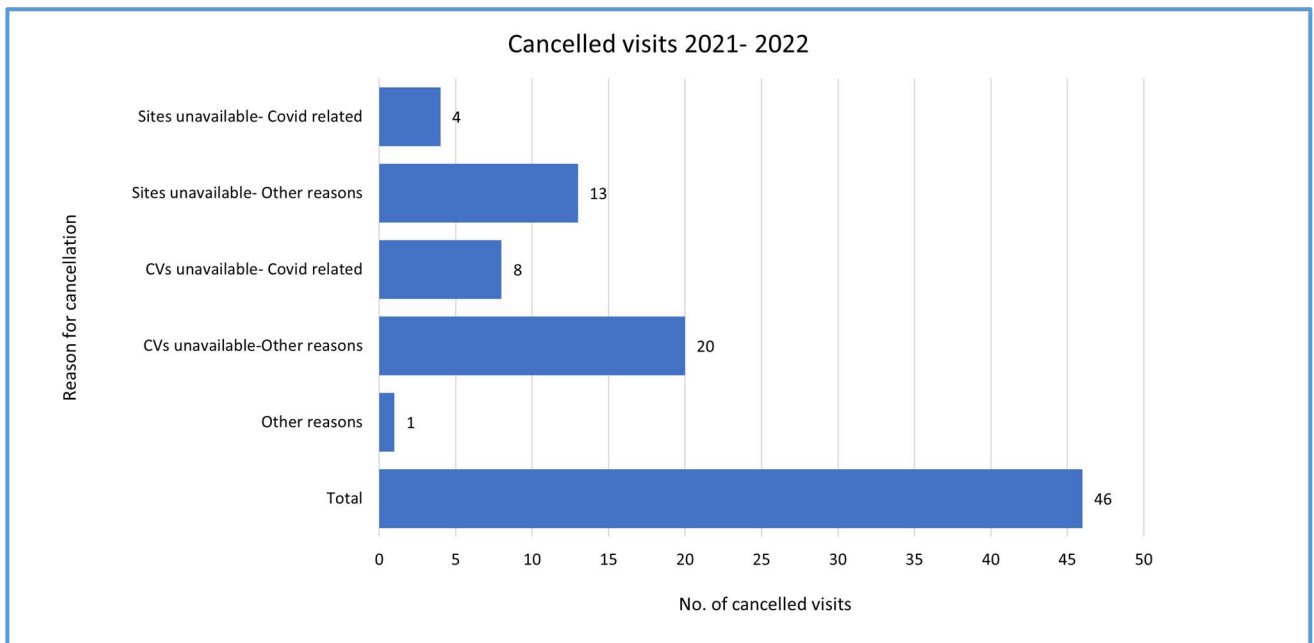
In addition to the scheduled bi-monthly visits, the CVS also conducts visits on request. A consumer, carer, guardian, relative, friend, or any person or organisation who is providing support to a consumer may request a visit by a CV. If a request is made to a manager of, or a person in a position of 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 three requested visits to residents during 2021-22.

The CVS notes the addition of one new service into its visitation schedule in the past year: the Western Community Mental Health Service, Woodville. The CVS acknowledges that this service was included in this year’s schedule as it was identified as a service which had been gazetted previously, however due to an administrative error was overlooked for scheduling.

### 5.3 Cancellation of visits

The CVS schedules visits several months in advance, taking into account the availability of CVs. A significant number of visits (46) have been cancelled in the last financial year, often due to factors beyond the control of the CVS.

The table below shows the number of visits categorised by reason.



The reasons for cancellation include:

- sites unavailable due to COVID
- sites unavailable for other reasons such as no access to audiovisual facilities, client unwell, site changing the date of the visit

- CVs unavailable due to COVID
- CVs unavailable for other reasons such as illness, leave or personal commitments.
- Other – (eg. technical difficulties with an AV visit)

## 5.4 Reporting on visits

CVs are provided with a prompt sheet to guide CVs on the matters they should observe and consider during their visits and inspections.

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 to the sites, as well as any identified issues requiring action.

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

- communication – resident 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 opportunity for any issue of concern or request for advocacy to be presented to the PCV for follow up.

Issues of concern are referred to the PCV and tracked on the CVS Issues Register and Tracking Documents for mental health and disability services respectively. When required, the PCV can escalate an issue to the appropriate body for action and resolution (see section 5.8).

## 5.5 Analysis of the visit data

The CV report ratings are collated and presented in a graph form in the following sections of this report.

In previous annual reports, ratings of 3-5 have been classed as positive. Ratings of 1-2 are classed as issues requiring improvement and further investigation.

During 2021-22, the CVS has reviewed the reporting process with the objective of achieving consistent and reliable assessment of services. The PCV has identified some inconsistency in the application of the 3 rating. Some CVs may apply it as a positive rating while others have applied it as neutral or average. The PCV has determined that a more streamlined ratings criteria is required to ensure all CVs are assessing services in a consistent manner. This criterion is currently in development.

In this annual report, the ratings data has been reconfigured to only classify a rating of 4 and 5 as positive.

To ensure consistency of reporting and to allow comparison across years, the ratings for 2020-21 have also been reconfigured and included in this year's report. The combined figure

for 4 and 5 ratings for the previous year appear in brackets after the current reporting period results.

This reconfiguration of previous annual data has been necessary to ensure a comparison of the positive ratings for the previous year and this year does not give a misleading impression that there had been a significant drop in performance of services.

Quotes from CV reports are also provided (in italics) in the commentary to represent some of the observations of CVs.

Percentages have been rounded to the nearest whole number.

## 5.6 Key report findings—Disability Services

### 5.6.1 Communication

#### Communication between staff and residents and staff responsiveness to resident needs

CVs rated their observations of respectful communication and interaction between staff and residents as being high at **85% (90%)**.

Staff responsiveness was assessed positively at **91% (94%)** of visits.



Effective communication is key to building trust and rapport with residents and essential to understanding resident needs.

CVs have frequently commented on caring and respectful communication during visits:

*“Communication observed between staff and clients appeared respectful, warm and appropriate”.*

*“From discussion of client needs, it seemed that staff were aware and responsive, and highly committed to providing quality care”.*

### 5.6.2 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, including whether they are well maintained.

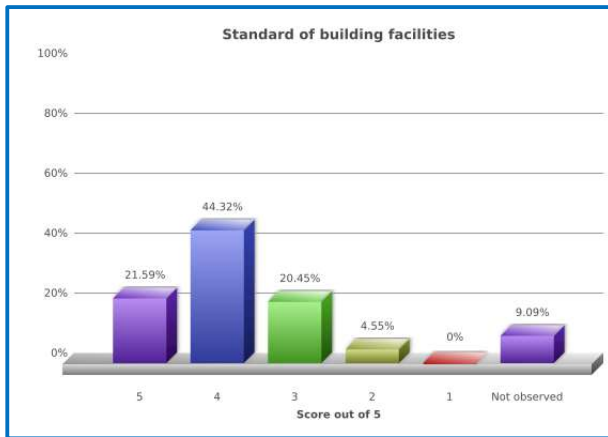
CVs will assess the building, equipment, grounds, emergency procedures and privacy for residents.

The standard of accommodation impacts on the satisfaction of residents and staff.



**Standard of the house and facilities**

In this reporting period, **66% (75%)** of homes were rated as positive.



DHS premises are a mixture of newer homes, purpose built to accommodate residents with special needs, and older properties that have been modified to accommodate residents with a disability.

CVs report that some maintenance issues are not addressed in a timely manner or homes are not maintained to a good standard.

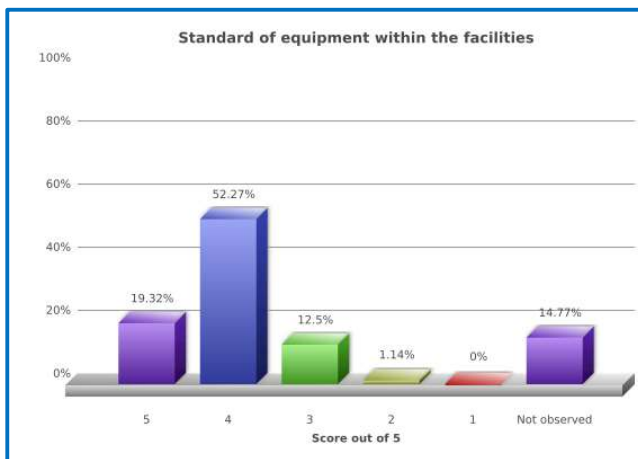
*“The property is almost 30 years old and although clean and tidy, is looking tired and in need of a repaint”.*

DHS DS homes are leased from a variety of landlords and the timeframe for maintenance may depend on the responsiveness of the landlord. The PCV has been informed that processes for more timely maintenance is being reviewed by DHS.

**Standard of equipment**

The standard of equipment within the houses is of equal importance as the structural soundness of the property. A majority of **72% (80%)** reports were positive.

The ease of which residents can access heating, cooling, kitchen and bathroom facilities is vital to their sense of independence and wellbeing.



Cleanliness and the absence of excess clutter is seen as positive with interiors reflecting the personalities of residents.

It was noted by CVs that there were some issues with the standard of equipment such as:

*“(Client) has been waiting for months for a new chair and new bedside rails.....her current chair is faulty. This has been noted in the two previous (CVS) reports”.*

Delays can relate to the approval times of NDIS plans.

**Standard of the facility grounds**

The standard of facility grounds was overall rated good or excellent at **65% (63%)** with CVs noting BBQ’s, covered outdoor areas and well-maintained back yards in some instances.

Having a good standard of the facility grounds enables residents 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.

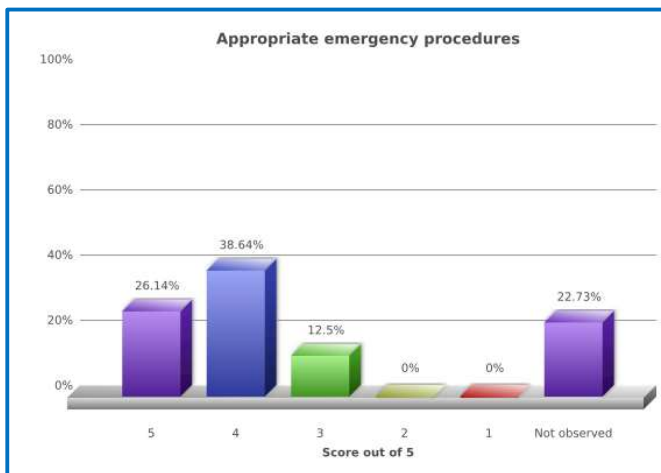


Three (3) issues pertaining to personal safety were reported to the landlord eg *“lifted paving, trip hazard in the driveway due to loose paving, and an overgrown hedge”*.

Whilst small in number, issues such as these prevent the safe egress from the house for residents and diminishes their ability to enjoy outdoor experiences.

**Emergency equipment and procedures**

Another key accommodation aspect assessed during visits was emergency equipment and procedures. Overall, **65% (69%)** reports had a positive rating.



In most homes, CVs observed a fire blanket, fire extinguisher, and smoke detectors, and were advised that fire drills and evacuation procedures are done on a regular basis.

There was an issue reported in one house that *“clients in wheelchairs are not able to open the front doors as the push button was too high for them to reach it”*. CVS was advised by DHS DS that in the case of an emergency, all doors would automatically release.

Staff assist residents at other times.

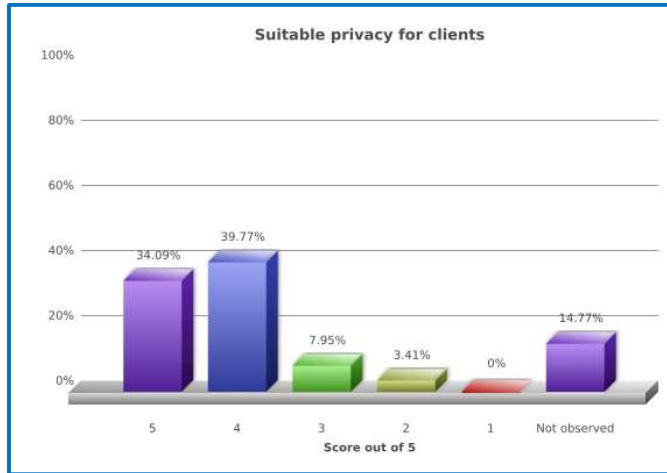
**Suitable privacy for residents**

It is important to monitor whether the privacy of residents is being respected and they have a ‘space’ in which they can retreat or spend time on their own.

Generally, this was of a good standard with **74% (94%)** reported as positive, for example:

*“ Each resident has their own room that reflects their interests, family and style”.*

The substantial difference in the ratings for this year and last year is in part explained by an increase in CVs not observing this specific criterion (5% to 15%). This increase is primarily due to CVs being unable to assess this criterion during an audiovisual visit.



There is a small overall reduction in the positive ratings for this criterion which will continue to be discussed with DHS DS.

**5.6.3 Quality of resident services**

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

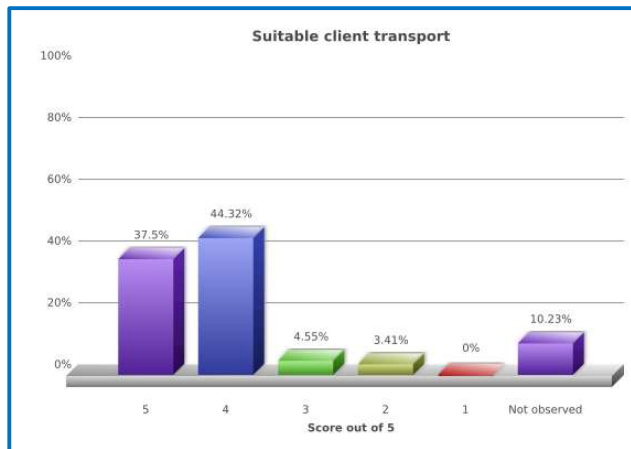
**Suitable resident transport**

The majority of ratings were positive at **82% (86%)**.

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

It was noted at one house that although the house has access to a van, some of the residents do not like to go in the van, as they feel it identifies them as being disabled. At another house, it was reported that there is a car, however no wheelchair accessible vans. These matters have been referred to DHS DS.

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



The Federal Government has agreed to fund South Australian Transport Subsidy Scheme (SATSS) trips for NDIS participants until 30 October 2022 or until the date that participant plans are reviewed. The scheme provides up to 75% subsidy on taxi fares for people with disability that limit their ability to use public transport.

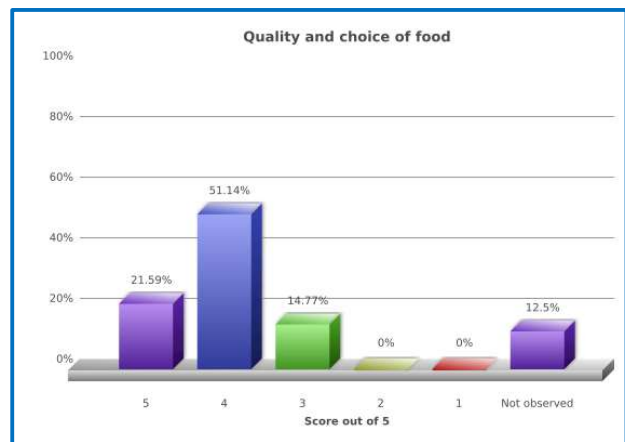
After the subsidy ceases, those who may be eligible for transport support through the NDIA are required to be assessed through that agency in the first instance ie people assessed as eligible for NDIA support including transport assistance, will not be eligible for SATSS. These changes will be monitored by the CVS.

**Quality and choice of food**

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

The overall positive rating was **73% (83%)**.

This 10% decrease is in part explained by a 6% increase in “not observed” by CVs. This may be due to CVs being unable to assess the criteria during an audiovisual visit. There is however a small reduction in the positive ratings for this criterion which will be discussed with DHS DS and monitored by the CVS.



CVs reported that many residents assist with shopping and choosing food, and dietitians and speech pathologists provide expert advice when needed.

At times, produce from the garden are used which creates a sense of pride for the residents. *“Clients assist with choice of food and shopping. They assist with preparation to the best of their ability”.*

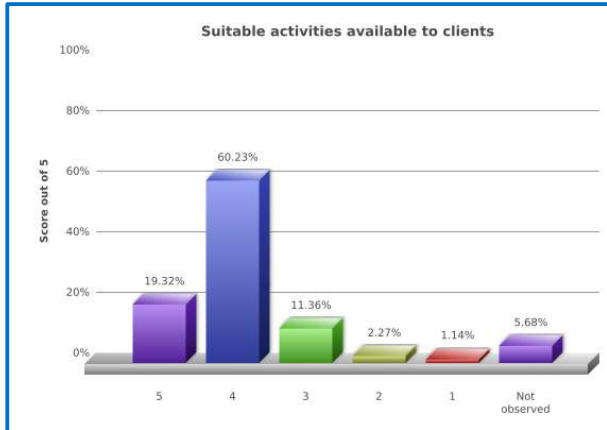
In some houses, the night shift staff prepare the meals which excludes residents from the opportunity to be involved in food preparation. It was also reported that for another house, the morning staff cook dinner, then the afternoon staff serve the meal. This practice limits the opportunity of residents to be engaged with meal choice and preparation and affects the quality and enjoyment of meals.

There were a few instances where CVs observed that the evening meal was being served prior to 5.00pm. As noted in one report *“It was not clear why they ate so early and whether this was their decision”*. These instances have been referred to DHS DS for follow up. DHS DS have reported that staff have been directed to serve the evening meal no earlier than 5-5.30pm. The timing of meals will continue to be monitored over the coming year.

**Activities available to residents**

Suitable activities should be planned in conjunction with the resident taking into account their interests and abilities. The overall positive rating was **80% (81%)**.

Many residents are involved in a wide range of activities such as swimming/hydrotherapy, walks in the local park, visits to the library as well as attending programs off-site.



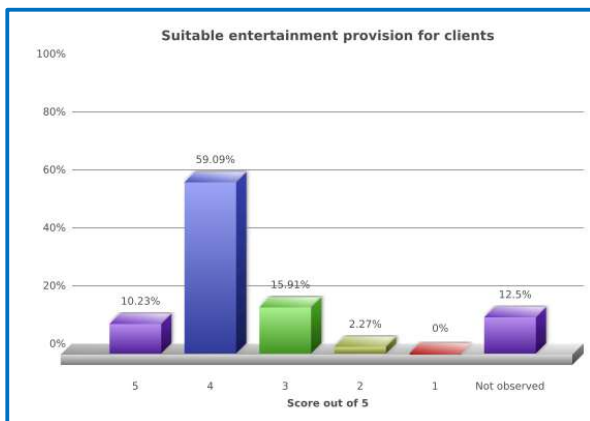
The role of Capacity Building Officer role should assist to engage residents in activities and local events that interest them.

At one visit, CVs were pleased to note that *“a weekly programme of activities is on display...the Capacity Building Officer facilitates a weekly programme, (and) in addition, every client has an NDIS plan that*

*includes community activities with support. There is an emphasis on special celebrations eg birthdays, Christmas, Mother’s Day”*.

**Suitable entertainment**

Access to entertainment is important for all people. The overall positive rating is **69% (75%)**.



During the year 10% of visits received a rating of 5, compared with 24% of visits rated at 5 in the previous year. This may reflect the impact of COVID-19 on activities outside the home for periods during the year.

The most usual forms of entertainment found in homes were TV’s and DVD players as well as books, puzzles and games.

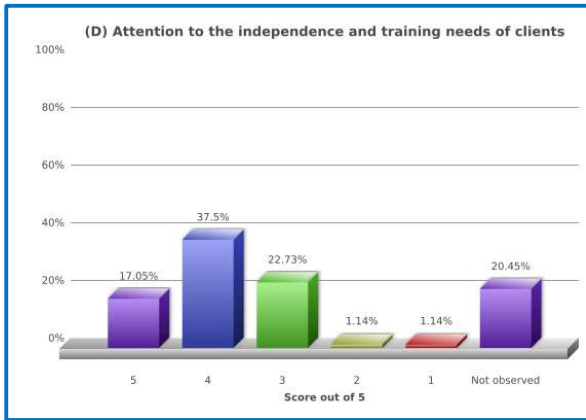
CVs reported that there was *“television, music, equipment and sensory items among the entertainment provision accessed by clients”*.

Many clients have a TV in their own room as well as TV’s being available in communal areas.

Staff were able to inform CVs of a range of activities undertaken by residents despite the restrictions of COVID-19. The examples of activities provided by staff in some instances was detailed, and at times included the viewing of an activities schedule.

**Support of independence and training needs of residents**

A key component of the role of the CVS as an external, independent visitor, is to enquire about the potential growth or opportunities for individuals particularly in relation to their personal independence. The overall rating of positive comments for independence and training was **55% (63%)**.



CVs reported that a number of residents participate in work, and attend programs off-site and for some, their plans reflect resident goals of becoming more independent and developing skills. Not all residents expressed a desire to undertake any training or engage in any programs. Staff demonstrated commitment to encouraging the independence of residents, whilst acknowledging there is a broad range of capabilities and interests in the resident

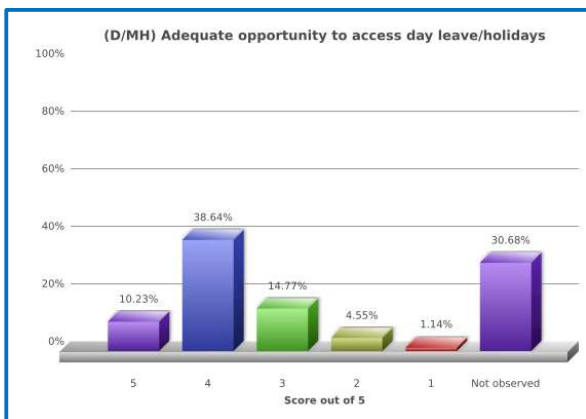
groups.

Experience and research have shown that in some situations, staff can establish routines that may not ultimately promote the independence of residents in the longer term. The PCV noted regular feedback from staff about promoting residents’ independence and choice during visits undertaken.

A lifetime of support can result in familiarity and little change whereas an environment where capacity building is pursued, residents can develop skills and exercise greater independence, choice and control. It is therefore important that ongoing attention is given to the independence and training of individuals and as well as access to holidays. COVID-19 may have had some impact over the past two years however, the roles of Supporter Coordinators and Capacity Builders introduced by DHS DS should assist to promote independence and training and this will continue to be monitored by the CVS.

**CVS ratings for residents to access holidays**

The overall positive rating was **49% (38%)** for access to holidays.



COVID-19 has impacted on the ability for residents to travel for significant periods during this financial year. As a result, this item is often not discussed at visits and reported as “not observed”.

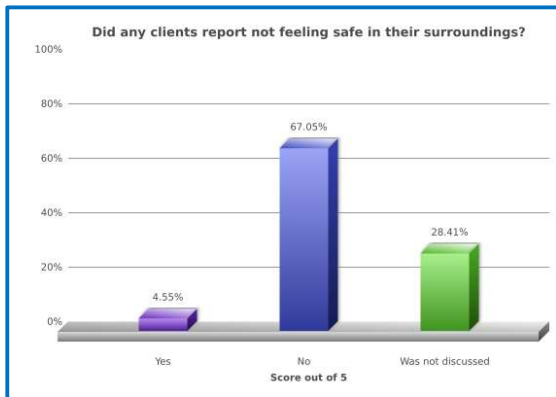
At one visit, CVs reported that “Covid has interrupted holiday planning, however (client) is keen to have another trip to West Beach Caravan Park”.

With the lifting of COVID-19 related restrictions, the overall positive rating has increased 11% from last year, indicating that some holiday planning and travel are resuming.

The positive rating is still relatively low and remains an area for further attention by DHS DS now that COVID-19 restrictions have eased

### 5.6.4 Safety and Rights

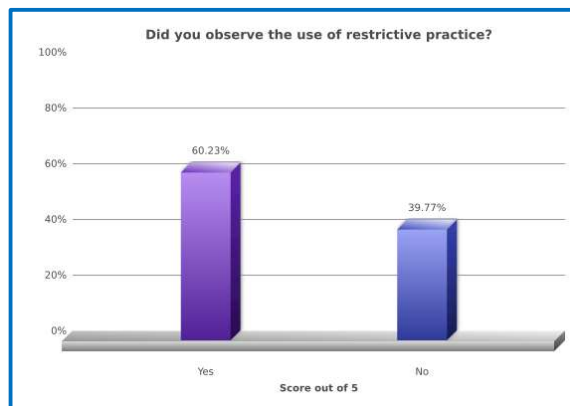
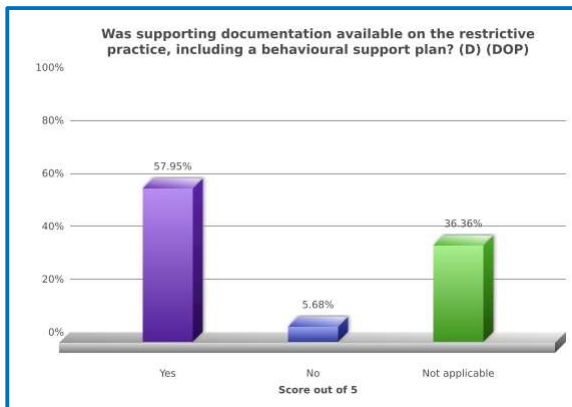
The issue of personal safety (for both residents and staff) remains a key area of interest and the CVS continues to monitor personal safety at all visits drawing attention to situations and environments, which could potentially expose individuals to risk.



The number of residents who reported not feeling safe has reduced from **9%** in 2020-21 to **5%** in this reporting period. It should be noted that safety was not discussed in 28% of visits, due to audiovisual visits and reduced ability to discuss directly with residents.

Another key element of visits is the monitoring of **restrictive practices**. This includes medication specifically prescribed to manage behaviour(s).

Restrictive practices were reported as observed in **60%** of reports, consistent with the previous year's report. In this reporting period, supporting documentation was available in **58%** of cases where restrictive practises were observed, compared with **52%** the previous year.



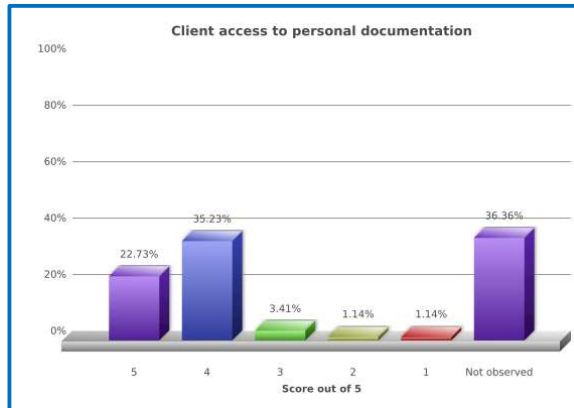
In **40%** of reports, CVs did not observe the use of restrictive practices.



**Resident access to personal documentation and access to information regarding rights, complaints and advocacy**

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

The visit data indicates that **58% (56%)** of residents have a sound sense of knowing they can access their personal documentation.



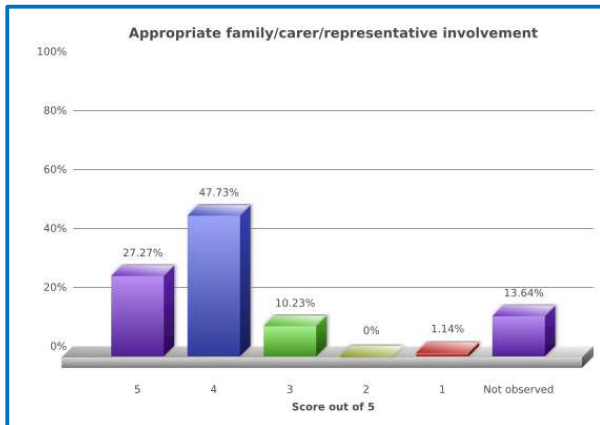
*“All documentation is available to a resident as needed and indicated”.*

However, staff also indicated that while residents are aware of the documents, their ability to understand the concepts can be difficult for some. *“The clients were unlikely to be able to comprehend documentation. However, the files were readily visible and available.”*

It would be useful for some documents to be converted into an easy read format to assist residents to understand their rights, and this will be raised with DHS DS.

**Family engagement and support**

This chart reflects the importance of family and carer involvement with **75% (67%)** of responses reflecting support and involvement by families, *“all clients have family involved and evidence of consents and involvement in plans.....was noted on the files”.*



Involvement can be regular visits in person, or phone calls.

The CVS encourages the service to notify family members of the CVS visit where possible. CVS is working with DHS DS to increase the participation of family members at CVS visits and to provide feedback to residents and families, carers and guardians. The CVS has worked with

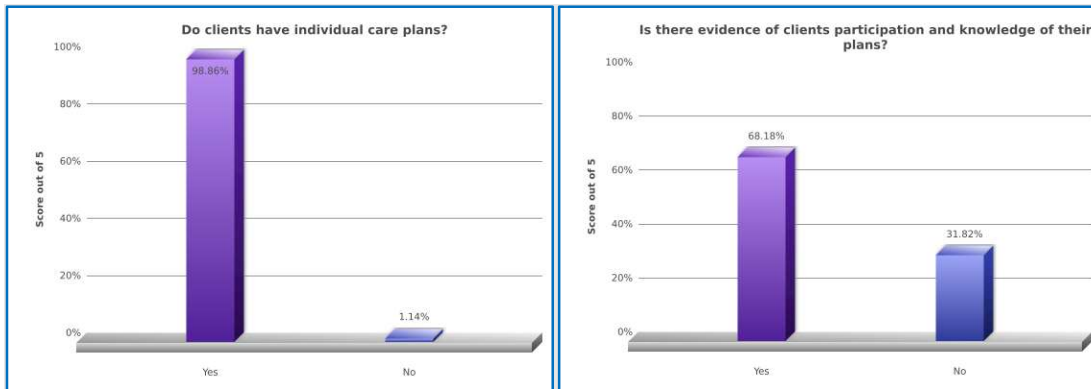
DHS DS to include CVS reports and feedback in house meetings and in the newsletter to residents and families, carers and guardians during the past year.



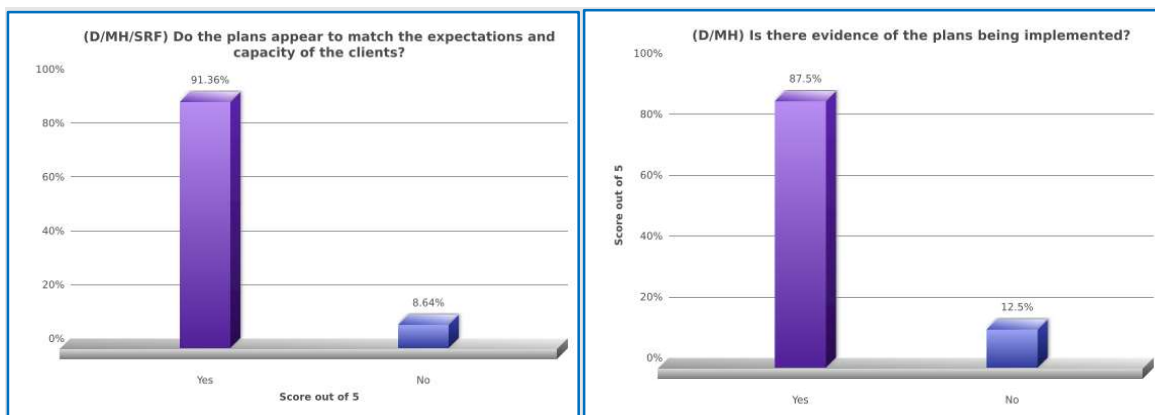
### 5.6.5 Person Centred Plans

Reviewing whether residents have a person-centred plan (PCP) or similar individual care plan (ICP) remains a priority for CVS visits. This is of particular importance as more residents transfer to the NDIS.

CVs reported for **99%** of visits that residents have a plan and many residents (**68%**) have participated and were aware of their plan.



The development of plans that match an individual’s expectation or their capacity and whether they are fully implemented must be aligned to ensure there are opportunities for individuals to achieve their goals and lead as fulfilling a life as is possible.



From the above charts, plans matching expectations is rated at **91%** and plans being implemented has occurred in over **88%** of visits.

CVs reported that there are issues for a number of residents with Positive Behaviour Support Plans being out of date and due for review. DHS DS advise that there are attempts in place to increase the timeliness of Positive Behaviour Support Plans. It is acknowledged that DHS DS has reported there can be delays in these plans due to the availability of positive behaviour practitioners.

### 5.6.6 Summary of findings

The positive rating has decreased by more than 5% for the following matters:

- Standard of the house and equipment
- Suitable privacy for residents
- Quality and choice of food
- Suitable entertainment
- Support for independence and training needs of residents
- Supporting documentation availability for Restrictive Practices
- Family and Carer involvement

These are all matters that will continue to be monitored and discussed with DHS DS for continuous improvement.

### 5.6.7 Transition to Home-CVS visits

The PCV acknowledges the report of the Health and Community Services Complaints Commissioner in relation to the Transition to Home (T2H) service.

T2H is a collaboration between the Department of Human Services, Wellbeing SA and Local Health Networks to support people who are eligible for the NDIS to move out of an acute hospital setting and into a more home-like environment while they prepare for permanent supported community living.

The service creates more capacity in hospitals and supports people with disability to regain their independence and rebuild important connections with their community.

The northern service was originally established at Hampstead Rehabilitation Centre in March 2020 as a temporary location.

In June 2021 the Health and Community Services Complaints Commissioner received a complaint from SA Ambulance Service (SAAS) about T2H and the care provided to a resident at the service.

The HCSCC investigated the complaint and released the findings and recommendations in February 2022.

In November 2021 the T2H northern service was relocated from Hampstead Rehabilitation Centre to St Margaret's, Semaphore.

#### **CVS visits to T2H sites**

Two CVs visited the T2H service when it was located at Hampstead Rehab Centre on 14 September 2021. The CVs reported a number of issues such as the environment having a 'hospital atmosphere' and the inability for residents in wheelchairs to access outside without assistance from staff.

The report was referred by the PCV to DHS DS on 23 September 2021. The Director DS responded and advised that they were actively working with SA Health and Wellbeing SA to find a more suitable site. T2H was discussed at a meeting with the Director, DS in November 2021 where it was established that the T2H service was to be moved to St Margaret's at Semaphore.

In February 2022 the PCV undertook an introductory visit to the T2H service at Semaphore and also to T2H at Daw Park with the Director DS. The PCV reported that the Semaphore site was clean and homely with privacy for consumers, and that there are plans to enhance the

communal areas at the Daw Park site. The PCV noted the complexity of the clinical and corporate governance arrangements for the service and the sites, particularly that NDIS providers visit on site and take people out in accordance with a consumer's NDIS plan whilst the DHS service provide supported accommodation.

In addition, the PCV noted the service improvement responses to the recent report from the HCSCC including the role of health monitor, nursing oversight and a weighing machine  
CVs visited both T2H sites in May 2022 and reported that many key issues previously reported appeared to have been addressed, however the clinical and corporate governance matters should be monitored due to their complexities.

In April 2022, the Minister for Human Services and the DHS commissioned a review of T2H, undertaken by Dr C Dennis, G Adey during May and June. The outcomes of the review will be monitored by the CVS.

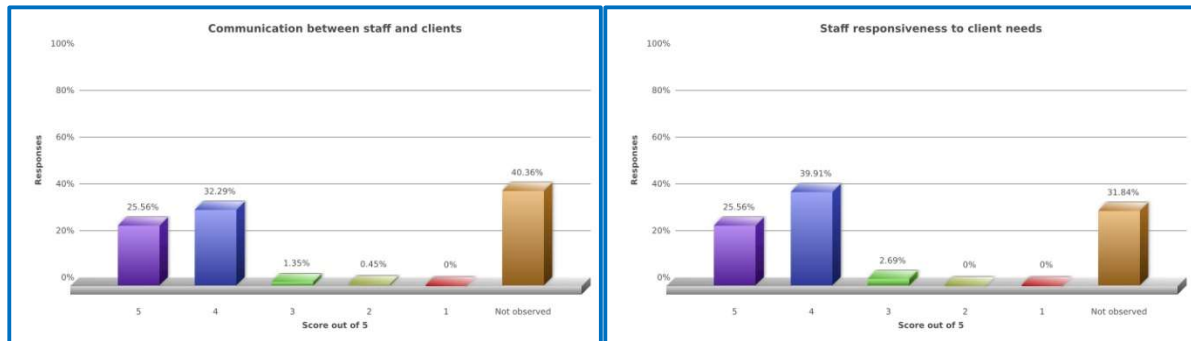
## 5.7 Key report findings—Mental Health Services

### 5.7.1 Communication

#### Communication between staff and consumers and staff responsiveness to consumer needs

Communication between staff and consumers was rated as positive in **58% (73%)** of visits.

Staff responsiveness was rated as positive by CVs in **65% (77%)** of visits.



The decrease in positive ratings is due to the increase in 'not observed' by CVs. This is due to the audiovisual visits undertaken as a result of COVID-19 restrictions where CVs were unable to observe interactions between staff and consumers. This is evident in both charts above where "not observed" was consistently reported by CVs during the reporting period.

In this context, one matter noted by CVs was the staff's feedback about communication barriers created by the use of mandatory PPE. In one service, staff acknowledged that masks impede face to face communication, make it difficult to judge expressions and nonverbal cues, and can make it hard for consumers to identify staff members. As a result, photo name badges were created for staff members to wear on shift which allowed for more positive and effective communication between staff and consumers, supporting better service provision and consumer satisfaction.

CVs also noted at several facilities staff were receiving ongoing support and training to improve their communication and promote more person-centred language. For example using 'consumer' rather than 'patient' and 'responsive' behaviour rather than 'challenging' behaviour.

CVs reported that sites frequently facilitated meetings with consumers, treatment teams and family members, carers and guardians which were beneficial in providing an opportunity for open communication and addressing any issues raised.

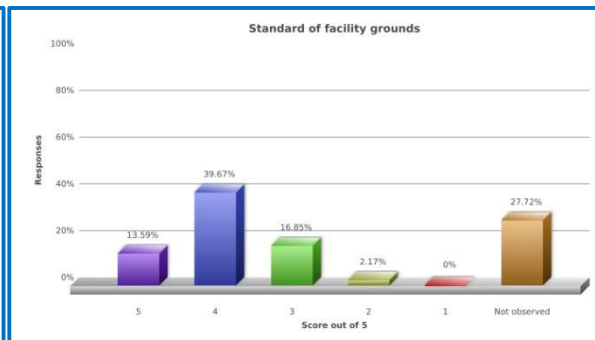
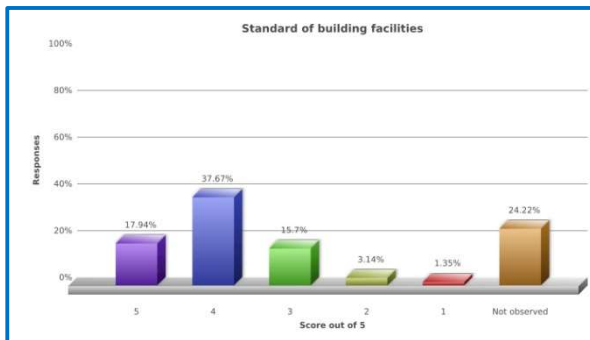
### 5.7.2 Environment—suitability of facilities and their maintenance

The following charts present data on CV ratings of services in respect to standard and appropriateness of the physical environment of the mental health facilities, including observations of the standard of the building, grounds, equipment, and privacy for consumers.

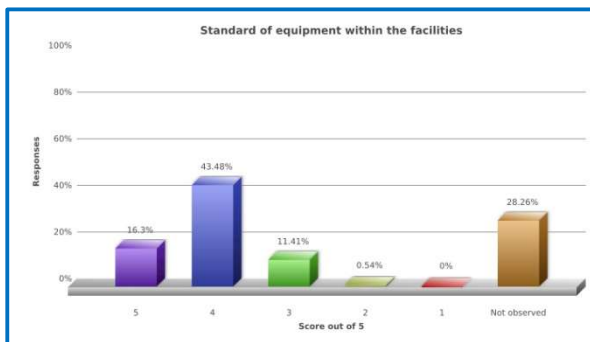
#### Building facilities, equipment and grounds

CVs gave the following positive ratings for:

- buildings facilities **56% (64%)**
- facility grounds **53% (67%)**
- equipment **60% (73%)**



All ratings have decreased this year. Some of this reduction is attributable to the number of audiovisual visits occurring throughout this period and the limitations in observing an environment through audiovisual means, as reported in the above charts.



CVs report that although there have been some good new additions to buildings and new structure builds and renovations over the past year, there are a number of units that are in need of general maintenance, upgrades and/or modification.

Issues reported include maintenance and upgrades to air-conditioning systems and required works such as new carpet and painting walls, which will help to enhance the appearance and overall feeling of the environment for consumers.

CVs often note the importance of outdoor spaces and courtyards during their visits and report on any progress made to outdoor projects and/or areas in need of maintenance or repair. Those within the acute and psychiatric intensive care units, often have limited access to outdoor spaces. CVs have reported concerns with an outdoor area where staff are required to escort consumers while outside due to overgrown gardens and a limited line of sight. Surveillance cameras have been suggested and followed up with quotes, however until this is resolved, consumers need to be supervised by staff which can be problematic with the current workforce shortages.

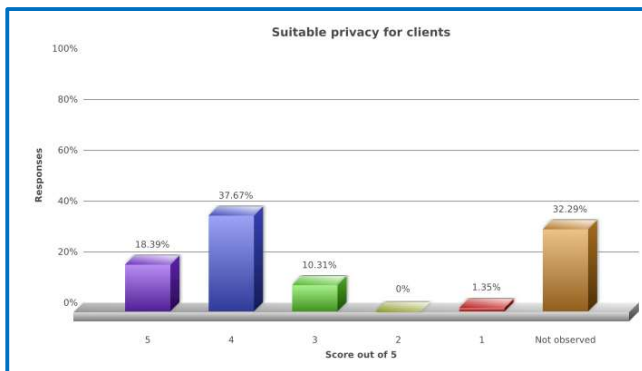
The CVS acknowledges that a ‘men’s shed’ is being developed at one service and a sensory and digging garden has been established. This is reportedly well utilised by the consumers and by visiting families and has been a great source of entertainment for the consumers, particularly during COVID-19 restrictions.

The physical building environment in emergency departments (EDs) continues to be raised as an issue, particularly due to the extensive length of stay for some mental health consumers. Whilst these rooms have their purpose when used appropriately, CVs noted one particular ED quiet room which *“appeared cell-like with bare clinical and cold looking furnishings. No TV or other sensory modulation/self-soothing or distracting tools available on our visit. The quiet room looks like an old-fashioned seclusion room (bare walls) and although the door is rarely locked, it is a small way away from the general thoroughfare of the ED”*.

Whilst the service has limitations due to the building layout, this room now has Wi-Fi available, which is an enhancement for consumers. A number of services have continued to acquire technology such as a laptops or iPads to facilitate virtual communication between consumers and family. This technology has been extremely beneficial to consumers and utilised by CVS for audiovisual visits during COVID-19 restrictions.

**Privacy and appropriate spaces for consumers**

Appropriate levels of privacy are important for mental health consumers in providing a sense of autonomy in what can sometimes be a restrictive environment. Overall, suitable privacy arrangements and appropriate spaces for consumers was rated positively at **56% (69%)**.



Although positive, there has been a decrease in ratings from previous years. It is likely that this decrease is a result of privacy being “not observed” during audiovisual visits. This is reflected in the adjacent chart.

Consistent with previous years, there is a small number of mental health services still accommodating consumers

in shared rooms with shared bathrooms. This has been the source of complaints from consumers, particularly when there is gender balance to be considered, e.g. only females sharing a room together. While most services avoid mixed genders sharing rooms, this may still occur in some cases, such as when a mental health unit is fully occupied

CVs report instances where consumers feel concerned about their level of privacy and have specifically raised issues about bedroom and bathroom doors not being fitted with locks. Depending on the service, there are consumer risks and safety concerns which require rooms to be accessible and avoidant of ligature points. CV’s report that privacy in some EDs and Short Stay Units (SSU) are problematic due to the use of curtains between bed areas or the close or shared location of staff stations where excessive noise and private

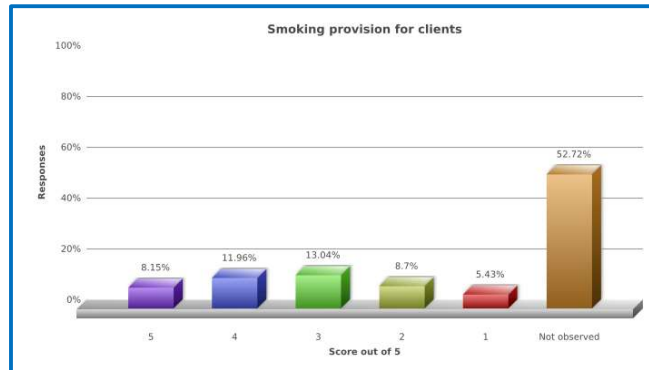
conversations can easily be overheard by others.

### 5.7.3 Quality of consumer services

The following charts present data on CV ratings of services in respect to smoking provisions for consumers and quality and choice of food.

#### Smoking provisions

The management of smoking by consumers on mental health service sites is an ongoing challenge for services. Only **20%** of visits rated the service positively for the management of this issues. The matter was not canvassed in **53%** of visits. primarily due to the high rate of 'not observed' due to audio visual visits arising from COVID-19 restrictions to visit on site.



SA Health has a Smoke Free Policy for all health service sites. This policy protects the health and safety of consumers, staff and visitors to the sites. There is also an argument that restricting the ability of consumers to smoke is restricting their human rights and, mental health consumers may have difficulty managing their smoking in the context of mental health treatment.

Some SA Health services have taken a more flexible approach to the application and enforcement of the Smoking Policy, particularly during the period of COVID-19 restrictions. CVs reported that some sites have provided consumers with a designated smoking area (i.e. a courtyard) or allow consumers to smoke with an escort off site.

In comparison, other sites have a strict application of the Smoking Policy.

Upon a visit to the Inpatient Rehabilitation Service (IRS), Glenside campus, CVs reported that *“Smoking continues to be a fraught area of care provision, compounded by the government diktat that all smoking is prohibited”*. Glenside Health Campus accommodates long term consumers in a number of services on this site. The IRS is within the Central Adelaide Local Health Network (CALHN). Over the past year, smoking restrictions have been imposed at some of the services within the Glenside site and fines issued to consumers for smoking on the broader campus.

The enforcement of the Smoke Free policy and expiation notices issued at some services on the Glenside Campus has caused some confusion and distress for consumers and staff, particularly those who are under strict ITO or licence conditions. These consumers are unable to leave the grounds of the Campus to find a suitable smoking area.

CALHN provided feedback in their June 2022 report that the network: *“acknowledge vulnerable consumers smoking on SA Health sites presents an ongoing challenge. A review of the enforcement of the no-smoking policy at sites is currently in progress. Any expiation*

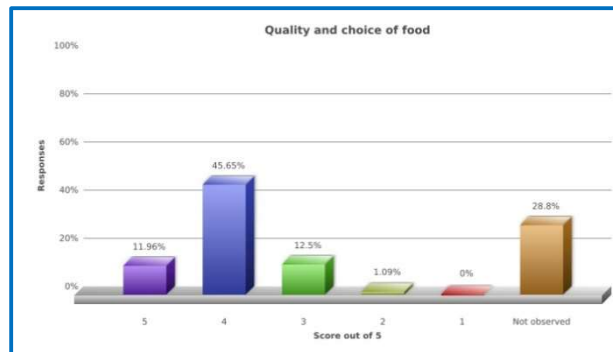
notices issued to vulnerable patients during the process of the review will be waived as an interim measure”.

CALHN have advised that they will provide CVS with the outcome of the review once finalised. The CVS will continue to work with SA Health and the Office of the Chief Psychiatrist on this matter with a view to reducing and eliminating smoking whilst supporting consumers to achieve this goal.

**Quality and choice of food**

The quality and choice of food provided to consumers was rated positive at **58% (65%)** of visits.

Quality of food is an important aspect of a consumers stay in a mental health service, particularly those long-term services. Providing choice of food is also often incorporated into activities and occupational therapy sessions with consumers, where meal preparation and cooking is undertaken and provides not only an engaging activity but also supports improving skills for daily living.



It has been noted in previous Annual Reports that James Nash House presents ongoing issues relating to the quality and presentation of reheated meals provided to consumers. In recent reports, CVs noted that:

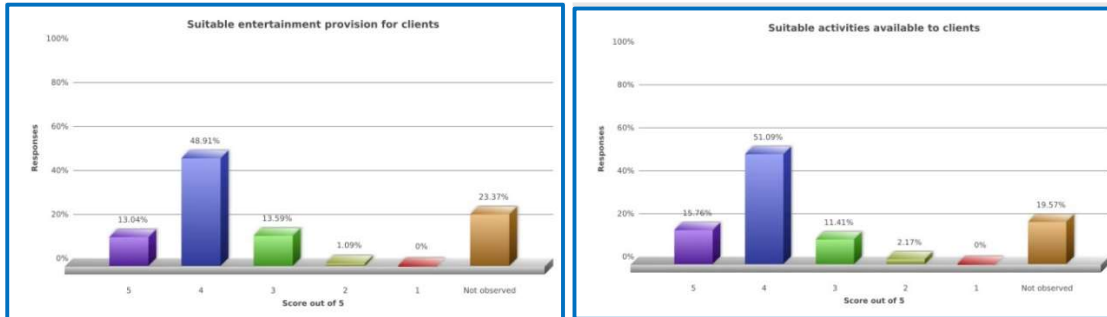
*“The food varies from hospital-type to 'take-away' standard. On occasions, the patients have the opportunity to prepare group meals. The facility accommodates cultural and spiritual diets. Patients with specific dietary needs are reviewed by a dietician and/or speech therapist. The staff the CVs spoke to were very aware of the special significance of food as 'comfort food”. Staff members acknowledged that this, as well as take-away-food, are something they continue to monitor because they appreciate the value of comfort food to the patients. They also noted the comment made by patients that weekly food-runs are preferred to fortnightly one”.*

Recently, the CVs noted the addition of a fortnightly barbecue which has been a positive inclusion to the menu at James Nash House.



## Activities and entertainment

The provision of activities was rated as positive at **67% (68%)** of visits and entertainment provisions for consumers at **62% (65%)** of visits.



Meaningful and engaging activities are important in assisting the treatment and recovery of consumers and to reduce boredom.

COVID-19 restrictions have impacted on the offering of some activities, particularly limiting those occurring off-site or day trips. Capacity limits have also been in place on some activity groups which has limited access for consumers.

Activities have also been impacted by the lack of staff available to arrange consumer activities and entertainment.

Activities have been reinstated at services as COVID-19 case numbers have decreased and restrictions have been lifted. At one visit in May 2022, a CV reported that an *“activities schedule was displayed outside the activities room and in the lounge area. Activities include movies, a sausage sizzle and pet therapy (dog visits). The occupational therapist will soon be running cooking sessions”*.

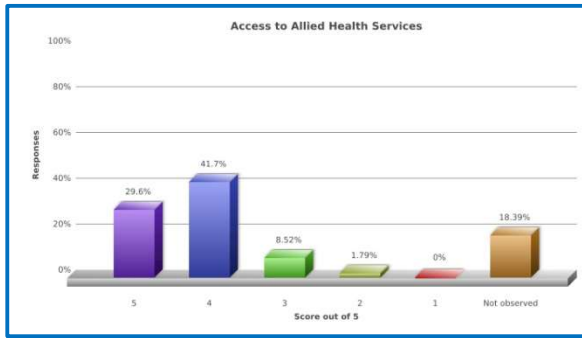
The CV also made mention of a consumer who reported that the lack of activities on weekends made for quiet and long days. The consumer suggested opening the library on weekends so consumers can have greater access to board games and books. This feedback has been provided to the service.

Access to the internet for consumers has been a recurring issue raised at numerous services over several years. There have been mixed responses from services regarding whether this is able to be facilitated for consumers due to technological capacity.

Access to the internet would be particularly useful for consumers in psychiatric intensive care units and forensic mental health facilities where they do not have ready access to mobile phones. Access to the internet would aid consumers to complete activities such as online banking, arranging Centrelink requirements or accessing study. This will continue to be monitored by the CVS.

**Access to Allied Health Services**

Access to allied health services continues to be rated as positive at **71% (80%)** of visits.



The inclusion of allied health staff and multidisciplinary teams appears to be increasing in mental health services with particular importance on the inclusion of the lived experience workforce in service delivery.

Preparation of NDIS applications and assessments continues to impact the capacity of the allied health teams, particularly, Psychologists, Social Workers and Occupational Therapists, to assist all consumers across the services. Shortages across the mental health industry has also contributed to this issue. However, mental health services have increasingly focussed on this issue and committed resources to increase access to the NDIS for mental health consumers.

The need to employ Aboriginal Liaison Officers in a number of services has also been raised with CVs at many visits, and this is seen as an important role to assist in providing culturally appropriate and sensitive care for all consumers. This remains an area for improvement across the system.

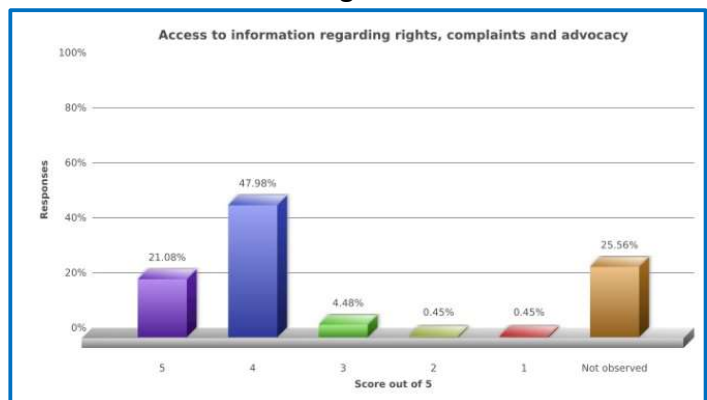
**5.7.4 Safety and Rights**

**Consumer access to personal documentation and access to information regarding rights, complaints and advocacy**

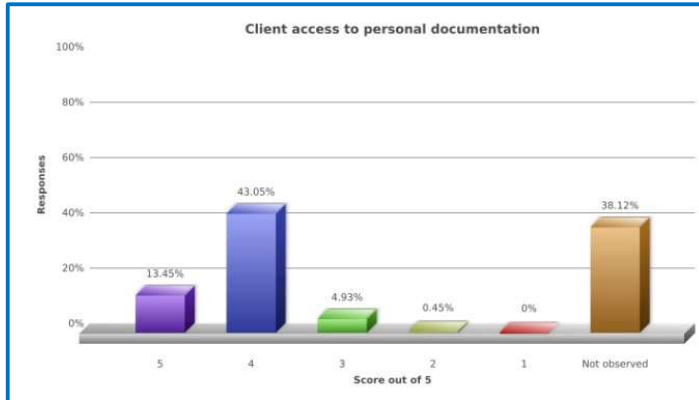
The provision of information regarding consumer’s rights, complaints and advocacy was positively rated at **69% (76%)** of visits.

Often consumers did not recall receiving this information when being admitted to the mental health service. When CVs addressed this with staff it was able to be provided immediately or noted that the consumer had received this information, but they may not have been able to understand or recall this at the time.

This highlights the importance of regular reinforcement of consumer rights during their time with a mental health service.



Consumer access to personal documentation was rated positive at **57% (68%)** visits.



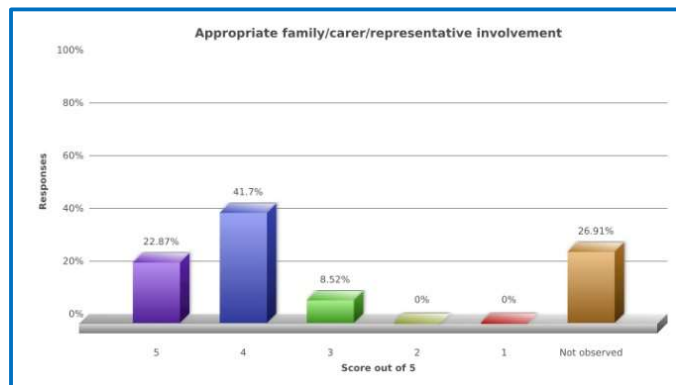
Access to consumer’s own documentation, generally through treatment and care plans, is important and often assists in building rapport and trust between consumers and their treating team when information and documentation is readily provided.

There was a significant number of “Not observed” reported for both access to information and consumer access to personal documents. This increase is in part due to reduced ability to interact with consumers during audiovisual visits, the absence of CVS/advocacy material available or the consumers not having requested to obtain any personal documentation at that time.

**Appropriate family/carer/representative involvement**

Family, carer or guardian involvement was rated positively at **65% (70%)** of visits.

Services acknowledge the importance of family involvement with the consumer and their treatment and care:



*“Although Covid restrictions have impacted on how meetings with family/carers take place, and the number of people allowed to attend, they are still very important part of any decision making.”*

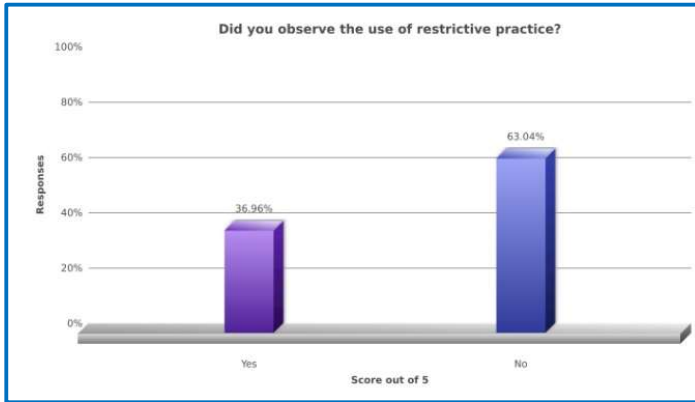
Family involvement is also supported in many mental health services by the role of a Carer Consultant, providing an insightful lived experience link between the family and the treating team.

Family carer involvement has been impacted during the COVID-19 pandemic due to visitor restrictions in place. Whilst many services used alternative ways of keeping family involved by facilitating zoom or phone calls with family, limited face to face contact has had a significant impact on some consumers. It is expected that face to face contact will resume and the consumer experience improve as COVID-19 restrictions ease.

The CVS always encourages family and carer participation at CVS visits. The CVS will continue to work with services to promote CVS visits to consumers, families, carers and guardians.

**Safety and least restrictive practices**

The following charts present CV observations of consumer’s safety and rights, including whether any consumers reported not feeling safe in their surroundings and whether any restrictive practice was observed.



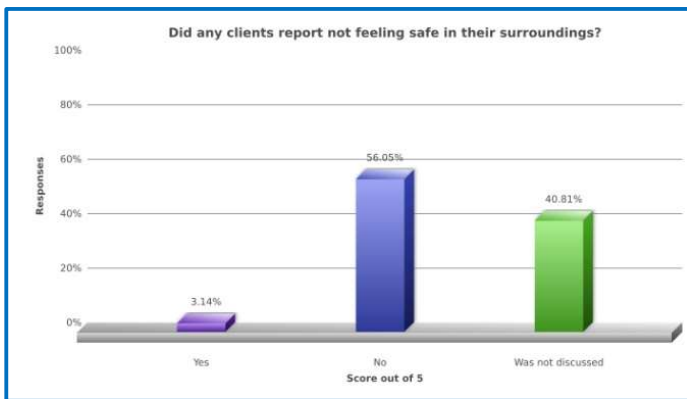
The use of restrictive practices was observed at **37% (42%)** of visits.

It is noted that there are sometimes differences in policy and practice between the SA Health and Department of Correctional Services (DCS) policies regarding the use of restrictive practices and restraints.

In one instance, the CVs noted that *“one patient was 'soft' shackled in a 'soft room' and she was a Department of Corrections patient and that RAH staff must follow Corrections directions regarding shackles”*.

The rating for consumers who feel safe in their surroundings is **56% (60%)**, as shown in the chart below.

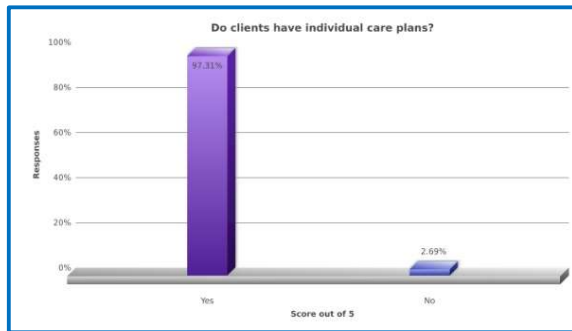
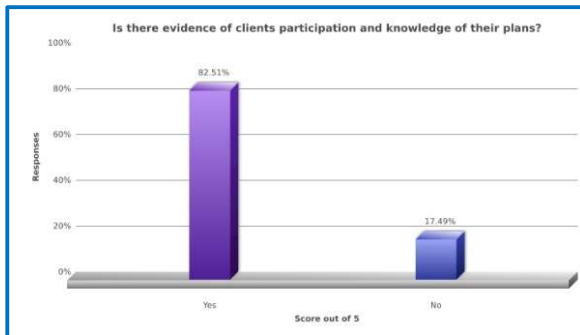
There were **3%** of consumers who reported not feeling safe in their environment. Of these consumers, it was reported that this was often due to the mix of consumers and different acuity within the unit, where some consumers may be displaying challenging behaviours, as well as gender balance concerns and environment, such as an emergency department.



At **40%** of visits the issue of consumer safety was not discussed. This is comparable to 35% of visits in the previous year. This reflects the limitations of raising this issue at audio-visual visits and reduced interactions with consumers at visits.

### 5.7.5 Treatment and care planning

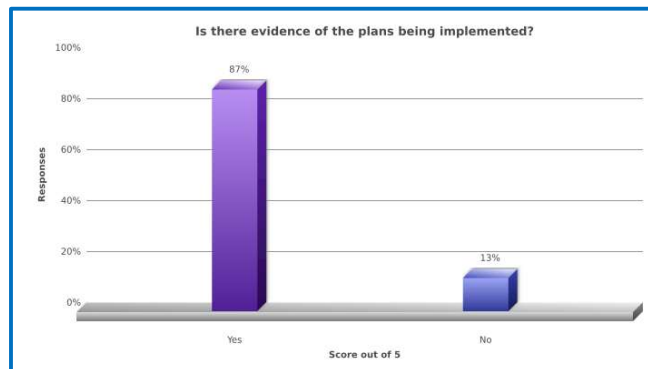
The following charts present CV observations of the development, use and review of treatment and care plans, including consumer expectations and participation in their care plans.



Treatment and care plans for consumers were noted at **97%** of visits. CVs recorded consumer participation and involvement in their treatment and care plans at **83% of visits**. Evidence of implementation of plans was noted at **87%** of visits.

Similar to last year, it was noted at a small number of visits that some consumers reported that they did not have a clear insight into what a treatment and care plan was and in general they did not feel that they had been consulted in relation to care decisions. This issue has been raised at the health network leadership level. In some cases, the consumer may not have participated or been aware of the plan due to the impact of their illness.

Whilst audiovisual visits have been a valuable option for the continuation of CV visits during the COVID-19 pandemic, there are limitations with the CVs relying on information from staff to make assessments on some criteria. This should be taken into consideration when assessing whether plans are being implemented.



Hospitals or Local Health Networks (LHN's) use different electronic records systems and therefore staff cannot access consumer's treatment and care plan that were generated at a different site. This issue is being pursued within LHN's.

### 5.7.6 Summary of findings

The positive rating has decreased by more than 5% for the following matters:

- Communication and staff responsiveness
- Standard of building, equipment and grounds
- Privacy for consumers
- Quality and choice of food
- Access to allied health services
- Access to information regarding rights

These are all matters that will continue to be monitored and discussed with the LHNs for continuous improvement.

## 5.8 Resolution of issues raised in Community Visitor Reports

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

CVs have reported issues of concern in 37 disability services reports and 81 mental health service reports. At the time of writing this report, all issues raised in the disability visit reports and 97% of issues raised in the mental health visit reports had been resolved or completed.

Examples of issues resolved are:

- Three DHS DS consumers (all are full time wheelchair users) have been without an accessible van for 18 months. The van is required to help the consumers remain active within the community. DHS DS provided a response that the bus was in an accident and is currently on a waiting list for replacement. The reasons given for the delays were due to the COVID 19 pandemic and delays in shipping. Although a sedan is currently onsite, this is unsuitable for client needs. A bus from a nearby service can be used but is not always available. DHS DS followed up further with DHS fleet to establish a clear timeframe for the replacement bus.
- A DHS DS resident has a semi attached flat to the main building. There was no way for the resident to contact the main house if assistance was needed, especially overnight. The Area Manager and Team Supervisor arranged to meet with the client to discuss the installation of a remote doorbell or similar in the short term. The service also investigated installation of a suitable alarm system and met with the resident to review their overall safety needs.
- A community mental health report noted that there were some gaps in safety for staff undertaking home visits. This was raised with the Local Health Network who advised that Lone Duress Pendants are now in use in this area and are available to staff for all home and community visits.
- Consumers and staff noted issues with poorly functioning air conditioning at a site. This was raised with the service and units have been replaced, improving the temperature and airflow in the space and improving the comfort of consumers and staff.
- Workforce shortages are reported as an ongoing issue across most mental health services. All feedback has been proactive with services reporting that recruitment drives are constantly occurring.

Any significant issues of concern or recurring themes indicating a possible systemic issue that are raised within visit reports, are transferred onto the relevant *Disability or Mental Health Issues Registers* for monitoring and follow up.

## 5.9 Identifying and referring issues or matters of concern

### Protocols for referring matters of concern

The *Mental Health Act 2009* and the *Disability Services (Community Visitor Scheme) Regulations 2013* provide that the Community Visitor Scheme refer 'matters of concern' to the relevant Minister, their delegate or other appropriate bodies relevant to those services.

Most issues or matters of concern are referred to the service provider and resolved directly with that service.

The CVS has developed protocols to clarify what matters of concern should be referred and the process for a referral.

A protocol with the Chief Executive, Department of Human Services sets out an agreed process for referring matters of concern raised with the PCV to DHS DS. The protocol also covers circumstances in which the CV advocates for a resident of a DHS DS premises and engages with other agencies, including the Public Advocate, the Health and Community Services Complaints Commissioner, NDIS Quality and Safety Commission, or other relevant authorities.

A protocol for the referral of matters of concern will be developed with the new Minister for Human Services and Minister for Health and Wellbeing.

No matters of concern have been referred direct to the Minister for Health and Wellbeing or the Minister for Human Services during the reporting period however, the concerns raised regarding Transition to Home service have been noted with the Minister for Human Services.

The CVS also has Memorandums of Administrative Arrangement with the Office of the Public Advocate and the Health and Community Services Complaints Commission to support communication with these organisations.

Any matters of concern brought to the attention of CVS, relating to disability non-government organisations and supported residential facilities (SRF) are referred to the National Disability Insurance Scheme Quality and Safeguards Commission, or the local Council as a regulator of particular aspects of these services. The CVS has finalised an information sharing agreement with the NDIS Commission during the reporting period.

## 6. Visits by audiovisual or other electronic means

Prior to the COVID-19 pandemic, the *Mental Health Act 2009* and the *Disability Services (Community Visitor Scheme) Regulations 2013* required that a visit or inspection by a CV must be conducted in person. It was not possible to continue the usual schedule of in-person visits from mid-March 2020 due to the pandemic. An urgent solution was required to allow the CVS to undertake visits by other means and maintain oversight of the welfare of people in mental health services and disability accommodation services.

On 15 May 2020, section 10A of the *COVID-19 Emergency Response Act 2020* came into effect, authorising the CVS to undertake visits and inspections by audio-visual means, where practical. To ensure transparency of the visiting arrangements, the *COVID-19 Emergency Response Act 2020* required the PCV to publish a monthly report of the audio-visual visits and inspections undertaken by the CVS. The reports were published on the CVS website.

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. The provision applies to visits to both mental health services and disability accommodation services.

The PCV must publish a quarterly report of audio-visual visits. These reports are published on the CVS website.

During 2020 and 2021, CVs have moved between audio-visual visits and in person visits, in accordance with public health advice.

In late December 2021, the CVS commenced audio-visual visits due to the increased number of COVID-19 cases and many services were discouraging visits. The CVS has resumed in person visits to disability accommodation services on 21 March 2022 and resumed visits to mental health services from 1 April 2022.

CVS will continue to undertake audiovisual visit if a service has COVID positive clients and an in-person visit may pose a risk to CVs.

In the reporting period, the CVS undertook 72 (41 in 2020-21) audiovisual visits and inspections as detailed below:

- 13 visits to disability services sites
- 8 clients of the Public Advocate were visited via audiovisual
- 59 mental health visits were completed via audiovisual



## 7. Individual Advocacy

A key element of the Community Visitors' (CV) role is to provide support and advocacy in referring issues or matters of concern arising from visits to the Principal Community Visitor (PCV).

Requests for advocacy are also received directly by the CVS office from clients, staff, family members, guardians, or other persons who may support or have contact with an individual.

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.

### 7.1 Disability services - Case study

In May 2022 the parent of a resident of DHS DS contacted the CVS with concerns regarding the care of their child. The parent knew of a recent CVs visit to their child's home but were unable to be present for the visit.

The parent's main concerns were:

- Staffing issues including turnover of staff; shortage of staff and the ratio of staff to residents.
- Staff not being aware of care plans or resident health issues.

The CVS Coordinator agreed to liaise with DHS DS management on behalf of the parent, to convey their concerns and would advise them of the response.

The concerns were communicated to DHS Disability Services who agreed to investigate the complaint.

The CVS received a call from another parent of a resident in the same house. They were also concerned about the staffing levels at the premises. The parent gave permission to the Coordinator to pass on their concerns to DHS DS.

The Coordinator passed on this information to DHS DS, and also sought feedback from the Community Visitors who undertook the visit, particularly on the following points:

- number of staff to resident ratio
- gender balance of the staff
- were the staff 'regular' or were they agency staff.

The CVs reported that *"there were male and female staff, at least five, across both units, there were two senior long standing staff who had worked with these residents for many years. Nothing outstanding, it all seemed calm and harmonious"*.

DHS DS informed the CVS that the Area Manager had been in contact with the residents' parents to discuss their concerns and encouraged them to continue to provide feedback.

The Coordinator followed up with the residents' parents to ensure that their issues had been noted. The parents indicated that the Area Manager had given assurances that their concerns will be addressed. In particular, one parent felt they had been 'listened to'. The Coordinator encouraged them to contact CVS again if necessary.

This case study demonstrates the importance of the CVS advocacy service. Family and friends may have particular knowledge of issues that may not be apparent at a routine visit or cannot be communicated by residents.

The CVS is able to engage directly with service providers to raise and assist with resolution of issues.

## 7.2 Mental Health Services- Case studies

### Case study 1

The CVS was contacted by a Welfare Officer from a mental health service who wanted to organise a CV visit at the request of her consumer.

CVS staff were able to speak with the consumer prior to the visit to identify the consumer's issues and assist the CV to prepare for the visit.

The CV spoke with the consumer via an audiovisual visit and reported the consumer had concerns related to the service's provision of care under an ITO, medication, quality of life and expressed concerns with regards to staff conduct.

CVS staff contacted the consumer to provide information on options to address their concerns. Staff advised that the consumer could raise a complaint within the service or could raise a complaint with the Health and Community Services Complaints Commission (HCSCC). The consumer was also advised that they could lodge a request with SACAT to have their ITO reviewed.

The consumer reported they were pleased with the visit and the information provided to them. From this visit, the consumer was able to lodge a review to SACAT and a positive outcome was achieved. The CVS followed the consumer's progress through further contact and was pleased to learn that the consumer was discharged not long after. The consumer contacted CVS staff to advise of their situation and to express their gratitude for the assistance, advice and advocacy.

**Case study 2**

A consumer called the CVS for advice on their status in a mental health service. The consumer was unsure as to why they had been placed in a closed ward when they had been in an open ward at another facility before being transferred to the closed ward. The consumer was under a SACAT order but did not understand or know why they were subject to the order.

CVS were able to talk to staff on site and were able to confirm the status of the consumer. The mental health service staff supported the consumer making an application to SACAT to review their order as the staff considered that this consumer would be better placed in an open ward.

The CVS staff were able to assist and advised the consumer to discuss the matter further with their care team and should that not suffice, make an internal complaint. The consumer wanted to see how that progressed before opting to have a CV visit. Upon numerous follow up calls by CVS staff to the staff and to the consumer, the consumer advised that they had been moved from a closed ward to an open and felt happier.

CVS staff continue to be in regular contact with the consumer and is actively following up on their care. The consumer has advised that should they require a visitor they will contact the CVS.

## 8. Systemic Advocacy

During the conduct of visits and advocating for clients, the Principal Community Visitor (PCV) has identified issues that must be addressed to improve services to clients of Department of Human Services Disability Services (DHS DS) and mental health services.

Some of these issues relate to the delivery of state funded mental health and disability services and others are specific to the NDIS.

### 8.1 Disability services

#### 8.1.1 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Royal Commission) was established in April 2019 in response to community concern about widespread reports of violence against, and the neglect, abuse, and exploitation of, people with disability.

The Royal Commission is investigating ways of:

- preventing and better protecting people with disability from experiencing violence, abuse, neglect, and exploitation;
- achieving best practice in reporting, investigating, and responding to violence, abuse, neglect, and exploitation of people with disability;
- promoting a more inclusive society that supports people with disability to be independent and live free from violence, abuse, neglect, and exploitation.

The final report is due on 29 September 2023.

Public Hearing 14: Preventing and responding to violence, abuse, neglect, and exploitation in disability services (South Australia) was held in Adelaide between the 7 and 11 of June 2021.

I provided a statement to the Royal Commission in my roles as Public Advocate and Principal Community Visitor, addressing issues relating to people living with disability and specifically clients of the Public Advocate. I also appeared before the Royal Commission on Wednesday 9 June 2021 and provided further detail for my statement.

In my evidence I noted the importance of face-to-face visits as a safeguarding measure and endorsed any proposal to establish a national visiting scheme. The absence of regular, face to face contact with an independent body leaves vulnerable people at risk, particularly if service providers are inexperienced or under-resourced, or there is only one service provider supporting a person.

Counsel Assisting the Royal Commission made submissions on 6 August 2021 that the development of a national Community Visitor scheme should be subject to further consideration and inquiry by the Royal Commission in its ongoing work relating to disability service providers.

### **8.1.2 Continuation of specialist services**

The SA Intellectual Disability Health Service Model of Care was approved in July 2020. The South Australian Intellectual Disability Health Services (SAIDHS) will play a key role in providing services, clinical leadership and building capacity of mainstream health services to provide care for people with intellectual disability state-wide. Implementation of the new model will occur in a staged approach over a period of 3 years.

The CVS will engage with the SAIDHS over the coming year to review progress of implementation and identify whether the new model of care is producing better outcomes for people with intellectual disability.

### **8.1.3 Housing**

CVS has continued to advocate for an increase in the supply of suitable housing options, including supported independent living options, for people with a disability.

A lack of accommodation options creates multiple issues:

- pressure on hospital resources as patients cannot be discharged to appropriate accommodation;
- residents must accept accommodation arrangements that may not best suit their wishes or needs;
- some accommodation arrangements do not enhance resident safety, rights and independence.

In South Australia, an increased supply of independent supported accommodation with tailored services to meet individual need and choice is needed.

The physical accommodation must meet resident needs and residents should have choice and control over their living arrangements. Many DHS DS sites have multiple tenants sharing the house. For new and existing residents of the DHS DS, it is important that they have some choice and control over who they may share with. DHS DS carefully consider the placement of residents to ensure the premises is appropriate and the residents sharing the house mix well.

### **8.1.4 DHS Workforce issues and impact on residents**

This year has been challenging for all disability services to maintain workforce levels during COVID-19 as staff either tested positive or were required to isolate as close contacts.

DHS DS has continued with efforts to develop its employed workforce through the DHS DS traineeship program.

DHS DS operates a Staff Daily Roster Office (SDRO) with a pool of trained staff to provide DHS with flexibility to cover staff absences (sick and annual leave). However, at times, the CVS is aware that DHS also needs to use agency staff to cover absences, particularly those at short notice.

As the number of COVID 19 positive cases continue to decline, it is expected that staffing issues will improve and stabilise.

### **8.1.5 Maintenance of properties**

The timeliness of property maintenance has continued to be inconsistent across DHS DS sites.

DHS DS properties may be leased from community housing providers, private landlords or the South Australian Housing Authority (SAHA). The timeframe and processes for attending to maintenance issues appears to vary according to who the landlord for the premises.

CVs have reported a number of maintenance issues over the last year including:

- garden not maintained
- need for an accessible smooth pathway from the verandah to the rest of the garden
- uneven pavers creating a hazard
- toilet not working for two weeks and residents having to use the neighbour's toilet
- airconditioner required replacement.

Outstanding maintenance detracts from the resident's overall enjoyment of their home and depending on the type of maintenance, may adversely impact their quality of life.

DHS DS have advised CVS that DHS DS is undertaking a review of processes for reporting and addressing maintenance and CVS has been informed that some changes have been implemented in this year.

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 SAHA.

CVS will continue to monitor the progress of maintenance issues across properties and raise with DS where required. It is important that all DHS DS residents receive the same standard of response when maintenance issues arise.

## **8.2 Mental Health Services**

### **8.2.1 Inpatient Rehabilitation Service**

The PCV participated in the Intensive Monitoring and Inpatient Rehabilitation Governance Steering Committee and the CVS was conducting frequent visits to the Inpatient Rehabilitation Service (IRS) unit at the Glenside Campus. This work continued until March 2021, when the Intensive Monitoring and Inpatient Rehabilitation Governance Steering Committee was ceased due to the finalisation or progression of all recommendations. On 11 March 2021 the Chief Psychiatrist revoked the temporary conditions on IRS.

The CVS continues to monitor some long-term recommendations that are in progress, including the implementation of a new Model of Care and capital building works to address the physical layout.

### **8.2.2 The NDIS and mental health services**

In the previous year I reported on several issues relating to access to the NDIS for South Australian mental health clients. These issues are:

- delays in approving NDIS funding and supported accommodation
- delays in transition for consumers requiring specialist disability housing or accommodation needs, particularly in long term rehabilitation or forensic mental health settings
- timeliness of assessments (including reassessment and multiple assessments) for consumers such as Occupational Therapy or Psychology assessments
- disparities between consumers approved NDIS plans and the recommendations of the mental health services treating team.

These issues are still relevant in this reporting period and impact on outcomes for consumers and their wellbeing.

Whilst many of these issues are the responsibility of the NDIS, the CVS acknowledges that there remains a shortage of suitable accommodation for consumers with long term mental health or complex and challenging behaviours, which continues to cause delays.

### **8.2.3 Mental health workforce shortages**

COVID-19 has had a profound impact on the mental health workforce and staffing of mental health services visited by CVS over this period. CVs frequently report staffing shortages at services, which may impact on the delivery of care for consumers or the ability to complete a detailed CVS visit.

CVs have noted this shortage in all areas of the workforce including mental health nursing, allied health and Consultant Psychiatry workforce.

The CVS has also anecdotally noted that staffing vacancies are prevalent in community mental health teams as staff often move to roles in inpatient mental health services due to the better working conditions and remuneration.

In the recent 2022-23 State Budget, the Government announced an additional health expenditure of \$2.4 billion over 5 years. Included in this expenditure is:

- the addition of 72 metropolitan mental health beds
- an additional 20 mental health community beds
- 6 mental health beds in Mount Gambier
- a boost to mental health community teams
- the possibility of additional mental health nurses to service the Women's and Children's Health Network.

The CVS understands that SA Health 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.

#### **8.2.4 Management of COVID-19 related restrictions in mental health services**

The PCV is aware that inpatient mental health services have restricted the movements and activities of consumers throughout the pandemic to manage and limit the transmission of COVID-19 in mental health facilities.

In late 2021 and early 2022, CV reports noted the imposition of increased restrictions on consumers of mental health services, in addition to any restrictions imposed as a result of their treatment. It was also noted in visit reports that consumer activities had reduced or ceased during recent months.

It was apparent that the restrictions were imposed in response to the increased number of COVID-19 cases in the community.

The CVS also received enquiries seeking advocacy assistance for mental health consumers who were subject to restrictions, reportedly exceeding those restrictions applicable to the general community.

More recently, CVs have reported positive comments about some services reinstating consumer activities or have modified activities. However, the CVs have also reported that some services remain without activities or activities are very limited and it is not clear that services have a plan for reinstating group activities. -

To assist with responses to advocacy requests, the PCV wrote to the Directors of Mental Health Services for each Local Health Network on 2 March 2022 to seek their feedback on the following:

1. *Is there one overarching plan/guidance for the application, and easing, of restrictions on consumers of inpatient mental health services during the COVID-19 pandemic across the three Local Health Networks?*
  - a. *If so, I would appreciate any documentation available.*
  - b. *If not, is there a plan/guidance for each of the Local Health Networks for the application and easing, of restrictions on consumers of inpatient mental health services during the COVID-19 pandemic? Again, I would appreciate any documentation you could provide.*
2. *I would also appreciate any other information you wish to provide on how SA Health is managing the impact of COVID-19 on the delivery of mental health services.*

The PCV has been advised that a response will be provided by the Chief Psychiatrist on behalf of all LHNs. At the time of writing this report this response will be provided in the near future.



### **8.2.5 SA Health Smoking Policy and consumers**

The CVS acknowledges that smoking by consumers is a challenging issue to manage across all mental health service sites.

There is an ongoing tension between SA Health's obligation to protect consumers, staff and visitors from exposure to harmful smoke and, accommodating the rights of consumers to engage in an otherwise legal activity.

The CVS has observed that many complaints about the smoking policy relate to the inconsistent application and enforcement of the policy across different sites. Some sites have taken a more flexible approach to accommodating smoking during the COVID-19 pandemic but this has not been the approach at all sites.

Reports indicate that increased flexibility to accommodate smokers during the COVID-19 pandemic has led to some confusion as to the status of the smoking policy.

The inconsistent approach across services is highlighted by some services on the Glenside Campus issuing fines to consumers smoking on the grounds, while other services have provided dedicated smoking areas within a site.

The inconsistent application of the smoking policy creates confusion and distress for consumers.

The CVS acknowledges that the Glenside Campus is reviewing its approach however, the CVS supports a clear and transparent plan to manage smoking across all mental health sites.

## 9. Visits to Public Advocate clients

### 9.1 Agreement between the Public Advocate and the CVS

In September 2019, the Public Advocate delegated some functions of the Public Advocate to the Principal Community Visitor (PCV) and Community Visitors (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 NDIS participants, and to inquire into matters where the Public Advocate is appointed as guardian for areas such as health, accommodation, or lifestyle.

The delegation also allows the PCV and CVs to inquire into:

- any cases of abuse, neglect or suspected abuse or neglect;
- the use of restrictive practices and compulsory treatment complaints by a client, guardian, medical agent, relative, carer or friend of the client;
- any other matter observed by the PCV and CVs indicating a significant risk to client health or safety;
- and any other matter as directed by the Public Advocate.

The delegation does not provide CVs with authority to make a decision for a client of the Public Advocate or the power to compel a service provider to allow entry to a premises.

This arrangement does not replace visits by Office of the Public Advocate staff but provides additional scope for the CVS to assist the Public Advocate to visit people who are participating in the NDIS.

### 9.2 Visits

CVs have received specific training on how to conduct a visit to an OPA client, as these visits are more focussed on the individual and guardianship orders, in contrast to disability visits which focus more broadly on all residents and service delivery.

During the reporting period CVs undertook 37 visits to OPA clients.

#### Method of visit

- |                      |    |
|----------------------|----|
| • Audiovisual visits | 8  |
| • In-person visits   | 29 |

#### Location:

- |                  |    |
|------------------|----|
| • Regional       | 7  |
| • Adelaide Metro | 30 |

#### Type of accommodation/facility:

- |                           |    |
|---------------------------|----|
| • DHS Disability Services | 25 |
| • NGO accommodation       | 12 |

COVID-19 restrictions had a major impact on the number of visits able to be completed (see Section 6 of this report).

### 9.3 Reporting

Following a visit to an OPA client, the CVs will prepare a report to the OPA which must address the following matters (including, where possible, the person's expressed wishes about those matters):

- Where the Public Advocate is appointed as the person's health guardian: matters related to the person's health and general wellbeing.
- Where the Public Advocate is appointed as the person's accommodation guardian: the appropriateness and standard of the premises for the accommodation of the person.
- Where the Public Advocate is appointed as the person's lifestyle guardian:
  - the adequacy and appropriateness of any services being delivered to the person;
  - the adequacy of any arrangements for the person's access to family, friends or other relevant persons.
- In all cases:
  - any case of abuse or neglect, or suspected abuse or neglect, of the person;
  - any behaviours of concern by the person and strategies to manage them;
  - the use of restrictive practices and compulsory treatment in relation to the person;
  - any complaint made to a delegate by a person, guardian, medical agent, relative, carer or friend of a person, or any other person providing support to a person;
  - any other matter observed by the delegate indicating a significant risk to the person's health or safety;
  - any other matter as directed by the Public Advocate.

There were 16 issues of concern arising from visits during the reporting period.

Some examples of issues include staff levels at the client's house, NDIS funding arrangements for client holidays, review needed of personal support for a client, and alternate housing options for another client.

These matters are referred to OPA for resolution as the statutory guardian.

## 10. Community Visitors

### 10.1 Overview

As with many other volunteer-involving organisations, 2021-22 was a challenging year for the recruitment and engagement of volunteers within the Community Visitor Scheme (CVS).

2021 Census data released on 28 June 2022 revealed that 2,933,646 people in Australia said they did unpaid voluntary work for an organisation or group. This is a 19 per cent decrease from 2016.<sup>1</sup>

The recruitment and training of Community Visitors (CVs) during 2021-22 was adversely affected by the physical distancing restrictions imposed due to COVID-19:

- In-person training was held for six potential new CVs in August 2021. Two of these attendees have been appointed and a further two have gone on to conduct orientation visits with the PCV, with the view to being appointed as CVs.
- On-line training was held for five potential new CVs in February 2022. This was the first time training had been delivered online and it was encouraging to receive positive feedback. Two of these trainees are currently undertaking orientation visits with the PCV.

The CVS have responded to these challenges with a proactive Community Visitor Workforce Strategy. The recruitment and retention of CVs will be a focus for future work.

### 10.2 Appointments and resignations

As of 30 June 2022, there are 33 appointed CVs (including the PCV) however these numbers fluctuate over a year.

During the reporting period:

- 11 new CVs were appointed
- 8 CVs were reappointed
- 6 CVs resigned and 1 did not seek reappointment.  
Reasons for resignation vary but include CVs gaining work; changes in personal circumstances; or moving interstate.

Appointments have returned to three-year terms, rather than one-year terms. This has created greater certainty and continuity for CVs and reduced the number of appointment submissions per year.

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<sup>1</sup> <https://www.volunteeringaustralia.org/2021-census-data-release/#/>

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The following CVs provided service to the CVS in 2021-22:

<b>Appointed Community Visitors for the 2021-22 reporting period</b>	
Adele Querzoli	Jacy Arthur
Amalia Azis	Janice Clark
Andrew Crowther	Jenni Kendal
Anne Burgess	Ingrid Davies
Anne Gale	Joanna Zhuang
Beverley Rundle	John Munro
Brigitte Squire	John Leahy
Briony Lia	Judy Harvey
Cecil Camilleri	Karen Rogers
Dana Alexander	Kate McPhee
Daniel Sobral	Lindy Thai
David Meldrum	Maree Hollard
Eimear Muir-Cochrane	Margaret Behn
Elizabeth Iussa	Marianne Dahl
Eric Ford	Michelle Diener
Frank Walsh	Rennie Gay
Greg Fulton	Sally Goode
Heather Ng	Sharon Hughes
Helen Jones	Sue Whittington
Helen Mitchard	Tatjana Turcinov

### 10.3 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 33 appointed Community Visitors as at 30 June 2022:

- 45% are retired and 40% are employed part-time
- 30% speak a language other than English
- 30% have disclosed lived experience of disability or mental health
- The average age is 62 (ages range from 30 – 86 years old)
- The average length of service is 3.5 years, with the longest serving CV having been with the CVS for 10 years

CVs 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:

#### **John Leahy, Limestone Coast – appointed 28 April 2016**

I was born and raised in Ireland to the backdrop of the Northern Ireland “Troubles”.

Having a parent living with mental illness added complexity to surviving the psychological challenges of living in a fractured community torn apart by violence and hatred. In my early career I worked in steel fabrication and then after moving to England, I spent 10 years working in electricity distribution. In 1996 I moved to Australia and my first job was building drilling rigs in Far North Queensland before moving to Mount Gambier.

In 2012 I decided to make a career change. My first role was supporting humanitarian status refugees, I then worked in learning support at a secondary school while I studied psychology at Deakin university, eventually working in community mental health. At the same time, I joined the CVS and while it was daunting at first, I happily recall my first CVS visits.

My passion for volunteering as a CV is founded in both lived experience as a silent witness to mental illness and the inspiration from observing a social worker helping my parent through difficult times. Volunteering as a CV is enormously rewarding and brings multiple benefits. The CVS team have helped me grow in the role, provide excellent training and support. As a regional CV I have benefitted from the many CVs who travel from other areas, as it provides the opportunity for us more remote volunteers to learn from their collective wealth of knowledge. The clients, professionals, managers, and diverse range of workers we meet on visits share knowledge from multiple perspectives.



***The people we support share insights on their journeys and demonstrate so much courage and resilience. I find it very rewarding and an honour to be part of such a caring community and to be part of such important work.***

**Sally Goode, Riverland – appointed 21 July 2016**

I moved to the Riverland twenty four ago, from Melbourne, when my husband retired. We had decided that Melbourne was too big and impersonal, and we wanted more of a community lifestyle. The Riverland has certainly provided that, and I soon learnt that if you want to be part of a community, you have to volunteer for all sorts of things. Hence, I am now a Life Member of the Riverland Musical Society, Presiding Member of the Loxton & Districts Health Advisory Council, and of course, a Community Visitor since 2016.



Before the advent of NDIS, I was one of three Riverland CVs who visited some of the 13 Disability Houses every month, as well as the very new Mental Health Unit at Riverland Regional Hospital. Visiting the Houses was lovely, because I quickly got to know the residents, and so was able to greet them when I saw them in the shops and out in the main street. I keep my fingers crossed that we will be able to resume those visits again in the future, because they always welcomed us into their homes, and were keen to tell us of their activities.

The Mental Health Unit at Riverland Regional is excellent, although I have not seen any other MH Unit. Certainly, some of the out of town patients that I see there always tell me how good it is. When I look at their garden area in which they grow all sorts of vegies, (and fortunately for me, they always grow chillies, which are generously offered to me!) and the exceptional facilities within the Unit, it would seem that the patients are very well catered for.

*Volunteering for CVS has widened both my knowledge  
and my circle of friends considerably.*

I have learnt so much about the difficulties and hurdles faced by people with any kind of intellectual or mental disability and have realised that I can speak up for them, when so often their voice is dismissed. Because I am a retired nurse, I have also now been able to help people with negotiating the health system – not easy when you live in the country, and specialist advice is a long way away (not to mention the bureaucratic hurdles that have to be overcome).

I look forward to more years of CV visits, and now that I am the only CV in the Riverland, welcoming my city colleagues on our visits to the Mental Health Unit, and hopefully, one day, to the Disability Houses again.

## 10.4 Comments from Community Visitors

CVs often provide feedback when leaving the scheme and their experiences are overwhelmingly positive. They reflect the personal satisfaction in contributing to an important public service and the value in volunteering. Following are some comments from resigning CVs:

- *“A sincere thankyou for your training, support and the opportunity to be involved in the CVS scheme.”*
- *“I wish to thank you and all of the CVS team for your support and expertise. I have been fortunate to gain invaluable knowledge and meet numerous exceptional people since my first meeting with you. Thank you for inviting me to be a member of the CVS team. I wish you and all the CVS staff well for the future.”*
- *“I am sad to say that I no longer have capacity to volunteer due to my work schedule. Thank you so much for all the opportunities and for the privilege of being part of this team!!”*
- *“I will always be a human rights advocate wherever I go.”*

## 10.5 Recruitment of Community Visitors

### **Recruitment Criteria**

Whilst there are no formal qualifications required for the role, applicants must be:

- over 18 years of age;
- not working full-time;
- willing to undergo appropriate screenings;
- able to access a computer and mobile phone;

and demonstrate:

- good communication skills;
- a desire to help individuals through advocacy;
- dedication to improving services.

People with lived experience and from culturally and linguistically diverse backgrounds and Aboriginal heritage are encouraged to apply.

Before applying, interested people are encouraged to go to the website, which outlines the attributes and level of commitment required to undertake the role.

### **Recruitment Strategy**

The CVS relies on members of the community to volunteer their time and expertise for the scheme to succeed. The CVS faces the challenges of COVID-19 impacting the level of volunteering and the multiple demands on busy people. In response to those issues, the CVS recognises the need for a proactive strategy to engage with potential volunteers and to promote the value of the scheme for the individual volunteer and the broader community.



The CVS is a member of Volunteering SA-NT Incorporated, a non-profit organisation and peak body dedicated to promoting and supporting volunteers and volunteering in South Australia and the Northern Territory.

As discussed earlier in this report, the CVS is undertaking a project in the coming year to increase recruitment and retention of the CVs and increase the public awareness of the scheme.

### ***Assessment of applicants***

The recruitment process is thorough and robust in matching appropriate applicants to the role and successful applicants undertake the following activities for further assessment:

- attend an interview;
- participate in a two-day workshop (see section 10.7);
- undergo screening checks and referee checks;
- undertake a minimum of two orientation visits with the PCV.

## **10.6 Training for Community Visitors**

### ***Initial Training and Orientation***

Potential CVs undertake a training program to provide them with the skills and knowledge required to fulfil the legislative functions of the role.

Eleven applicants attended initial training in 2021-2022. Two of these attendees have been appointed and a further four are undertaking orientation visits with the PCV, with the view to being appointed as a CV. Others have withdrawn from training due to changed circumstances.

On completion of the initial training program, attendees are asked to provide anonymous feedback on the training.

Given that the CVS delivered online training for the first time in February 2022, it was encouraging to read that 100% of the five online attendees either agreed or strongly agreed that the opportunity for participation was satisfactory.

Applicants must then complete a minimum of two observation visits with the PCV for further assessment. This provides the trainee CV with an opportunity to see the practical application of key areas covered in the training program.

During the training and orientation process, the PCV assesses the applicant's suitability and individual capacity to fulfil all the functions of a CV, as described in section 51(1) of the *Mental Health Act, 2009*.

### ***Appointment***

If the applicant successfully completes the training and orientation visits, the applicant is nominated for appointment and required to accept and sign 'Conditions of Appointment' and 'Principles of Conduct' documents.

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

### ***Ongoing Training Forums and Support***

CVs are provided with opportunities to access internal and external training opportunities and may access the SA Government Employee Assistance Program.

Three CVS Forums have been held throughout the year. The purpose of the Forums is to provide CVs with the opportunity to connect with the PCV and CVS staff and discuss their experiences during visits and provide group feedback. These Forums have encouraged a cohesive team approach and provided opportunity for shared learning among peers.

CVs from regional areas were also able to join the Forums via MS Teams.

This year Forums have included education sessions on:

- report writing
- Public Advocate visits
- restrictive practices.

A workshop was held in March 2022 regarding strategies for Communicating with People with Complex Communication Needs. This was delivered by a Senior Speech Pathologist and a consultant and trainer with lived experience of Complex Communication Needs from Two Way Street.

Notes from the CVS Forums were available to all CVs through the Members section of the CVS website. Policies and key documents are regularly uploaded to the site for ease of access and use by CVs and is an important means of engaging and communicating with CVs. The PCV has provided regular updates to all CVs during the COVID-19 pandemic and CVS staff are in regular contact with the CVs.

### ***National Volunteer Week***

National Volunteer Week was held from 16-22 May 2022 and was Australia's largest annual celebration of volunteers.

***“Together, through volunteering, we are changing communities  
for the better.***

***We are, Better Together.”***

The theme for this year was ‘Better Together’ which recognised how volunteering brings people together, builds communities and creates a better society for everyone.

CVs were invited to participate in the National Volunteer Week Parade and BBQ held in Adelaide, as well as two online campaigns.

Volunteering SA-NT gave everyone in the community a chance to thank volunteers with their campaign 'Colour Your Community Red'.

Volunteers and volunteer-involving organisations were invited to tie something red out the front of their home and to take a picture to share on social media with the hashtag #colouryourcommunityred.



**CVS Staff participating in the Tenth Annual Volunteer Parade and Celebration**



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Nationally, the 'Wave for Volunteers' social media campaign encouraged all Australians to put up their hand and thank volunteers by waving a smile of appreciation. Once again, photos were posted to social media, this time with the hashtag #waveforvolunteers.

### CVS Staff participating in #waveforvolunteers and #colouryourcommunityred



## 11. Acronyms

<b>Acronym</b>	<b>Definition</b>
CALHN	Central Adelaide Local Health Network
COVID-19	Corona Virus Disease of 2019
CV(s)	Community Visitor(s)
CVS	Community Visitor Scheme
DCS	Department of Correctional Services
DHS	Department of Human Services
DS	Disability Services
ED(s)	Emergency Department(s)
GP	General Practitioner
HCSCC	Health and Community Services Complaints Commissioner
ICP	Individual Care Plan
IRS	Inpatient Rehabilitation Service
LHN(s)	Local Health Network(s)
MOAA	Memorandum of Administrative Arrangement
NALHN	Northern Adelaide Local Health Network
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDIS Q&SC	National Disability Insurance Scheme Quality and Safeguards Commission
NGO	Non-Government Organisation
OCP	Office of the Chief Psychiatrist
OPA	Office of the Public Advocate
PCP	Person Centred Plan
PCV	Principal Community Visitor
PICU	Psychiatric Intensive Care Unit
SACAT	South Australian Civil and Administrative Tribunal
SALHN	Southern Adelaide Local Health Network
SDA	Specialist Disability Accommodation
SSU(s)	Short Stay Unit(s)

## 12. Appendices

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## Appendix 1—Members of Advisory Committee

The members of the Advisory Committee as of 30 June 2022 are:

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

### **Mental Health Representatives:**

Dr John Brayley	Chief Psychiatrist and Director Mental Health Policy
Ms Lisa Huber	proxy for Chief Psychiatrist and Director Mental Health Policy
Ms Kate McKinlay	Consumer Representative (Mental Health)
Mr Cecil Camilleri	Community Visitor Representative (Mental Health)

### **Disability Representatives:**

Dr David Caudrey	Disability Advocate
Prof Richard Bruggemann	Independent Advocate (Disability)
Mr Joe Young	Executive Director, Disability Services, Department of Human Services
Ms Ksharmra Brandon	proxy for Executive Director, Disability Services, Department of Human Services
Ms Jayne Lehmann	Disability Carer Representative
Mr David Meldrum	Community Visitor Representative (Disability)

*The following people also served on the Advisory Committee during the 2021-22 reporting period:*

Mr Andrew Crowther	proxy for Community Visitor Representative (Mental Health)
Ms Marianne Dahl	proxy for Community Visitor Representative (Disability)
Ms Ellie Hodges	Consumer Representative (Mental Health)

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
Ramsay Clinic Adelaide (Previously known as Adelaide Clinic)	Parks Rose Torrens
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 Birdwood Clare Ken O’Brien Centre – East & West
Lyell McEwin Hospital	Emergency Department Psychiatric Intensive Care Unit (PICU) Short Stay Unit (previously known as Mental Health Assessment 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 Unit
Noarlunga Health Service	Emergency Department Morier Ward
Northgate House	Beachside Ward Woodlands Ward
Repat Health Precinct	Neuro-behavioural Unit Specialist Advanced Dementia Unit
Riverland General Hospital	Emergency Department Integrated Mental Health Unit
Royal Adelaide Hospital	Emergency Department Psychiatric Intensive Care Unit (PICU) Short Stay Unit Ward 2G



The Queen Elizabeth Hospital	Cramond Unit Emergency Department Short Stay Unit South East (SE) Ward – Older Persons Mental Health Unit
Whyalla Hospital	Emergency Department Integrated Mental Health 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

Eastern Community Mental Health Centre

Elpida House

Inner South Community Mental Health Centre - GP Plus Health Centre Marion (previously called Marion Community Mental Health Centre)

North East Community Mental Health Centre

Northern Community Mental Health Centre

Northern Older Persons Mental Health Service

Southern Intermediate Care Centre (Temporarily closed since Jan 2022)

Trevor Parry Centre

Urgent Mental Health Care Centre

Western Community Mental Health Service

Western Intermediate Care Centre

Wondakka Community Rehabilitation Centre

### Appendix 3—Compliance with Premier and Cabinet Circular (PC013) on Annual Report requirements

The following table provides CVS compliance with the Department of Premier and Cabinet Circular (PC013) on Annual Report Requirements.

<b>PC013 Statutory Reporting Requirement</b>	
Employment opportunity programs	Refer to the Department of Human Services Annual Report 2021-22
Agency performance management and development systems	Refer to the Department of Human Services Annual Report 2021-22
Work health, safety and return to work programs of the agency and their effectiveness	Refer to the Department of Human Services Annual Report 2021-22
Work health and safety and return to work performance	Refer to the Department of Human Services Annual Report 2021-22
Fraud detected CVS	Number of instances – 0
Strategies implemented to control and prevent fraud	Budget and Finances of the CVS is managed by DHS. CVS complies with all departmental, Treasury and audit frameworks.  Refer to the Department of Human Services Annual Report 2021-22
Whistleblowers' disclosure	Refer to the Department of Human Services Annual Report 2021-22
Executive employment in the agency	Refer to the Department of Human Services Annual Report 2021-22
Summary of complaints by subject (table)	Refer to the Department of Human Services Annual Report 2021-22
Complaint outcomes (table)	Refer to the Department of Human Services Annual Report 2021-22