



The South Australian Community Visitor Scheme

Principal Community Visitor

ANNUAL REPORT

Disability Services 2019-20



FOR FURTHER INFORMATION:

PRINCIPAL COMMUNITY VISITOR


South Australian

Community Visitor Scheme

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Hon. Michelle Lensink, MLC
Minister for Human Services
Level 12 South,
1 King William Street
ADELAIDE SA 5000

Dear Minister

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 Disability Services Annual Report of the Principal Community Visitor 2019-20 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 2020, 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".

Anne Gale

Acting Principal Community Visitor

29 September 2020

Contents

1. Introduction	5
1.1 Message from the Acting Principal Community Visitor	5
1.2 Overview of 2019-20	7
2. Functions of the Community Visitor Scheme	9
2.1 The purpose and objectives of the CVS	9
2.3 Impact of COVID-19 on CVS activities.....	10
2.3.1 Detention orders under the COVID-19 Emergency Response Act 2020	10
2.3.2 Expanded role for the CVS	11
2.4 Disability advocacy	13
2.4.1 Advocacy on behalf of individuals.....	13
2.4.2 Systemic advocacy	14
2.5 Referring matters of concern	17
2.6 Influence plans, policy and practice development	18
2.7 Issues and challenges impacting disability services	18
2.7.1 Safeguarding of NDIS participants	18
2.7.2 COVID-19 Pandemic	19
3. Disability accommodation outcomes and themes	20
3.1 Visits and data	20
3.2 Key report findings	20
3.2.1 Communication - resident and staff interaction/respectful communication	20
3.2.2 Environment—suitability of facilities and their maintenance	21
3.2.3 Quality of client services.....	27
3.2.5 Treatment and care plans—Person Centred Plans.....	35
4. Office of the Public Advocate clients	37
4.1 Agreement between the OPA and CVS.....	37
4.2 Training and implementation	37
4.3 Visits	38
4.4 Reporting and issues of concern	38
4.5 Evaluation	38
5. Workforce.....	40
5.1 Principal Community Visitor (PCV) and Community Visitors.....	40
5.2 Staff of the Community Visitor Scheme	41
5.3 Advisory Committee	41

5.4	Community Visitors	42
5.4.1	Appointments and resignations	42
5.4.2	Community Visitor Recruitment	45
5.4.3	Initial and Ongoing Training for Community Visitors	47
6.	Reviews and the Community Visitor Scheme	50
6.1	Department of Social Security Review	50
6.2	Oakden: A Shameful Chapter in South Australia’s History’ ‘—A report by the Hon Bruce Lander QC, Independent Commissioner against Corruption	51
6.3	Safeguarding Taskforce-Interim report	51
6.4	Independent review into the death of Ms Anne Marie Smith by Hon Alan Robertson SC	52
7.	Acronyms.....	53
8.	Appendices.....	55
Appendix 1:	Disability Services (Community Visitor Scheme) Regulations, 2013	55
Appendix 2:	Mental Health Act, 2009 Division 2 — Community Visitor Scheme	57
Appendix 3:	Visit and Inspection Prompt (Disability)	60
Appendix 4:	Visit and Inspection Report (example).....	61
Appendix 5:	Compliance with Premier and Cabinet Circular (PCO13) on Annual Report Requirements.....	64

1. Introduction

1.1 Message from the Acting Principal Community Visitor

This is my first report since being appointed as Acting Community Visitor in September 2019. I wish to acknowledge the contribution of Mr Maurice Corcoran, who held the role of Principal Community Visitor from July 2011 to 13 September 2019.

This report represents the work of the South Australian Community Visitor Scheme (CVS) for 2019-20. It is the culmination of the combined efforts of all our Community Visitors and staff who coordinate the scheme.

COVID-19 significantly impacted the ability of the CVS to conduct visits as outlined in more detail later in this report. This has impacted the number of visits conducted during the year but has also led to the use of technology to conduct visits where possible and in line with the guidance and directions of the Chief Public Health Officer and directions of the State Coordinator.

The CVS, through its volunteer Community Visitors, has visited many individuals who have been using disability accommodation services delivered by the Department of Human Services (DHS) in South Australia over this past year and 171 visits were completed.

From September 2019, the CVS has also visited clients of the Public Advocate who are participants of the National Disability Insurance Scheme (NDIS) and 12 were completed.

Community Visitors report on key elements of disability services, such as:

- communication between staff and residents
- responsiveness of staff to client's needs
- standard and quality of food
- standard of the accommodation and facilities
- development of individual plans and level of involvement of clients and families in shaping these plans, and
- restrictive practices.

It is pleasing that the significant majority of reports completed by Community Visitors for 2019-20 provide a very positive assessment of the services visited.

If any issues of concern or area for improvement has been identified by Community Visitors, services are notified and asked to respond to the issue. The CVS has received positive feedback from disability services accommodation sites, with visits being regarded as an opportunity to review and improve service provision for clients.

The work of the Community Visitors allows the CVS to monitor, report and advocate for individuals and on systemic issues for people using disability services.

The culmination of all our reports and related work is compiled into our Annual Reports to Parliament which includes matters not yet addressed or resolved.

The COVID-19 pandemic posed significant challenges for the delivery of CVS services in 2019-20. In March 2020 I cancelled in-person visits by Community Visitors due to the risk of exposure to COVID-19 for both Community Visitors and clients. Following legislative changes, the CVS moved to audiovisual visits with clients. 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. The CVS will resume in-person visits as soon as it is safe to do so but may seek to retain the option of audiovisual visits beyond the current COVID-19 arrangements.

In early 2020 South Australians were shocked by the tragic death of Ms Ann Marie Smith. The State Government announced a taskforce to examine gaps in oversight and safeguarding for people living with profound disability in South Australia. I participated in the Safeguarding Taskforce.

The Safeguarding Taskforce delivered an interim report to the Minister for Human Services on 15 June 2020. It included a recommendation that *“the State Government reaffirms the value of a Community Visitor Scheme as an additional safeguard for vulnerable participants...”*. I was pleased that the Taskforce recognised the valuable role of the CVS in reviewing or inspecting services and advocating on behalf of vulnerable people in South Australia. It is anticipated that the final report (due by 31 July 2020) will confirm this recommendation. The CVS will be ready to respond to any proposed changes to the scope of the scheme. It was pleasing that the report also includes recommendations to broaden the scope of the Adult Safeguarding Unit earlier than originally intended to include all vulnerable adults of any age living with a disability.

Ms Smith’s death also raised questions about the role of the CVS in safeguarding people who receive services under the NDIS. The CVS has a legislated mandate to visit people in state funded mental health facilities and state funded disability accommodation services. The CVS has never had legal authority to visit people in their private homes, and such power may be considered intrusive and unwelcome by some people. The CVS welcomes the community interest and discussion about improved safeguards for vulnerable people and will work with state and commonwealth agencies and the community on any proposal to increase those safeguards.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities has also focussed on the treatment of people living with a disability and the need for a comprehensive review of the supports, services and safeguards provided to them. I welcome this discussion and look forward to the CVS continuing to provide a high quality of service in this area and supporting any proposals to enhance the delivery of services to people with a disability and safeguarding their welfare.

A highlight this year was receiving The Premier’s Certificate of Recognition for Outstanding Volunteer Service for the CVS. This Certificate has now been awarded to the CVS two years running. The Certificate acknowledges the contribution, commitment and leadership demonstrated by volunteers across South Australia. I was very proud to receive this Certificate on behalf of our team of dedicated Community Visitors, and the award is for them collectively and individually.

I acknowledge and thank the members of the CVS Strategic Advisory Committee, chaired by Ms Anne Burgess. The Committee provides a forum for robust discussion and strategy development to assist the CVS 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 CVS who have faced many challenges this year and continued to provide a high level of service to me, Community Visitors and the people who seek assistance from the CVS. I thank them for their support and commitment.

1.2 Overview of 2019-20

The COVID-19 pandemic and business continuity

In March 2020 all in-person CVS visits were cancelled in accordance with public health advice regarding the risks posed by COVID-19. The CVS did not have the legal authority to undertake anything other than in-person visits under current legislation so urgent action was taken to implement alternative methods for visits. In May 2020 the South Australian Parliament passed legislation authorising the CVS to undertake audiovisual visits with clients. The scope of the CVS was also expanded to include visits to people detained under Schedule 1 of the *COVID-19 Emergency Response Act 2020* (see section 2.3 of this report).

CVS rapidly developed and implemented a business continuity plan which enabled the CVS staff to continue administrative and information services for the CVS during the pandemic. Staff were able to work from home, adopting a paperless working strategy from March 2020, and coordinating 'virtual' client visits by telephone or audiovisual links from May 2020.

Community Visitor Activities

CVS conducted 171 visits, across 176 Department of Human Services (DHS) disability accommodation sites¹ during 2019-20 (compared with 493 visits to disability supported accommodation services in 2018-19). The decrease in visits is due to changes in the scope of the work of the CVS and the profound impact of COVID-19 and associated restrictions on visits since March 2020.

The CVS previously visited non-government disability accommodation service providers, supported residential facilities and day options. These visits ceased when those service providers came under the regulation of the National Disability Insurance Scheme Quality and Safeguards Commission (the Commission).

The CVS has maintained good results in identifying, tracking and resolving issues on behalf of individuals. Forty reports received from Community Visitors include a range of concerns or issues which were raised with DHS Disability Services. At the end of this reporting period, all but one matter had been resolved or completed.

Since mid 2019, there has been considerable work undertaken by the DHS and the Office of the Public Advocate (OPA) to enable the CVS to visit OPA clients who are NDIS participants. There are approximately 650 clients in this category. Many of these clients live in supported residential facilities and non-government organisations as well as DHS accommodation services. This is an important opportunity for the CVS to visit people living in a range of disability accommodation settings. Visits to OPA clients commenced from September 2019 (see section 4 of this report).

¹ Some DHS sites are 'cluster' homes, comprised of multiple dwellings at the one site.

Engagement

The CVS has maintained strong working relationships with DHS Disability Services. Regular meetings provide an opportunity to review the outcome of CVS visits and resolve any outstanding issues. Managers have been responsive to concerns raised by CVS.

The CVS has continued to meet with staff from the NDIS Quality and Safeguards Commission and is working collaboratively with the Commission to develop an information sharing schedule for referring matters of concern.

CVS office arrangements

In late March 2020 the CVS office relocated to another building at 108 North Terrace, Adelaide. The CVS staff are to be congratulated for undertaking this move during a very challenging time at the start of the COVID-19 pandemic while still maintaining the CVS service.

The CVS provides services under several Acts and reports to the Minister for Health and Wellbeing and the Minister for Human Services. The Department of Human Services provides the administrative support for CVS.

Further enhancements to the database utilised for storing site information occurred and an automated messaging system was developed to ensure CVs were reminded in a timely manner of their upcoming visits.

2. Functions of the Community Visitor Scheme

2.1 The purpose and objectives of the CVS

The Community Visitor Scheme (CVS) is an independent statutory body, reporting 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*.

Under the *Disability Services (Community Visitor Scheme) Regulations 2013*, the purpose of the CVS is to further protect the rights of people with a disability who live in state-government run disability accommodation, by:

- conducting regular visits and inspections of state-government run disability accommodation, in order to assess and report on services provided to clients, identify any gaps in service provision and report on this to improve the quality, accountability and transparency of disability services
- recruiting and training enough volunteers to ensure there is a sufficient number of Community Visitors appointed to undertake the required visits and inspections of facilities
- acting as advocates for disability clients 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
- referring matters of concern relating to the organisation or delivery of disability services in South Australia, or the care, treatment or control of an individual, to the appropriate person or body
- ensuring plans, policy and practise development is influenced by the experience of people with a disability and their relative, guardian, carer, friend or supporter.

Since September 2019, the CVS have also visited clients under the guardianship of the Public Advocate who are participants in the NDIS.

As of May 2019, all other disability service providers (such as supported residential facilities and day option programs, which were previously visited by the CVS) are now regulated by the National Disability Insurance Scheme Quality and Safeguards Commission (the Commission). The Commission has a range of regulatory roles including audits, service provider registration, complaints handling and behaviour support and will visit these individuals and/or facilities if concerns are raised through a combination of these checks.

The legislative framework for the Community Visitor Scheme is informed by the *South Australian Mental Health Act 2009* and the *Disability Services (Community Visitor Scheme) Regulations 2013*.

2.2 Conducting monthly visits and inspections

The majority of disability supported accommodation sites are visited at least once during the year with many of the sites supporting more vulnerable clients being visited twice. The CVS visits metropolitan and regional areas.

In addition to the scheduled monthly visits, the CVS also conducts visits on request. A client, carer, guardian, relative, friend, or any person or organisation who is providing support to a client may request a visit by a Community Visitor. 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 eight requested disability visits/advocacy requests undertaken in this financial year. One unannounced visit was conducted in response to a community request. Examples are outlined later in the report (refer to section 2.4.1).

Community Visitors (CVs) are provided with a prompt sheet (Appendix 3) 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 Principal Community Visitor (PCV) and to the sites, as well as any identified issues requiring action.

Section 3 of the report provides a summary of the observations from visit reports.

Issues of concern are referred to the PCV and tracked on the disability CVS *Issues Register and Tracking Documents*. When required, the PCV can escalate an issue to the appropriate body for action and resolution.

2.3 Impact of COVID-19 on CVS activities

2.3.1 Detention orders under the COVID-19 Emergency Response Act 2020

On 26 March 2020 the State Coordinator declared a major emergency in relation to the COVID-19 pandemic. It was apparent at that time that some protected persons may not have the capacity to understand or comply with public health guidance and directions issued by the State Coordinator in relation to the COVID-19 pandemic.

Where supported accommodation providers, including: aged care; mental health and disability service providers, needed to be able to limit the movement of some protected people to ensure they were not exposed to COVID-19 or spread the virus in the broader community it was essential that this be done lawfully. It was imperative that people were protected from unlawful detention and that their human rights were upheld by ensuring that appropriate checks, balances and safeguards were in place in the circumstances.

On 9 April 2020, the *COVID-19 Emergency Response Act 2020* came into effect. Schedule 1 of the Act contains a scheme for authorisation of the detention of persons with a mental incapacity to ensure:

- compliance with guidelines of the Chief Public Health Officer and directions of the State Coordinator, and
- that the rights of such persons were protected by ensuring that detention was the least restrictive alternative and subject to independent oversight and review.

The scheme empowers a person's guardian to authorise detention for a period not exceeding 28 days. If there is no guardian appointed, an Authorising Officer or the South Australian Civil and Administrative Tribunal (SACAT) may approve the detention.

Strict time limits applied before a matter would need to be brought to the SACAT for a hearing and determination.

The purpose of the scheme is to prevent protected persons being detained unlawfully and that if any limitation of movement was required, there is a level of independent oversight by a guardian or Authorising Officer to ensure this is done lawfully. The legislation enables accommodation service providers to lawfully and urgently detain persons who are at risk of exposure to COVID-19 and/or non-compliant with public health guidance, for a short period. The approved detention will generally be at the protected person's usual home.

Any approval will seek to implement the least restrictive approach that balances the protected person's freedom with both the person's and the broader community's right to be protected from the possible spread of COVID-19. The Authorising Officer and Public Advocate have determined and published that any application made to them requesting authorisation of detention of a protected person must be accompanied by information about positive behaviour support strategies to assist the protected person so that they can be assured that the protected person's daily routine is maintained as much as possible. These might include, for example, how any exercise that might be prevented by the detention is replaced; how any personal development, such as might be provided in a day options program, is replaced; any changes to diet to reflect the changed circumstances of the person; and any relationship issues with other residents.

The detention must also comply with guidelines published by the Attorney-General.

2.3.2 Expanded role for the CVS

The *COVID-19 Emergency Response Act 2020* and subsequent COVID-19 Emergency Response (Schedule 1) Regulations 2020 broadened the role of the CVS, enabling appointed Community Visitors to visit protected persons who are detained under the new temporary COVID-19 detention order.

Four Community Visitors were appointed under this Act for the purpose of conducting visits to protected persons under a COVID-19 detention order.

The scheme also provided for the CVS to visit people under these special detention orders using video conferencing or other electronic means to check on their welfare and to ensure that the accommodation service provider was adopting least restrictive practices and keeping a register of orders.

2.3.3 CVS visits to detained persons

The Public Advocate approved the detention of two protected persons under guardianship for the period from 9 April to 30 June 2020. In both cases, the protected persons did not have the capacity to understand social distancing requirements. Both persons were leaving their residence against advice and engaging in behaviour that put them and other residents, staff and the community at risk of exposure to COVID-19.

The Public Advocate advised the CVS of the detention orders and requested that the persons be visited to check on their welfare.

The CVS conducted one visit to a person in an aged care facility who was subject to a temporary detention order. The CVS provided a report to OPA, as guardian, on the

circumstances of that person.

OPA advised the CVS that the other person subject to a detention order was injured while he was away from his residence. He was hospitalised for treatment of the injury and other unrelated medical conditions. The detention period expired while the person was still in hospital. The CVS did not conduct a visit with that person.

2.3.4 CVS visits by audiovisual or other electronic means

The Disability Services (Community Visitor Scheme) Regulations 2013 require that a visit or inspection to disability services accommodation by a Community Visitor 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 COVID-19 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 disability services accommodation.

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 clients under the:

- *Mental Health Act 2009*
- Disability Services (Community Visitor Scheme) Regulations 2013, and
- COVID-19 Emergency Response (Schedule 1) Regulations 2020.

To ensure transparency of the visiting arrangements, the *COVID-19 Emergency Response Act 2020* requires the PCV to publish a monthly report of the audiovisual visits and inspections undertaken by the CVS. This report is required to be publicly accessible and is published on the CVS website.

In the period of 15 May 2020 to 30 June 2020, the CVS undertook 11 audiovisual visits and inspections as detailed below:

- 5 visits to disability services accommodation sites
- 6 visits to mental health facilities

The number of visits and inspections undertaken in this reporting period was lower than the usual number of visits to disability services accommodation over the same period last year. This was due to several factors:

- The pool of Community Visitors available to undertake audiovisual visits was smaller than would normally be available for in-person visits. Community Visitors needed access to, and training on, appropriate technology to participate in visits. Only a small group of volunteers self-nominated to participate in this process.
- Audiovisual visits are undertaken by two Community Visitors to assist with the objectivity and confidence of the visit.
- An audiovisual visit was not suitable for all clients in disability services accommodation.
- Scheduling an audiovisual visit required additional work by the CVS staff to familiarise disability services accommodation site management and staff with the new visiting process.
- Disability services accommodation site management and staff were required to be present to facilitate the audiovisual visit. This had to be negotiated around their usual commitments at the service.

- Many visits had to be rescheduled or cancelled at late notice due to unexpected issues arising such as staff absence or client or community visitor illness.

2.3.5 Expiry of the *COVID-19 Emergency Response Act 2020*

At the time of writing this report the *COVID-19 Emergency Response Act 2020* and the ability to undertake audiovisual visits will expire on 9 October 2020 or the end of the emergency declaration, whichever is sooner.

The legislation has allowed the CVS to continue its services despite the challenges of COVID-19. Overall, an in-person visit is a preferred approach for visits, however, the audiovisual option has provided an additional means of delivering services in circumstances where a physical visits may be difficult or pose risks to the participants and the PCV may seek to retain this option beyond the current COVID-19 arrangements.

2.4 Disability advocacy

2.4.1 Advocacy on behalf of individuals

A key element of the Community Visitors' role is to provide support and advocacy in referring matters of concern arising from visits, to the Principal Community Visitor (PCV). Requests for advocacy are, in addition, received directly by the CVS office from a number of sources including clients, staff, family members, guardians, the DHS or other persons who may support or have contact with an individual.

Requested advocacy is often in relation to a wide range of issues outside of their direct support services, that requires engagement with a range of external organisations. Where there is a range of common themes emerging from visits that indicates a systemic impact, work is undertaken to explore how it relates to disability standards and rights and a strategy is developed as a means to try and address the issue.

Below are some case studies of effective advocacy that achieved positive outcomes for clients:

Case study 1

Upon completion of a visit and inspection, CVs reported concerns relating to the resident's physical appearance. It was reported that resident XX had very low bone density count and also bruised easily. During the visit, staff on duty pointed out some bruising to XX's foot which had been noticed the day before. The staff member also mentioned that XX had suffered broken bones in the fairly recent past. It was not clear how either injury had occurred. CVs reported the house appeared to run a robust reporting system which covered such matters. However, given XX's fragility and the ease with which injuries can be inflicted, CVs felt any further occurrence should signal a review of the Standard Operating Procedures.

On receipt of the report from this visit, the Disability Coordinator sought a response from DHS Disability Services. The response received highlighted that support plans for client XX had been reviewed and updated, and the house fact folders had also been updated to reflect XX's support needs. This is in relation to support required for any transfers and any equipment required. It was further reported that the supervisor ensures new staff or staff who haven't worked with XX for 12 months, or more, undertake an induction session. XX's family is also heavily involved in XX's support and provide advocacy. XX also has regular GP

and specialist reviews for bone density and is prescribed the appropriate medication.

Case study 2

CVs contacted CVS office soon after undertaking a visit to report that staff expressed concern regarding resident XX. They shared with CVs that XX had been assessed as being in need of 2:1 care and was needing the provision of significant equipment when XX was to be discharged home from hospital. They informed CVs that this equipment was not available at the house, so either the necessary equipment would need to be acquired, or XX would need alternative accommodation. The situation was complicated by the fact that XX's current NDIS plan was completed before the onset of these problems, and therefore there was no provision in the plan for funding for the required equipment.

As with the previous example, a response to this concern was sought from Disability Services management.

The response received indicated that the Supervisor and her team, relevant discharge planning staff from the hospital and others had been working on XX's admission since it was acknowledged by all parties that XX was unable to return to the residence due to increased client need. It was further reported that an alternate accommodation site had since been located that would better suit XX and that XX would remain in hospital while Occupational Therapy assessments were completed, and equipment arranged. Discussions had also occurred with the Office of the Public Advocate and XX's mother regarding the new accommodation site that XX will move to on discharge.

2.4.2 Systemic advocacy

The CVS has advocated for systemic change to deliver improved outcomes for service consumers in several key areas.

Support for disability clients whilst in hospital

It has been reported in the past to the CVS by service providers and family members of disability clients, that there have been instances of inadequate support for disability clients whilst in hospital. The CVS has been liaising with Local Health Networks to work towards a consistent approach to this issue.

Many of the Local Health Networks have included strategies for supporting disability clients whilst in hospital and are developing their Disability Action Plans, for example:

- CALHN has developed its Disability Action and Inclusion Plan 2019-2023 which includes strategies for the care delivery and discharge planning for patients with disability which is inclusive of carers
- SALHN in its Strategic Direction Map 2019-2024 has a focus on vulnerability which includes people with disability
- NALHN Strategic Plan 2020-25, Service Design plans to achieve compassionate health services by working in partnership with people living with disability

SA Health continues to work with the National Disability Insurance Agency (NDIA) and DHS on safely discharging NDIS patients to home and community care and improving the timeliness of NDIS supports being available.

Continuation of specialist services

The CVS has continued to liaise with relevant government departments on the importance of retaining specialist services such as the Centre for Disability Health, the DHS Exceptional Needs Unit, and ASSIST Therapy Services.

The Project to develop a new Statewide Model of Care for the Centre for Disability Health continues. The Model of Care will describe a new future for the Centre for Disability Health and aims to improve the accessibility and quality of health services for people with intellectual disability and complex needs or behaviours across South Australia. The goal is to improve the experience of accessing healthcare and improve health outcomes for this group.

The Model of Care is in final draft form after a 3-week statewide consultation in May 2020. Significant feedback was received during the consultation from across a range of sectors and settings. Feedback was largely very supportive of the draft model and provided a number of further improvements that have been included in the Model. The Model of Care will be launched later in 2020 once the final draft is endorsed. An implementation phase will follow and this work is welcomed.

Accommodation and support for clients with complex and challenging behaviours

CVS has advocated 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
- clients have to accept accommodation arrangements that may not best suit their wishes or needs
- some accommodation arrangements do not enhance their safety, rights and independence.

As part of the South Australian Housing Authority's (SAHA) '1,000 Houses in 1,000 Days Initiative', SAHA committed to building 100 homes for disability accommodation, including 31 mental health specialist disability accommodation properties, which included 25 to be allocated to mental health consumers and six for dual disability consumers.

Six properties are located in country regions with the remaining 25 being located across the Adelaide metropolitan area.

This initiative to increase disability and mental health accommodation has been very welcome. However, housing will continue to be an issue for people with disabilities without a steady supply of disability-specific housing options.

In South Australia, an increased supply of independent supported accommodation with tailored services to meet individual need and choice is needed. The NDIS market approach is an opportunity for development of more flexible and tailored supported independent living options. However, providers offering services to South Australians with the most complex needs must ensure the quality and safety of their services, including that their staff are appropriately trained to deliver services.

The availability of suitable accommodation for people with complex and challenging behaviours is in low supply partly due to the specialised needs of those people and the need for modifications.

Under the NDIA, people with extremely high needs may be eligible for Specialist Disability Accommodation (SDA) funding.

Accompanying suitably modified accommodation is the need for positive behaviour support plans and skilled staff who can deal with challenging behaviours with abilities to de-escalate behaviours of concern.

The NDIS itself predicts that only 6% of participants will qualify for SDA.²

To assist in the management of behaviours of concern, the NDIS funds specialist behaviour support from registered behaviour support providers. Specialist behaviour support providers undertake functional behaviour assessments, and develop a behaviour support plan for the participant. During the past year there has been an increase in the implementation of SDA and the development of positive behaviour support plans. However, there can be some time before SDA is approved by the NDIA and the demand for positive behaviour support practitioners is high, resulting in delays at times, particularly in regional location.

Use/misuse of medications including PRN, and the frequency of medication reviews

In the 2018-19 Annual Report, it was noted that the CVS planned to undertake a focus on the use of medications, including PRN and the frequency of medication reviews, throughout visits during the 2019-20 year.

This work had been impacted by COVID-19 in 2019-20 due to the reduced number of visits undertaken by the CVS, and, consequently, the quantity of data collected regarding medication use and reviews. However, the use of medication and medication reviews continues to be a matter for consideration by Community Visitors within the context of the client's overall care plan. It will continue to be a priority in the future.

Access to transport and service availability

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 (3) participant support levels, depending on needs of the participant.

Concerns from staff have eased over the past year as NDIS transport funding becomes clearer and participants able to use their funding for attending appointments, shopping and other activities.

In October 2019, the Federal Government agreed to fund the continuation of the State Government's SA Transport Subsidy Scheme until 31 October 2021. The scheme provides up

² "The top 10 things to know about SDA". (2018) Victorian Advocacy League for Individuals with Disability

to 75% subsidy on taxi fares for people with disability that limit their ability to use public transport.

It remains important for NDIS participants to ensure their NDIS plans include adequate funding for transport when plans are due for review.

2.5 Referring matters of concern

A key component of the role of the CVS is to refer matters of concern raised in visit reports to the appropriate organisation for resolution. Dependent on the nature and scope of the issue, these referrals can be to management of the service provider (DHS), the Minister's delegate or to the Minister. Referral of any matters of concern brought to the attention of CVS, relating to non-government organisations and supported residential facilities are referred to the NDIS Quality and Safeguards Commission.

The majority of matters of concern are referred to DHS and resolved direct with that agency.

A protocol for the referral of matters of concern to the Minister for Human Services was reviewed during 2019-20 and is in the process of being finalised. The purpose of this protocol is to set out an agreed process for managing issues of concern raised with a CV and the requirement to, where necessary, refer matters of concern to the Minister for Human Services, in line with the *Disability Services (Community Visitor Scheme) Regulations 2013*.

One matter of concern has occurred during the reporting period and has been referred to the Minister. The PCV has regularly updated the Minister on the progress being made to address this issue and will continue to provide further updates until this matter is finalised.

The CVS has Memorandums of Administrative Arrangement with other agencies, including the Office of the Public Advocate and the Health and Community Services Complaints Commission.

Any significant issues of concern or recurring themes indicating a possible systemic issue that are raised within visit reports, are transferred onto the *Disability Issues Register* and discussed at CVS Advisory Committee meetings. The Advisory Committee provides advice to the PCV about potential actions and develops shared, cross agency strategies and responses where there are common issues.

Of the reports prepared by CVs this reporting period, 40 highlighted a varying number of points of concerns/issues raised at visits. At the time of writing this report, 34 of the issues raised in the reports had been resolved or completed. Examples of issues resolved were:

- The accommodation includes areas that are not designed for wheelchair use, for example, clients wanting to assist in meal preparation but the kitchen bench height is not suitable. CVS was advised by the service provider that clients have adjustable tables and/or height adjustment on wheelchairs to accommodate kitchen bench heights.
- Progress of NDIS plan goals for the client was slow eg client wanting to attend TAFE Barista course. CVS was advised by the service provider that the client commenced the TAFE course.
- Client needed handrails in bedroom and bathroom. CVS was advised by the service provider that it was pursuing funding for handrails.
- Improvements in menu planning and preparation of nutritious meals was suggested. The

service provider advised CVS that a rotating menu plan was implemented to ensure a varied and balanced selection of meals for residents.

- The restrictive practices register required updating. The service provider advised CVS that a review and update will be undertaken.
 - The CVS queried if a client's mental health needs were being met. The service provider advised CVS that changes were made to the allocation of staff who work with the client and this appeared to have made a positive difference to the client's wellbeing.
- Appointment made for client to see psychiatrist at the Centre for Disability Health.

2.6 Influence plans, policy and practice development

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 has an important role to play to ensure policy and clinical practice development is influenced by the experience of people with disability and their relative, guardian, carer, friend or supporter.

In 2019–20, the PCV met regularly with the following Ministers to discuss the CVS:

- Hon Vickie Chapman MP, Attorney-General
- Hon Stephen Wade, MLC, Minister for Health and Wellbeing
- Hon Michelle Lensink MLC, Minister for Human Services

The PCV has 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.

The PCV been invited to participate on committees and discussion panels and contribute to reviews, investigations, reports and discussion papers. Examples include:

- Intensive Monitoring and Inpatient Rehabilitation Governance Steering Committee
- Meetings with Mental Health Directors of NALHN, CALHN and SALHN
- NDIS Quality and Safeguard Commission meetings
- Northern Adelaide Local Health Network Strategic Plan 2020-25
- Office of the Chief Psychiatrist Restraint and Seclusion Standard
- SA NDIS Psychosocial Disability Transition Taskforce
- Statutory Authorities Group and Rights Protection Agencies meeting

2.7 Issues and challenges impacting disability services

2.7.1 Safeguarding of NDIS participants

In May 2019 the CVS ceased visiting people with disability living in non-government organisation homes as NDIS services were now regulated by the NDIS Quality and Safeguards Commission.

It has become apparent during 2019-20 that the Commission regulates the service providers but is not necessarily safeguarding the welfare of the participant. There are gaps in the system. The South Australian Government established the Safeguarding Taskforce to identify the gaps in safeguarding and interim recommendations have been made to address the gaps. This includes expanding the role of the Adult Safeguarding Unit and confirming the value of the CVS. The report noted jurisdictional and legal issues that indicate that the current scope of the SA CVS scope is contained to include mental health and state run disability accommodation services as outlined in the *Disability Services Act, 1993* (but not those in the non-government sector due to the establishment and now operating NDIS Commission since July 2018).

The legal issues outlined in the interim report indicate that there is more work to be done between the State and Commonwealth. At the time of writing the final Safeguards Taskforce report had not been finalised and the CVS looks forward to the final report.

The expansion of the CVS to visit clients under the guardianship of the Public Advocate has broadened the scope of the CVS. This is an opportunity to visit these very vulnerable people and to be able to report back on these individuals to the Public Advocate.

2.7.2 COVID-19 Pandemic

The COVID-19 pandemic had a significant impact on the delivery of CVS services. It also had a significant impact on the day to day lives of people receiving disability services. The risk of social isolation for people living with a disability became acute, as day option programs were cancelled, visitors to accommodation services were limited and residents were unable to leave the premises due to the risk of exposure to COVID-19.

The pandemic has highlighted the need to find alternative ways for people to connect with their community and the value of providing audiovisual communication.

The pandemic also highlighted the risk of providers defaulting to using restrictive practices to restrict the movement of some residents.

The *COVID-19 Emergency Response Act 2020* and subsequent *COVID-19 Emergency Response (Schedule 1) Regulations 2020* were enacted to address the concerns about the unauthorised use of restrictive practices to enforce compliance with public health guidance during the pandemic.

This Act and regulations required accommodation service providers to implement alternative strategies to support residents to comply with social distancing requirements and minimise the impact of restrictive practices on the resident (see section 2.3).

The Principal Community Visitor and appointed CVs were authorised to visit protected persons who were detained under the new temporary COVID-19 detention order to provide oversight of their welfare.

3. Disability accommodation outcomes and themes

3.1 Visits and data

Community Visitors complete an online report to the Principal Community Visitor after each visit. 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

Ratings of 3-5 are classed as positive. Ratings of 1-2 are classed as issues requiring improvement and further investigation.

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

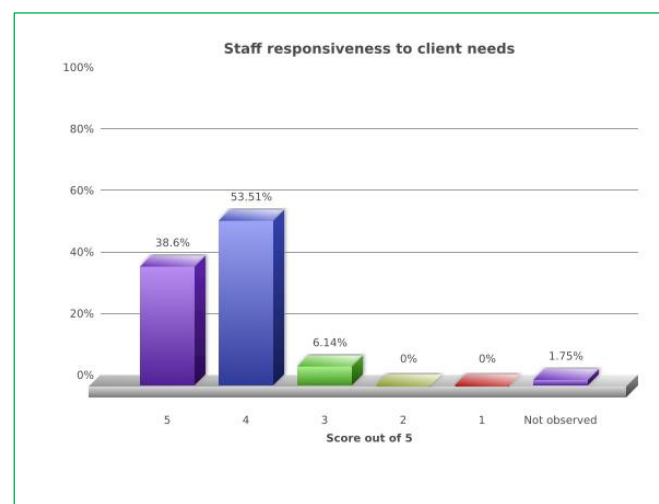
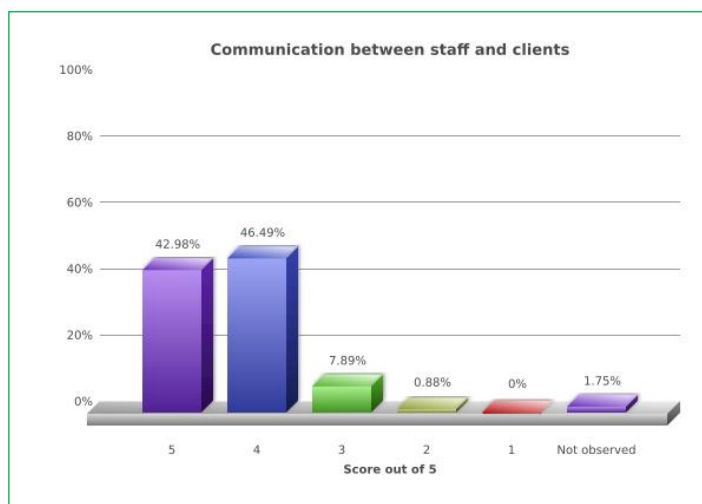
- safety and rights
- least restrictive practices
- treatment and care planning

The report also provides opportunity for any issue of concern or request for advocacy to be presented to the Principal Community Visitor for follow up.

3.2 Key report findings

3.2.1 Communication - resident and staff interaction/respectful communication

CV ratings for communication between staff and clients and staff responsiveness to client needs



CVs rated their observations of the communication and interaction between staff and clients as being high with **97.4%** and **98.3%** respectively of responses being positive and only **0.9%** and **0%** not receiving a satisfactory rating. This is extremely pleasing, given that it is without doubt a key indicator underpinning quality care and support provision.

Following are examples of positive comments recorded by CVS relating to communication and staff responsiveness to clients:

Observed interactions with staff and client. The staff spoke with respect (especially in regards to client being seen as an Elder). They encouraged the clients to speak but prompted when needed. Mention was made of using/ gaining an app to assist communication with client (English is 2nd Language - Pitjantjatjara is his first).

The client has quadriplegia and can only communicate by iPad or moving his eyes up and down. The staff are extremely adept at communicating with him and both parties have worked out a method to do so.

Only seven reports included issues for improvement. These included:

A client said while most staff are very responsive and person-centred, occasionally there are staff members who do not seem to be listening to what they have to say and are not familiar with their support needs. The client said that sometimes they felt they were 'not being included in the conversation' and being treated as 'you have disabilities, you don't know any better'.

One of the residents let us into the house. We were inside and had to get the attention of the carers who were not expecting us.

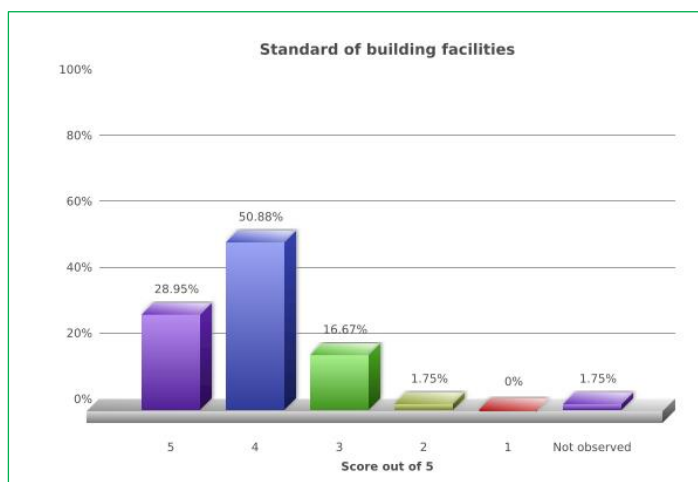
Some regular staff have been on leave over the last 2 or so months, and agency staff have been called in more frequently to cover shifts. It would be difficult, to respond to the needs of several clients when working alone. Generally, regular staff are good at responding to client needs. One worker mentioned that he has been working alongside (new) agency staff for a whole month, which is more taxing on him. Both he and a client agreed that more regular staff are needed.

3.2.2 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. This includes assessing the building, equipment, grounds, emergency procedures and privacy for clients. The standard of accommodation impacts on the satisfaction of residents and staff.

CV ratings for the standard of the house and facilities

The housing stock that provides accommodation for those with a disability were rated on average as being very good at **96.5%** for meeting the needs of the client group.



Following are examples of positive comments recorded by CVS relating to the standard of accommodation:

A relatively new house, fit for purpose and spacious for one person.

An excellent semi-detached, light and attractive unit, yard mostly cemented to improve safety with raised garden beds with herbs and vegies. Recent grant used to replace fridge, washing machine, lounge floor rug etc to client's choice and great excitement.

An old but spacious and very well-maintained property with an excellent kitchen and comfortable new furniture evident.

However, there are examples of houses that remain unsuitable or require significant investment to upgrade.

There were 17 comments about issues including:

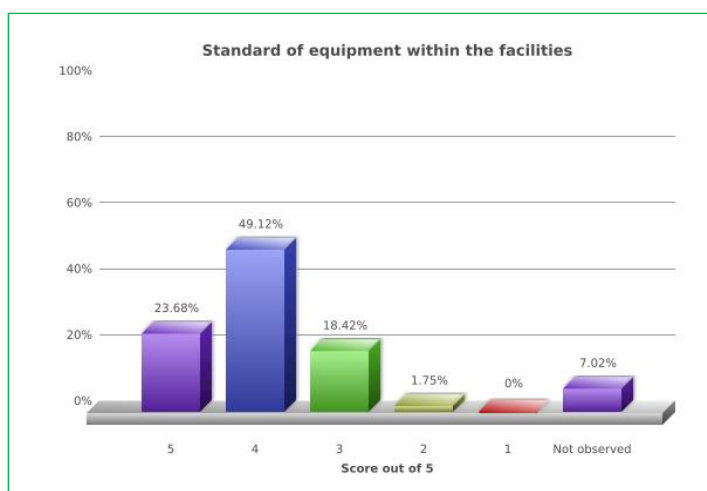
Purpose built and quite modern/new (occupied for about 14 months). Spacious but furniture and garden areas badly suited to wheelchair users.

The house, whilst affording an acceptable standard of accommodation for the three residents, is showing signs of age and is somewhat shabby. Perhaps consideration could be given to repainting both the shared areas and the individual rooms. On the 33-degree day on which we visited, the air conditioning system showed signs of strain; the living area was at an acceptable temperature, but the other parts of the home were uncomfortably warm.

The majority of the building was in good repair and clean however a window in the staff room has been broken for over 2 months. It is covered with Masonite but there is a large gap (about 2 cm) letting cold air into the room. There has been discussion between Housing agency and building owner about responsibility.

CV ratings for standard of equipment

The standard of equipment within the houses is of equal importance as the structural soundness of the property.



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

The majority of responses were positive rated at **91.2%**.

Following are examples of positive comments recorded by CVS relating to the standard of equipment:

A new, more suitable bed for the client has recently been acquired.

All houses had furniture and TVs, some houses getting updated furniture too. Personalised with own artwork, photos, craft, etc, and 2 had their own cats.

All necessary equipment was well maintained. Personal belongings, such as drink bottles and lunch boxes, were new and in bright colours and patterns, in line with the client's personalities.

Courtesy of recent grants, modern appliances and furniture, including a special chair for the client, have been made.

There were 11 comments about issues, examples included:

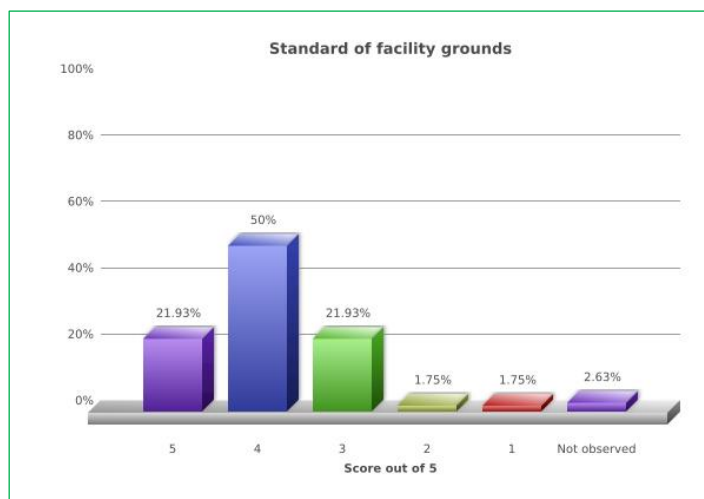
The resident is waiting for rails in his bedroom and bathroom. He has been living there for approximately 1 year and has requested that there be a grab rail by the toilet and that the glass shower wall be removed as he is fearful if he has a fall, the glass will break and he will be cut.

Staff let us know that the resident desperately needs a new wheelchair - has a very sore pressure sore on his back (will let staff know he wants to go to bed to get relief).

We did not locate a VitalCall phone which should have been installed according to a supervisor that the care worker spoke to on the phone during the visit. The issue has been flagged due to emergency risk.

CV ratings on the standard of the facility grounds

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.



The standard of facility grounds was overall rated highly at **93.9%**.

Following are examples of positive comments included by CVs in their reports:

A very pleasant back garden area with a large verandah, extensive lawns, a swing for resident, a sandpit with dedicated shade structure and a BBQ are all provided.

Common areas at the back include driveways and some garden beds. Adequate and appropriate for purpose. All units have outdoor areas at the rear and the client is thrilled to have a space to house his 3 chickens. They are a source of great joy (and a small income) for him and amusement for the other nearby residents.

Neat and tidy. The addition of raised beds, planted with vegetables and herbs are a new addition to the back yard. The residents are looking forward to christening the lovely new barbecue in the outdoor patio once the weather improves.

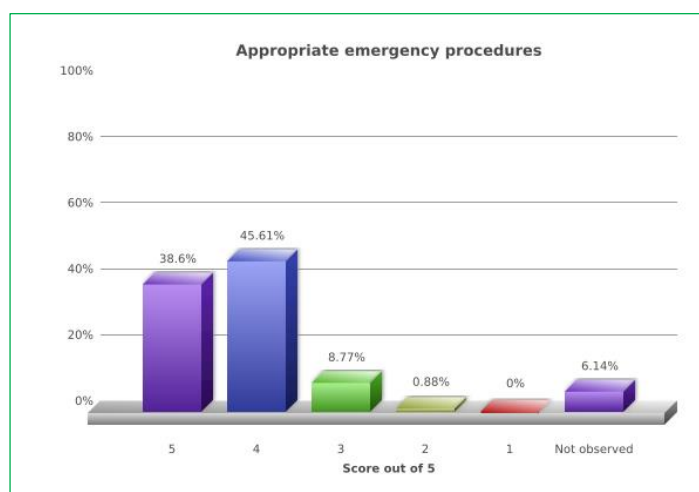
There were 15 issues reported regarding the standard of the grounds including:

Quite tidy, could provide opportunity for e.g. raised beds and plantings if clients were interested. Staff have to maintain the gardens at the back, and this is variable. However, the main problem is that the concrete path is too narrow, and the soil areas don't suit wheelchairs. Relatives would like much more paving at the back so residents could go outside and move around in their chairs. There is also a dip between two units which is still hard to navigate in chairs despite a partial (temporary?) ramp in place.

Rear garden needs some lawn care, paving repairs and a secure ramp at the back door.

The garden at the rear and between the dual fencing is overgrown and requires weeding and cleaning.

CV ratings for emergency equipment and procedures



Another key accommodation aspect assessed during visits was emergency equipment and procedures. This again was assessed as being at a relatively high standard at **93%** overall.

Examples of positive comments in visit reports include:

According to the support worker, the emergency evacuation drill is practiced every quarter with the participation of the residents. The evacuation chart is readily available. Fire equipment, including fire alarms, fire blanket, fire extinguishers and exit signs were, at the time of the inspection, clearly visible and maintained.

All exits give good egress/access, and drills are carried out. Extinguishers were recently tagged.

Clients are aware of what they need to do in the case of an emergency.

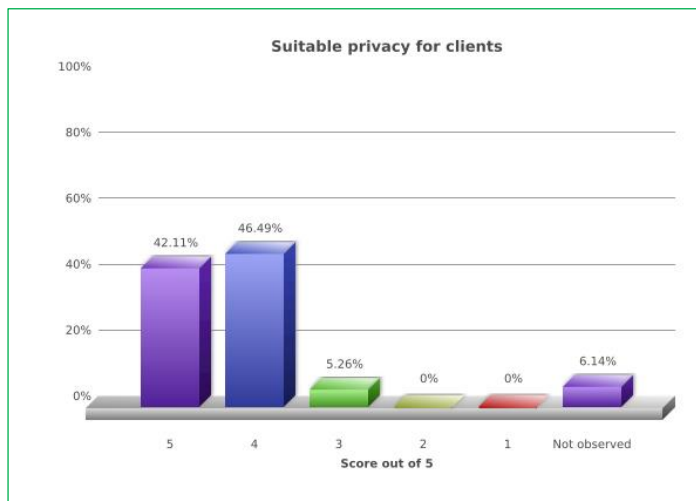
There were six houses assessed as needing attention in relation to appropriate emergency procedures which were referred to DHS management:

The fire extinguisher and fire blanket inspection tag days were overdue. Last stamp 2018.

Emergency equipment is checked regularly and evacuation routes are displayed. The clients' beds are lowered at night. However, fire/evacuation drills have not been rehearsed with the clients. CVs recommended to staff that they conduct yearly evacuation drills with the clients. CVs also highlighted the importance of running through the exercise to adequately prepare for an emergency.

All equipment in place and tested. Several exits. However, all residents are wheelchair users so if fire etc emergency during night shift most unlikely to be able to evacuate all residents. Steps taken each night to minimise any risk but issue remains for noting.

CV ratings for suitable privacy for clients



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 high standard with **93.9%** reported as positive.

Examples of positive comments include:

All clients have private bedrooms with shared eating and entertainment areas. Privacy was obviously respected from the way clients were treated during our visit.

All residents have their own units and staff respectfully asked permission before entering to introduce us.

Clients each have their own spacious bedroom, and the option of spending time in either of the two lounge areas or outdoors. None of the family members present raised any complaints with regard to privacy (or any other aspect of the service provided here).

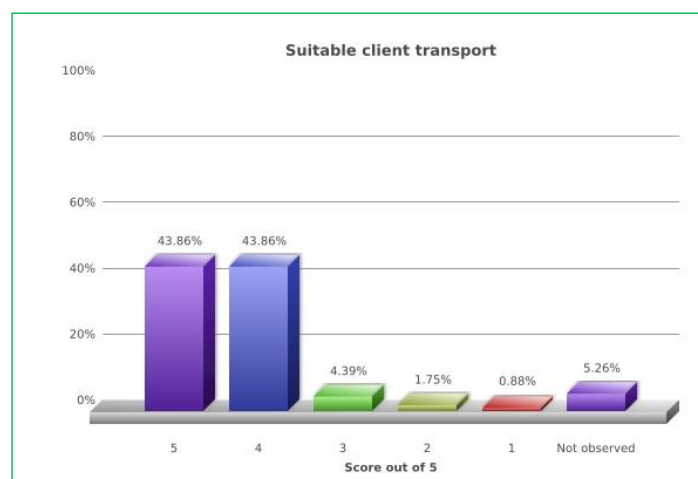
Two issues were reported, including:

Client has three hours alone time but would like more. It's a large house but the individual rooms are quite close; only 2 bathrooms, one small; two lounge areas but not necessarily easy to put distance between all 5 residents.

3.2.3 Quality of client services

Components considered within the category include: 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.

CV ratings for suitable client transport



The majority of rating were positive at **92.1%**.

Examples of positive comments included:

2 of the 3 clients attend regular day options and are transported to these. There is also a vehicle for transporting residents to local community venues.

A dedicated van is provided at the site for the two residents, and is regularly used to take the residents to appointments and on outings.

Both houses have an accessible van and are prepared to share at busy times.

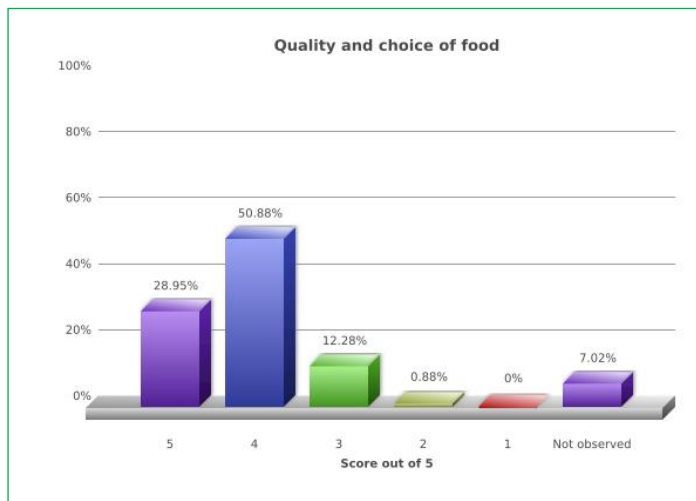
Nine issues were reported, including:

Currently there are 6 department cars. However, there is uncertainty about continuation at this level. The details of changes ahead are unknown. One resident with autism is not able to use public transport.

There is a van on site. The van is equipped to take 3 wheelchairs and has only one seat. This causes problems for staff and means that at times clients have to be left alone for a time.

There is no vehicle for these units and this is a real problem as taxis/access cabs cost a lot and public transport requires staff assistance which with present staffing levels may not be possible: all this is recent.

CV ratings for quality and choice of food



The provision of healthy and nutritious food is very important as it the opportunity for residents to be involved in meal planning, grocery shopping and the preparation of meals, increasing their life-skills and knowledge about healthy foods. The overall positive rating was **92.1%**.

Positive comments by CVs include:

.....food is as per the clients request on the day. Most clients are responsible for their breakfast and lunch. Staff will assist with dinner as required. Staff try to encourage healthy food options. Reported that they try to help with culturally appropriate food, on occasions (e.g. kangaroo stew and damper cooked on fire pit).

The residence does not have a pre-set menu as this is perceived to be a throwback to the era when clients were institutionalized. The residents are included in the decision-making process of identifying the dish-of-choice for dinner. Significantly, dietary needs in terms of nutrition levels and food texture are determined with the input of a dietician and a speech therapist. A 'swallowing test' is conducted every year by a speech therapist to determine level of dysphagia. It should be noted that two of the residents have specific nutritional needs. Use-by dates on food items is NOT checked according to a specific procedure but noted on an ad hoc basis during the weekly grocery check of food items that need to be purchased.

Some of the five issues reported reflect disparities in resident choices of unhealthy foods, and the staff encouraging the choice of more healthy options:

The client does not have a set meal plan, and support workers say that while they try to encourage healthy eating, the clients' choices are often unhealthy.

There is a need for an improvement in this area. Night staff prepare the evening meal for following day. Whilst there is a standing list of foods that may be purchased that exists, no written menu to work from; ie no rotating menu, no recipes to work from. Staff at this residence appear not to possess substantial knowledge/skill in the preparation of nutritious, balanced meals. One resident has input from a speech pathologist for reasons related to food texture. There is a text onsite (viewed) that contains rotating menus & recipes. No consultation with allied health professionals that could facilitate the establishment of a functional menu plan is in place. Shift Supervisor has initiated action but has found the multitude of demands on her time have prevented reaching an effective outcome.

CV ratings for activities available to clients



Suitable activities should be planned in conjunction with the resident taking into account their interests and abilities. The overall positive rating was **93%**.

Positive comments included:

A range of activities were discussed. In house art /craft, music, cooking, morning outings, mobility skills. Three clients attend SCOSA. Another attends bingo and manages his own shopping & banking.

All clients are involved in activities outside the house. Some are social events and some are work or art/craft groups. Some are taken out by their family. They often also go out on a Sunday as a group to a movie, or another performance.

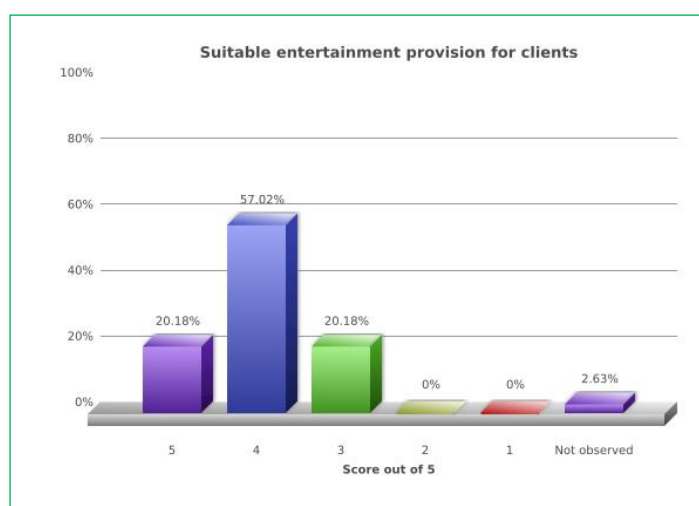
Client leads a very busy and happy life- 4 days pw at Barkuma, trips, e.g. Monarto, holidays to Moonta Bay for 10 years and more recently Victor Harbor, socialising/coffee/etc with friends, parties, cooking classes, Disco nights, sausage sizzles, BBQs, games in the parklands, housework- is very house proud.

Of significance is the fact there were no issues of concern requiring follow-up. Instead in a number of cases clients felt a better quality of life had been afforded due to funding made available through the NDIS.

All four clients have had their NDIS plans approved and are being reviewed soon. Staff felt their quality of life has been improved by having extra funding for activities and support rather than having to rely on donation and volunteers. All four clients enjoy a range of recreational activities.

Generous NDIS packages have ensured community activities are better available than ever before.

CV ratings for suitable entertainment



For a range of people with disabilities their access to appropriate and valued entertainment is important.

Report data in relation to this aspect of service delivery indicates that in general this is at a high or appropriate standard with an overall rating of **97.4%**.

Positive comments included:

All units have a television and equipment to play music. A couple of residents keep small fish aquariums. Weather permitting, gardening is a favoured activity with some and the chickens keep clients active and entertained. The client also enjoys housework, and we were told is very good at ironing.

Clients are able to go for a walk around the neighbourhood. There was an exercise bike present for clients to use. A large TV with nice chairs was set up in the lounge room.

Extensive and high-quality audio and visual facilities. Further technology is being planned (iPads) in the near future, which would assist communication by means of Skype sessions with families.

Two issues were reported, including:

The grounds were beautiful but CVs did wonder if they are fully utilised. Staff pointed out that the clients like to be where the action is, but CVs did wonder if there was more on site action such as BBQ's and other activities outdoors, the clients would benefit from more stimulation and sunshine. Staffing levels may restrict this.

TVs, a radio in client's room, otherwise seemed quite limited onsite diversions.

CV ratings for support of independence and training needs of clients

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.

Experience and research has shown that in some situations, staff can establish routines that may not ultimately promote the independence of residents in the longer term.

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 attention is given to the independence and training of individuals and as well as access to holidays.

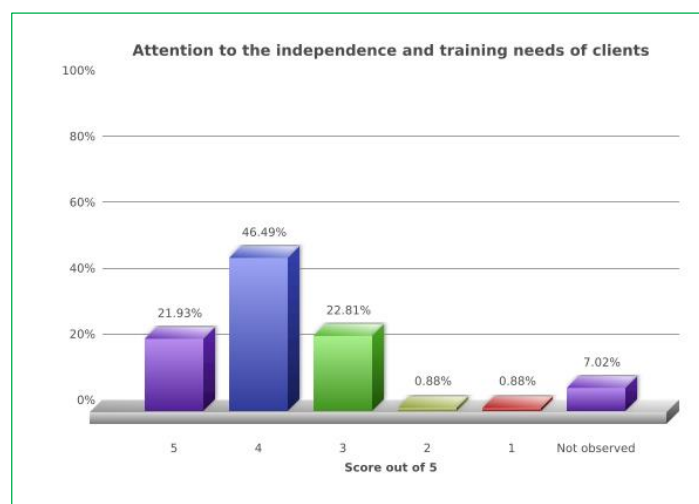
The overall rating of positive comments for independence and training was **91%**.

Positive comments include:

Outstanding attention to opportunities for improved physical and mental health, backed up by a focus on communication skills. Client's progress with his 'communication dictionary' computing program has changed his life.

An outstanding example of sustainable independence, genuine choice and control over lifestyle activities and interests.

There have been a number of items purchased which assist residents to be more independent. For example; the air fryer which now allows for anyone to cook safely. One resident has roasted a chicken, cooked a quiche and heated pies.



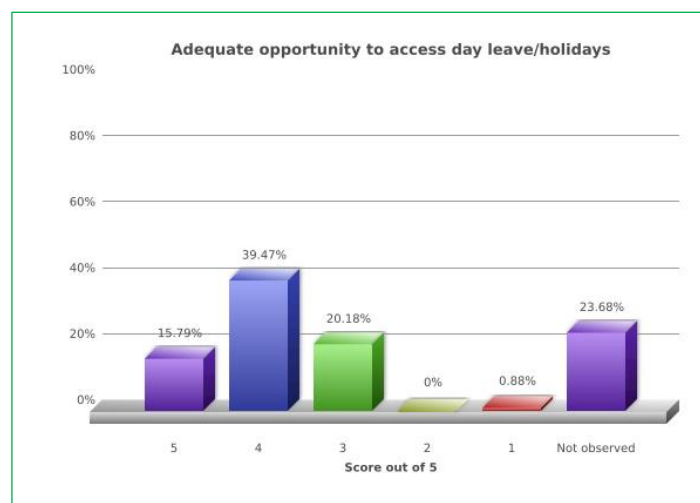
There were four issues reported, including:

Whilst both clients are independent in many ways, they are both unable to read and dial numbers as discussed with their guardians. This may present issues should an emergency situation arise. There seems to be further need in training for both clients in emergency situations.

Clients are very active. It is not as clear that they are proactively supported to develop their potential. This is a multi-discipline team/management matter, not a comment on the house support staff whom we met who are clearly fully occupied keeping things running as smoothly as possible.

There was a resident alone in the house at the time of our arrival. It was later explained that he spends every morning alone in the house, from 9 am to 2pm and he manages well, the only concern was that he might open the door without taking adequate precautions.

CVS ratings for client access to holidays



The overall positive rating was **75.5%** for access to holidays.

Positive comments regarding holidays:

Two clients are planning a short holiday later in the year. Another two spoke about their cruise last year. A further client regularly goes on day leave to attend rock concerts.

Holidays, e.g. to Moonta, Victor Harbor, and later this week to Melbourne to celebrate various family birthdays.

Eight issues were noted, some especially mentioned the NDIS:

Holidays have been taken by some clients in the past, to Thailand, Canberra and locally to stay with family in Adelaide. However, under NDIS plans, clients now have to pay for support staff to go with them, which substantially adds to the cost.

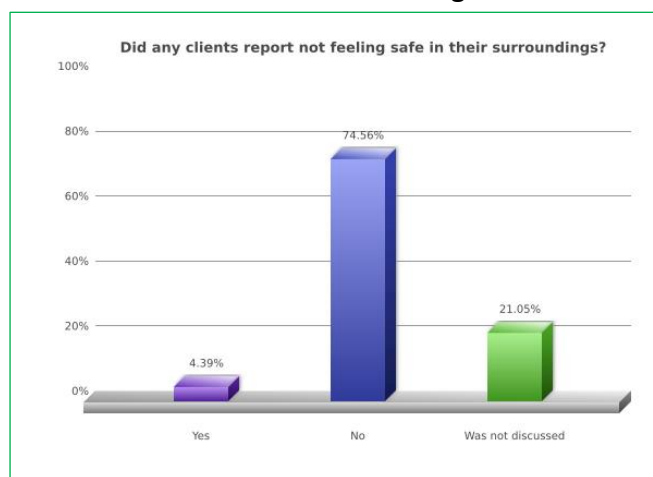
Day leave is managed according to needs of residents; Holidays seem more challenging as funding limitations apply. Reportedly staff expenses were possible under Disability funding, but not so under NDIS. This is an area of major concern. Staff informed us that each of the residents wishes to 'go on holiday' and that each has been repeatedly assured by 'senior managers' that they can indeed do so. No resident has however been on holiday for the last three years, nor have staff been informed of any plans to organise those holidays. (This matter was raised with DHS who advised that the client's NDIS plan did not include a holiday as a goal, however the client had been on holidays before and this could happen again if the client wished).

3.2.4 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.

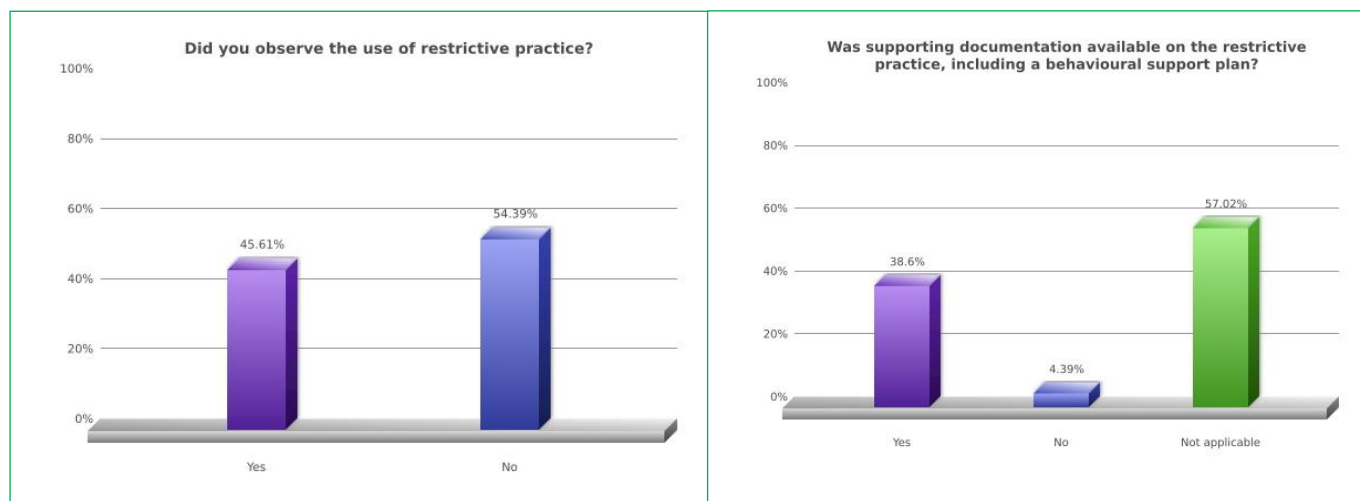
The following chart of responses to the question of whether any clients report not feeling safe indicates that there is a strong sense of comfort (**74.6%**) within the accommodation

sector that individuals feel safe.



At times, this can be a difficult question to explore in some houses, depending on the capacity of the resident to understand and respond to the question, reflecting the high rate of 'not discussed'.

Another key element of visits is the monitoring of **restrictive practices**. This includes medication specifically prescribed to manage challenging behaviour(s). Restrictive practices were reported as observed in **45.6%** reports and there was supporting documentation available in **38.6%** of cases (this questions was not relevant in **57%** of reports as restrictive practises had not been observed).



In the reports where restrictive practises were observed, eight reports included positive comments about the supporting documentation in place and positive evidence of staff working constructively to manage behavioural challenges without the application of restrictive practice. Most common forms of restrictive practice were access to fridge/food and straps to maintain position in chairs. Examples as extracted from reports:

Kitchen is locked for the safety of clients one of whom has pica. However clients can come into the kitchen with staff present.

The community bathroom in unit 1 is locked due to the safety of the clients; a seatbelt is also used for one client from this unit whenever he is outside. The staff mentioned it is documented in the care plan.

The side gates to the units are unlocked during the day but are kept locked at night for security.

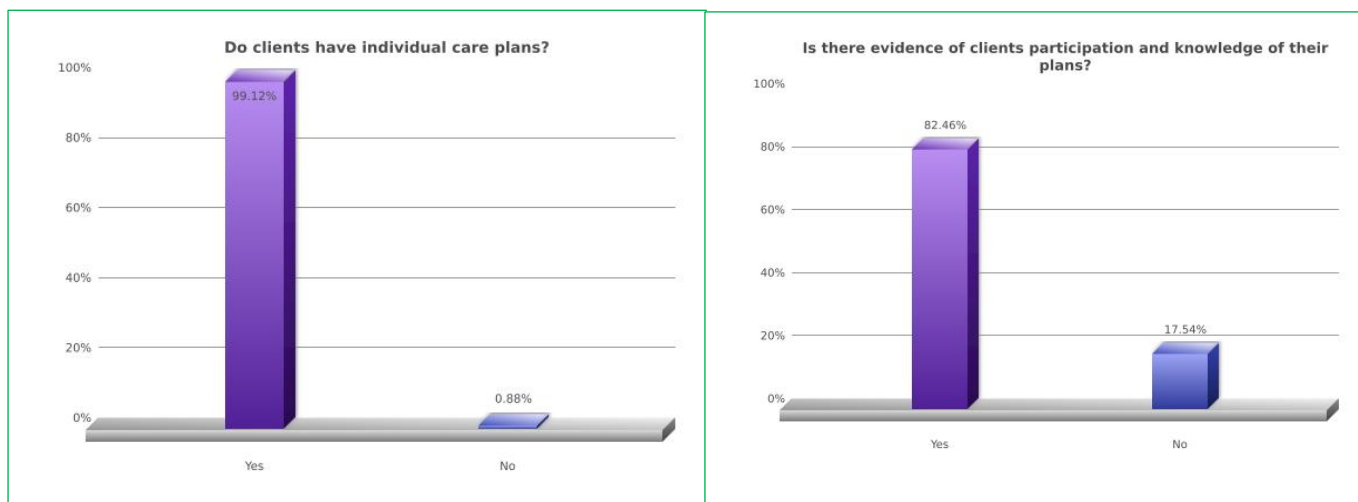
Very few issues of concern were noted:

Resident voiced her dislike of going for a morning walk, which staff highly encourage she participate in on doctors orders. This is quite strong coercion but there may be another means of exercise via her exercise bike.

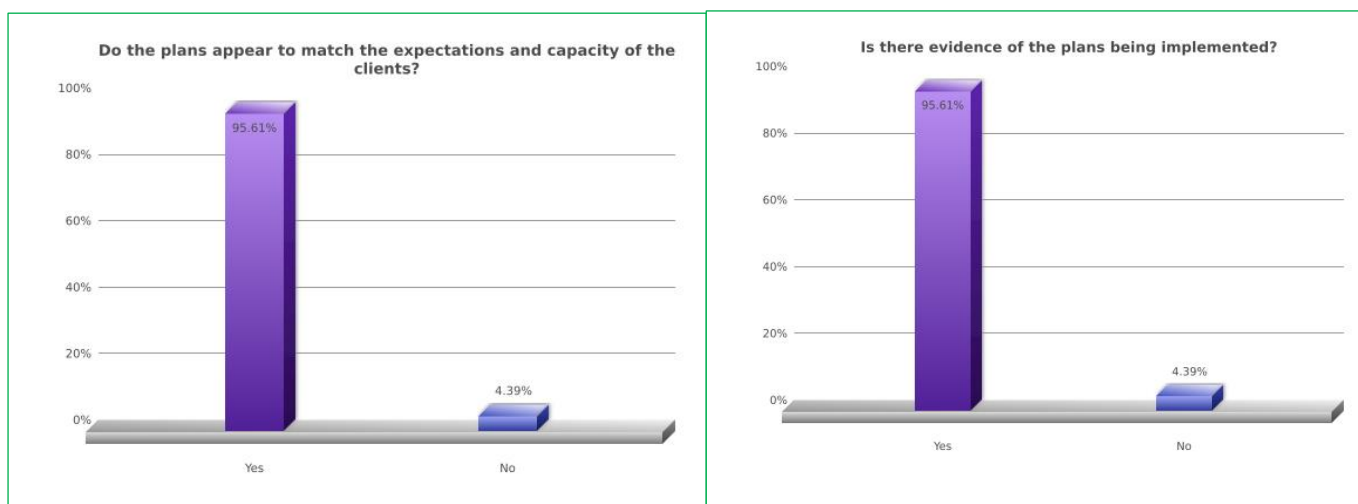
Resident informed the CVs that during a rough period last year she felt suicidal, and in her opinion, staff should have training in mental health and suicide prevention to be aware of the signs and how to deal with the situation.

3.2.5 Treatment and care plans—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 still of particular importance as more clients transfer to the NDIS. It is pleasing to note that almost **100%** of residents have a plan and the majority (**82.5%**) have participated and are aware of their plan. The percentage of people with knowledge of their plan is impacted by the person's capacity to be aware of and understand their plan.



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



From the above charts, plans matching expectations along with plans being implemented has occurred in over **95%** of situations. This a vast improvement on previous reporting years. It appears that preparing for, and the implementation of the NDIS, has driven significant improvement in this area.

Four positive comments included:

Client and staff are already preparing for the next care plan review, particularly in regard to the need for an updated iPad with greater memory to facilitate lessons being reinforced at home and to keep parents informed.

Kept and reported to be of a high standard. Thorough consideration to personal goals has been included in care plans. While direct involvement by individual clients is not possible, carers' knowledge of the clients guide aspects of their care.

Spoke to resident about her Care Plan and she said he was very happy with it.

4. Office of the Public Advocate clients

4.1 Agreement between the OPA and CVS

In September 2019 the Minister for Human Services announced that the CVS will visit people under the guardianship of the Public Advocate who are participants in the NDIS.

Prior to May 2019, the CVS visited all disability accommodation premises and day options programs provided or funded by the state government. As disability services are now funded under the NDIS, the CVS ceased visits to non-government organisations from May 2019 but continued to visit state government disability accommodation services. This new arrangement will reinstate visits to some people in non-government organisations who are both a Public Advocate client and in receipt of NDIS services. The Office of the Public Advocate (OPA) aims to conduct regular (and at a minimum, annual), visits to clients under guardianship of the Public Advocate.

The arrangement has been achieved by delegation of the Public Advocate's powers to the PCV. The Public Advocate has delegated specific functions to the Principal Community Visitor and Community Visitors under section 50 of the *Mental Health Act 2009*.

This delegation allows the PCV and CVs to visit persons as directed by the Public Advocate, and to inquire into matters where the Public Advocate is appointed as guardian for areas such as health, accommodation, or lifestyle. It 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 CVS team liaised with OPA staff to develop a visit scheduling tool for OPA clients; a visit prompt guideline for CVs; and a reporting template to be completed during a visit.

4.2 Training and implementation

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.

In November 2019 eight CVs attended the first OPA training session, delivered by the Public Advocate and a Senior Advocate/Guardian. Following the training four orientation visits were undertaken where the CVs who had attended the training, were accompanied by the Senior Advocate/Guardian.

In February 2020 nine CVs and three CVS Orientees attended the second training session delivered by the OPA. A further two orientation visits with the Senior Advocate/Guardian were undertaken. Further training was suspended due to COVID-19 restrictions which began in March 2020. As the CVS was able to do visits by audiovisual means, it was agreed that

those CVs who had completed OPA orientation visits, could be paired with CVs yet to undergo OPA orientation visits, using a 'train-the-trainer' model. This resulted in more CVs being able to undertake OPA virtual (video or other electronic means) visits during COVID-19 restrictions.

4.3 Visits

From September 2019 to December 2019, CVs undertook four orientation visits with OPA staff to OPA clients. From January to June 2020, eight visits were undertaken by CVs alone to OPA clients. Further details of the visits are as follows:

Method of visit

- | | |
|----------------------|---|
| • Audiovisual visits | 5 |
| • In-person visits | 3 |

Location:

- | | |
|------------------|---|
| • Regional | 1 |
| • Adelaide Metro | 7 |

Type of accommodation/facility:

- | | |
|---|---|
| • DHS Disability Accommodation Services | 4 |
| • NGO accommodation | 4 |

COVID-19 restrictions had a major impact on the number of visits able to be completed (see Section 2.3 of this report).

4.4 Reporting and issues of concern

The OPA visit reports focus on the client and the South Australian Civil and Administrative Tribunal (SACAT) guardianship orders as well as the general health and wellbeing of clients.

CVs are currently using a word document to report on a visit to an OPA clients. It is planned to develop the reporting tool into an online tool which will assist with completing the report and for data collection and analysis.

During this reporting period, seven reports were completed and no issues of concern were conveyed to the Public Advocate.

4.5 Evaluation

OPA and CVS agreed to undertake an evaluation of the visiting arrangements after an initial 6 month period. While COVID-19 has negatively impacted the number of visits that CVS could undertake, the CVS is of the view that the arrangements have had a positive impact due to:

- increased efficiencies for visiting and monitoring OPA clients who are also NDIS recipients
- increased scope of the CVS to include OPA clients who are also NDIS recipients
- improved capability of CVs to undertake visits to OPA clients
- improved OPA targets for the number of clients visited

The 2019-20 reporting period has reflected considerable challenges for the implementation of OPA visits by the CVS, with COVID-19 being a major challenge to work practices. However, CVS staff and volunteers have remained flexible and willing to embrace new technologies which has resulted in visits being able to continue.

The number of CVs willing to undertake OPA visits has been limited due to a number of factors including COVID-19 concerns. It is planned that CVs who have participated in OPA visits, will be invited to share their experiences and offer constructive feedback for improving processes for undertaking these visits in the future. The CVS will encourage all CVs to undertake OPA visits

5. Workforce

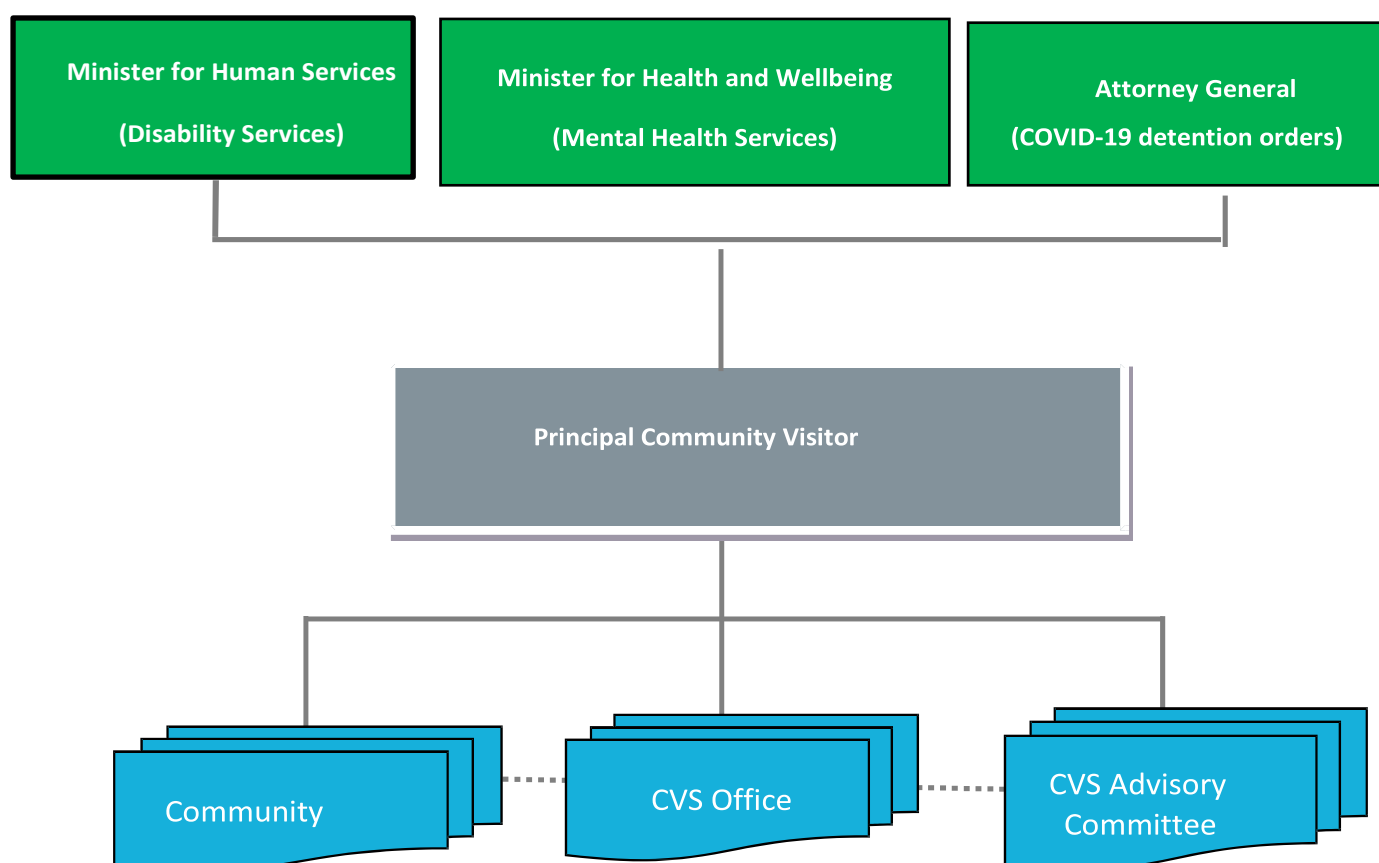
5.1 Principal Community Visitor (PCV) and Community Visitors

The Principal Community Visitor (PCV) and Community Visitors are independent statutory appointments by the Governor of South Australia. The PCV reports to the Minister for Health and Wellbeing (Minister for Mental Health Services) on matters related to the Scheme's functions under the *Mental Health Act 2009*; the Minister for Human Services (Minister for Disability Services) on matters related to the Scheme's functions under the *Disability Services (Community Visitor Scheme) Regulations 2013*.

During the COVID-19 pandemic, additional powers and functions were assigned and reportable to the Attorney-General.

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.

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 Community Visitor Scheme is hosted by the Department for Human Services (DHS) for administrative purposes only.

5.2 Staff of the Community Visitor Scheme

Following is a list of paid staff members who worked either full or part time in the Community Visitor Scheme Office during the 2019-20 reporting period:

Acting Principal Community Visitor	Ms Anne Gale (from 14 September 2019)
Principal Community Visitor	Mr Maurice Corcoran AM (1 July 2019 to 13 September 2019)
CVS Manager	Ms Zora Doukas
Mental Health CVS Coordinator	Ms Kate Thomas
Disability Services CVS Coordinator	Ms Michelle Egel
CVS Coordinator / Projects	Ms Leanne Rana
Recruitment and Training Officer	Ms Rondelle Oster
Administration Officer	Mr Micah Mango

5.3 Advisory Committee

The members of the Advisory Committee as at 30 June 2020 are:

Ms Anne Burgess	Chairperson
Ms Anne Gale	Acting 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 Heather Nowak	Commissioner, SA Mental Health Commission
Ms Carol Turnbull	Private Mental Health Services Representative
Ms Ellie Hodges	Consumer Representative
Mr Kim Steinle	Community Visitor Representative (Mental Health)
Mr Andrew Crowther	proxy for 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
Mr Peter Hoppo	Non-Government Disability Accommodation Representative
Ms Jayne Lehmann	Disability Carer Representative
Ms Marianne Dahl	Community Visitor Representative (Disability)

In addition, the following people also served on the Advisory Committee during the 2019-20 reporting period:

Dr Niki Vincent	Equal Opportunity Commissioner
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Mental Health Representatives:

Mr Chris Burns	Mental Health Commissioner
Ms Charmaine Gallagher	Carer Representative (Mental Health)
Mr Tony Rankine	Community Visitor Representative (Mental Health)

Disability Representatives:

Ms Muriel Kirkby	Director, Accommodation Services, DHS
Ms Kris Maroney	SRF Association President
Ms Zofia Nowak	Director, NDIS Implementation, DHS
Ms Michele Slatter	Community Visitor Representative (Disability)

5.4 Community Visitors

5.4.1 Appointments and resignations

As at 30 June 2020, there are 35 appointed Community Visitors however these numbers fluctuate over a year.

During the reporting period, 12 new CVs were appointed, 22 CVs were reappointed for a further year, 22 CVs resigned or were not reappointed during this same period. Reasons for resignation vary but include CVs gaining work; changes in health or family circumstances; or moving interstate.

Appointed Community Visitors for the 2019-20 reporting period	
Adele Querzoli	Janice Clark
Amalia Azis	Jenni Kendal
Andrew Crowther	Joanna Zhuang
Angela Jheun	John Munro
Angelika Szulborska	John Leahy
Anna Segreto	Judy Harvey
Anne Burgess	Karen Rogers
Ayu Pamungkas	Kim Steinle
Brian Day	Lindy Thai
Bryn Williams	Maddy Menzel
Cathy Walsh	Maree Hollard
Cecil Camilleri	Margaret Elfenbein
Dana Alexander	Marianne Dahl
David Meldrum	Maurice Corcoran
Elizabeth Megaw	Michele Slatter
Elle Petersen	Nirvana Hurworth
Greg Fulton	Sally Goode
Helen Winefield	Sharon Hughes
Ingrid Davies	Sue Whittington
Jacy Arthur	Tony Rankine
Jane Meegan	Anne Gale (Acting Principal Community Visitor)

The Community Visitors have impressive backgrounds, skills and passion which have helped to deliver the Scheme's key outcomes of monthly visits and inspections and associated reports at a very high level.

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



Anthony (Tony) Rankine – appointed 23/10/2014

My motivation to become a Community Visitor came from my belief that the role provides an extra layer of help and support to vulnerable people living in our community. After being a Police Officer for 45 years, I saw the opportunity to volunteer my acquired knowledge and skills, particularly in regards to serving the community and trying to prevent an injustice, to help give the vulnerable a voice.

The most rewarding aspect of my role is seeing a smile on someone's face when I have helped them gain access to the level of support they actually need and helped make a positive difference to their lives.

Judith (Judy) Harvey – appointed 29/01/2015

Having studied and practiced social work, teaching and management, I have many decades of experience, mostly in the family, health, ageing, disability and community care arenas.

Volunteering with the Community Visitor Scheme, with its evidence-based, client-focussed approach, and with likeminded people from such a variety of backgrounds, has been a privilege and an opportunity. I continue to learn from other community visitors and to contribute, through staff actions from reports of visits, to positive change at both the individual and organisational level.

Other feedback from Community Visitors

CVs often provide feedback when leaving the scheme and their experiences are overwhelmingly positive. Following are comments from resigning community visitors:

- *"I am extremely grateful for this opportunity to work with the most supportive and wonderful people I have met in this scheme. It taught me so much more about the disability and mental health industry. Thus, I have to thank the CVS team for this amazing opportunity. From the bottom of my heart, I really do."*
- *"I will always treasure my memories of my CVS experience and all the wonderful people – staff, fellow visitors and service deliverers and recipients – who I met through it."*
- *"I have always found the work at CVS to be useful and constructive. I have learned an enormous amount and have had the privilege of working with amazing people. I am truly grateful to have had those opportunities and will always remember the extraordinary examples of courage and caring that I have seen."*

- *“Being a Community Visitor was my first volunteer job. In the past 3 years, I have learned so much from this team and always think that the CVS has the best people. Many moments remain fresh in my mind – from my interview in the CVS office; my first orientation visit; the first time I attended a National Volunteer Parade, walking up King William St to Victoria Square; and the volunteers I worked with.”*
- *“It has been a fantastic journey and I have learned and gained so much from the experience.”*

5.4.2 Community Visitor Recruitment

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 screening, including a DHS Disability Services Employment Screening Clearance and a DHS Working with Children Check
- 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 Community Visitor Scheme website, which outlines the attributes and level of commitment required to undertake the role.

Recruitment Strategy

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.

Recruitment advertising for Community Visitors (CVs) is primarily facilitated through the Volunteering SA-NT website. However, the CVS has also used other career sites such as Seek Volunteer and Go Volunteer. In addition, CVs are encouraged to talk about their role within their networks to encourage others to take an interest in the Scheme.

The Recruitment and Training Officer has attended three Central Volunteer Managers and one Public Service Volunteer Policy meeting, in addition to an information session regarding the new Free Volunteer Screening Checks to inform the CVS recruitment strategy.

The recruitment process is thorough and robust in matching appropriate applicants to the role. During the reporting period, 107 people sought information on becoming a Community Visitor. Twenty-one applications were received during the reporting period. Ten applicants

were shortlisted for an interview. Three interviewees were assessed as being unsuitable or chose to withdraw from the process.

The remaining seven applicants were recommended to undertake the following activities for further assessment:

- attend an interview
- participate in a two day workshop (see section 4.4.2)
- undergo DHS screening checks and referee checks, and
- undertake a minimum of two orientation visits with the PCV.

Six applicants attended training in November 2019 after undergoing a successful interview.

Unfortunately no further training has been possible in 2019-20, due to the restrictions of COVID-19. Although CVS staff explored the option of interviewing potential applicants and running training virtually, this was deemed impracticable. Due to the nature of the role the Community Visitors perform, it is crucial that the Recruitment and Training Officer and the Acting Principal Community Visitor have the opportunity to meet – and interact – with potential volunteers in a face-to-face setting and perform in-person orientation.

The applicants have not yet had the chance to complete their orientation visits (as at 30 June 2020) however it is hoped that with COVID-19 restrictions easing, their orientation pathway can recommence soon.

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

Recommendations for appointment to the role of Community Visitor require Cabinet approval and endorsement by His Excellency, the Governor of South Australia. All appointments are published in the Government Gazette.

As reported in previous Annual Reports, the ICAC Commissioner, the Honourable Bruce Lander undertook an enquiry into Oakden which followed a report by the then Chief Psychiatrist. The Commissioner's report, 'Oakden: A Shameful Chapter in South Australia's History' contained a recommendation that a review of Community Visitors training and qualifications be carried out. An independent review was undertaken by Julian Gardner AM review and provided to the Office of the Chief Psychiatrist. As a result of the review, the Minister for Health requested that appointments to the role of CV will be for a one year term (rather than three years) until further notice. The outcome of the review is expected in the near future.

Changes to Working with Children Check (WWCC) screenings were introduced on 1 July 2019. As it has always been a requirement that Community Visitors hold a valid child-related screening, there was minimal impact on the CVS and its' volunteers. Transitional arrangements mean that all current, valid DHS/DCSI child-related employment screening clearances will be recognised as WWCCs under the law, until they expire.

5.4.3 Initial and Ongoing Training for Community Visitors

Initial Training and Orientation

Potential CVs are invited to participate in a two-day training program aimed at providing them with the skills and knowledge required to fulfil the legislative functions of the role. The training program is split into 11 modules and assumes no prior knowledge of mental health or disability services. The content is delivered over two consecutive days with values, exercises, role plays and various guest presenters. The modules covered are:

- **Module One:** Introduction, Overview and History of the Community Visitor Scheme
- **Module Two:** Role, Function and Scope of the Community Visitor Scheme
- **Module Three:** CVS Visits and Inspections
- **Module Four:** Practical Matters for Community Visitors
- **Module Five:** Lived Experience
- **Module Six:** Mental Health
- **Module Seven:** Communication Strategies
- **Module Eight:** Disability
- **Module Nine:** Dual Disability, Gender Safety, Restrictive Practices & Disability and its impact
- **Module Ten:** Cultural Competencies, and
- **Module Eleven:** Values Testing for Disability and Mental Health

Sessions were held in November 2019 with six participants attending.

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

All (100%) respondents provided positive feedback that the training was informative and well presented. The CVS team is confident that prospective CVs are receiving the necessary information to prepare them for the role.

A minimum of two observation visits are undertaken with the PCV for further assessment. This provides the trainee Community Visitor 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 of the functions of a CV, as described in section 51(1) of the *Mental Health Act, 2009*.

As detailed in section 5.4.1, no further training has been possible in 2019-20, largely due to the restrictions of COVID-19. Due to the nature of the role the Community Visitors perform, it is crucial that the Recruitment and Training Officer and the Acting Principal Community Visitor have the opportunity to interact with potential volunteers in a face-to-face setting and perform in-person orientation.

Ongoing Training and Support

Community Visitors have access to ongoing training and professional development and were offered a number of external training opportunities, including:

- Disability Awareness Training—online course
- Mental Health First Aid
- Mental Health First Aid Refresher
- Your safety as a volunteer during COVID-19—online forum
- World Elder Abuse Awareness Day (WEAAD)—online forum

Six Community Visitors attended Mental Health First Aid training through the Stanton Institute (DHS training provider), while other CVs have also completed the course through other providers.

Appointed Community Visitors are also invited to attend the 'Introduction to the Mental Health Act and basic Communication Strategies in Mental Health' and / or 'Restrictive Practices' sessions of the initial CV training, as a refresher.

Seventeen CVs attended training on how to conduct an OPA visit.

National Volunteer Week was held between 18 and 24 May 2020 and, due to the COVID-19 restrictions, two online campaigns were held—one for South Australia and the other, national.

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.

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.

Staff and volunteers of the CVS showcased their creativity and enthusiastically participated in both campaigns.



Annual development reviews are conducted with the PCV to provide a formal avenue for feedback and development discussions. Reviews are conducted throughout the year as a face-to-face conversation, however since March 2020, these have been held by telephone due to COVID-19 restrictions. Community Visitors are encouraged to pursue development opportunities and discuss other interests with the PCV.

CVs have had the opportunity to meet three times during the year to informally discuss their experiences during visits and provide group feedback for service improvement. These 'Get Togethers' have encouraged a cohesive team approach, provided opportunity for shared learning among peers and been highly valued by the CVs with positive feedback being received.

There were 32 attendances by CVs across the three Get Togethers. Notes from the Get Togethers 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.

A 'Reflective Practice' session was offered to CVs prior to the forums. This enabled CVs to share their experiences encountered during visits and any challenges faced. They shared what worked for them and provided peer support to one another.

Community Visitors can also access the SA Government Employee Assistance Program.

6. Reviews and the Community Visitor Scheme

6.1 Department of Social Security Review

The Commonwealth government undertook a national review of Disability Visitor Programs to inform the COAG Disability Reform Council about the role (if any) of Community Visitors in and with the NDIS at full scheme.

The report was prepared by Westwood Spice and released to the public on 7 February 2020. The recommendations are:

1. That CVS for disability, while having a broader scope than the NDIS, have a contribution to make to the NDIS Quality and Safeguarding Framework and that the contribution of CVS should be formally recognised within the NDIS Framework.
2. That the role of Community Visitors be provided by state and territory-based schemes where they exist.
3. That Northern Territory, Western Australia and Tasmania may wish to consider the establishment of a CVS as described in the findings where these supports are not provided through other state or territory-based systems.
4. To support CVS's interface with the NDIS Commission, the following matters should be agreed between the NDIS Commission and states and territories:
 - a. Authority of Community Visitors to enter the premises of NDIS providers.
 - b. Data and information sharing.
 - c. Compulsory reporting to the NDIS Commission on alleged reportable incidents and failure to adhere to incident management processes.
 - d. Reporting on patterns of concern to the NDIS Commission and state/territory agencies.
 - e. Role of CVS in relation to restrictive practices monitoring and reporting.
5. In the medium term, Commonwealth and states and territories should work towards national consistency around key aspects of CVS including:
 - a. Reporting
 - b. Standards for review (and alignment with practice standards)
 - c. Scope
 - d. Interface with NDIS Commission to define minimum consistency necessary
 - e. Any role within the OPCAT NPM.
6. CVS are working in an evolving context, and will benefit from being included in the broader Quality and Safeguarding Framework review due in 2021-22.

The report affirmed the value of maintaining state based Community Visitor Schemes and acknowledged that visitor schemes have a role to play in the NDIS context. The recommendations acknowledge that there are many issues to address if there was a proposal for state based schemes to visit NDIS participants.

The South Australian Community Visitor Scheme welcomes the opportunity to participate and contribute to the NDIS Quality and Safeguarding Framework review in 2021-22.

6.2 Oakden: A Shameful Chapter in South Australia's History' —A report by the Hon Bruce Lander QC, Independent Commissioner against Corruption

The South Australian Independent Commissioner Against Corruption (ICAC) in his report on investigations into Older Persons Mental Health Services at Oakden recommended that elements of the Community Visitor Scheme be reviewed.

The review was undertaken by the Office of the Chief Psychiatrist, who engaged Julian Gardner AM to consider the recommendations relating to the CVS.

The CVS welcomed the review and had the opportunity to provide input into Mr Gardner's report.

The outcomes of this review will be important to the CVS when available.

6.3 Safeguarding Taskforce-Interim report

On 21 May 2020 the South Australian Government announced the formation of a Safeguarding Taskforce chaired by Dr David Caudrey, Disability Advocate and Ms Kelly Vincent to examine and report quickly on gaps and areas that need strengthening in safeguarding arrangements for people with disabilities living in the State.

Ms Anne Gale, Acting Principal Community Visitor participated in the Safeguarding Taskforce.

The Safeguarding Taskforce delivered an interim report to the Minister for Human Services on 15 June 2020.

The Taskforce identified the majority of gaps in safeguarding or areas for improvement as relating to the NDIS.

The report noted:

There is general acceptance that the Community Visitor Scheme has great merit in that it provides more eyes to observe what is happening in a vulnerable person's life.

The Taskforce considered the role of the Community Visitor Scheme in the NDIS environment and noted:

The State no longer has a funding relationship with non-government agencies and the State needs to work within its responsibilities rather than in the domain of the Commonwealth. The future role of the CVS has to accommodate the roles and functions of the NDIA and of the Commission under the Commonwealth's NDIS Act 2013.

Following the commencement of the NDIS Quality and Safeguards Commission on 1 July 2018, there are issues with State legislation creating a Community Visitors Scheme with powers to enter properties operated by registered NDIS providers. The Community Visitors Scheme does not currently have the power to visit anyone who is receiving NDIS services from a non-government provider, including on their request.

The Taskforce provided 15 interim recommendations including:

"the State Government reaffirms the value of a Community Visitor Scheme as an additional safeguard for vulnerable participants..."

It is anticipated that the final report (due by 31 July 2020) will confirm this recommendation.

The CVS will be ready to respond to any proposed changes to the scope of the scheme.

6.4 Independent review into the death of Ms Anne Marie Smith by Hon Alan Robertson SC

On 26 May 2020 the Commissioner of the NDIS Quality and Safeguards Commission (the Commission) appointed the Hon. Alan Robertson SC, a former judge of the Federal Court of Australia, to conduct an independent review into the Commission's regulation of the provider of NDIS supports and services to Ms Ann-Marie Smith, an NDIS participant.

Mr Robertson is due to report to the NDIS on 31 August 2020.

7. Acronyms

Acronym	Definition
AM	Member of the Order
CALHN	Central Adelaide Local Health Network
CBD	Central Business District
COAG	Council of Australian Governments
COVID-19	Corona Virus Disease of 2019
CV(s)	Community Visitor(s)
CVS	Community Visitor Scheme
DCS	Department of Correctional Services
DCSI	Department for Communities and Social Inclusion
DHS	Department of Human Services
DOP(s)	Day Options Program(s)
DRC	Disability Reform Council
ED(s)	Emergency Department(s)
GP	General Practitioner
HCSCC	Health and Community Services Complaints Commissioner
HD(U)	High Dependency (Unit)
ICAC	Independent Commissioner Against Corruption
ICP	Individual Care Plan
IPRSS	Individual Psychosocial Recovery Support Service
IRS	Inpatient Rehabilitation Service
LHN(s)	Local Health Network(s)
MLC	Member of the Legislative Council
MOAA	Memorandum of Administrative Arrangement
MP	Member of Parliament
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
NEAT	National Emergency Access Target
NGO	Non-Government Organisation
OCP	Office of the Chief Psychiatrist

OPA	Office of Public Advocate
OT	Occupational Therapy
PCP	Person Centred Plan
PCV	Principal Community Visitor
PHaMs	Personal Helpers and Mentor
PICU	Psychiatric Intensive Care Unit
PRN	Pro re nata (“As needed”)
QC	Queen's Counsel
RAH	Royal Adelaide Hospital
SACAT	South Australian Civil and Administrative Tribunal
SALHN	Southern Adelaide Local Health Network
SC	Senior Counsel
SDA	Specialist Disability Accommodation
SHAC	Shared Activity Centre
SRF(s)	Supported Residential Facility(s)
SSU(s)	Short Stay Unit(s)
TAFE	Technical and Further Education
US	United States
WEAAD	World Elder Abuse Awareness Day
WWCC	Working with Children Check

8. Appendices

Appendix 1: Disability Services (Community Visitor Scheme) Regulations, 2013

These Regulations are to be read in conjunction with Subsection 50 – 54 of the *Mental Health Act, 2009*.

Under the *Disability Services Act, 1993*

1—Short title

These regulations may be cited as the *Disability Services (Community Visitor Scheme) Regulations 2013*.

2—Commencement

These regulations come into operation on the day on which they are made.

3—Interpretation

In these regulations, unless the contrary intention appears—

Act means the *Disability Services Act, 1993*;

Community Visitor has the same meaning as in the *Mental Health Act, 2009*;

Disability Accommodation Premises means any premises at which a disability services provider is providing accommodation services to persons with disabilities;

Principal Community Visitor has the same meaning as in the *Mental Health Act, 2009*;

Resident means a person with a disability who resides at disability accommodation premises.

4—Functions of Community Visitors

- (1) Community Visitors have the following functions under these regulations:
 - (a) to visit disability accommodation premises to inquire into the following matters:
 - (i) the appropriateness and standard of the premises for the accommodation of residents;
 - (ii) the adequacy of opportunities for inclusion and participation by residents in the community;
 - (iii) whether the accommodation services are being provided in accordance with the principles and objectives specified in Schedules 1 and 2 of the Act;
 - (iv) whether residents are provided with adequate information to enable them to make informed decisions about their accommodation, care and activities;
 - (v) any case of abuse or neglect, or suspected abuse or neglect, of a resident;
 - (vi) the use of restrictive interventions and compulsory treatment;

- (vii) any failure to comply with the provisions of the Act or a performance agreement entered into between a disability services provider and the Minister;
 - (viii) 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;
 - (b) to refer matters of concern relating to the organisation or delivery of disability services in South Australia to the Minister;
 - (c) to act as advocates for residents to promote the proper resolution of issues relating to the care, treatment or control of residents, including issues raised by a guardian, medical agent, relative, carer or friend of a resident or any person who is providing support to a resident.
- (2) A Community Visitor may, for the purposes of carrying out the functions of a Community Visitor, enter disability accommodation premises at any reasonable time and, while on the premises, may—
- (a) meet with a resident; and
 - (b) with the permission of the manager of the premises—inspect the premises or any equipment or other thing on the premises; and
 - (c) request any person to produce documents or records; and
 - (d) examine documents or records produced and request to take extracts from, or make copies of, any of them.

5—Requests to See Community Visitors

- (1) A resident or a guardian, medical agent, relative, carer or friend of a resident or any person who is providing support to a resident may make a request to see a Community Visitor.
- (2) If a request is made under sub regulation (1) to a manager of, or a person in a position of authority at, disability accommodation premises that person must advise a Community Visitor of the request within two days after receipt of the request.

6—Reports by Community Visitors

- (1) After a visit to disability accommodation premises, the Community Visitors must (unless one of them is the Principal Community Visitor) report to the Principal Community Visitor about the visit in accordance with the requirements of the Principal Community Visitor.
- (2) The Principal Community Visitor must, on or before 30 September in every year, forward a report to the Minister on the work of the Community Visitors under these regulations during the financial year ending on the preceding 30 June.
- (3) The Principal Community Visitor may, at any time, prepare a special report to the Minister on any matter arising out of the performance of the Community Visitor's functions.
- (4) The Minister must, within six sitting days after receiving a report under this regulation, have copies of the report laid before both Houses of Parliament.

Appendix 2: Mental Health Act, 2009 Division 2 — Community Visitor Scheme

51—Community Visitor’s Functions

- (1) Community Visitors have the following functions:
 - (a) to conduct visits to and inspections of treatment centres as required or authorised under this Division;
 - (ab) to conduct visits to and inspections of authorised community mental health facilities as required or authorised under this Division;
 - (b) 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;
 - (c) 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 a patient or any person who is providing support to a patient under this Act;
 - (d) any other functions assigned to Community Visitors by this Act or any other Act.
- (2) The Principal Community Visitor has the following additional functions:
 - (a) to oversee and coordinate the performance of the Community Visitor’s functions;
 - (b) to advise and assist other Community Visitors in the performance of their functions, including the reference of matters of concern to the Minister, the Chief Psychiatrist or any other appropriate person or body;
 - (c) to report to the Minister, as directed by the Minister, about the performance of the Community Visitor’s functions;
 - (d) any other functions assigned to the Principal Community Visitor by this Act or any other Act.

51A—Delegation by Principal Community Visitor

- (1) The Principal Community Visitor may delegate a power or function of the Principal Community Visitor under this Act to another community visitor.
- (2) A delegation under this section—
 - (a) may be absolute or conditional; and
 - (b) does not derogate from the power of the Principal Community Visitor to act in a matter; and
 - (c) is revocable at will by the Principal Community Visitor.

52—Visits to and Inspection of Treatment Centres

- (1) Each treatment centre must be visited and inspected once a month by two or more Community Visitors.
- (2) two or more Community Visitors may visit a treatment centre at any time.

- (3) On a visit to a treatment centre under subsection (1), the Community Visitors must—
 - (a) so far as practicable, inspect all parts of the centre used for or relevant to the care, treatment or control of patients; and
 - (b) so far as practicable, make any necessary inquiries about the care, treatment and control of each patient detained or being treated in the centre; and
 - (c) take any other action required under the Regulations.
- (4) After any visit to a treatment centre, the Community Visitors must (unless one of them is the Principal Community Visitor) report to the Principal Community Visitor about the visit in accordance with the requirements of the Principal Community Visitor.
- (5) A visit may be made with or without previous notice and at any time of the day or night, and be of such length, as the Community Visitors think appropriate.
- (6) A visit may be made at the request of a patient or a guardian, medical agent, relative, carer or friend of a patient or any person who is providing support to a patient under this Act.
- (7) A Community Visitor will, for the purposes of this Division—
 - (a) have the authority to conduct inspections of the premises and operations of any hospital that is an incorporated hospital under the *Health Care Act, 2008*; and
 - (b) be taken to be an inspector under Part 10 of the *Health Care Act, 2008*.

52A—Visits to and inspection of authorised community mental health facilities

- (1) **An authorised community mental health facility—**
 - (a) must be visited and inspected at least once in every 2 month period by 2 or more community visitors; and
 - (b) may be visited at any time by 2 or more community visitors.
- (2) However, the Principal Community Visitor may visit an authorised community mental health facility alone at any time.
- (3) On a visit to an authorised community mental health facility, a community visitor must—
 - (a) so far as practicable, inspect all parts of the facility used for or relevant to the care, treatment or control of patients; and
 - (b) take any other action required under the regulations.
- (4) After any visit to an authorised community mental health facility, the community visitors must (unless 1 of them is the Principal Community Visitor) report to the Principal Community Visitor about the visit in accordance with the requirements of the Principal Community Visitor.
- (5) A visit may be made with or without previous notice and at any time of the day or night, and be of such length, as the community visitors think appropriate.

- (6) A visit may be made at the request of a patient or a guardian, medical agent, relative, carer or friend of a patient or any person who is providing support to a patient under this Act.

53—Requests to See Community Visitors

- (1) A patient or a guardian, medical agent, relative, carer or friend of a patient or any person who is providing support to a patient under this Act may make a request to see a Community Visitor.
- (2) If such a request is made to the director of a treatment centre in which the patient is being detained or treated, the director must advise a Community Visitor of the request within two days after receipt of the request.

54—Reports by Principal Community Visitor

- (1) The Principal Community Visitor must, on or before 30 September in every year, forward a report to the Minister on the work of the Community Visitors during the financial year ending on the preceding 30 June.
- (2) The Minister must, within six sitting days after receiving a report under subsection (1), have copies of the report laid before both Houses of Parliament.
- (3) The Principal Community Visitor may, at any time, prepare a special report to the Minister on any matter arising out of the performance of the Community Visitor's functions.
- (4) Subject to subsection (5), the Minister must, within two weeks after receiving a special report, have copies of the report laid before both Houses of Parliament.
- (5) If the Minister cannot comply with subsection (4) because Parliament is not sitting, the Minister must deliver copies of the report to the President and the Speaker and the President and the Speaker must then—
 - (a) immediately cause the report to be published; and
 - (b) lay the report before their respective Houses at the earliest opportunity.
- (6) A report will, when published under subsection (5)(a), be taken for the purposes of any other Act or law to be a report of the Parliament published under the authority of the Legislative Council and the House of Assembly.

Appendix 3: Visit and Inspection Prompt (Disability)

The Community Visitor Scheme coordinates Community Visitors (CVs) to visit disability accommodation premises to inspect premises and consult with clients, staff and relevant others to ensure that people with disabilities are receiving appropriate accommodation.

The Visit and Inspection Prompt is designed to guide CVs through the visit and inspection process. The areas highlighted within this prompt are consistent with the '*Disability Services Standards*'. The prompt should not be used as a 'step-by-step checklist' as this may hinder the CVs observations but should be read in conjunction of the 'Community Visitor Scheme Visit and Inspection Protocol'.

Prompts to Observe and note at Visits and Inspections of Disability Premises

Customer Service	Assess the welcome to the facility and introductions to clients and staff. Personal and respectful interactions between staff and clients/CVs. Adequate and accurate information provision about client's rights and entitlements.
Environment	How does the place feel? e.g. warmth, private and personalised spaces for clients? Are client's rooms and amenities reasonable? e.g. sufficient space, clean, temperature controlled, with well-maintained equipment and furnishings? Are clients happy with their food and is there a menu plan that clients have been consulted on and reflects their preferences and dietary requirements? Sufficient provision for space for clients to spend time in, participate in a range of activities as well as conduct confidential conversations with Visitors. Are client's personal care and hygiene needs being met? Is the facility designed in a manner that is accessible, allows easy movement throughout including access to bathrooms, kitchen, cooking and cupboards?
Rights	Do clients feel they (and their carer, family member or other supporter) are being involved in decisions about the accommodation services? Do clients feel safe and is there consideration towards gender safety? Are clients provided with access to advocacy and legal representation?
Access to Information	Is there sufficient information provided to clients and do they have access to appropriate assistance to be able to understand the information about services offered, the CVS and other agencies that could support or advocate for them? Do clients whose first language is other than English or who are unable to read, have sufficient access to alternative formats or supports including interpreters? Are clients or CVs provided with access to medication records, behaviour and support plans when appropriate?
Activity/entertainment provisions	Are the independence and training needs of clients being met? Are clients being assisted to obtain and maintain suitable employment? Is there provision for entertainment for clients e.g. television, exercise equipment, board and electronic games? Are activities provided at the facility e.g. music therapy, art and craft, cooking and walking groups? Have the clients been asked what outside activities they enjoy and are they provided with sufficient opportunities to take part in such activities?
Treatment and care	Do clients feel engaged in their personal support plans, treatment and care? Do clients feel they are being treated in the least restrictive manner? Are there any restrictive practices e.g. people locked in their rooms, people restrained in wheelchairs, tied up, doors locked, lack of access to parts of the building, locked refrigerators, inappropriate control by staff? If there are any restrictions, is there documentation that demonstrates the appropriate processes have been followed i.e. that there had been an investigation of less-restrictive alternatives, the development of a behaviour support plan with appropriate consents. There is a review date and considerations as to whether other people were also affected by the practices (e.g. a locked door for a person with a plan will also affect all other clients). Is there a personal support plan for each client and if so, how frequently are they reviewed?
Grievances	Do clients feel they are safe to make a complaint if need be and free from any reprisals or threats to be evicted? Is the complaint treated confidentially and efficiently and is the complaints resolution process open and transparent?

Appendix 4: Visit and Inspection Report (example)

- (D) = Disability CVS
 (MH) = Mental Health CVS
 (CMH) = Community Mental Health CVS
 (SRF) = Supported Residential Facility CVS
 (DOP) = Day Options Program CVS
 (S) = Scheduled Visit
 (R) = Requested Visit

REPORT TYPE	
Select report type	Disability CVS - Scheduled Visit and Inspection Report to Principal Community Visitor
ABOUT THE SITE	
(D) Service Provider	
Address	
ABOUT THE VISIT	
Date of Visit	
Details of any Senior Staff spoken to during the visit (Name and Position):	
ABOUT THE VISITOR(S)	
Community Visitor (writer)	
Community Visitor (contributor)	
Community Visitor (other) - Details of any other community visitors present during the visit	
ENVIRONMENT AND SERVICES	
Communication (5 = Excellent – 1 = Poor, Not Observed)	
Communication between staff and clients	
Staff responsiveness to client needs	
Quality of Site (5 = Excellent – 1 = Poor, Not Observed)	
Standard of building facilities	
Standard of equipment within the facilities	

Standard of facility grounds	
Appropriate emergency procedures	
Suitable privacy for clients	
Quality of Services (5 = Excellent – 1 = Poor, Not Observed)	
Suitable client transport	
Smoking provision for clients	
Quality and choice of food	
Suitable activities available to clients	
Suitable entertainment provision for clients	
Access to Allied Health Services	
Rights and Responsibilities (5 = Excellent – 1 = Poor, Not Observed)	
Client access to personal documentation	
Access to information regarding rights, complaints and advocacy	
Appropriate family/carer/representative involvement	
(D) Adequate opportunity to access day leave/holidays	
(D) Attention to the independence and training needs of clients	
(D) Opportunity for clients to obtain and maintain suitable employment	

Rights	
Did any clients report not feeling safe in their surroundings?	
Did you observe the use of restrictive practice?	
If yes, did you enquire as to why restrictive practice was utilised?	
(D) Was supporting documentation available on the restrictive practice, including a behavioural support plan?	
Additional comments regarding the rights of clients	
Individual Care Plans	
Do clients have individual care plans?	
How frequently are the plans reviewed?	
Is there evidence of clients participation and knowledge of their plans?	
(D) Is there evidence of family/guardian involvement in development of the plans?	
(D) Is there evidence of the plans being implemented?	
(D) Do the plans appear to match the expectations and capacity of the clients?	
Additional comments regarding Individual Care Plans	
FINAL COMMENTS	
Please provide any additional comments and/or a short overview regarding this visit	
Please outline any issues for CVS office attention	
Please confirm that both Community Visitors have agreed to the content of this report	

Appendix 5: Compliance with Premier and Cabinet Circular (PCO13) on Annual Report Requirements

The following table provides CVS compliance with the Department of Premier and Cabinet Circular (PCO13) on Annual Report Requirements.

PC013 Statutory Reporting Requirement	
Employment opportunity programs	Refer to the Department of Human Services Annual Report 2019-20
Agency performance management and development systems	Refer to the Department of Human Services Annual Report 2019-20
Work health, safety and return to work programs of the agency and their effectiveness	Refer to the Department of Human Services Annual Report 2019-20
Work health and safety and return to work performance	Refer to the Department of Human Services Annual Report 2019-20
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 2019-20
Whistleblowers' disclosure	Refer to the Department of Human Services Annual Report 2019-20
Executive employment in the agency	Refer to the Department of Human Services Annual Report 2019-20
Summary of complaints by subject (table)	Refer to the Department of Human Services Annual Report 2019-20
Complaint outcomes (table)	Refer to the Department of Human Services Annual Report 2019-20