HOUSE OF ASSEMBLY
LAID ON THE TABLE
29 Oct 2026

THE SOUTH AUSTRALIAN COMMUNITY VISITOR SCHEME

ANNUAL REPORT

2025-2026

Principal Community Visitor	Anne Gale
Office Address	211 Victoria Square ADELAIDE SA 5000
Postal Address	GPO Box 292, ADELAIDE SA 5001
Telephone	1800 606 302
Web	https://communityvisitorscheme.sa.gov.au
Email	cvs@sa.gov.au
Hours	9:00 am – 5:00 pm Monday to Friday

This Annual Report is published on the Community Visitor Scheme website at https://communityvisitorscheme.sa.gov.au

ISSN 2201 – 6614

Acknowledgement of Country

The Community Visitor Scheme (CVS) acknowledges and respects Aboriginal people as the state's first people and nations and recognises Aboriginal people as traditional owners and occupants of South Australian land and waters. CVS acknowledges the spiritual, social, cultural and economic practices of Aboriginal people come from their traditional lands and waters, and that Aboriginal people maintain cultural and heritage beliefs, languages and laws which are of ongoing importance today.

The below artwork is by Jordan Lovegrove, a Ngarrindjeri artist and tells the story of the Community Visitor Scheme and all the volunteers who engage with and advocate for community receiving disability or mental health services in South Australia.

United Nations Convention on the Rights of Persons with Disabilities

CVS acknowledges the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) Article 16.3:

"In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programs designed to serve persons with disabilities are effectively monitored by independent authorities."

CVS is such a program and performs its functions as an independent authority in visiting mental health services and state-run disability services.

Disclaimer

Every effort has been made to ensure this document is accurate, reliable, and up to date at the time of publication. CVS will not accept responsibility for loss caused by reliance on this information and makes no representation or warranty regarding the quality or appropriateness of the data or information.



Government of South Australia

Community Visitor Scheme

211 Victoria Square
ADELAIDE SA 5000

GPO Box 292
Adelaide SA 5001

Tel: 1800 606 302

Email: Community Visitors@sa.gov.au
www.communityvisitorscheme.sa.gov.au

Hon Blair Boyer MP

Minister for Health and Wellbeing

Citi Centre Building

11 Hindmarsh Square

ADELAIDE SA 5000

Dear Minister

Annual Report for 2025-2026

In accordance with Division 2, section 54 (1) of the *Mental Health Act, 2009* (the Act), it gives me great pleasure to submit to you this Annual Report of the Principal Community Visitor 2025-2026 for presentation to the Parliament.

This report provides an account of the work of the South Australian Community Visitor Scheme during the financial year ending 30 June 2026.

Yours sincerely



Anne Gale

Principal Community Visitor

24 September 2026

Government of South Australia

Community Visitor Scheme

211 Victoria Square
ADELAIDE SA 5000

GPO Box 292
Adelaide SA 5001

Tel: 1800 606 302

Email: Community Visitors@sa.gov.au
www.communityvisitorscheme.sa.gov.au

Hon Katrine Hildyard MP

Minister for Human Services

1 King William Street

ADELAIDE SA 5000

Dear Minister

Annual Report for 2025-2026

In accordance with Regulation 6(2) of the *Disability Services (Community Visitor Scheme) Regulations 2013*, it gives me great pleasure to submit to you the Annual Report of the Principal Community Visitor 2025-2026 for presentation to the Parliament.

This report provides an account of the work of the South Australian Community Visitor Scheme during the financial year ending 30 June 2026.

Yours sincerely



Anne Gale

Principal Community Visitor

24 September 2026

Contents

Message from the Principal Community Visitor 07

About the CVS 13

Our Community Visitors 17

Reporting Domains 37

Community Visits

- Mental Health 39
- Disability 69
- Public Advocate Visits 87

Strategic Policy and Advocacy 90

Business Improvements 94

Appendices 97

Message from the Principal Community Visitor



Year in Review 2025-2026

I am pleased to present the 2025-2026 Annual Report for the South Australian Community Visitor Scheme (CVS).

With our dedicated volunteers, CVS provides independent oversight of services and listens to the voices of vulnerable South Australians to ensure their rights and dignity are upheld. Our visits and reports also highlight issues, identify trends and raise concerns for response and action by services.

At 30 June 2026, 32 appointed Community Visitors (CVs) had:

- completed 700 community visits across mental health sites, state-run disability accommodation and Public Advocate clients who are National Disability Insurance Scheme (NDIS) participants
- raised and identified 605 issues to visited services
- received 130 requests for advocacy to the CVS office.

During the year I visited 47 services, including 27 Department of Human Services (DHS), Disability and Specialised Services (DASS) sites and 20 mental health services across the state, including services in Port Augusta, Port Lincoln and Port Pirie.

Engaging with residents, clients, families, guardians and the staff that support the clients at these visits continues to be a highly rewarding and illuminating aspect of my role.

In the mental health sector there are a number of very high quality services including the new mental health rehabilitation services, those supporting people living with dementia at the Repat Health Precinct and child and adolescent mental health services. There are other services that require investment to be contemporary including forensic mental health services (community and inpatient); mental health clients in prison under Ministerial direction; and addressing the mix of clients at the Royal Adelaide Hospital PICU (Psychiatric Intensive Care Unit).

In disability services offered by DHS, there has been improvement in the service model, record keeping, understanding of restrictive practices and regularity of staffing for familiarity with clients. Reports often reflect the need for community engagement, activities for clients and staffing ratios. The impending changes to the NDIS and funding for community participation may impact clients who are at risk of

reduced community engagement and connection and may result in more time at home.

The CVS experienced further growth in the number of mental health services gazetted and over the past seven years this has increased by 55%.

There were 11 new sites added to the visitation schedule during the year including services in Port Augusta, Port Lincoln and Port Pirie, increasing the reach of the CVS in regional areas. This has provided the CVS with a greater perspective of how mental health services are delivered in regional areas and the challenges that both clients and staff face in access to and equity of services.

This year saw the opening of several new mental health services, including the three metropolitan Mental Health Rehabilitation Units, providing 72 beds across Modbury, Noarlunga and Woodville. These three services are an exceptionally positive addition to the mental health system, providing a modern, calm environment and contemporary, multi-disciplinary model of care. Similarly the opening of the new Sub-Acute Rehabilitation Unit at Mt Gambier Hospital provides additional beds in the Limestone Coast region. These new services, along with the new buildings for existing services at the Margaret Tobin Centre at Flinders Medical Centre and the Older Person's Mental Health Unit at Modbury Hospital, are a welcome step in the investment and modernisation of mental health services in SA. However, these new services highlight the disparity with outdated environments or models of care, including:

1. James Nash House - forensic mental health service
2. Forensic Disability Services at Tarnanthi and Sub-Acute Unit
3. Northgate House
4. Woodleigh House, Modbury Hospital *(due to be re-located to the Lyell McEwin Hospital in 2027)*
5. Psychiatric Intensive Care Unit (PICU) at The Queen Elizabeth Hospital (TQEH); and
6. the last remaining units with shared bedrooms at Cramond Clinic (adult acute mental health unit), TQEH; and Morier Ward (adult acute mental health unit), Noarlunga Hospital.

These services are a priority for future investment in mental health and forensic mental health (community and inpatient) services.

This will be the 14th year that the Principal Community Visitor has highlighted the concerns with the aged building environment at James Nash House. This remains forefront in CVS visit reports, reinforcing the ever-increasing need for additional forensic mental health capacity across South Australia along with the expansion of community forensic services to alleviate the need for inpatient beds at James Nash House, Tarnanthi and Sub-Acute Service and those in prison under a Ministerial Direction due to a lack of a forensic mental health bed.

In the disability sector, environment, equipment, and wellbeing and personal development issues continue to be at

the forefront of CVS reports. This highlights the systemic issues in both community participation and activity engagement, and the ageing condition of a number of disability homes. CVs completed more disability visits this year than in previous years, totalling 268 sites visited over the period. These visits were to a variety of disability settings within DHS including aged care, community homes, transitional accommodation services and robust environments.

Significantly for the coming year, the new *Disability Inclusion (Community Visitor Scheme) Amendment Regulations 2025* will commence from 1 July 2026.

These regulations will expand the scope of the scheme to provide the provision for any South Australian person over the age of 18 and receiving supports, services or treatments for a disability, to opt-in to the CVS. With the ongoing increase in mental health sites to be visited and limits to CV capacity, the CVS will require additional resourcing and capacity to successfully implement an expanded disability visitation program.

At a national level, the SA CVS has been actively involved in the National Consistency of Community Visitor Schemes project, which stemmed from a recommendation of the Disability Royal Commission. Funded by the Commonwealth Department of Health, Disability and Ageing, this work was co-led by the South Australian Department of Human Services (SA DHS) with consultation undertaken by 'WhereTo' and 'Ernst and Young'. The purpose of the project was to provide an evidence base to inform policy development and funding considerations, including potential costs, demand implications, and expected benefits associated with increased national consistency.

I was also pleased to be a panel member at Australia's Disability Strategy National Forum in February 2026. The panel presented to 350 in-person attendees and 370 online attendees about "Safeguarding – What keeps people safe?". Other members included the Disability Commissioner for Tasmania, the Disability Discrimination Commissioner for the Australian Human Rights Commission and the Chief Executive Officer of the Community Living Project.

Without our volunteer CVs we could not fulfil our role in the community. It is always a pleasure to spend time with our volunteers and we celebrated their contribution at a thank you event held in December last year, attended by the Hon Nat Cook MP, Minister for Human Services.

I would like to thank each Community Visitor for their dedication to the CVS, and contribution of their time in undertaking visits, writing reports, attending Forums and participating in training.

I also thank the Community Visitor Scheme Advisory Committee, including Anne Burgess, who has been the inaugural Chair since 2011.

I acknowledge and thank the dedicated staff of CVS, a very small team who

work tirelessly to schedule visits, follow up reports and advocate for clients, as well as undertake policy and project work to improve what we do, train new CVs, and much more. Despite being a small team, it has achieved an impressive amount throughout 2025–2026.

Finally, the future of the CVS needs to be secured and embedded. The CVS has experienced significant growth in mental health visits in recent years (55% over the past seven years) and the disability scheme is now expanding to include all adults with a disability. After 15 years of operating, the scheme's infrastructure and capacity requires review to bring it into a modern operating environment and cement its role in the safeguarding framework. Review and reforms areas include:

1. Dedicated Community Visitor Scheme legislation
2. A funding allocation as a program rather than provided through a Memorandum of Administrative Agreement by the agencies the scheme visits (the Departments of Health and Wellbeing and Human Services)
3. Staffing and Volunteer levels
4. Information and Communication Technology needs including automated scheduling for visits and enhanced security for communicating with volunteers
5. Advocacy functions
6. Hosting arrangements to an independent agency such as the Attorney-General's Department.

These areas of reform would enhance the sustainability of the scheme for the future given it has matured to an ongoing and expanded programme after its initial establishment in 2011.



Anne Gale

Principal Community Visitor

Vale Maurice Corcoran AM



At the time of writing this report, post 30 June 2026, I would like to acknowledge the inaugural Principal Community Visitor, Maurice Corcoran AM. Sadly, Maurice passed away in July 2026. Maurice was a champion of advocacy for people living with disability and established the Community Visitor Scheme in 2011. Maurice initially established the mental health component of the scheme commencing visits in 2011.

Maurice then expanded the scheme to disability services in 2014. Maurice brought significant lived experience to the work of the CVS and those he visited. Maurice also contributed to the United Nations Convention on the Rights of Persons with Disabilities, the Commonwealth *Disability Discrimination Act 1992*, and SA Public Transport Standards. Maurice went on to work at the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability in 2019 until 2023.

Maurice is remembered as a strong leader, advocate and a compassionate and kind person. He was supported by his family and regularly spoke of his partner in life Sheila and children, Sophie, Martha and Tom. CVS staff attended his funeral and we acknowledge the amazing work of Maurice Corcoran AM as the first Principal Community Visitor and the foundation he established for this scheme.

YEAR IN REVIEW
2025-26

Protecting rights, supporting advocacy, and strengthening oversight across disability and mental health services.



700
VISITS CONDUCTED

- 268 Disability
- 411 Mental Health
- 21 Public Advocate

605
ISSUES RAISED

- 319 Disability
- 267 Mental Health
- 19 Public Advocate

130
ADVOCACY REQUESTS

- 37 Disability
- 93 Mental Health

COMMUNITY VISITORS

32 APPOINTED COMMUNITY VISITORS

12 COMMUNITY VISITOR ORIENTEES

4 NEW COMMUNITY VISITORS APPOINTED

4 COMMUNITY VISITORS REAPPOINTED

4 FORUMS & EDUCATION SESSIONS

PROGRAM ACTIVITY

DISABILITY

- 268 VISITS
- 319 ISSUES RAISED
- 37 ADVOCACY REQUESTS
- 48 SITES VISITED MORE THAN ONCE

MENTAL HEALTH

- 411 VISITS
- 267 ISSUES RAISED
- 93 ADVOCACY REQUESTS

PUBLIC ADVOCATE

- 21 VISITS
- 19 ISSUES RAISED

1. About the Community Visitor Scheme

The Community Visitor Scheme (CVS) plays a vital role in the South Australian Government's safeguarding framework, recruiting volunteers as Community Visitors (CVs) to report on service systems using a rights-based approach. CVs visit services and advocate for individuals who access mental health treatment centres and community mental health facilities and state-run disability supports. Unlike other safeguarding schemes, CVS is proactive rather than reactionary in nature, enabling advocacy for quality of life from the client's perspective.

1.1. Functions

The CVS is tasked with visiting services prescribed in legislation, namely mental health services and Disability and Specialised Services sites operated by the Department of Human Services (DHS). CVs can also visit Public Advocate clients who are NDIS participants. A summary of functions is shown below.

CVs visit services and report on domain areas linked to human rights to ensure inclusive practices are being used. Reporting domains include client safety, restrictive practices, clients having a say in daily living activities, and clients accessing the community to do things they enjoy. Chapter 3 outlines domains in more detail. Importantly, during the visit, CVs listen to the voices of clients and families/guardians to identify any issues as well as innovations in service provision. After a visit concludes, CVs submit a written report for review by the Principal Community Visitor (PCV), and any issues or matters of concern are referred to relevant services or authorities, for their consideration and response.



TO VISIT, INSPECT AND REPORT

Enquire into issues relevant to 6 visit domains and 4 inspection domains that are linked to human rights principles and policies.



TO ENQUIRE, REFER MATTERS OF CONCERN AND ADVOCATE

Refer issues to services visited, and if serious, to relevant Executives and Chief Executives of Departments and Ministers.

Systemic and individual Advocacy.



TO PARTNER AND ADVISE

CVS Advisory Committee provides advice to the PCV on matters relevant to the scheme.

The Community Visitor Forum is a platform for volunteers to learn, share information, advise and network.

1.2. Organisation structure and funding

The PCV and CVs operate with powers and functions under dual legislation: the *Mental Health Act 2009*, and the *Disability Services Act (Community Visitor Scheme) Regulations 2013*. However, it is the *Mental Health Act 2009*, that establishes the Community Visitor Scheme and creates the roles of the PCV and the CVs. The PCV leads the Scheme and is appointed by the Governor on the recommendation of the Executive Council under the *Mental Health Act 2009*.

CVS is funded by the Department for Health and Wellbeing (DHW) and the Department of Human Services (DHS) through a Memorandum of Administrative Agreement and comprises of a small number of paid staff and volunteers. Funding by these agencies is controlled by them and presents a conflict as the CVS visits and inspects their services.

Led by the PCV, the team has an Assistant Principal Community Visitor, an Administrative Officer, two Coordinators (a Mental Health Coordinator and a Disability and Public Advocate Visits Coordinator), a Recruitment and Training Officer and a Project Support Officer as in Figure 1.



Figure 1: The Community Visitor Scheme organisational structure

1.3. Governance

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

1.4. The CVS Advisory Committee

The Community Visitor Scheme Advisory Committee comprises experts and influencers in the areas of disability and mental health to advise the Principal Community Visitor on strategic matters related to the Scheme. The Advisory Committee (see Appendix 9.5 for a list of members) is responsible for:

- providing strategic advice and support to the PCV regarding CVS
- assisting the PCV by providing advice and support in the development of reports to the Minister responsible for administration of the relevant legislation
- providing advice for policy, procedure and practice in accordance with the *Mental Health Act 2009* and the *Disability Services (Community Visitor Scheme) Regulations 2013*
- providing advice in terms of strategies and processes to ensure continuous improvement of CVS and the work of the CVs
- assisting in facilitating relevant and appropriate networks and relationships to increase awareness of CVS
- bringing together individual and collective efforts in a collaborative approach to consider matters with the aim of improving mental health services and provision of DHS, DASS within South Australia
- upholding the United Nations Convention on the Rights of Persons with Disabilities

A number of members of the Advisory Committee have served on the committee since its' inception in 2011 and then from 2014 with the introduction of visits to the disability sector. We recognise the contribution and dedication of all members, but in particular those below who have been a member in a community representative role for many years.

Anne Burgess, Chair - 15 years

Jayne Lehman, Disability Carer Representative - 12 years

Richard Bruggeman, Community Disability Advocate - 12 years

Andrew Crowther, Community Visitor Representative (Mental Health) – 5 years

David Meldrum, Community Visitor Representative (Disability) – 5 years

Briony Lia, Community Visitor Representative Proxy (Mental Health) – 3 years

Helen Jones, Community Visitor Representative Proxy (Disability) – 3 years

Sue Dixon, Disability Consumer Representative – 3 years



2. Our Community Visitors

The Community Visitor (CV) role is voluntary and requires time to undertake visits and inspections and write post-visit reports. Our volunteers are recruited through a four-step application process and successful candidates are appointed by the Minister for Health and Wellbeing for a three-year term. Volunteers provide an invaluable role in reporting on the quality of services provided to vulnerable South Australians across the state.

Formal qualifications are not required for the CV role, but applicants must:

- be 18 years of age or over
- not be working or studying full-time
- have access to a computer and mobile phone
- have essential personal aptitudes/skills (i.e. report writing)

CVs are required to have excellent communication and interpersonal skills, a desire to support people through advocacy and a dedication to improving services. People with lived experience, from culturally and linguistically diverse backgrounds, and Aboriginal or Torres Strait Islander people are encouraged to apply. A complete list of all CVs who were appointed for all, or in part of the reporting period, is in Appendix 9.2.

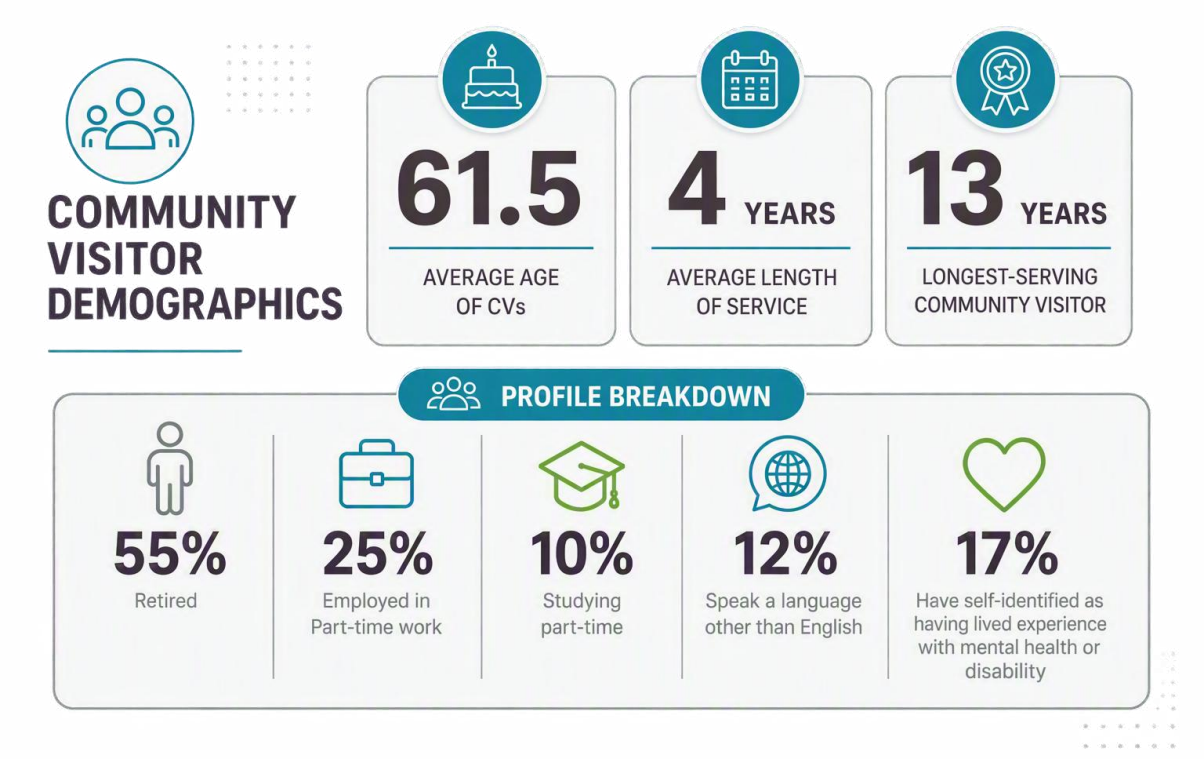


Figure 2: Demographics of Community Visitors in 2025-26

2.1. Appointments, re-appointments and resignations

The number of appointed CVs was slightly lower compared to the last reporting period and during the year ranged from 30 to 32 (see Table 1). There is a range in numbers due to retirement, recruitment and appointments being ongoing throughout the year. There were four new appointments in 2025-2026 compared to seven in 2024-2025.

Reappointments are made following three years of service and the lower number of reappointments in this reporting period, compared to the previous one, is due to the timing of past appointments. All four CVs who were offered reappointment, accepted. The number of resignations remained stable at five, with reasons including ill health, securing full-time work and changes in circumstances.

	2024-25	2025-26
No. Appointed Community Visitors	33 – 37	30 - 32
No. of new appointments	7	4
No. of reappointments	10	4
No. of resignations	5	5
No. not reappointed	5	Nil

Table 1: Comparison of Community Visitor appointments over two reporting periods

The number of CVs available for visits in any given month is often lower than the number of appointed CVs. This is due to people taking time off from the CV role due to illness, study commitments, travel or other reasons.

Increasingly, it is difficult to recruit volunteers and this is reflected in national trends where volunteering rates have declined over the past six years.

2.2. Becoming a Community Visitor

There is a four-stage process to appoint CVs as shown in Figure 3. Becoming a CV includes a comprehensive training and orientation program.

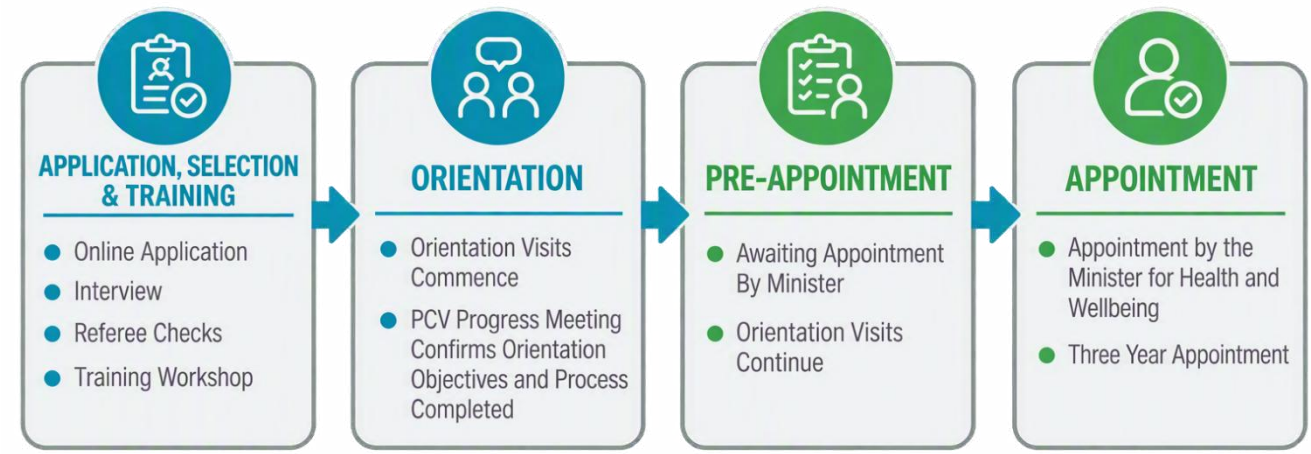


Figure 3: Four-stage Community Visitor recruitment process from application to appointment

Stage 1 - Application, selection and training

In 2025-2026, 29 people submitted an application to become a CV. This was an increase of 61% on the previous year and a result of a concentrated effort to increase the number of CVs, including the CVS "Bring a Friend" session. Existing CVs were asked to consider whether any of their friends, family or former colleagues may be interested in volunteering with the CVS. More details about the success of this campaign are included in Section 2.4 – How we promote the Scheme.

Each of the 29 applicants were contacted for further discussion. During these initial discussions, applicants were informed about the role and the application process.

Following the discussion with applicants, 22 people were interested in progressing and were invited to attend an interview. 17 people attended interviews and were invited to attend training. Fourteen people completed training during 2025-2026, which was a 133% increase on the previous year. A number of these people were undertaking orientation at the end of the reporting period.

In addition to the 29 applications received, 26 Expressions of Interest were received and answered, but did not result in an application. This was for a number of reasons – the most common including a person working full-time, the expectations of the role – including report writing and not having a set day and time to volunteer every week.

Stage 2 – Orientation

Once selected, applicants completed a pre-training module, an inhouse training program, then undertook a series of orientation visits with the PCV, Assistant PCV and experienced CVs. During this period, feedback is exchanged between the orientee and the PCV.

During 2025-2026 approximately 50 orientation visits were completed.

As at 30 June 2026, there are 12 people who are currently in the Orientation stage. This is a significant (140%) increase on the five Orientees reported in the previous reporting period, and a reflection of the significant increase in the number of people attending training and 'Bring a Friend' event.

Stage 3 - Pre-appointment

Pre-appointed CVs undertake visits with an experienced CV who provides mentorship. When orientees successfully completed their training and orientation, a progress meeting was held with the PCV about their experience, including the need for further training. When CVs are recommended for appointment, they sign the 'Conditions of Appointment' and 'Principles of Conduct' documents prior to being formally appointed.

Stage 4 – Appointment

CVs are appointed by the Minister for Health and Wellbeing for an initial three-year period. Prior to 30 October 2025, CVs were appointed by the Governor. Amendments to the *Mental Health Act 2009*, mean that CVs are now appointed by the Minister for Health and Wellbeing, rather than the Governor of South Australia. This change has enabled the CVS to progress Orientees to Appointment in a more stream-lined and efficient way.

The Community Visitor Application to Appointment Policy was updated to reflect the changes made under the *Mental Health Act 2009*.

All active Community Visitors have a Yearly Review with the Principal Community Visitor.

2.3. Volunteer support

To retain skilled volunteers over a three-year term CVS provided:

- ongoing training, education and development opportunities
- travel cost reimbursements
- an annual honorarium up to $1200 per volunteer (conditional as per the policy)

2.4. How we promote the Scheme

CVS' recruitment strategy is ongoing and volunteer opportunities are promoted on various social media platforms, including the CVS website, Volunteering SA&NT and other career sites (e.g. Seek and Go Volunteer). CVS manages and posts on Facebook and Linked In accounts and appointed CVs are asked to talk about their role within their own networks to encourage others to take an interest in the CVS.

"Bring a Friend" campaign

The CVS ran a "Bring a Friend" session where existing Community Visitors were asked to encourage their friends and colleagues to apply to become a Community Visitor. The CVS hosted a session which was attended by eight people interested in learning more about the role. A presentation was given by the Principal Community Visitor and existing CVs shared their reflections on their experience. Of the eight friends who attended, four went on to submit an application and attend training. Three are currently undergoing orientation.

Recruitment campaign advertising

During February 2026, an extensive recruitment campaign was launched by the Department of Human Services.

This included two Facebook ads and an advertisement that appeared in The Advertiser as shown in Figure 4.

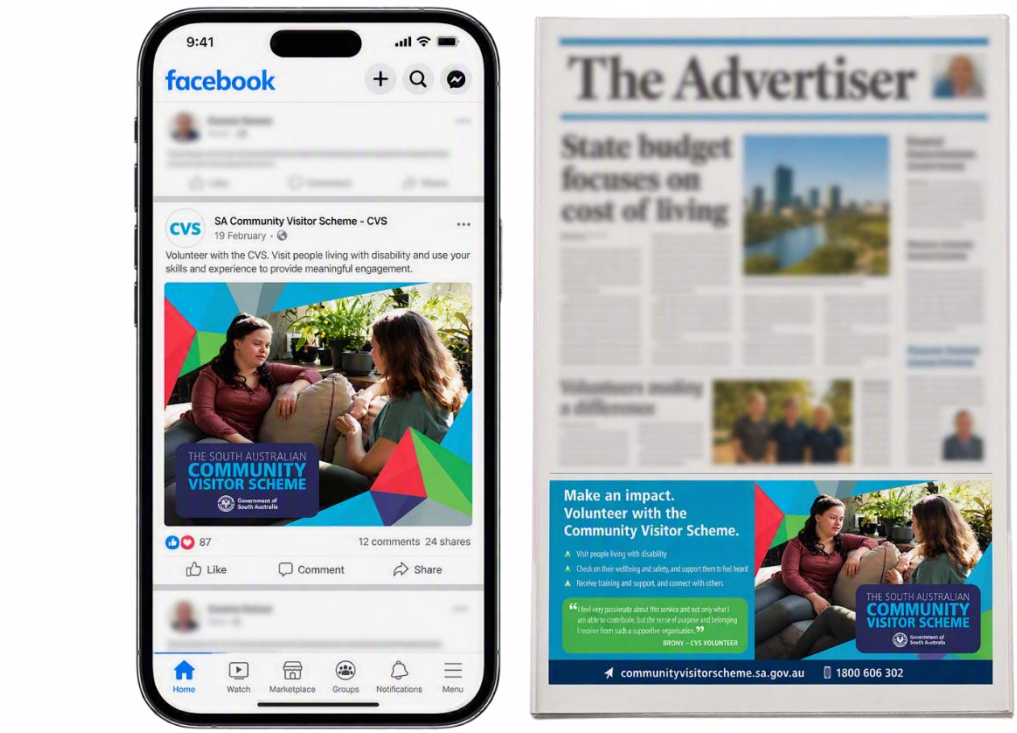


Figure 4: Images from the advertisement campaign on Facebook and The Advertiser

In addition to the advertisements, a number of articles were published across various print and online platforms. A selection of these can be seen below. Thank you to those organisations who shared our campaign across their social media channels.



Murray Pioneer
18 February 2026

Calling for more SA volunteers to support people living with disability

RIVERLANDERS have been encouraged to apply for a state volunteer program having direct positive impacts on disadvantaged members of the community.

Volunteer Briony Lia is one of many South Australians stepping up to support people with disability through the Community Visitor Scheme (CVS).

The State Government last week announced – if re-elected in March – the initiative would be expanded, "extending its scope beyond state-run disability services to include people living in private and non-government accommodation".

Ms Lia visits people with disability and mental illness to check on their wellbeing, listen to concerns, and help ensure their rights and care needs are being upheld.

"When I retired, my plan was to volunteer," Ms Lia said.

"Looking at my skills and experience, the CVS felt like the place where I could give my time and make a real difference.

"If you are able to advocate (for people) by listening to their story and giving them a voice you can influence service provision and change, as well as changing something during an inspection that may seem simple.

"I still feel very passionate about this service and not only what I am able to contribute, but the sense of purpose and belonging I receive from such a supportive organisation."

Minister for Human Services Nat Cook said expansion of the program will increase oversight and community connection for more South Australians with disability and mental illness.

"This expansion delivers on our commitment to strengthen the Community Visitor Scheme and ensures South Australians with disability or mental illness are safe, supported and protected," Ms Cook said.

"By broadening the scheme into private and non-government settings, we are significantly improving scrutiny and safeguarding for people with disability and mental illness.

"I strongly encourage anyone with a passion for protecting people's rights to consider becoming a community visitor – especially in regional communities. You can make a real difference in someone's life."

A state government media release regarding expansion of the CVS said "many more volunteers are needed".

"If you have empathy, important life experience, and good communication and report writing skills you are encouraged to put yourself forward to advocate for others," the statement read.

Principal community visitor Anne Gale said volunteers come from a wide range of backgrounds, including health, education, government and community services, and use their experience to act as independent advocates.

"The work community visitors do is both vital and deeply rewarding, offering meaningful connection while improving the lives of others," Ms Gale said.

"CVS volunteers are driven by a strong commitment to protecting the rights of people with disability or mental illness and improving the care they receive.

"As independent advocates, community visitors can raise concerns, ask the right questions, and advocate for people."

Volunteers should be able to commit to a minimum of two visits per month, have access to a mobile phone and a computer, agree to undergo screening checks, and be able to travel to and from visits by their own means.

Further information regarding the CVS is available by visiting the website (communityvisitorscheme.sa.gov.au), or calling 1800 606 302.

Volunteer Briony Lia (centre), with Hamilton Calder, of Volunteering SA&NT, and Minister for Human Services Nat Cook. PHOTO: supplied

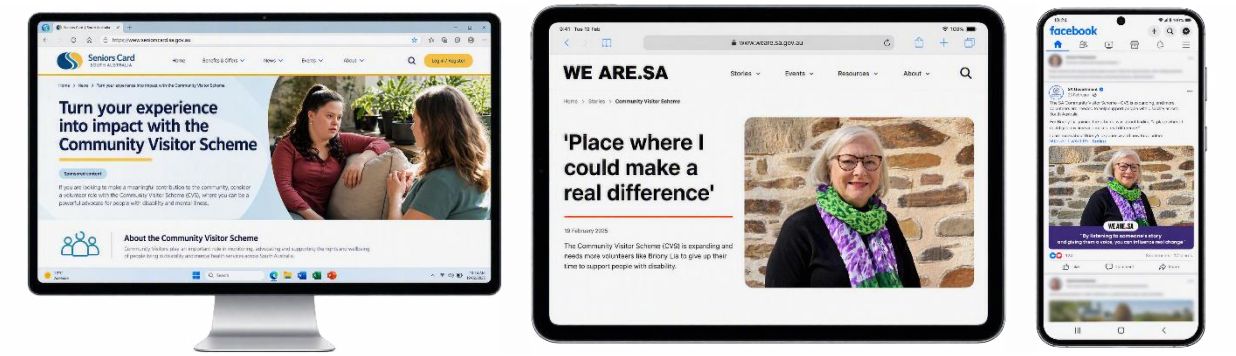


Figure 5: Various articles published across newspaper and online channels

2.5. Engagement and Events

Community Visitor Forum and Education Sessions

CVS facilitates a culture of collaboration and learning with our volunteers through Community Visitor forums, an important platform for knowledge sharing, education and strengthening connections. The CVs were invited to four forums during the year. Education sessions were held on the following topics:

- The new 72 Mental Health Rehabilitation beds – presented by the Director of Mental Health Policy, Planning and Safety (SA Health)
- Radical and Innovative Ideas for Improving Service User Lives – presented by the Senior Community & Projects Worker, Lived Experience Leadership & Advocacy Network (LELAN)
- Noarlunga Mental Health Rehabilitation Unit – presented by the Allied Health Director (Mental Health)
- Modbury Mental Health Precinct – presented by the Divisional Director of Nursing Mental Health, Northern Adelaide Local Health Network
- Disability Services Update – presented by the Director, Disability and Community Services, Department of Human Services

In addition to the education sessions held for existing Community Visitors, a “Bring a Friend” session was held to promote volunteering with the CVS to their friends and family.

Community of Practice

During 2025-2026, the CVS established a Community of Practice (CoP). The purpose of the CoP is to harness collective expertise to inform practices, help develop training tools to equip new volunteers with skills needed, assist with reporting functions and support the office in its operational policy making.

Expressions of Interest were open to CVs to be involved. The inaugural meeting was held in November 2025.

Topics discussed included:

- Engaging with clients on Community Mental Health Visits, including suggested questions to ask clients
- Explaining the CV role to client and services
- Suggested questions to ask staff during visits
- CVS Visit Reports
- Escalations and reporting pathways

The CoP will continue to meet twice a year.

Appreciation Lunch and Volunteer Celebration

The CVS hosted its' annual Appreciation Lunch and Volunteer Celebration on 11 December 2025.

Invited guests included the Ministers, CVs, members of the CVS Advisory Committee and stakeholders.

This event seeks to showcase and celebrate the outstanding achievements of our dedicated volunteer CVs. In addition to acknowledging their contributions, the event encourages volunteer engagement, providing an opportunity for them to connect with one another.



Figure 6: The former Minister for Human Services the Honourable Nat Cook MP (far right in pink) with guests at the Appreciation Lunch and Volunteer Celebration, including Community Visitors

Community Visitors Volunteer Service Awards

The CVS developed a recognition award for CVs to acknowledge time volunteering. The Awards are an important part of the Appreciation Lunch and Volunteer Celebration. Badges are awarded for 1, 3, 5, 7 and 10 years of service.



The following Awards were presented at the 2025 Celebration:

7 years of service	David Meldrum
3 years of service	Frank Walsh, Jade McInerney, Pam Simmons and Lou McLennan
1 year of service	Janet Adams, Martin Lockwood, Meredyth Taylor, Paul Glaze and Sabrina Ottaviano

All CVs received a South Australian Volunteer Certificate of Appreciation from the Hon Nat Cook MP, the then Minister for Human Services.

Australian Nursing & Midwifery Foundation Workshop

CVS attended the Australian Nursing & Midwifery Foundation SA Branch (ANMF) workshop and had an exhibitor's table at their "Retirement Ready: A Nurse/ Midwife's path to a secure future" session, in January 2026. CVs Eimear Muir-Cochrane and Briony Lia, attended along with Rondelle Oster, CVS Recruitment and Training Officer.

They spoke with participants about how volunteering with the CVS is a rewarding way to continue to use the skills and knowledge built over their careers.



Figure 7: Briony, Rondelle and Eimear attended the Australian Nursing & Midwifery Foundation Workshop

National Volunteer Week 2026 – 18 – 24 May 2026

The theme for this year was “Your Year to Volunteer” which honoured the contribution of volunteers and encouraged people across Australia to make 2026 the year they get involved and make a difference.

2026 is also the United Nations International Year of Volunteers for Sustainable Development (IVY 2026), highlighting the vital role of volunteers in advancing sustainability. National Volunteer Week 2026 supported IVY 2026 by amplifying the voices of volunteers and taking action to help volunteering thrive.

The CVS recognised the efforts of our volunteers during National Volunteer Week in a number of ways. Each CV received a letter from the PCV, along with a certificate and lapel pin.



Figure 8: Certificate of appreciation presented to Community Visitors

Additionally, daily Facebook and LinkedIn posts were published, using the comments from some of our passionate CV's as shown in Figure 9.



Figure 9: Selection of posts on Facebook and LinkedIn during National Volunteer Week

We had a “thank you” advertisement and a story published online in the SE Voice as shown in Figure 10 which covers the Limestone Coast region.

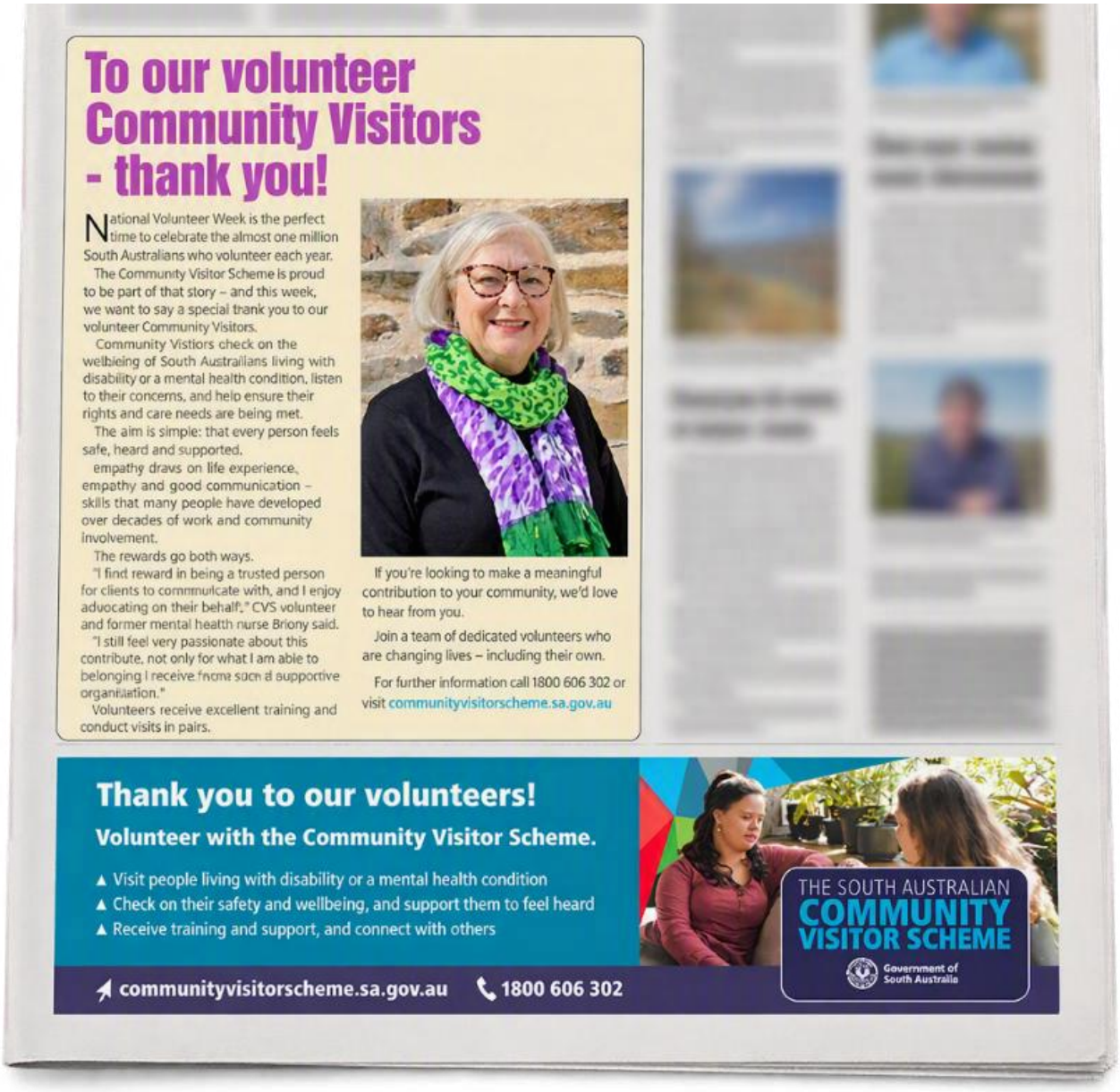


Figure 10: Publication in the SE Voice during National Volunteer Week

2.6. Meet some Community Visitors



Helen Jones

Appointed November 2021

I come from a long career as a primary and special education teacher. I caught up in the challenge and fun of teaching children with a range of disabilities and learning needs. My decades of work with children and families gave me a deep insight into the world of disability, neuro-diversity and social-emotional well-being.

At 65 years I accepted the reality that my time as a classroom teacher had to finish yet I still retained the passion and energy for being involved in aspects of the work I loved doing. When I was ready to look into volunteering an advertisement for the Community Visitor Scheme caught my attention.

The role has been so rewarding and fulfilling. I feel I am not only using the skills and expertise built over my career but I am continuing to learn and be challenged in a way that is fun and stimulating.

The highlights of the volunteer role I value are: face-to-face interactions with people living the experience of disability and mental health; using my role as a visitor to support changes and improvements to the service they receive; collegiality and team-work with others who share my interest and commitment. I must add to this what a privilege it has been to travel to regional centres to meet staff and clients who work together in amazing ways.

Briony Lia

Appointed November 2021



I have been a volunteer with CVS for 5 years. My background was for 21 years in adult community mental health as a Nurse Practitioner, then finally transferring to Adelaide University into education as a clinical lecturer in nursing for the last 9 years of my working life.

During this time, I developed a strong sense for advocacy for the vulnerable and aged, so when I was looking to retire in 2020, CVS was the most obvious and stand out organisation to offer my skills as a volunteer.

The time spent with CVS has been extremely rewarding, giving me a sense of belonging to a very supportive valuable organisation for vulnerable clients and their families with mental health and disability throughout South Australia City and Rural areas. I would highly recommend being a volunteer with CVS, there is training and ongoing education forums, with continued support through the time you are a volunteer.



Eimear Muir-Cochrane

Appointed November 2021

I have been a volunteer Community Visitor for five years and love the variety and diversity in the work this role involves. I am also an Emeritus Professor at Flinders University in mental health nursing with gives me a good preparation for this significant role. However to be a Community Visitor doesn't require a health or caring background necessarily.

To undertake this role you need to have good verbal and written communication skills and very importantly, a genuine interest and curiosity in people. A desire to assist through advocacy is a key characteristic of this role. I have met fascinating Community Visitors but more importantly interesting and resilient people living with mental health concerns and disability who have taught me a lot about personal autonomy and self-determination.

I have learnt a great deal about the mental health and disability sector, the changing landscape of care for vulnerable people and the commitment of services and support workers for whom they care.

Reflections from our Community Visitors

In February 2026, the CVS hosted a “Bring a Friend” session and CVs were invited to bring a friend who may be interested in volunteering with the CVS.

Fourteen CVs and eight friends attended the session where the PCV spoke and presented about the role of the CVS and the role of CVs. CVs shared their experiences and what they enjoy most about being a CV. They also spoke about rewarding visits and gave words of encouragement for people considering the role.

Helen – a rewarding visit

Helen shared a rewarding experience at a Hospital Inpatient Mental Health Unit and Emergency Department (ED).

Helen had a conversation with a client who was able to express themself clearly and calmly. The client struggled with their illness and was well supported by their family and the local community. At times the client became so ill, thinking suicide was their only way out and had to come to the hospital to get help. The client really wanted to share their very difficult experience in the ED on admission. As they told their story, Helen listened quietly and took some notes.

Helen reflected that it is a privilege to be trusted enough in her role to be taken into a clients’ confidence like this. She feels rewarded as it gives her an opportunity to speak up for someone who feels their voice is unheard.

The client recounted their distress of their experience in ED, being left alone in her cubicle while having feelings of suicidal ideation expressing how afraid she was being alone and seeing the nurse walk away nine times. The client and their family raised their concerns and the client recounted an immense relief when the doctor eventually arrived and assessed their situation.

Helen noted that as a Community Visitor, it was important for her that she could confirm that she was able to follow up by asking questions of nursing staff and would be able to speak directly with the Nursing Unit Manager (NUM) responsible for mental health in ED. Helen was able to reassure the client that reports made of instances like theirs are made in writing by CVs and followed through at a higher level.

Helen shared that *“it is rewarding when my report is responded to by our Principal Community Visitor, when ideas I raise are discussed and assurances given how issues can be taken up. In this instance we discussed a direct approach to the hospital to seek that an alert was put on the client’s file for future presentations.”*

“It is such a rewarding feeling to know the small efforts and actions from each visit I do as a Community Visitor, come together with the actions of others, to build a bigger picture. The input from all of us does lead to changes in the system that I can see and appreciate”.

David – a poem

David read a poem titled “Tall, very thin” which he had written following a visit. David kindly agreed for it to be published in this Annual Report. The poem has been de-identified for the client’s privacy.



Tall, very thin

David Meldrum

They’re tall, very thin, moving gently, like everything hurts and they’re tired out. Twenty five? Thirty five? Something’s made their eyes old. They’re glad to sit, agrees to talk.

What brought you here?

They sigh. How many before me have asked this? Started with what we wanted to know, not what they might want to ask of us.

Their voice is barely a whisper.

A week ago I was in the hospital. They sent me here.

I (Community Visitor) do my job.

Is this place working for you?

Yes, they are nice to me. The food is good.

A sudden laugh. The room lights up. They are the sun. Their face softens and they are beautiful.

I can ask for what I like, and they try to get it for me.

As if this was a miracle.

Why were you in the hospital?

Their smile fades.

I got unwell. I need the injection, the depot. I lost my wallet, with all my money, my cards, my ID. And my phone. I couldn’t ask Centrelink for help with no ID. The voices were getting loud. I was sick. I was living in the park, under carports, anywhere I could try to get warm. For about two months. Till the police took me to the hospital.

In winter?

A level gaze. Is this man stupid?

Yes, it has been cold.

So you got the injection. Is it working for you?

Yes, no more voices.

Do you feel safe here?

Yes, the staff here are lovely. They've helped me get my ID back.

Again that smile. There is grace here.

Where to next?

I will go back interstate. I know people there. People from my country. I can live with my friend.

When do you leave?

In a few days.

What was it like on the streets?

Silence for a while. Looking out of the window. Then.

I was so worried about not being able to tell my mother that I was OK. That was the worst bit. I had no phone, I knew she would be upset. At the hospital they helped me to ring her overseas. She was so happy.

Did you learn new things living rough?

Two. One is there are many kind people. Two is, put your belongings outside you bedding where bad people can grab them Better that they don't have to attack you to get at it.

We stand. I offer my hand, they shake it softly. I thank them for talking with us.

Their voice is back to a whisper.

It's OK. Goodbye.

I walk back into my life.

2.7. Systemic issues

In June 2026, Volunteering SA & NT released the "State of Volunteering Report 2025"[1].

Key findings from this report indicate that approximately one million South Australians, representing 63.7% of people aged 15 and over, volunteer each year. Together, they contribute almost 295 million hours, generating an estimated $45 billion in social and economic value.

The CVS experience reflects many of the findings, detailed below.

Volunteer recruitment: The report indicated that direct invitation by family, friends, or colleagues was the most common pathway into volunteering (reported by 45.9% of volunteers). This is reflective of the CVS experience and was demonstrated in early 2026 when eight friends of existing CVs attended an information session about volunteering with the CVS. Four of those people went on to apply and attend training, with three currently undertaking orientation visits.

Volunteer motivations: Motivations for volunteering were measured around two broad categories: benefits to others and benefits to self.



Figure 11: Top 5 extrinsic and intrinsic motivations for volunteering

Many CVs comment that as well as helping others, they enjoy being able to use the skills they have gained through their experiences – with numerous CVs having spent significant time working in either the mental health or disability sectors. They also recognise that the training provided for the role keeps their knowledge up-to-date.

Barriers and Constraints: Respondents to the survey used to inform the report identified the following barriers:



Figure 12: Top 5 barriers to volunteering as reported by non-volunteers and volunteers

Time constraints were further broken down, with the factors that limit a person's available time to volunteer being reported as work or study commitments (34.4%), followed by family or caring duties (25.8%), health (25.0%), and income or costs (22.8%).

Volunteer attrition: According to the report, approximately 31% of current and past volunteers reported recently reducing or stopping their volunteering. Those who reduced or stopped their volunteering cited an average of 1.7 reasons. Changes to work, study, or family circumstances were the most commonly cited reason (37.3%), followed by mobility or accessibility issues (18.1 %) and burnout from over-volunteering (16.5%).

Of the five CV resignations in 2025-2026, three were due to work commitments (60%), one was due to health concerns impacting on accessibility (20%) and the fifth was cited as other reasons.

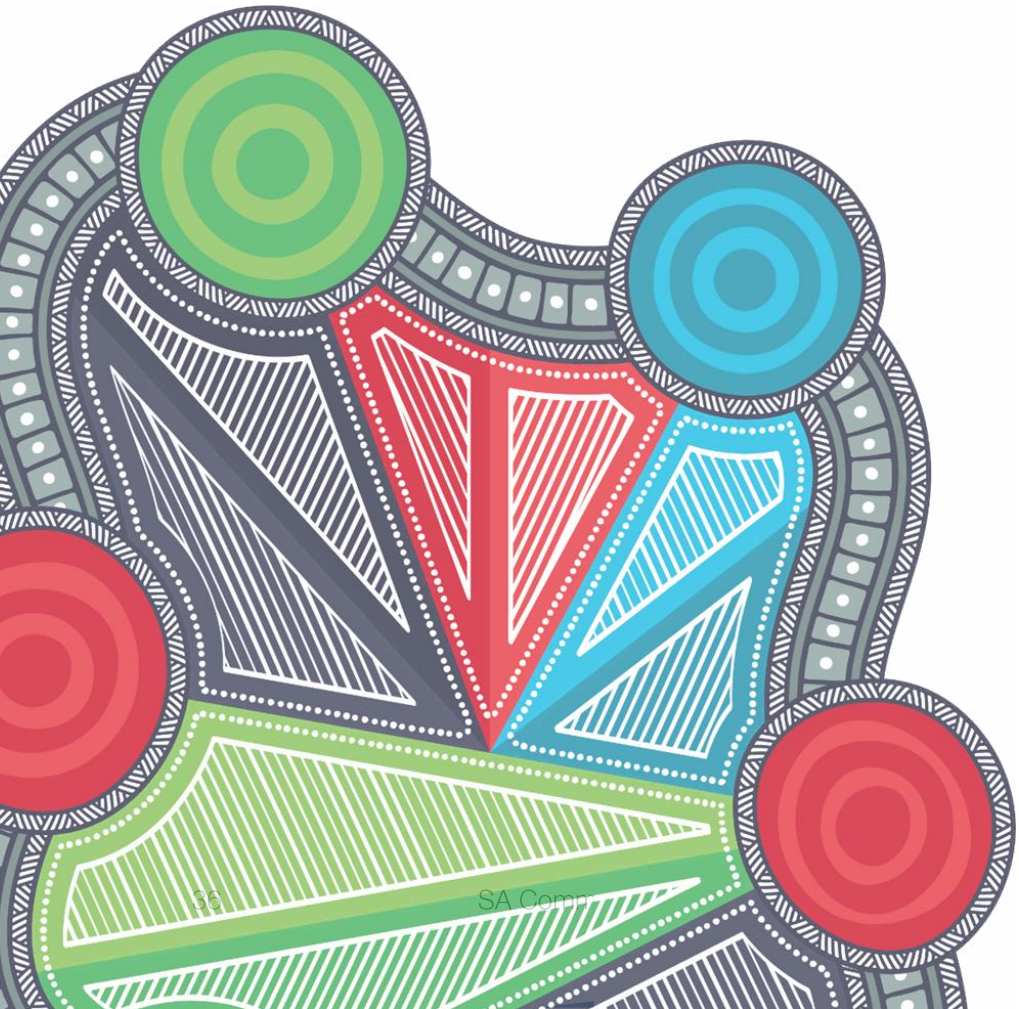
According to the report, nearly 70% of volunteers intend to maintain or increase their involvement over the next three years, alongside 21.3% of non-volunteers who expect to start volunteering.

The Australian perspective

In addition to the local “State of Volunteering Report” published by Volunteering SA&NT, Volunteering Australia published a fact sheet in May 2026 titled “General Social Survey 2025: at a glance fact sheet[2]”. The paper is based on data contained in the latest Australian Bureau of Statistics (ABS) General Social Survey (GSS).

According to that paper, the rate of formal volunteering declined from a peak of 36.2% in 2010 to 28.8% in 2019, prior to the COVID-19 pandemic, falling further to 25% during the COVID-19 pandemic. Formal volunteering rates were shown to be 22.6% in 2025 demonstrating that formal volunteering has not recovered to pre COVID-19 levels.

Volunteering is impacted as more households experience financial stress across all indicators measured in the 2025 GSS compared with 2020. Notably, this data was collected in 2025, prior to the fuel crisis in 2026, which has seen volunteers and organisations face increased fuel costs resulting in some organisations struggling to maintain services. This impact is likely to be reflected in the 2026 GSS results.



SA Comm

3. Reporting Domains

The following domains were informed by quality standards, such as the NDIS Quality and Safeguards Commission (QSC), the United Nations Convention on the Rights of Persons with Disabilities and mental health standards. These are used by CVs to report on issues in the disability and mental health sector when conducting community visits.

VISIT DOMAINS	INSPECTION DOMAINS
DOMAIN 1 **Voice and Participation** I have the right to participate and be involved in decisions and care planning.	**DOMAIN 1** **Plans and Records** I have the right to an accurate record.
DOMAIN 2 **Restrictive Practices and Safety** I have the right to be safe.	**DOMAIN 2** **Environment** I have the right to be in a safe environment.
DOMAIN 3 **Inclusion and Diversity** I have the right to access services that meet my individual needs.	**DOMAIN 3** **Equipment** I have the right to equipment that meets my needs.
DOMAIN 4 **Wellbeing and Personal Development** I have the right to quality services that ensure my wellbeing and development.	**DOMAIN 4** **Safety** I have the right to access a safe service.
DOMAIN 5 **Access to Information and Person-Centred Services** I have the right to access services, information and my records.	
DOMAIN 6 **Dignity and Respect** I have the right to be treated with respect and my privacy upheld.	

Table 2: Visit and Inspection domains used to report on visits

3.1 Community visit report pathway

Every CV Report is reviewed by the office to assess issues and matters of concern. All issues are collated as part of a monthly report to Service Managers. Critical matters of concern are escalated to the Department's Chief Executive, Executives and relevant Ministers if significant (see Figure 13 below).

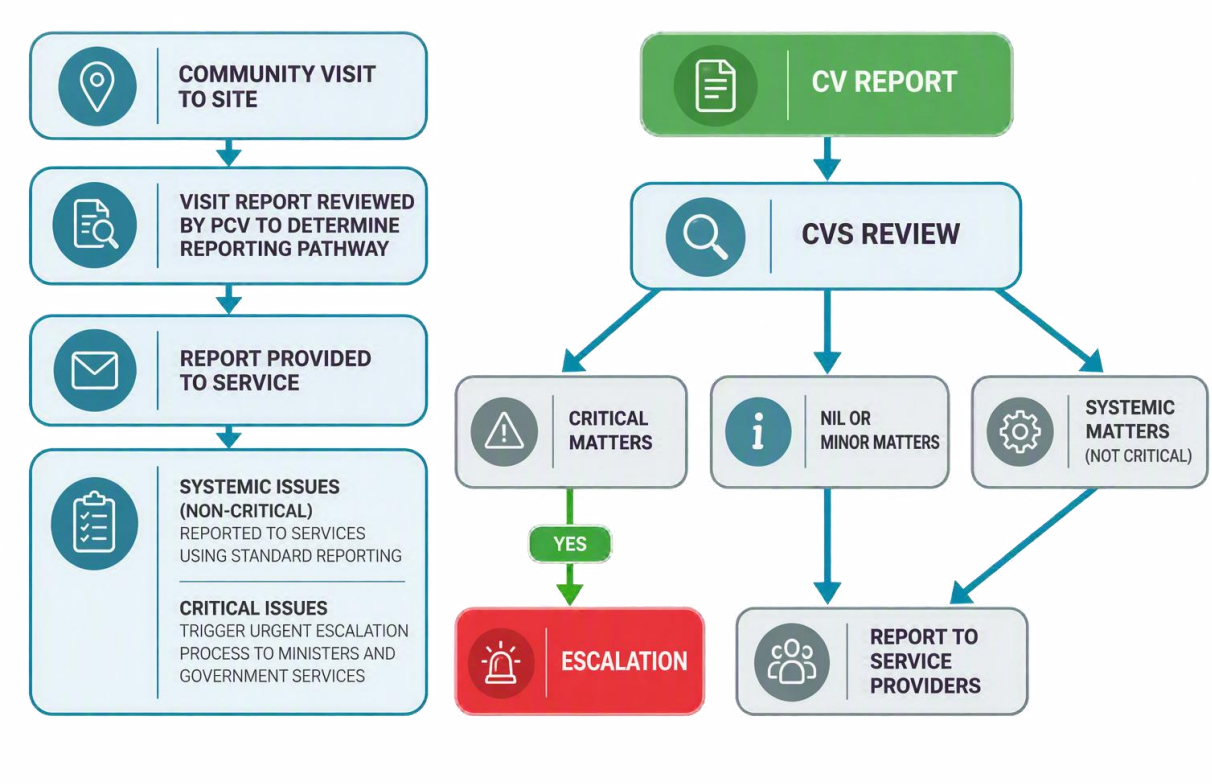


Figure 13: Community visit report journey and escalation process

4. Community Visits – Mental Health

The *Mental Health Act 2009* mandates that each approved treatment centre and authorised community mental health facility that is gazetted by the Chief Psychiatrist will have a visit and inspection by the CVS at a frequency determined in the Act. During the reporting year, the *Mental Health Act 2009, (Mental Health (Community Visitor Scheme) Amendment Act 2025)* was passed by the Parliament, which made changes to the required frequency of CVS visits to these services. This is discussed further in Section 4.1 below. A list of mental health services visited can be found in Appendix 9.6 and 9.7.

Visits and inspections may also be undertaken by audiovisual or other electronic means if it is not reasonably practical for a CV to physically visit or enter the premises.

Over the past year there has again been significant growth in the number of services gazetted by the Chief Psychiatrist that the CVS is required to visit. This includes expansion to services in the regional locations of Port Augusta, Port Lincoln and Port Pirie.

In the 2025-2026 reporting period CVS was required to visit and inspect 93 gazetted sites, which included:

- 15 approved treatment centres (with 59 individual services within those centres)
- 34 authorised community mental health facilities
    - 8 residential community mental health facilities
    - 26 outpatient community mental health facilities

There were 12 additional mental health services gazetted either during this reporting period, or late in the 2024-25 reporting period, which CVS commenced visitation to during 2025-26. These services are:

- Flinders and Far North Community Mental Health Service
- Flinders Medical Centre – Ward SW *(temporary gazettal – expired 19 May 2026)*
- Flinders Medical Centre – Ward 5P (PICU), Margaret Tobin Centre
- Modbury Hospital - Mental Health Rehabilitation Unit
- Modbury Hospital - Older Person's Mental Health Unit *(relocated from the Lyell McEwin Hospital Ward 1H)*
- Noarlunga Hospital - Mental Health Rehabilitation Service
- Port Lincoln Child and Adolescent Mental Health Service
- Port Lincoln Community Mental Health Service
- Port Pirie Hospital – Ward A
- Repat Health Precinct – Tarin Kowt
- Repat Health Precinct – Timor 5

- The Queen Elizabeth Hospital - Mental Health Rehabilitation Service

The new Sub-Acute & Rehabilitation Unit at Mount Gambier Hospital was also opened in June 2026 and the CVS will undertake the first visit to this unit in the next reporting period.

During 2025-2026 there were 411 completed visits and 132 (31%) of these visits were undertaken as an unannounced visit to the service. This was a slight, 4% decrease on the number of completed in the last reporting period, and this is due to the amendments made to the Mental Health Act 2009, reducing the required frequency of visits to community mental health services. This is discussed further in section 4.1.

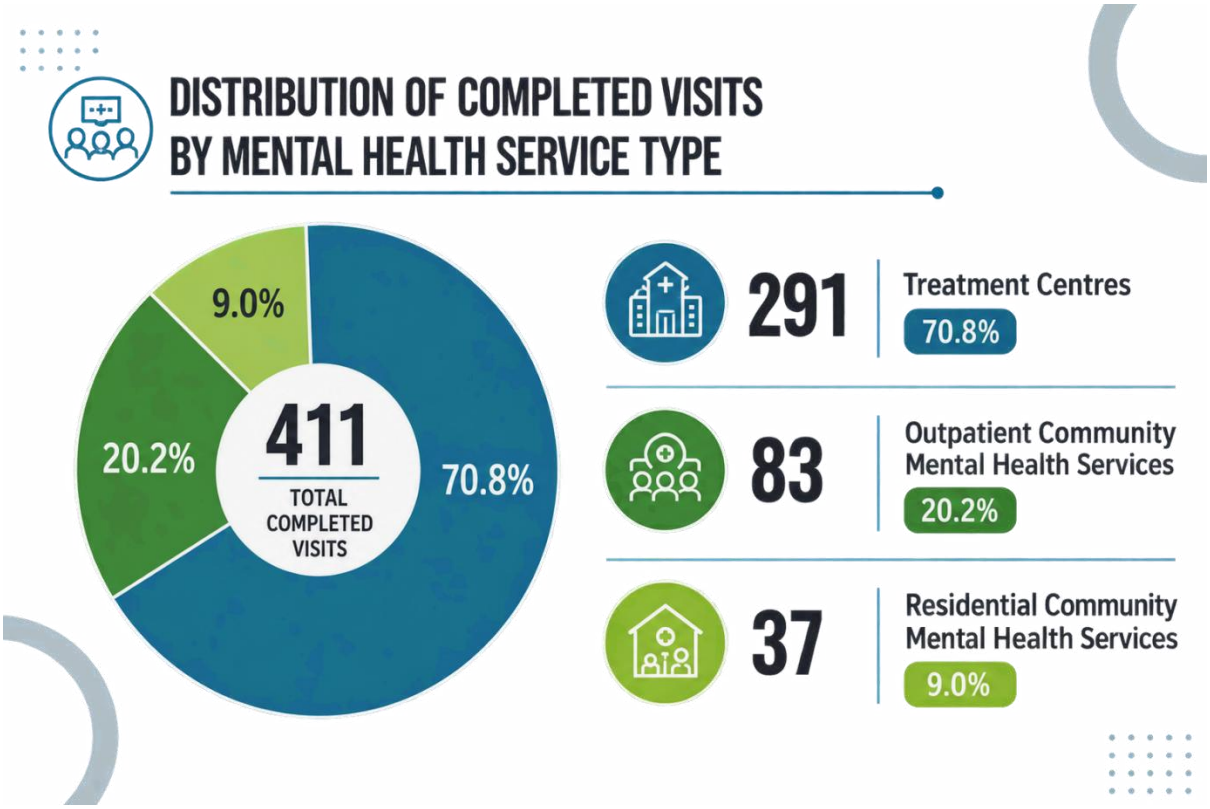


Figure 14: Distribution of completed visits by mental health service type

During the reporting period, 15 visits were unable to completed within the legislated timeframe in the *Mental Health Act 2009*, following multiple efforts to undertake the visit. These visits were recorded as attempted visits.

Of the 15 attempted visits, 11 were unable to be completed due to availability of CVs, one of which was rescheduled to the following month. Four visits were not completed after CVs reached the service but were unable to proceed due to service workforce shortages or a code black incident occurring at the time of the visit.

MONTH DUE TO BE VISITED	SERVICE NAME	WARD / UNIT
July 2025	Noarlunga Hospital	Emergency Department
July 2025	Noarlunga Hospital	Morier Ward
September 2025	Mt Gambier Community Mental Health Team	–
December 2025	Lyell McEwin Hospital	Ward 1G
December 2025	Lyell McEwin Hospital	Ward 1H
December 2025	Lyell McEwin Hospital	Ward 1G – PICU
April 2026	Southern Older Person's Community Mental Health Service	–
April 2026	Queen Elizabeth Hospital	Emergency Department
April 2026	Queen Elizabeth Hospital	Cramond Clinic PICU
April 2026	Flinders Medical Centre	Ward 2SW
April 2026	Flinders Medical Centre	Emergency Department
April 2026	Flinders Medical Centre	Short Stay Unit
May 2026	Glenside Campus (Eastern Acute)	–
June 2026	Modbury Hospital	Mental Health Rehabilitation Unit
June 2026	Modbury Hospital	Older Person's Mental Health Unit

Table 3: List of mental health sites unable to be visited during 2025-26

The recording of attempted visits reflects the CVS's commitment to meeting its' monitoring responsibilities and ensuring that all reasonable efforts are made to conduct visits in accordance with legislative requirements.

From the 411 completed visits, 267 issues were raised and sent to services for feedback.

There were 93 requests for advocacy received by the CVS office by phone or email during the reporting period, a 15% increase on the previous year. A further 48 instances of advocacy assistance were provided by CVs during visits.

VISITS COMPLETED TO INDIVIDUAL UNITS / SERVICES	REQUESTS FOR ADVOCACY	NO. ISSUES REFERRED TO LHNS / PROVIDERS FOR FOLLOW UP
2025-2026		
411	93	267
2024-2025		
429	81	210
2023-2024		
442	84	190
2022-2023		
417	55	259

Table 4: Comparison of mental health visits, requests for advocacy and issues over a four-year period.

4.1. Change in visit frequency

In October 2026 the *Mental Health Act 2009, (Mental Health (Community Visitor Scheme) Amendment Act 2025)* came into effect, providing changes to the CVS visit frequency requirements. Previously, all CVS visits to treatment centres and authorised community mental health facilities were required to be visited bi-monthly. No changes were made to the visitation of treatment centres, which remain as bi-monthly visits with a combination of announced and unannounced visits.

The amendments made to Section 52A (1)(a)(i) and (ii) are as follows:

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

(1) Subject to this Division, an authorised community mental health facility—

(a) must, in accordance with any requirements prescribed by the regulations, be visited and inspected—

(i) in the case of a residential authorised community mental health facility—at least once in every 4 month period (unless the regulations provide otherwise); or

(ii) in the case of an outpatient authorised community mental health facility—at least once in every 6 month period; and

(b) may be visited at any time.

These amendments to the visitation frequency were made to allow for the prioritisation of visits to more vulnerable mental health services given the ongoing increase in the gazettal of mental health services and therefore CVS requirement to visit. It also provides greater flexibility in undertaking visits within the capacity of CVs alongside the visitation to disability accommodation under the *Disability Services (Community Visitor Scheme) Regulations 2023*.

This change also aimed to facilitate greater opportunities for client participation at visits to outpatient community mental health services, allowing all community mental health visits to be announced and scheduled in conjunction with the service to promote client engagement.

I thank the Minister for Health and Wellbeing and the Office of the Chief Psychiatrist for working with the CVS to facilitate this legislative change, which was supported by many Local Health Networks and community stakeholders during the consultation process.

4.2. Additional requested visits

If a request for a community visit is made to a service, outside of the scheduled visits, the manager or a person in a position of authority at a treatment centre or community mental health facility must advise CVS of the request, within two working days. During 2025-2026, CVS undertook one additional requested visit at the request of a client at the Cramond Clinic, The Queen Elizabeth Hospital.

4.3. Audiovisual Visits

During the reporting period, the CVS conducted seven audio-visual (AV) visits to mental health services in regional South Australia. AV visits were utilised as an alternative to in-person visits to maintain engagement with services and consumers while ensuring legislative requirements were met.

Of the seven AV visits conducted, four were required due to the unavailability of CVs to attend services in person. Two visits were undertaken by the PCV, to establish an initial understanding of the service and engage with management prior to an in-person visit. One AV visit was a planned visit to a regional mental health service.

The use of AV technology enabled the CVS to maintain oversight of regional mental health services despite CV unavailability and geographical challenges. This approach ensured continuity of monitoring activities, supported ongoing engagement with service providers and enabled the Scheme to meet its legislative responsibilities with the increase in regional mental health sites required to be visited this year.

4.4. Key findings from visits

The following section discusses issues reported by CVs, from their visits. Issues are categorised into six visit and four inspection domains described in Chapter 3, along with matters related to staffing which are discussed further under section 4.6 Systemic Issues.

Across all Local Health Networks (LHNs) and service providers, Figure 15 shows the domain of environment accounted for the most frequently reported issues (58, or 22%), followed closely by wellbeing and personal development (54, or 20%), and access to information and person-centred services (48, or 18%). Other issues related to equipment (29, or 11%), staffing (24, or 9%), safety (15, or 6%), inclusion and diversity (13, or 5%), dignity and respect (8, or 3%), restrictive practices and safety (7, or 3%), voice and participation (6, or 2%) and plans and records (5, or 2%).

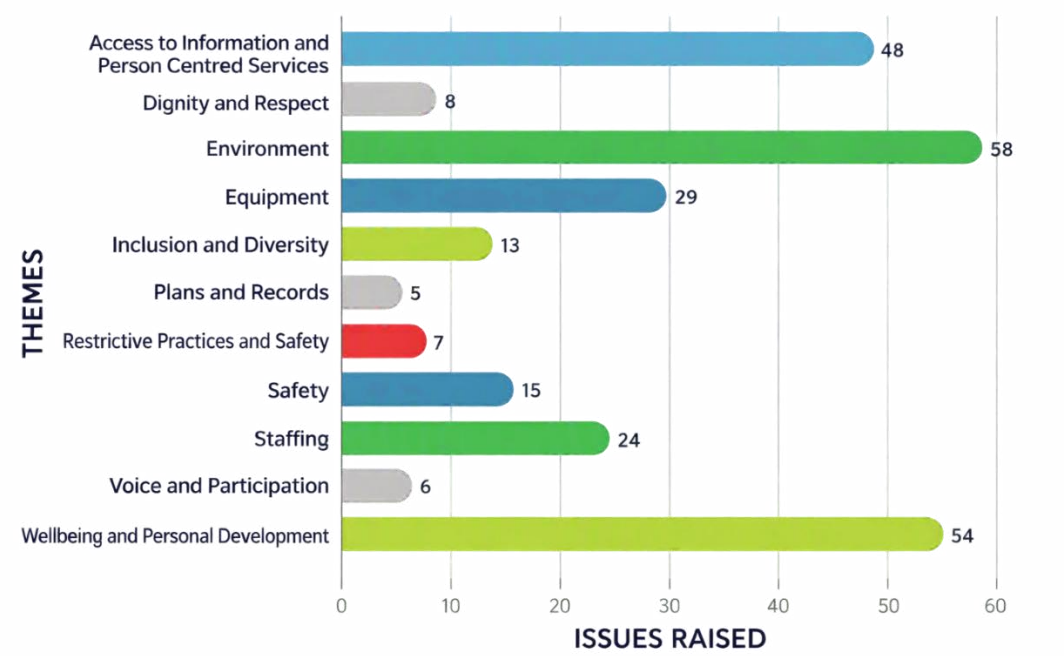


Figure 15: Themes of issues identified at mental health visits in 2025-2026

Commonly reported issues are discussed by domain, under each LHN or service provider in the following section.

4.4.1. Barossa Hills Fleurieu Local Health Network (BHFLHN)

CVs undertook 11 visits to services across the BHFLHN over the year, during which four issues were raised for follow up. These related to access to equipment (3) and information and person centred services (1).

An ongoing issue highlighted at the Rural and Remote service and others on the Glenside Campus is access to the Shared Activities Centre (SHAC) on the Glenside Campus, particularly the gym equipment. The SHAC facility is under Central Adelaide Local Health Network (CALHN) governance and whilst the BHFLHN have negotiated limited access to the SHAC for clients of Rural and Remote, this can be difficult to facilitate with the need for supervision by Rural and Remote staff. The BHFLHN advised the CVS they are considering the purchase of some exercise equipment in the unit, to enable greater access for clients.

Whilst access to the SHAC is desired by clients of Rural and Remote, CVs often commented on the extensive activities program provided in the unit, with a focus on skills, activity and recovery. One CVS visit noted the days' schedule included a morning coffee group, activity group, psychology group, cooking group, pharmacy group, gardening group and more. Staff explained that clients particularly enjoy the gardening activities.

This year the CVS commenced visiting the Adelaide Hills Community Mental Health Service, which provides outpatient mental health care to clients over 16 years of age in the Adelaide Hills region. Visits to the service have been positive with no issues identified.

4.4.2. Central Adelaide Local Health Network (CALHN)

Community Visitors undertook 77 visits to services across the CALHN over the year, during which 89 issues were raised for follow up. The most common themes related to wellbeing and personal development (18), environment (15), equipment (13), access to information and person centred services (13), inclusion and diversity (9) and staffing (9).

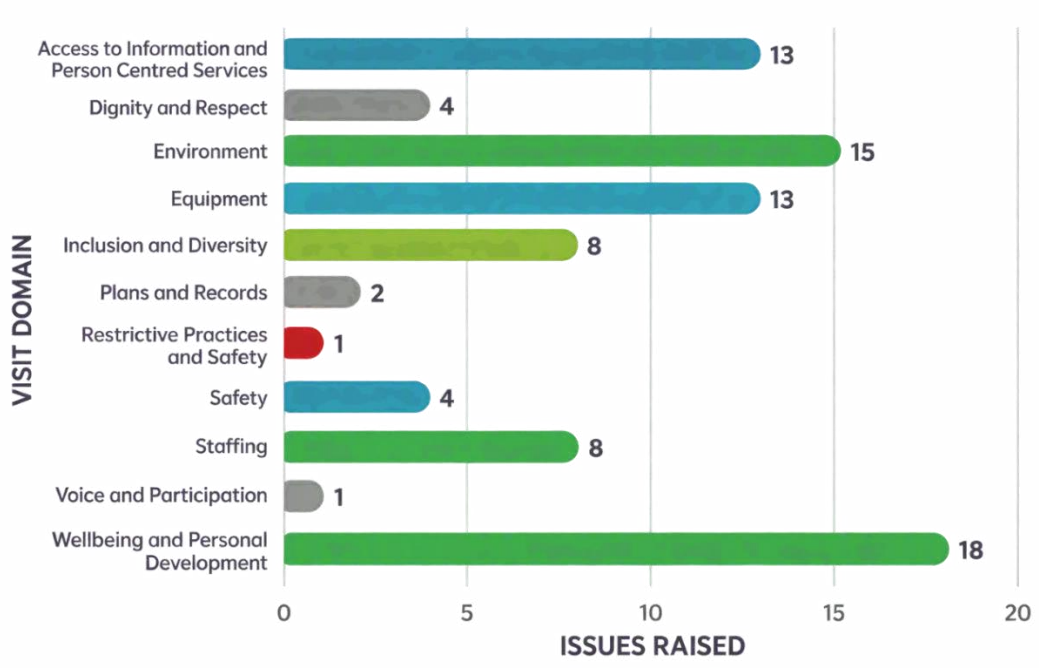


Figure 16: Number of issues identified by domain theme in CALHN in 2025-2026

Access to meaningful activities or sensory equipment was raised at a number of services across CALHN, particularly in the Short Stay Units. In more recent months there has also been a reduction in access to the Shared Activities Centre (SHAC) at the Glenside Campus, which has particularly impacted clients in the Inpatient Rehabilitation Service. The CVS has been advised this is due to a staffing change and is being addressed.

The wait times for mental health clients was again a concern during this year, particularly reported at visits to the Royal Adelaide Hospital (RAH) ED. At one visit to the RAH ED, Community Visitors reported there were 18 mental health clients awaiting review and possible admission. This included a young client with autism who had spent 80+ hours in the ED at the time of the visit, awaiting transfer to an acute mental health bed. The client and their family were concerned with both the length of stay and the ED environment, as the client wished to get some fresh air in a courtyard as this was how they usually manage themselves when distressed, however this was unable to be facilitated due to the staffing required.

Difficulties with the suitability of the ED environment, particularly for young people with autism, was raised with CVs at numerous visits during the year. At a separate visit to that above, CVs spoke with the family of a young person in the RAH ED about their child's experience as a first-time admission to the RAH through the ED and PICU. A summary from the CV report is below:

CVs spoke with the family of a client with autism in the PICU. This client had spent 3 nights in ED and the family reported that the busy environment with constant announcements over the loud speakers added considerable distress for the client. The family had to bring in a computer to play music as a sensory distraction. CVs were informed that staff in ED had advocated for the young person to be moved to a compassionate bed out of ED.

After four days the client was moved to the PICU (closed ward) which had restrictions on visiting times, impacting the support able to be provided by family members. The family felt that they had not had their rights explained to them.

This was the first admission for the client at the RAH and the family highlighted that they felt that the restrictive practices were not in the client's best interest. After what appeared to be 7 days at the RAH, the family were confused and distressed due to a lack of information and intervention. The family commented that the individual nurses were fantastic and demonstrated care for the client but the restrictions on visiting the client, experience in ED and lack of information could be improved.

In response to this clients' experience, CALHN acknowledged the inappropriateness of ED environments for mental health clients and that training opportunities for mental health staff was being investigated in relation to Autism awareness. CALHN advised they had also reminded staff to ensure all clients and their families are provided with welcome packs which contain relevant information about the PICU and visiting hours.

Issues related to environment highlighted the remaining shared rooms and bathrooms at Cramond Clinic, Queen Elizabeth Hospital, which impacts on the privacy and safety of clients in these rooms. This is discussed in more detail below in section 4.19.

Last year's Annual Report discussed a particular escalation of issues raised following a visit to the RAH PICU, which highlighted concerns related to the treatment and care of forensic and Department of Correctional Services (DCS) clients and the impact this was having on the unit, along with environmental factors and facilities available for clients. It was pleasing to hear that some of these aspects have been or are in train to be addressed by CALHN. CALHN have informed the CVS that quotes have been secured to provide a TV in the bedrooms in the PICU and there will be a separation of the treatment room/medication room, to enable a more private space for discussions in the treatment room.

In Ward 2G at the RAH, improvements have been made to the activities program, which is now a 7-day roster run by two Peer Workers. This addresses feedback from clients regarding a lack of activities in the unit, often leading to boredom. Staffing shortages at the RAH was regularly reported during CVS visits, across many disciplines including nursing, allied health and lived experience workforce. Towards the end of the year it was reported that the staffing shortages had settled and there were now limited vacancies across the mental health units.

At Western Intermediate Care Centre (ICC), clients spoke of a calm and well-resourced service, as both a place to transition to following a hospital stay, or vice versa as a place to go if needing some additional support, hoping to avoid a hospital admission. Some quotes from clients spoken to at visits to Western ICC are highlighted below.

'Client P said the service is "fantastic". She mentioned she has used the service over a number of years and has seen it change. When asked what she likes most about the service, she said that she likes the help and support she receives, the community groups and the beautiful gardens.

Another client described the service as "great" and said that liaison between her team at the Older Peoples' Mental Health Unit at Kidman Park, Ward SE at the QEH and Western ICC was streamlined and that "everyone knows what is going on". Her final remark to the CVs was "I hope we never lose it here".

Client P described the service as a "peaceful place to re-generate" and "always a good place to come". She said she preferred it over hospital where she wasn't able to do much for herself but at Western ICC she can do her own washing."

4.4.3. Eyre and Far North Local Health Network (EFNLHN)

Community Visitors undertook three visits to services in the EFNLHN over the year, during which no issues were raised for follow up. The CVS commenced visitation to the Port Lincoln Community Mental Health Service this year.

One client that CVs spoke with during a visit provided positive feedback on their experience of the Port Lincoln Community Mental Health Service, reporting *"I felt a huge wrap-around of support at my most vulnerable time*". The client also felt that the telehealth options worked well when they needed support from an Adelaide based service but did not wish to be transferred to Adelaide away from their support network.

4.4.4. Flinders and Upper North Local Health Network (FUNLHN)

Community Visitors undertook 18 visits to services across the FUNLHN over the year, during which 13 issues were raised for follow up. These issues related to environment (6), access to information and person centred services (2) and restrictive practices and safety (1), safety (1), staffing (1), voice and participation (1) and wellbeing and personal development (1).

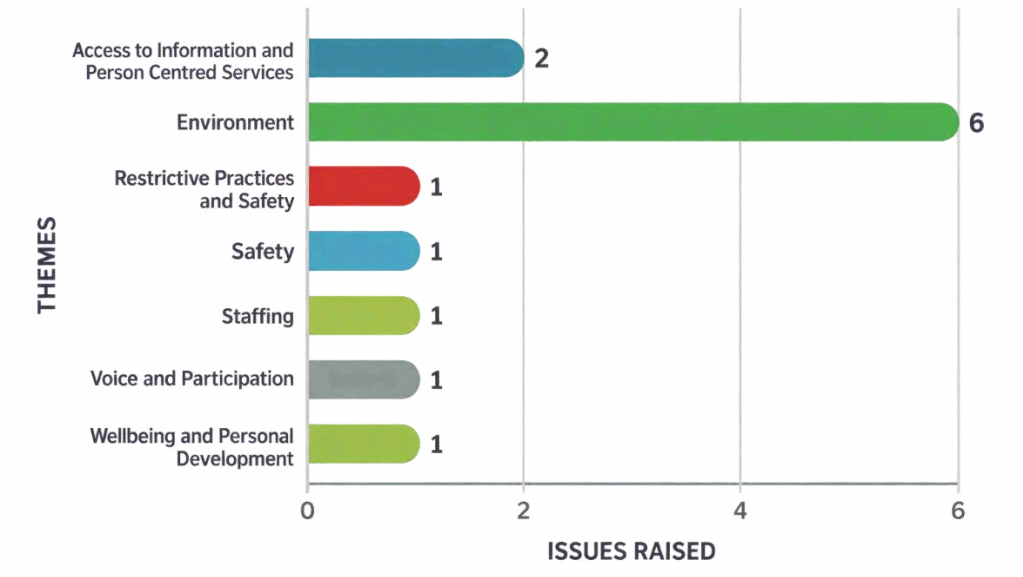


Figure 17: Number of issues identified by domain theme in FUNLHN in 2025-2026

Of the issues raised related to environment, almost all were in relation to the impact of the Whyalla Hospital ED redevelopment, which was delayed post commencement due to structural concerns on the site. The office for the mental health nurse in ED has been relocated to another part of the hospital and there is a lack of private and appropriate dedicated room for mental health clients presenting to ED. The FUNLHN has advised that the ED redevelopment will be significantly delayed with a new approach and location on the site required, however it is hoped that this delay will provide opportunities for an even larger ED facility with dedicated rooms and resources for mental health clients considered in the planning.

Issues related to access to person centred services highlighted the delays for mental health clients requiring transfer to Adelaide, often by the Royal Flying Doctors Service (RFDS). Emergency medical presentations receive priority for RFDS transfers which can often leave mental health clients waiting numerous days (particularly over a weekend) to be transferred to Adelaide for a PICU and acute mental health bed. This is discussed further in section 4.6.

The recruitment of an Aboriginal Liaison Officer at the Whyalla Hospital has been a difficulty for over three years and the service continues to seek recruitment to this position.

The importance of having a dedicated mental health nurse in the ED was highlighted in many CV reports, enabling timely and well connected mental health assessment for clients presenting in the ED.

''It was clear that patient B, in ED, was grateful for the offer of a bath, clean clothing and shoes. This aspect of her care to restore her dignity and well-being was just as important as the medical treatment. The trusting, respectful relationship B had with the MH nurse was evident as they talked together".

4.4.5. Limestone Coast Local Health Network (LCLHN)

Community Visitors undertook 15 visits to services across the LCLHN over the year, during which 11 issues were raised for follow up. These most common themes related to environment (3), wellbeing and personal development (3) and access to information and person centred services (2).

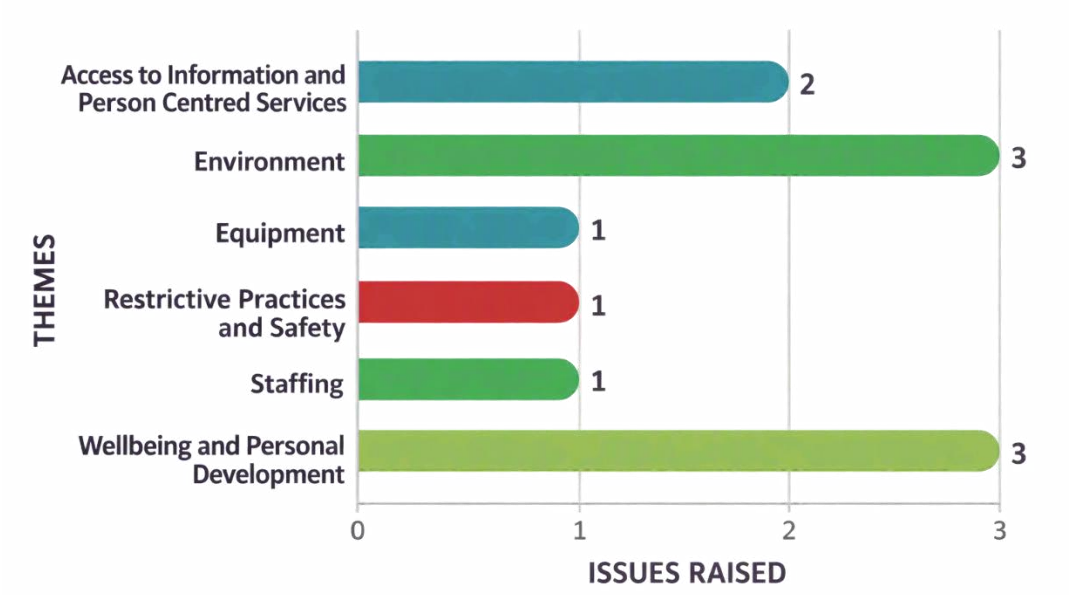


Figure 18: Number of issues identified by domain theme in LCLHN in 2025-2026

Issues related to environment included the lack of a dedicated room for mental health clients in the Mt Gambier Hospital ED and some maintenance issues in the Integrated Mental Health Inpatient Unit (IMHIU).

Whilst a dedicated space is not able to be provided for mental health clients in the ED, to assist with some of the sensory difficulties of the environment such as bright lights and loud noises, the service has created a Compassion Cart, which can be wheeled directly to patients, contains several drawers full of sensory items and support items like toiletry kits and activity packs for children.

Recruitment of a stable mental health workforce continues to remain an issue for services within this region, however this is not unique to the LCLHN and is identified across the many regional LHNs the CVS visits.

4.4.6. Northern Adelaide Local Health Network (NALHN)

Community Visitors undertook 98 visits to services across the NALHN over the year, during which 68 issues were raised for follow up. The most commonly reported themes related to wellbeing and personal development (19), environment (16), access to information and person centred services (10).

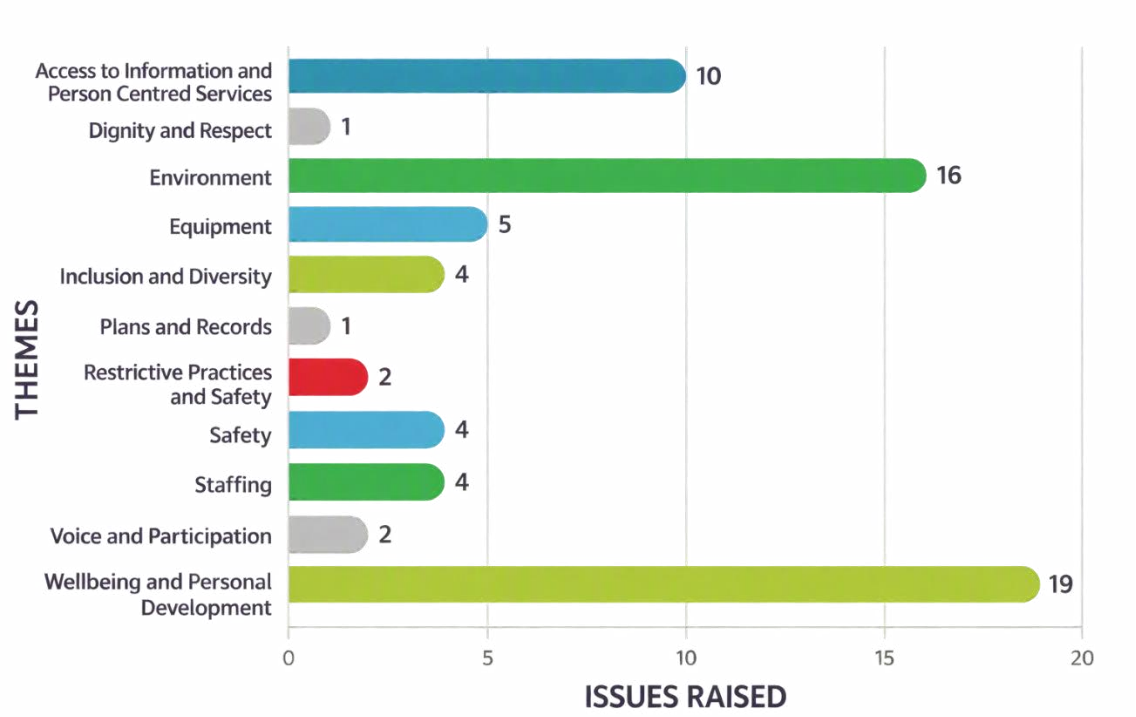


Figure 19: Number of issues identified by domain theme in NALHN in 2025-2026

In July 2025, NALHN created the Division of Forensic Mental Health, moving governance of the forensic mental health services from under the Division of Mental Health to be a Division in itself in the NALHN Executive structure, reporting directly to the NALHN Chief Executive Officer.

The most common issues raised under wellbeing and personal development included a lack of meaningful activities and choice and involvement in meals. These were particularly identified by clients in the longer stay and forensic settings, such as James Nash House and Tarnanthi and Sub-Acute unit. Environmental factors identified included maintenance required for outdoor areas or courtyards and issues with heating and cooling, often due to ageing buildings. This was an issue identified at a visit to James Nash House in January, where the air-conditioning was not functioning properly, and on days during summer where the temperatures are high, this can be a concern for clients, particularly due to the fact that a side effect of some medications common at James Nash house include the inability to lose body heat. When raised with NALHN, the CVS was advised that this was resolved within a week and all efforts were made to provide ventilation with the purchase of mobile air-conditioning units, commercial fans

and extra provisions of bottled water. Other matters related to forensic mental health services are discussed separately in Section 1.6 below.

For some of the issues related to ageing infrastructure, these will be resolved with the movement of the Older Person's Mental Health Service from Lyell McEwin Hospital Ward 1H into the new building at Modbury Hospital, and the subsequent transfer of adult acute unit in Woodleigh House, Modbury Hospital to the Lyell McEwin Hospital in the coming year.

A number of positive initiatives related to voice and participation in care across NALHN, including the addition of a Carer Consultant in Ward 1G, Lyell McEwin Hospital. Feedback from families and clients has been positive, highlighting a dedicated point of contact for families to enable their voice and provide support and education to them, to enable them to then support their loved one.

Client participation and voice is also highlighted exceptionally at the new Modbury Mental Health Rehabilitation Unit, where active participation in the rehabilitation program (individualised to the client's goals) is essential. Clients are invited to attend their multi-disciplinary care plan review meetings with their treating team, which occur fortnightly initially, and then monthly. At one visit, a client told CVs about the importance of this for them:

> *'The Community Visitors spoke to Client A at length, who especially appreciated that clients are invited to their care plan review meetings with the treating team, where clients are able to have a say and hear directly from multi-D staff. Client A also reported that if there are aspects that staff and clients don't agree on it can provide an opportunity to hear an explanation of why particular decisions were made'.*

4.4.7. Riverland Mallee Coorong Local Health Network (RMCLHN)

Community Visitors undertook 16 visits to services across the RMCLHN over the year, during which 5 issues were raised for follow up. These related to the themes of wellbeing and personal development (2), access to information and person centred care (1), environment (1) and safety (1).

An ongoing issue that continues to be reported by CVs is the need for alternative accommodation for the Riverland Community Mental Health Service. The current building lacks privacy, soundproofing and appropriate spaces for both staff and clients attending the service.

Another issue identified affecting multiple services in the RMCLHN region is the lack of transport options available for clients to attend appointments or when being discharged

home. There are limited bus services in the Riverland regions, linking towns such as Loxton or Waikerie to Berri, where the mental health services are located. Taxi availability and cost can also be prohibitive for clients and other volunteer transport services may not be available. This can result in clients facing difficulties attending appointments at the Riverland Community Mental Health Service, or alternatively instances of discharge from the Riverland Hospital IMHIU or ED being delayed by a day or two until transport can be arranged. Often staff will assist in transporting clients to home, however this requires 2 staff to be available and then off the ward.

4.4.8. Southern Adelaide Local Health Network (SALHN)

Community Visitors undertook 94 visits to services across the SALHN over the year, during which 33 issues were raised for follow up. The most common themes related to environment (8), wellbeing and personal development (8), access to information and person centred services (7) and staffing (5).



Figure 20: Number of issues identified by domain theme in SALHN in 2025-2026

Issues related to environment highlighted concerns with privacy and client's particularly identifying a desire to have dedicated spaces for mental health clients in the ED and Short Stay Unit, to enable a private space away from others and the bright and stimulating environment of an ED. The other environmental concern identified was the remaining dual-occupancy rooms at Morier Ward, and this is expanded on further in Section 1.6 below.

The opening of the new PICU, Ward 5P, at Flinders Medical Centre in June 2026 has provided a contemporary and modern environment for the service, expanding the size of the unit which will provide both additional capacity within the system, and a more therapeutic environment for some of the most unwell clients.

This year the CVS expanded visitation to additional dementia related services in the Repat Health Precinct, now visiting five units related to dementia care under the governance of Mental Health or Rehabilitation, Aged and Palliative Care divisions.

The Neuro-behavioural Unit and the Specialist Advanced Dementia Unit consistently receive overwhelmingly positive praise from CVs after visits to these services, due to their contemporary models of care, modern environments and genuine person-centred care. The focus on the individual client and understanding individual approaches to care are highly evident at these services. A CV commented that:

> *'if only every service across the system could be like the Neuro-behavioural Unit'.*

An ongoing issue facing many services but particularly noted at the Specialist Advanced Dementia Unit and Ward 18V, Flinders Medical Centre, was the lack of appropriate accommodation in the community, particularly in the aged care sector, which was impacting discharge of clients and extending the length of stay unnecessarily.

> *'The big issue here is that almost half the residents are ready to move on but have nowhere to go. At the front end, not surprisingly, there is a wait-list. Social work and other staff are fully engaged in looking for alternative accommodation. Some patients are under 65, so are eligible for NDIS funding, but this process takes months to finalise'.*

Visits to Ward 18V, Flinders Medical Centre (Older Person's Mental Health Service) highlighted the impact of the *Harmony in Care: Personalised Music Therapy* project, which uses music to reduce distress and agitation. Clients work with a music therapist to develop their own playlist or choice of music and clients can listen to this in the sensory room. The service reported that data collected during this project indicated reduced levels of distress, agitation, and PRN medication use, a reduction in falls and restrictive practices. CVs noted that staff and families noticed improved interactions, visible calming, and engagement by smiling, singing and moving. Clients are requesting

to do their music plans and are showing immediate mood improvement. SALHN have advised that this initiative will now continue on an ongoing basis due to its' success.

4.4.9. Women's and Children's Health Network (WCHN)

Community Visitors undertook 52 visits to services across the WCHN over the year, during which 29 issues were raised for follow up. The most common themes related to environment (8), access to information and person centred services (6), equipment (6) and staffing (4).



Figure 21: Number of issues identified by domain theme in WCHN in 2025-2026

Environmental issues related to maintenance requirements across a number of Child and Adolescent Mental Health Services (CAMHS) buildings, with aspects such as leaking roof, signage and wayfinding, privacy and air-conditioning identified. Improvements to the building environment at the Riverland CAMHS were observed over the year, including new carpet in the playroom, welcoming window area and signage for wayfinding.

Equipment identified that a massage chair provided for young people in Mallee Ward, Women's and Children's Hospital was out of order and a new chair was not within budget to purchase. The service reported it is seeking grant funding to purchase a new chair given its popularity with the clients for sensory use.

Workforce retention for the CAMHS services in regional areas remains an issue, particularly in the Whyalla and Port Augusta regions where there are numerous vacancies and only one clinician currently at the Whyalla CAMHS.

Feedback from clients at Helen Mayo House regarding the meals was again raised during the year, with the main complaint being the meals provided from the Queen Elizabeth Hospital kitchen were repetitive and may not be adequate in calories for mothers who are breastfeeding. In response to this the service has come up with an interim solution to implement a weekly 'home cooked' meal program, which has been warmly received by clients.

The systemic issue of gaps in services for children and young people with cognitive disability and mental illness remained an identified gap at WCHN services, particularly at the Women's and Children's Hospital. Additional staff training and specialist services for this cohort of clients have been raised as an ongoing need.

CVs learnt about a new innovative ED questionnaire for neuro-divergent clients and parents to fill out, which is to be rolled out hospital wide. The survey provides relevant and meaningful information directly from clients and families, enabling the hospital staff to individualise care needs. Funding has been available to set up an information portfolio for staff, purchase resources for the sensory kit, promote 'comfort holds', training for nurses in sensory modulation, and Crisis Prevention Intervention (CPI) training for managing challenging behaviours - with a focus on de-escalation, prevention, and safe physical intervention techniques.

In the northern country CAMHS region, a three month trial was undertaken where referrals to the service were locally triaged rather than through CAMHS Connect. A local clinician was able to use their knowledge and understanding to identify events that may impact mental health and wellbeing and arrange appointments and follow up other services such as the local school in a more timely manner. The service reported to CVs that the data evidenced a quality client journey that moved families through the system quickly and feedback from clients was positive. The initiative is being considered for an ongoing model.

4.4.10. Yorke and Northern Local Health Network (YNLHN)

Community Visitors undertook three visits to services across the YNLHN over the year, during which 12 issues were raised for follow up. These issues related to themes of safety (5), access to information and person centred services (4), dignity and respect (1), restrictive practices and safety (1) and wellbeing and personal development (1).

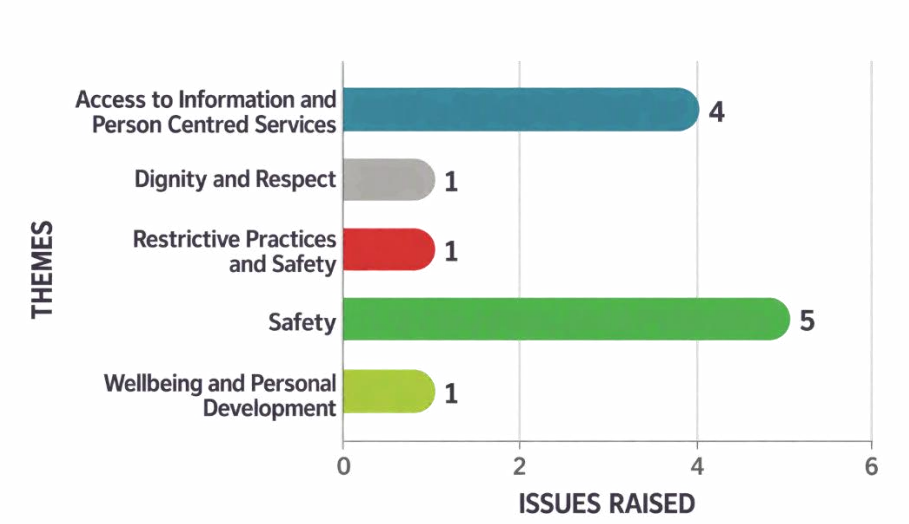


Figure 22: Number of issues identified by domain theme in YNLHN in 2025-2026

The CVS commenced visiting the Port Pirie Regional Health Service following the Chief Psychiatrist's gazettal of Ward A within this hospital. A number of concerns were identified by the Chief Psychiatrist in relation to the treatment and care of mental health clients in this ward, given it does not have a mental health unit on site. There are two rooms commonly used for mental health clients on the ward, and these rooms were identified to present both safety and privacy concerns.

Safety issues related to a number of ligature risks identified in the two rooms used for mental health clients, as well as a lack of line of sight from the nurses station to the rooms. The rooms also have a shared bathroom with access through two doors – one from each bedroom. This presents both safety, sexual safety and privacy issues for clients, with the risk that a client could unlock the other client's door and enter their bedroom.

The service has a mental health nurse staffed business hours Monday to Friday, who provides assistance across the ED and Ward A. Outside of these times, the Emergency Triage and Liaison Service (ETLS) is used via telehealth to Adelaide. CVs were advised that the mental health presentations are busiest between 4-8pm on weekdays and on weekends, which can lead to longer wait times for assessment for presentations during peak periods. Clients needing a mental health admission are required to be transferred to either Whyalla Hospital IMHIU or Rural and Remote in Adelaide, and transfers can be delayed due to reliance on transport and demands on the RFDS. Clients may need to be sedated over longer periods to manage any escalating behaviours while awaiting transfer.

Over the three visits to this service during 2026, it was evident that the staff and service are working to address the concerns identified by the Chief Psychiatrist through an action plan and a number of improvements were noted to be underway or completed

during CVS visits. This included appropriate documentation and authorisation for admissions from ED to Ward A and a request for transport being submitted; addressing ligature risks; training and education for staff; and inclusion of a mental health nurse in the daily leadership huddle. The service has also established a working group with champions from three areas of the service; ED, Ward A and Duty Nurse Coordination. The service has embraced a positive change program and we appreciate the time provided by the staff at each visit in sharing the progress and work that remains.

4.4.11. NEAMI - Urgent Mental Health Care Centre (UMHCC)

The Urgent Mental Health Care Centre run by Neami National, is a non-government organisation funded by the SA government to provide 24-hour urgent mental health care in the Adelaide CBD. CVs undertook three visits to this service over the year, during which no issues were raised.

Visits to this centre highlighted an innovative, peer led service, providing support for a range of different needs that people may have. The service can provide food, showers and spare clothes and spaces for pets, offering a holistic approach to care. One CVS report noted:

> *'It was evident from the initial greeting at reception that anyone walking in the door is treated with respect'.*

4.4.12. Ramsay Health Care

Community Visitors undertook 18 visits to the three wards within Ramsay Clinic Adelaide over the year (Rose, Torrens and Park wards), during which three issues were raised for follow up. The issues related to access to information and person centred services (access to lived experience and culturally specific staff) and environment (bare walls and minimal furnishing in common areas). These themes were consistent with the issues raised in last year's annual report and are again highlighted for consideration by the service. Overall visits to this service found a modern, well resourced and therapeutic service and feedback from clients reported positive experiences of the service. Ramsay Clinic Adelaide is a private health service and clients highlighted the benefit of continuity of care, often being able to see their regular private treating psychiatrist whilst in Ramsay Clinic.

4.4.13. Summit Health Care

Community Visitors undertook three visits to the newly opened Mount Barker Medicare Mental Health Centre, which is run by Summit Health Care, in partnership with the state and federal governments. There were no issues of concern identified at the visits to this service.

Community Visitors identified the importance of lived experience staff at this service, and there is a strong emphasis on supporting those who attend on an individual basis. CVS visits highlighted that staff focus on a strong model of care that is based on the question "what is most helpful to you today". This relates back to the service thinking of single session and how the service can best meet the needs of the person in the moment. Clients are provided a copy of their session notes when they leave to support them in remembering the discussion, the support given and their perspective on their own story.

4.5. Escalations

Forensic Community Mental Health Service

During the reporting year there was one matter of concern escalated to the Minister for Health and Wellbeing. In April 2026 the CVS received correspondence from the South Australian Salaried Medical Officers Association (SASMOA) regarding the Forensic Community Mental Health Service (FCMHS), which raised concerns about the impact of increased service demand, caseloads and limited resources to provide adequate mental health care for forensic mental health clients in the community and in prisons. The SASMOA requested I conduct a visit to the FCMHS and the prisons, to inquire about the issues raised in their correspondence.

As the FCMHS was a service already visited by the Community Visitor Scheme under the under Section 52 (A) of the *Mental Health Act 2009*, the CVS brought forward the next visit and this was undertaken in April 2026. Whilst SASMOA also requested I conduct a visit to the prisons, under Section 51 (1) of the *Mental Health Act 2009*, the functions and powers of CVs is limited to visit and inspect approved treatment centres and authorised community mental health facilities and does not extend to prisons. As a result, the Community Visitor Scheme does not have the scope to undertake a visit to a prison or other Department of Correctional Services facilities and therefore this was not able to occur.

During the visit I met with senior staff of the service, however there were no clients present at the time of the visit to seek their perspective. The issues discussed with staff were consistent with the concerns raised by SASMOA and a number had been identified at previous CVS visits to the service and raised with NALHN.

The overarching concern raised with CVs was the significant increase in clients in the service over the past eight years without a subsequent increase in resourcing; the inability to provide appropriate mental health treatment and care to forensic clients in prison; the impact of high caseloads; and the impacts of the physical built environment on staff wellbeing and morale.

Following the visit, a report was provided to the NALHN Division of Forensic Mental Health, the Minister for Health and Wellbeing and SASMOA. The report included five recommendations for consideration by the FCMHS:

1. Review staffing levels to be commensurate with the increase in client demand.
2. Review resourcing to service to reflect the increase in forensic clients in prisons and provide access to psychiatry, psychology, and therapeutic services for these clients.
3. Investigate and transition to alternative office accommodation for the service.
4. Consider improved visibility in frosting on the glass window of the high-risk consulting room.
5. Implementation of the Risk Management Plan if additional staff resources are not available in the short term.

At the time of writing this report the CVS was awaiting a response from NALHN to the CVS visit report and recommendations above.

4.6. Systemic issues

Mental Health Workforce Impacts

The past year has seen the result of significant investment in the mental health system with the opening of a number of new mental health services and wards across the system. Whilst this is hugely positive for the mental health system in South Australia, the opening of additional services has highlighted the limited mental health workforce available. At numerous visits over the year, CVs were told of staffing shortages, due to staff moving to the new services. At one CVS visit to an acute unit in a major hospital it was noted to have 15 vacancies. Many units advised that they are often managing the vacancies with agency staff, but this can be challenging as they are not always mental health trained.

Whilst we note the release of the *SA Psychiatry Workforce Plan* and the *SA Health Psychology Workforce Plan 2025-2028* in the past year, there is a particular need to consider the mental health workforce as a whole, most importantly in regional areas.

Forensic Mental Health and Disability Services

The significant investment and building works seen this year with the opening of the new mental health rehabilitation services highlights to an even greater degree the disparity between the new facilities and the building facilities for forensic mental health clients at James Nash House and Tarnanthi and Sub-Acute Unit at the Glenside Health Campus. Once again, the suitability of the building environment at both services was highlighted in every visit report by CVs this year.

CVS visits to the inpatient forensic mental health services this year have once again found instances of high seclusion rates, gender safety concerns and institutionalised care, a result of the building environment. Clients at these services also regularly raise their desire for greater choice and participation in meals and cooking, more access to outdoor spaces and meaningful activities. A more contemporary and therapeutic facility would allow for a more rehabilitation focussed model of care for some of the community's most vulnerable people.

The most recent SA Mental Health Services Plan 2020-25 (*the Plan*) listed forensic mental health services as a priority area for expansion and based on the demand at the time of development of the report highlighted the need to expand forensic inpatient services from 50 to 80 beds[1]. This has not been realised, and it is likely that this demand has increased further, with the need for an even greater number of beds in the future. *The Plan* also noted the need for improved access to forensic mental health services (community, prison in reach, and inpatient care) also needs to be prioritised in the commissioning of services during the life of the Plan[2].

> *"The current main building of James Nash House which caters for 30 consumers is dated, not conducive to contemporary care, and needs to be demolished and replaced. A rebuilding program could occur over a number of years in the medium to long term – initially building replacement beds at the current James Nash site, followed by additional beds[3]".*

Additionally, the Independent Review of NALHN Forensic Mental Health Services in October 2023 reinforced the recommendations of prior reviews (2015 and 2021) of the service that the James Nash House building is '*no longer fit to provide contemporary,*

[1] SA Health, SA Mental Health Services Plan 2020-25, p. 30.
[2] Department for Health and Wellbeing, 2019, Mental Health Services Plan 2020-2025, p. 11.
[3] Department for Health and Wellbeing, 2019, Mental Health Services Plan 2020-2025, p. 45.

safe care[4]*' which 'in turn does not allow for flexible, adaptive, consumer- centred, culturally appropriate and safe care delivery'*[5]*.*

For the forensic clients with a cognitive or intellectual disability, many of whom are in Tarnanthi and Sub-Acute Unit or prisons, an alternative model of care must be considered, separating dedicated forensic disability services out from mental health services similar to other jurisdictions. Dedicated state funding to support this cohort is needed, to enable them to live safety and securely in the community.

The CVS has continued to advocate for the re-build of James Nash House at meetings this year with NALHN Forensic Mental Health, Department for Health and Wellbeing Mental Health Planning and Strategy and the Office of the Chief Psychiatrist. This will also be a priority topic for discussion with the Minister for Health and Wellbeing in the coming year. Whilst we are aware of work being undertaken by the Department for Health and Wellbeing to consider the future of forensic mental health services, in addition to unsuccessful budget bid by NALHN, there does not appear to be any firm commitment to address the James Nash House building in the near future.

Services with shared bedrooms

As noted earlier in this report, the occurrence of dual occupancy rooms in mental health services has been a cause for concern with both clients and staff. Bedrooms in Morier Ward, Noarlunga Hospital; Cramond Clinic, The Queen Elizabeth Hospital and Birdwood Ward, James Nash House are the three remaining services to have dual occupancy bedrooms and all three services are currently subject to monitoring conditions by the Chief Psychiatrist. Ward A, Port Pirie Regional Health Service also has a shared bathroom between the bedrooms generally allocated for mental health clients.

At visits to these services, CVs heard from clients about the impacts on privacy and comfort that having to share a room can cause. CVs reported examples where a client's sleep was disturbed due to sharing a room and one client preferred to sleep on a chair in the lounge area. Clients can also be requested to change rooms during an admission to support the mix of clients in the shared rooms, which is unsettling and increases the work of cleaning staff and can cause delays in beds being ready.

[4] Whitecross, F, Short, J, Claassen, D, Bemore, S, Fjeldsoe, K, 2023, NALHN Forensic Mental Health Services Independent Review October 2023, p. 7
[5] Whitecross, F, Short, J, Claassen, D, Bemore, S, Fjeldsoe, K, 2023, NALHN Forensic Mental Health Services Independent Review October 2023, p. 50

> *"Privacy complaints related to shared bedrooms are raised regularly by clients…it was a continuing concern that patients often had other people walking into their shared toilet/bathroom and it caused problems when a patient became infectious".*

In discussions with the Mental Health Directors of the relevant LHNs, there are no plans to address the shared rooms in the immediate future, due to the large investment and capital works that would be required to create single rooms, and without having an impact of the number of beds in each service. The Chief Psychiatrist temporary gazettal conditions on these services have recently been extended to 9 July 2027.

Delays in transfers from regional sites

With the expansion of the CVS visitation into three more regional areas, the ongoing challenge regarding delays for mental health clients needing transfer to either Adelaide or the closest hospital with an IMHIU has become more evident in reports by CVs.

At both visits by CVs and meeting with LHN Mental Health Directors, the CVS consistently hears of the delays experienced once a request to transfer has been made to either the Royal Flying Doctors Service (RFDS) or SA Ambulance (SAAS) MedSTAR. Delays can be due to the prioritisation of medical needs, such as cardiac or stroke patients, over acute mental health clients, and the weather can also impact flight delays. CVs heard many examples of clients waiting 2-3 days for transfer, particularly over a weekend period. This delay also impacts the incoming service, as they must hold the bed space for this client, meaning they could have an empty bed for 3 days awaiting transfer.

For clients experiencing behavioural symptoms or aggressive behaviour, these clients often need to remain in the ED or High Dependency Unit (HDU), with sedation and monitoring. This can be distressing for clients and families and can mean care focuses on sedation and treatment rather than recovery. This also means that a bed in an ED is not being used for its intended purpose, particularly in the current climate and pressure on ED capacity.

The CVS had previously been advised that the RFDS contract was being expanded with additional aircraft and resourcing, to provide an increased number of flights to address these delays. However, anecdotally it seems that the demand for mental health transfers has also increased in this time and this has not seen the impact it might have hoped.

"One client's file viewed in ED recorded the client breaching an Inpatient Treatment Order (ITO) by taking an overdose and absconding from the High Dependency Unit. SAPOL was called to assist and de- escalation strategies were used. A Psychiatry review the same day referred them to IMHU but 3 days later they were still waiting in ED. Their case was escalated with a plan to fly them to Adelaide. On the morning of the CVS visit there was another Psychiatric review. Their ITO was revoked and they were discharged to home. Staff noted that clients like this one are frequently re-presenting at ED".

SAPOL THRIVE Model

The implementation of the THRIVE (Threat, Harm, Risk Investigation, Vulnerability and Engagement) model by SA Police (SAPOL) has seen changes in responses to requests for police assistance made by mental health services. For example, the threshold for accepting missing persons reports has changed where the person has a known mental health history and less reports and requests for assistance are being accepted. This places the onus for the client's safety on the mental health services or family to assist, which often cannot be guaranteed, and therefore may place vulnerable clients at risk due to complex mental health, cognitive or psychosocial needs.

This model is also affecting home visits by Community Mental Health Services where SAPOL attendance may be required due to risk factors for clients and staff. Whilst the SAAS/SAPOL co-responder model is effective and assists, there remains some gaps in follow up for clients if SAPOL are unable to attend a home visit or schedule appointment. This may delay reviews or medication delivery, which can compromise the client's wellbeing. The impacts of the THRIVE model for local mental health services has been raised at a number of LHN meetings throughout the year and both the CVS and the LHNs have highlighted its' impact for mental health services to the Office of the Chief Psychiatrist.

4.7. Individual advocacy requests

There were 93 requests for advocacy received by the CVS office by phone or email during the reporting period.

A further 48 instances of advocacy assistance were provided by CVs during visits. Of these, 41 were able to be resolved either completely or party by CVs during the visit and 7 required further follow up by the CVS office.

The most common requests for advocacy assistance were in relation to seeking information about rights under an ITO and the related ITO appeal process. Assistance

was also often sought regarding review of medication and requests for a second opinion.

An emerging advocacy theme during the year related to treatment and care for mental health clients with autism. Clients sought assistance accessing sensory items or other needs and this was particularly raised for clients in a PICU or High Dependency Unit, where access to certain personal items are restricted, such as corded headphones and phones or devices which may be used for listening to music. Clients also recognised a need for greater staff knowledge and training of autism in mental health services, and how this impacts their communication needs.

Demand for individual advocacy services

The CVS has again seen an increase in demand for individual advocacy support through contacts to the CVS office this year. Through conversations with clients, families and carers, it is evident that there is a need for greater mental health advocacy services in South Australia.

The CVS can only provide limited individual advocacy support due to the resources available, and many requests for advocacy are seeking longer term or case management advocacy support or assistance regarding legal or NDIS related matters, which the CVS is not able to provide. Other disability advocacy organisations that CVS may refer clients to often have large wait times or at times need to close their books due to demand.

During the year the CVS met with Aspire Recovery Connection regarding their submission to the South Australian Law Reform Institute (SALRI) review of the *Mental Health Act 2009*, which proposes the establishment of an independent advocacy program in SA.

The submission highlights lived experiences from community members who have engaged with mental health services under the current legislative framework. Of particular concern are the repeated reports from consumers of human rights breaches for individuals under involuntary treatment orders (ITOs). These experiences are not isolated and are reflective of broader systemic issues that my office reports through visits and conversations with consumers.

The establishment of an independent, mental health-specific advocacy program would complement the role of the CVS, providing greater capacity in the advocacy sector in SA to offer comprehensive individual advocacy to navigate a complex medical service system or legal support.

4.8. Mental Health initiatives

New Mental Health Rehabilitation Units

Following the state government's commitment to build 72 new metropolitan mental health rehabilitation beds, the three Mental Health Rehabilitation Units (MHRU) in NALHN, CALHN and SALHN have now opened. CVS visits to these three new services have found modern, well-resourced and person-centred rehabilitation services which provide contemporary patient centred care for consumers. Whilst all three services have a slightly different building footprint, layout and staffing, feedback from CVs and clients at CVS visits has been overwhelmingly positive.

At the Modbury MHRU, clients are invited to participate in their multi-disciplinary team reviews, on a fortnightly or monthly basis, and this was highlighted as a positive initiative by clients CVs spoke to during two visits.

Below are two excerpts from CVS reports of MHRUs.

"The Community Visitors spoke with client N who had been discharged from prison to this service after 18 months. The client was very complimentary of the service and the opportunity they have been given as part of the rehabilitation program and reported they are trying to make the most of this and attending as many group programs as they can. Client N provided an honest and open perspective of the value of this service and their hope for the future, it was a pleasure to speak with them. A described the service as ***'a jewel in the crown of the SA mental health system'****.*

"CVs spoke with client J who provided very positive feedback about their experience in the service so far (they had been there for 1 week). The client reported the MHRU feels less clinical and that they can relax and get the help they need. The client described it as ***"a resort with clinical support"*** *and much better than other mental health service they have experienced. The client advised that the service is client centred and that it is about what the client wants to do versus what staff want you to do and there is not just a focus on medication. Client J felt the staff have a lot more time to listen and do not rush compared to other acute services. The client also liked that the group activities were optional and there was a choice to attend but felt there was something for everyone".*

Northern Older Person's Mental Health Services

In February 2026, the new Northern Older Person's Mental Health Services opened, located in the new Modbury Hospital South Wing. This comprises of the Northern Older Person's Mental Health Unit (inpatient), relocated from Ward 1H, Lyell McEwin Hospital, and the Northern Older Person's Community Mental Health Service (outpatient).

Similar to the Modbury MHRU which is co-located in the South Wing, the Northern Older Person's Mental Health Unit provides a modern, spacious environment with natural light and improved therapeutic spaces. It is a great improvement on the previous location at the Lyell McEwin Hospital and CVs heard positive feedback from clients who had transferred across from the previous unit, Ward 1H. The unit includes a large group/multi-function room in the general ward which includes a kitchen and can facilitate cooking groups. It also includes a dedicated gym with exercise equipment along with dedicated activities space which is available at any time of day.

The new Northern Older Person's Community Mental Health Service has enabled outpatient spaces for clients to attend appointments onsite, whereas previously most client appointments were done through home visits due to the lack of private interview rooms and office space. The CVS also acknowledges the effort of this team in promoting CVS visits and supporting their clients or family members to attend visits and speak with CVs. The new outpatient clinic will provide greater opportunity for engagement with clients and family members at CVS visits.

Margaret Tobin Centre 5P (PICU)

The past year also saw the completion of the redevelopment at Margaret Tobin Centre, Flinders Medical Centre, with the new PICU, Ward 5P, opening in May 2026. The 12 bed PICU replaces the existing Ward 5J PICU, providing four additional high acuity beds for the region in a more modern, spacious and therapeutic space.

The new unit includes large, natural lit open-plan communal areas, single bedrooms with ensuites and two large internal courtyard areas. There are also kitchen and laundry facilities to support rehabilitation activities, a designated family room with its' own courtyard and communal dining areas with a servery for meals. The unit also balances the need for safety well with clear line of sight from the staff stations.

> *"Viewing the new ward 5P in action was impressive. The purpose built ward has many key features that are quite outstanding including the 2 separate pods and the ability to section off the end of each pod for vulnerable clients or as currently used for a noisy client so they are comfortable and also not disturbing other clients. The visitor entrance and family meeting room in 5P are also notable."*

Mt Gambier Sub-Acute and Rehabilitation Unit

In addition to the 72 mental health beds in the metropolitan area, the Limestone Coast Local Health Network opened a new 6 bed sub-acute and rehabilitation unit. The unit has significant natural light and a large outdoor area with large bedrooms with en-suites. The bedrooms are well designed with 4 rooms providing a private bathroom and toilet with no line of sight in from the room, without the need for a door. The two other rooms have bathrooms with sensors and alarmed doors providing flexibility for the service. Two rooms have a kitchenette that can be unlocked and used by clients ready to undertake independent cooking in their room. There is also a large outdoor area including BBQ, a basketball court, vegetable gardens and a yarning circle, to support alternative therapeutic areas for Aboriginal clients.

Mental Health and Wellbeing Bill 2025

The CVS contributed to the *Mental Health and Wellbeing Bill 2025* consultation during the reporting period, with many positive initiatives to improve human rights included in the bill.

This draft bill provides a further opportunity to address the frequency of CVS visits to mental health sites. One option is to remove the visitation rate requirements from the legislation and enable the PCV to determine visitation rates in consultation with the Minister for Health and Wellbeing. Another option is to reduce the frequency of visits to treatment centres and residential community mental health facilities to three monthly or quarterly for treatment centres and six monthly for residential community mental health facilities. Changes to mental health visitation rates would enable the CVS to prioritise visits according to need and risk and enable a more equitable visitation timetable for disability services, particularly in light of the expansion of the disability scheme to visit any adult South Australian in receipt of disability support, services or treatment, who opt in to the scheme requesting a visit.

5. Community Visits – Disability

Under the *Disability Services (Community Visitor Scheme) Regulations 2013*, CVs are authorised to visit disability services that are operated or funded by Disability and Specialised Services (DASS) within the Department of Human Services (DHS). These visits enable CVs to monitor and enquire into a range of matters affecting residents, including:

- the suitability, condition and standards of premises used to provide services to residents
- the availability and adequacy of opportunities for residents to participate in and be included within the community
- whether residents are provided with sufficient information to support informed decision-making regarding their accommodation, care, support and daily activities.

CVs may also investigate, monitor or follow up on complaints raised by residents, guardians, medical practitioners, relatives, carers, friends, or other individuals who provide support to residents. Reports and issues are provided to the service for follow up and reporting back to the PCV. Through the PCV, matters of concern identified during visits or complaint investigations may be referred to the Minister for consideration.

In addition, legislative provisions empower the PCV to undertake audiovisual inspections where it is not reasonably practicable for a CVs to conduct an in-person visit or physically enter the relevant premises. This ensures continued oversight and safeguarding of residents' rights and wellbeing when face-to-face visits cannot occur.

5.1. Disability Visits

DHS, DASS provides Supported Independent Living (SIL) services to up to 435 people living with disabilities. These services are provided in 207 community homes, 4 Transition to Home (T2H) sites, and 1 Aged Care facility across South Australia. Whilst all T2H and Aged Care sites are based in metropolitan Adelaide, 5.3% (11 of 207) of community homes are based regionally in either Kadina or Mount Gambier and are also visited by the CVS.

Bed capacity varies across the different styles of services operated by DHS, DASS as shown in Table 5 below.

BED CAPACITY	
Community Homes	1-5 each
T2H West	25
T2H South	15
T2H Bright	5
T2H Timor	2
Aged Care	31

Table 5: Bed Capacity at DHS, DASS Sites

During the past financial year the CVS completed 268 visits to individual disability sites. This was an increase of 13% (38) compared to the previous reporting period and is attributed to improvements in scheduling and capacity created with the amendments to the frequency of mental health visits.

Due to their high-risk nature or vulnerability, 48 disability sites received 2 visits over the reporting period while the remaining 172 were visited once. Two sites where supports are provided by DHS, DASS were not visited this year. One where a DHS, DASS client lives alone and repeatedly declined a visit from CVS. After 3 cancelled attempts, the service completed the Decline of a CVS Visit form, confirmed that the client was safe, and committed to supporting the client to promote visits in future. The other site was T2H Timor which was vacant for each scheduled visit for the year.

All visits were in person and no audio-visual visits were conducted for disability services.

Visits to DHS, DASS, are limited to once a year or twice for some higher risk sites, due to the domination of mental health sites where visit timeframes are prescribed in legislation (the *Mental Health Act 2009).* As mental health visits are legislated, they are prioritised over disability visits. This year mental health visits made up almost 60% of CVS visits, and this proportion will likely continue to increase with growing number of mental health services expected in the future, impacting on the ability to increase the number of disability visits. Ideally all disability sites would be visited at least twice a year with higher risk sites every three months or as needed.

As a part of the scheduling process, DHS, DASS will notify families and guardians of upcoming CVS visits and invite them to attend. Families or guardians were present at 25% (66) of visits this financial year and were often a source of positive feedback such as "*staff are great and always pro-active to the needs of the clients*". On other occasions, families and guardians attended to seek assistance to resolve ongoing

issues. This is highlighted by the advocacy provided at visits with families or guardians attending in contrast to visits without families or guardians attending. CVs provided advocacy at 33% (22 of 66) of visits where families or guardians were present, compared to 5% (10 of 202) of visits that included advocacy when no families or guardians attended. The value of families or guardians attending CVS visits is evident.

The CVS will also conduct visits on request made by a client, carer, guardian, family or any person or organisation providing support to a client. This is limited to clients receiving state-run SIL services unless the person has a guardianship order appointing the Public Advocate and is an NDIS participant. There were no requests for visits from within state-run services, but there was one visit requested from a person receiving SIL supports from a non-government provider. This person was within scope of the CVS remit as a Public Advocate client and NDIS participant and received a visit. The remainder of disability visits were to state-run DHS, DASS sites.

Throughout the reporting period there were 319 issues of concern raised with DHS, DASS for response. This was a 43% increase in issues compared to the previous financial year. Reports and issues are provided to the service at the end of each month, and responses were returned within a four-week timeframe. Contrastingly, 20% (54/268) of sites visited this year had no issues of concern recorded in their visit reports. The positive visits were highlighted and reported to DHS, DASS monthly to acknowledge quality sites and supports.

VISITS COMPLETED TO INDIVIDUAL UNITS / SERVICES	REQUESTS FOR ADVOCACY	NO. ISSUES REFERRED TO DHS, DASS FOR RESPONSE
2025-2026		
268	37	319
2024-2025		
230	7	223
2023-2024		
250	17	144
2022-2023		
251	7	128

Table 6: Comparison of disability visits over the last four reporting periods

5.2. Key Findings from Visits

Environment, Wellbeing and Personal Development, and Equipment were the three most reported themes during the 2025-2026 reporting period. This is consistent with the previous financial year apart from Safety, which was the third highest reported theme in 2024-2025 but is now the seventh most reported theme in 2025-2026.

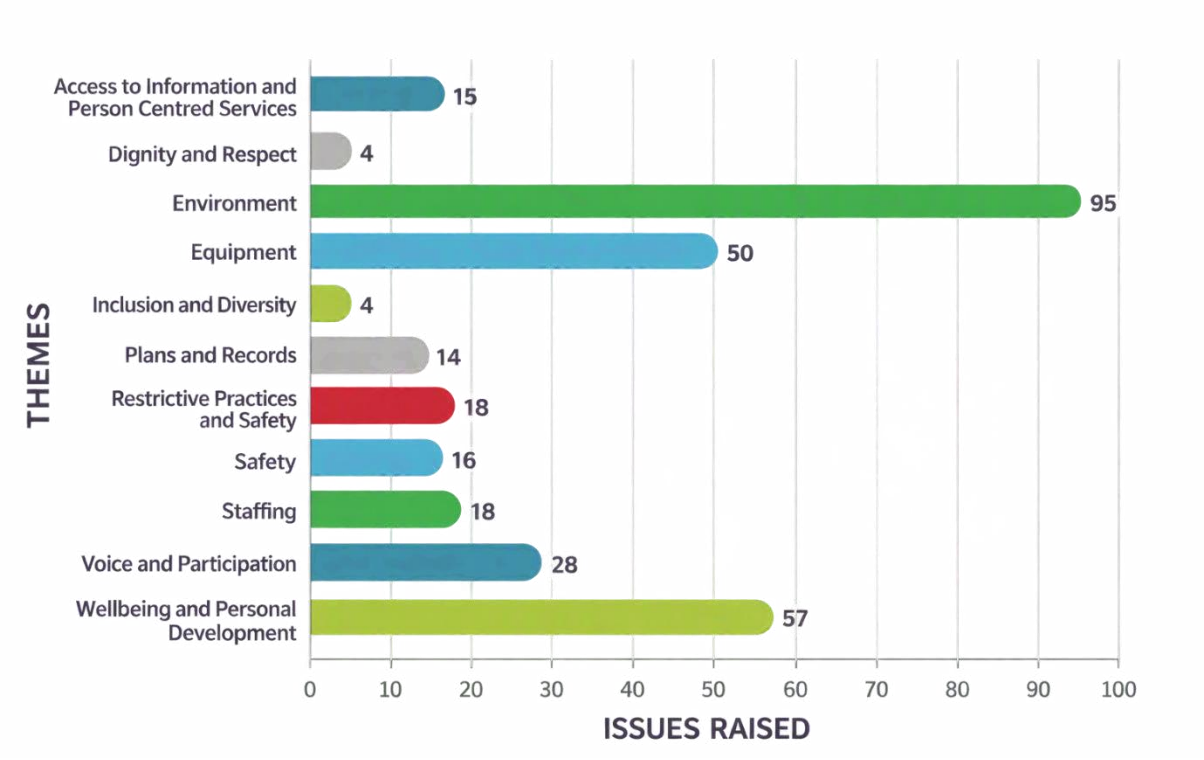


Figure 23: Themes of issues identified at disability visits in 2025-2026

5.2.1. Environment

This was the largest category with 95 issues (30%) related to the Environment. The most common sub-themes were Maintenance (27), Furnishings - Indoor and Outdoor (12), Maintenance-Bathroom (6), Maintenance-Painting (7), Accommodation (6) and Maintenance-Garden (6). Key themes related to ageing infrastructure, delayed maintenance works, accessibility improvements, safety hazards, and the need to improve the comfort and appearance of living environments.

For example, visitors identified long-standing concerns regarding uneven driveway pavers that created a safety hazard for clients and staff. Following continued advocacy by service staff and CVs, the housing provider committed to repair works. In another case, multiple maintenance issues including damaged flooring, privacy concerns and deteriorating outdoor equipment were identified at a single property. Staff promptly removed hazardous items and escalated outstanding maintenance requests while continuing to advocate for broader improvements.

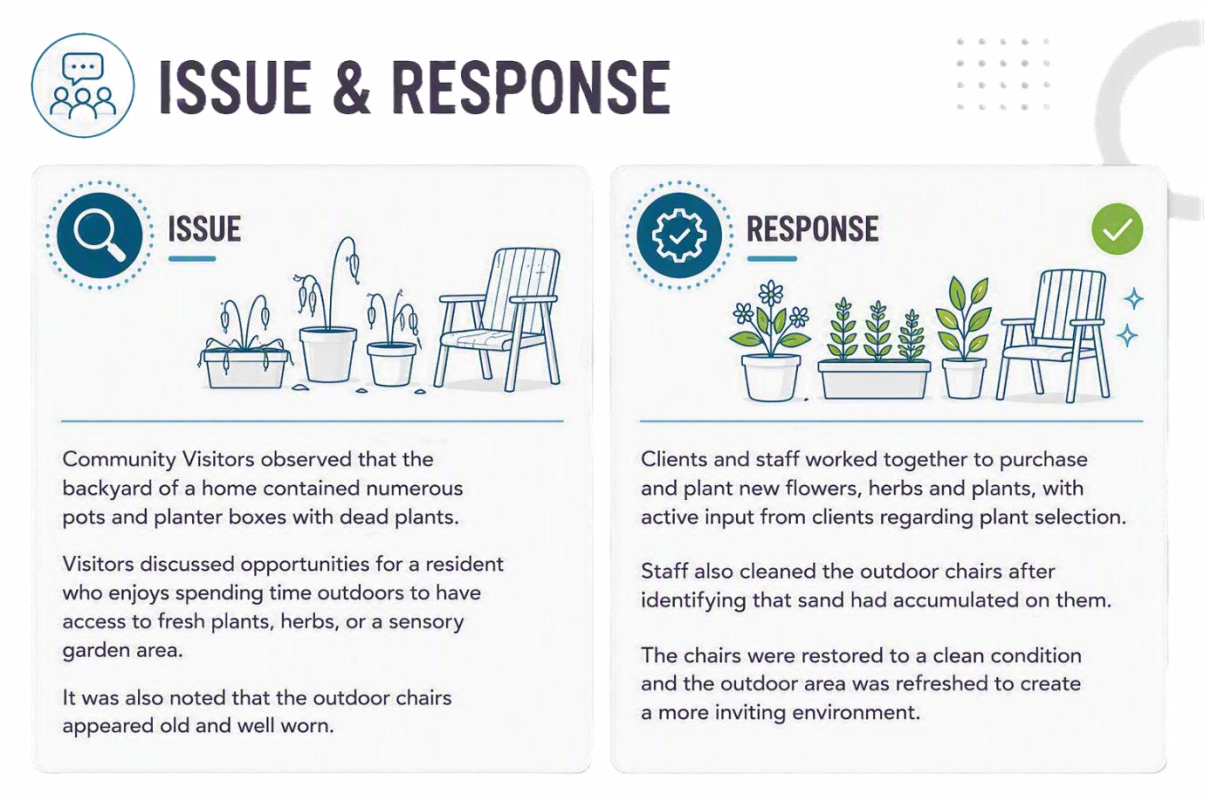


Figure 22: Example of an issue raised and the service response related to Environment

5.2.2. Wellbeing and Personal Development

A total of 57 issues (18%) related to Wellbeing and Personal Development. The main sub-themes were Activities (14), Medical/Health (12), Access to Appropriate Services (5), Transport Options (5) and NDIS Funding for Activities/Support Services (4). Issues focused on maintaining health and wellbeing, improving access to community participation, addressing healthcare needs, and ensuring adequate funding and transport options to support quality of life.

Limited activities was a common issue reported by CVs within this domain, highlighting that client's require further stimulation and engaging activities in their homes. On these occasions, the service reviewed activities on offer with client consolation, and/or engaged with Support Coordinators to begin the process of applying for further community participation funding. Another example related to clients' medical and health needs, where visitors identified concerns about the ongoing management of a client's dental issue and the impact this was having on their wellbeing. Staff at the site were initially unaware of the history and previous follow-up actions; however, the service subsequently coordinated further dental appointments, involved allied health professionals, supported the client to re-engage with treatment, and worked alongside preferred staff members to improve the client's comfort and willingness to attend

appointments. This demonstrated a proactive approach to supporting the client's health, wellbeing and quality of life.

5.2.3. Equipment

A total of 50 issues (16%) related to Equipment. The leading sub-themes were Equipment Access (12), Repairs (7), Furnishings - Indoor and Outdoor (7) and Technology (6). Common concerns included delays in obtaining assistive technology, repair or replacement of specialised equipment, access to technology for staff, and difficulties securing NDIS-funded equipment.

One client experienced significant delay accessing essential mobility equipment, including a harness and sling required for safe transport. Following the issue being raised, the equipment was supplied and arrangements made for occupational therapy review and fitting, allowing the client to safely participate in community activities. Visitors also heard staff concerns about inadequate technology to support documentation while remaining present with clients. The issue was addressed by repairing existing devices in some instances and purchasing additional devices in others, enabling staff to complete documentation in client areas while maintaining engagement and oversight.

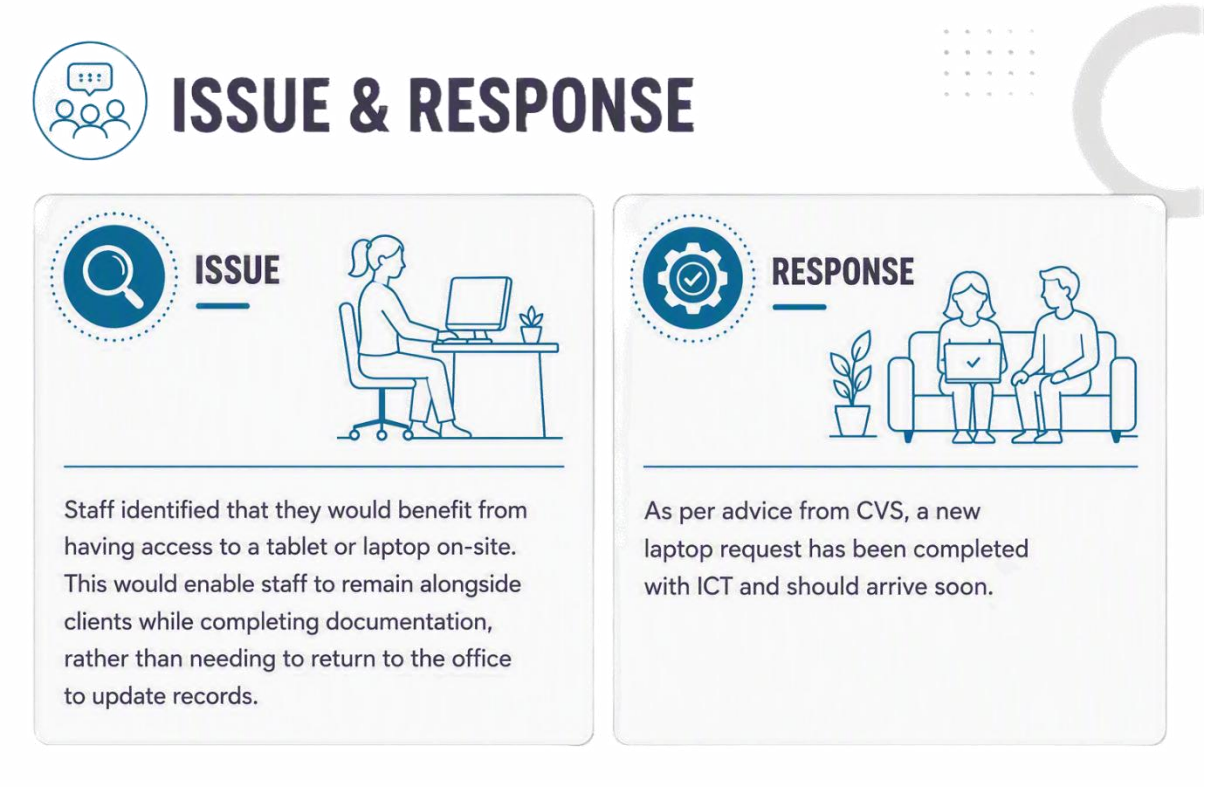


Figure 23: Example of an issue raised and the service response related to Equipment

5.2.4. Voice and Participation

A total of 28 issues (8%) related to client Voice and Participation. The most common sub-themes were site Staff or Family Unaware of the Visit (5), Activities (3) and Communication (3). Key themes related to improving opportunities for client participation, ensuring clients and staff were informed of CVS visits and strengthening communication with families and services.

For example, CVs found that CVS information was not displayed at a site and that staff, clients and guardians had not been informed of the visit. In response, the Team Leader reinforced notification requirements with supervisors and the Assistant Director committed to introducing a formal communication process across SIL services to prevent similar issues. Visitors also heard concerns from family members who felt excluded from communication and decision-making processes. This prompted commitments from the service to improve engagement with families and strengthen communication pathways regarding client care and service delivery. Another example, below, outlined a client's concerns about staff car parking in their driveway. The service acknowledged their concerns which resulted in a better outcome for the client and reflecting their wishes.

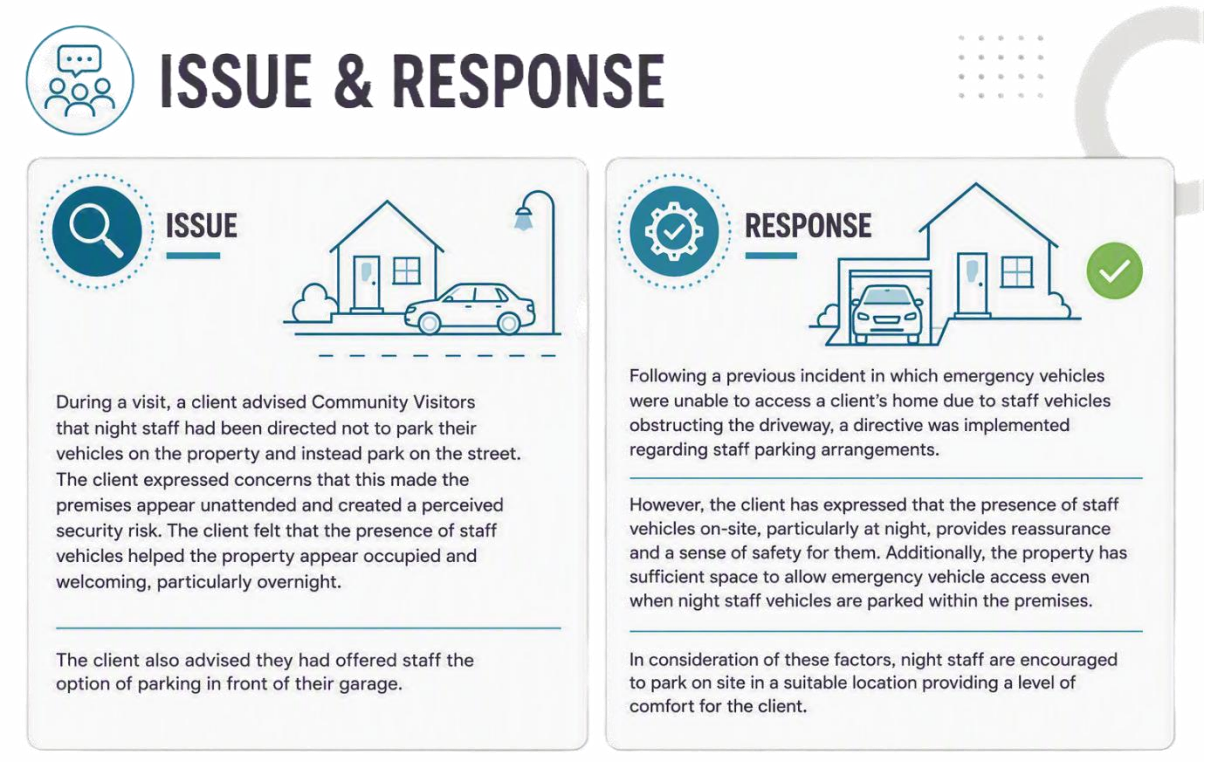


Figure 24: Example of an issue raised and the service response related to Voice and Participation

5.2.5. Staffing – 18 (6%)

A total of 18 issues were identified in relation to Staffing matters. The largest sub-themes were Staffing levels (4), NDIS Funding for Activities/Support Services (4), General Activities (3) and Staffing Ratios (2). Common concerns included workforce shortages, reliance on agency staff, and insufficient rostered support to meet client needs.

One frequently raised issue concerned the use of agency staff and the impact this could have on continuity of care for clients with complex support needs. Services responded by filling vacancies, prioritising familiar staff and improving communication with families regarding staffing changes. A further example involved concerns that existing staffing arrangements were no longer sufficient to meet increasing client needs. Management undertook roster reviews and funding advocacy to better align staffing levels with client support requirements.

5.2.6. Restrictive Practices and Safety

A total of 18 issues (6%) were raised under Restrictive Practices and Safety. The most frequent sub-themes were Restrictive Practices Approvals and Oversight (4), Chemical Restraint (3), Up to Date Plans and Records (3) and Medication (2). Key themes focused on ensuring restrictive practices were properly authorised and documented, reviewing medication practices, and maintaining compliance with regulatory requirements.

One example involved concerns that a client affected by another resident's restrictive practice may not have had appropriate supporting documentation. The matter was immediately referred for review by a Behaviour Support Practitioner to ensure oversight and compliance requirements were met. In another case, visitors questioned the ongoing use of a perspex barrier within a kitchen area. The service reviewed authorisations, sought specialist advice and commenced a trial aimed at reducing and potentially removing the intervention while maintaining client safety.

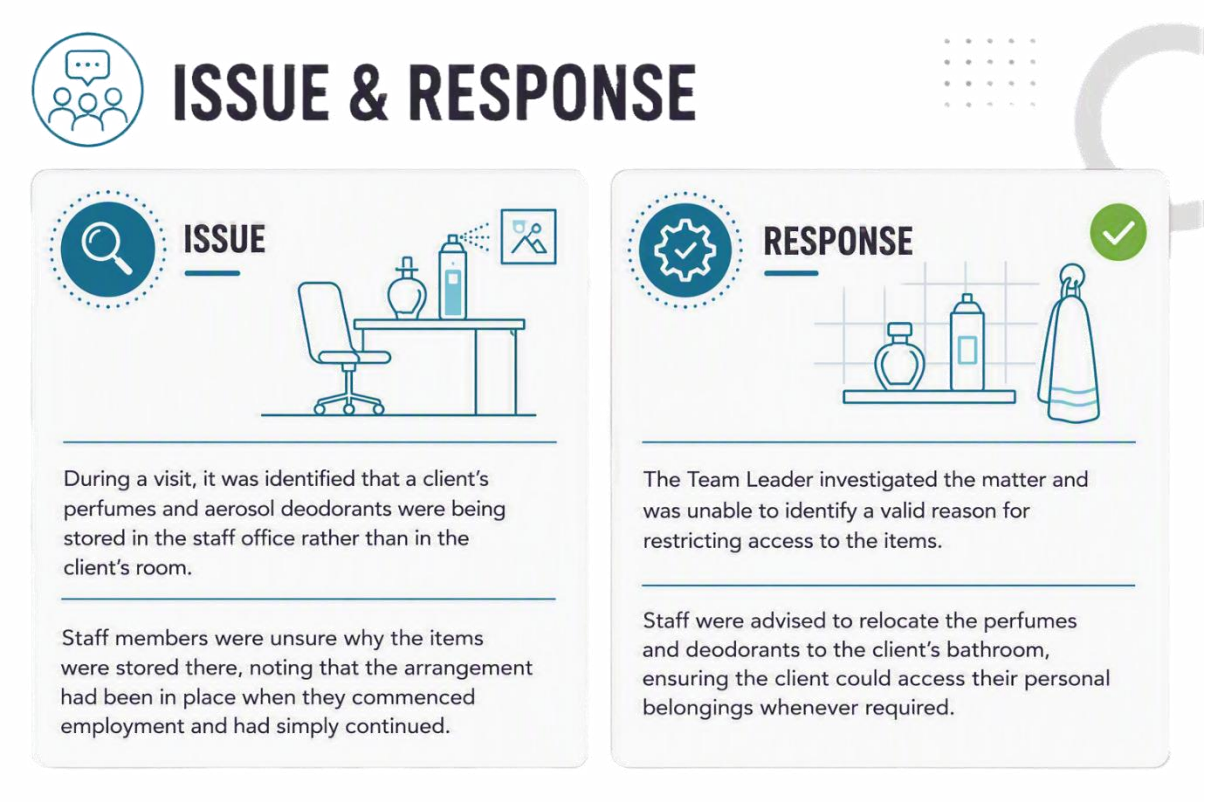


Figure 25: Example of an issue raised and the service response related to Restrictive Practices and Safety

5.2.7. Safety

A total of 16 issues (5%) related to Safety were recorded. The most common sub-themes were Fire Safety (4) and Safety of Vulnerable Clients (3). Concerns centred on client vulnerability, absconding risks, behavioural risks, staff safety systems, and fire preparedness.

An example of this occurred when a client at risk of absconding prompted the introduction of door alarms that alert staff when exits were opened. This solution improved safety while avoiding more restrictive measures. Another significant matter related to a client whose behaviours escalated following a reduction in medication. The service responded by arranging urgent medical reviews, completing risk assessments, improving environmental controls and increasing support to ensure the wellbeing of both clients and staff.

5.2.8. Access to Information and Person Centred Services

A total of 15 issues (5%) were recorded under the theme of Access to Information and Person-Centred Services. The most common sub-themes were Access to Information (7), Access to Appropriate Services (2) and Communication (2). Key themes centred on

clients, families and staff not having timely access to information, and the need for more accessible information such as simplified behaviour support plans and welcome materials.

In one instance staff reported that Positive Behaviour Support Plans were lengthy and difficult to navigate, including one plan of almost 100 pages with no easy-read version available. The service responded by partnering with the Behaviour Support Practitioner to develop more accessible information for staff and clients.

5.2.9. Plans and Records

A total of 14 issues (4%) were recorded under the Plans and Records domain. The most common sub-themes were Up to Date Plans and Records (8) and Access to Information (4). Key concerns involved outdated or inaccessible support plans, behaviour support documentation, restrictive practice records, and difficulties accessing digital records.

For example, visitors identified outdated support plans and incomplete paper-based records that did not reflect current client needs. The service responded by updating documentation and reinforcing the use of electronic systems to ensure information remained current and accessible. Where documentation reviews relied on external agencies, services completed all outstanding internal actions and continued to actively follow up external processes to maintain compliance and continuity of care.

5.2.10. Dignity and Respect

A total of 4 issues (1%) were identified within Dignity and Respect, including Communication (1), Care Provision (1), Staffing (1) and Cleanliness (1). Issues focused on respectful communication, maintaining dignity during admission processes, staff presentation, and supporting personal care.

One issue concerned a family member who felt a previous complaint had not received a response. The service was able to demonstrate that a response had been provided and that management had maintained regular communication with the family, ensuring concerns continued to be addressed.

5.2.11. Inclusion and Diversity

A total of 4 issues (1%) were identified related to Inclusion and Diversity. Sub-themes included Mealtime Management (2), Activities (1) and NDIS Funding (1). The issues primarily related to supporting clients with complex dietary requirements, ensuring

meaningful engagement opportunities, and obtaining sufficient funding to meet individual needs.

An example of good practice followed a recommendation to introduce simple visual prompts to assist staff and agency workers in identifying modified diet requirements. The service subsequently reviewed ways of presenting important mealtime information in more accessible formats. In a separate matter, a client with increasingly complex swallowing difficulties required extended mealtime support, reducing activity opportunities for other residents. The service worked closely with allied health professionals and support coordinators to advocate for additional resources and funding.

5.3. Escalations

If matters are serious or are not being resolved in a timely manner, or not to the satisfaction of the PCV, CVS will escalate issues directly with DHS, DASS leadership for response and may inform the Minister for Human Services. The CVS developed and strengthened escalation processes during the year to increase accountability and oversight of matters. This was achieved through the implementation of a disability Escalation Register, including the establishment of an escalation risk level during triage to determine next steps:

- Low risk: Escalate to Area Manager level for response and notify Director
- Medium risk: Escalate to Executive Director for response and notify Minister
- High risk: Escalate to Executive Director and Minister for response

The Escalation Register is used to record updated responses and monitor time frames for the CVS to seek updates. The CVS will only close an escalation once confirmation is received that actions have been completed and the risk to safety and wellbeing has been resolved. Escalations that remain open and unresolved are highlighted at various meetings with DHS leadership to maintain focus and promote resolution.

During the reporting year a total of 12 matters were escalated to the Minister for Human Services or DHS leadership;

1. Community Visitors raised concern in relation to a strained working relationship between a client's family and the service, with the family raising several issues with service provision. This was escalated to the Executive Director for response and the Minister of Human Services was notified. The service responded by following up the concerns raised by the family, referring matters to investigation services, and establishing a schedule of regular meetings with family to increase communication. This matter was closed.

2. A concern relating to poor client compatibility was escalated to the Area Manager of the site for response, while the Director was notified of the concern. A client is living in a house where their needs are vastly different to that of their co-tenants which is causing disharmony within the house. Various strategies have been explored but no alternative accommodation has been found at this time. This matter remains open and will continue to be raised by the PCV until resolved.
3. A significant increase in escalated behaviours during a medication reduction trial resulted in heightened risks to both clients and staff. A satisfactory outcome was achieved - Please see the Case Study below for further details. This matter was closed.
4. An escalation from an email sent to the CVS was raised with the Executive Director for response and the Minister was notified for information. The person's concerns related to a site's directions and decisions, but during the escalation process consent was withdrawn and the matter was closed as requested. The site has continued to be visited by the CVS and no other concerns have been raised in this time.
5. A matter of concern relating to a client's denture refusal impacting on diet and wellbeing was raised to the Area Manager of the site. This matter was escalated due to the issue remaining unresolved after being highlighted at previous visits. The escalation resulted in a thorough review of denture fit, leading to refitting, and later increased use by the client. This matter was closed.
6. Client safety was a focus for escalation to the Area Manager of this site. The concern related to the cognitive decline of a client and the increased risk of living alone and unmonitored. The escalation resulted in assessments from a General Practitioner (GP) and Behaviour Support Practitioner who confirmed that increased supervision was not required at the time, but the situation will continue to be monitored. This matter was closed
7. Community Visitors escalated concerns post visiting a client with bruising on their hands after a recent fall from bed. The client was using a bed that wasn't appropriate and experiencing issues engaging an Occupational Therapists to review. The matter was referred to the Area Manager and resulted in support to obtain Occupational Therapists services, and the assessment and recommendation of safe and appropriate bedding. This matter was closed.
8. Staff were concerned about support ratios for a client after their return from hospital with increased needs. The matter was escalated to the Area Manager who was able to provide further context and confirm that 8 hours of 1:1 unfunded support was being provided by DHS, DASS while more funding is being requested. This matter was closed.

9. A concern relating to client compatibility was escalated to the Executive Director for a response while notifying the Minister for information. The suitability of a client was highlighted after their behaviours were causing distress to vulnerable co-tenants, their families and staff. In escalating this matter the CVS was able to advocate for residents ensuring their voice was heard. A timeline of action was provided, and the matter was closed when alterative, better suited accommodation was found.

10. Prolonged bathroom floor repairs resulted in an escalation. Vinyl flooring was removed from a bathroom for repairs but remained unresolved for several months, causing clients to shower on bare cement for some time. This was escalated to the Area Manager who was able to provide an expected timeframe for repairs after discussions with the housing provider. New flooring was installed and the matter was closed.

11. An issue of concern related to a client reporting to CVs that they felt unsafe which this was raised to the Area Manager for response. The service addressed the matter and new staffing arrangements were put in place to ensure that the client's voice was heard. The client was offered further support but was satisfied with the outcome. This matter was closed.

12. During a visit Community Visitors became concerned as supports provided didn't appear to be meet the complex psychiatric needs of a client. The psychiatric overview of the client was escalated to the Area Manager who was able to provide much more context and information than was provided during the visit. The CVS was satisfied with stakeholder involvement and overview and closed the matter.

Case Study: Escalation of Concern

Visit: CVs escalated this issue of concern via email to the CVS. The concern related to a medication reduction trial for a client that was resulting in an increase in heightened behaviours, resulting in risk of harm to co-tenants and staff.

The concern was escalated to the Executive Director level at DHS, DASS for a response. The Minister for Human Services was notified at the same time for their information.

The site's status was updated in CVS records from standard to higher risk, indicating that CVS would visit again in 6 months rather than the usual 12 months.

Response: The CVS office received a timely and thorough response from DHS, DASS committing to review the situation and support wellbeing. A GP appointment was booked, urgent psychiatric appointment arranged for the client, and a Safety, Wellbeing and Incident Management Advisor was engaged to support staff working at the site. The matter was closed subsequent to confirmation of the client's psychiatric review.

Next Visit: The next visit to the site was completed by the Assistant PCV along with an experienced CV. Many improvements were noted during the visit including the client's medical update: "*Psychiatrist returned from annual leave and now checks the client's behaviour with the service fortnightly. (Client)'s medications have now been reviewed and partially reinstated with minimal use of PRN*", and "*Staff morale has noticeably improved with staff continuing to demonstrate an obvious dedication to clients and their needs. The general atmosphere was calm and open.*"

This case study demonstrates the importance of the CVS visiting people living with disability and the value of escalation processes that assist in preventing and addressing issues.

5.4. Systemic Issues

Environment

Maintenance concerns were raised on 61 occasions in the 2025-2026 reporting period, making this the most reported disability sub-theme of the year. Issues related to a variety of maintenance concerns such as tripping hazards, damaged walls/fixtures, and poorly maintained gardens. 7 issues of concern related to related to homes requiring repainting and 5 related to fit for purpose concerns such as sites benefiting from handrails or ramps.

Homes and sites visited were of varying condition, including some homes that are older and no longer fit for purpose due to their age. Some homes do not have accessibility features and therefore do not support the changing needs of clients as they get older and require additional supports. DHS, DASS is aware of the concern and have "*completed a site analysis and quality review of all SIL properties and are working collaboratively with families and housing providers to identify and source higher-quality accommodation that is better suited to clients' individual needs.*"

During the reporting period the PCV sent letters to housing providers on 5 occasions to advocate for the resolution of ongoing maintenance issues observed at visits. The issues ranged from long standing trip hazards, to cracking and deteriorating structural walls. Some issues were new and posing risks to safety and wellbeing; such as extended bathroom repair times while client's continued to use, and other issues were long standing such as a disability inaccessible kitchen. 80% of environmental issues raised in PVC letters to housing providers were actioned, responded to and resolved.

Community housing provider Access 2 Place is the landlord for many of the properties where DHS operate services. The CVS would in like to acknowledge Access 2 Place for their responsive and collaborate work in this space, bringing improvements to both

client's homes and wellbeing. This was emphasised by one visit to an Access 2 Place home where a client's guardian praised the housing provider for their helpfulness and willingness to personalise a client's bedroom when they moved into the home; setting up the room in sensory appropriate paint and colours; changes to fixture; and timely approvals. The client's guardian advised that Access 2 Place *"could not have been more helpful".*

Community Participation and Activities

During this reporting period there were 23 concerns related to the recurring sub-themes of limited activities and community participation. Community Visitors and service staff reported concerns that some clients were spending extended periods at home with few opportunities for social engagement, recreational pursuits, or community access. Several clients expressed feelings of boredom and isolation, while staff noted that reduced or insufficient funding had resulted in fewer day activities, reduced weekend activities, and an inability to provide the level of support required for community participation.

Positive resolutions included clients being supported into volunteer and employment-style roles, increased access to community outings through creative roster management, implementation of individualised activity planning, and ongoing efforts to secure additional funding to improve choice, control, and social inclusion.

These issues point to a broader systemic challenge across disability services: ensuring people have equal access to meaningful activities and social connection when NDIS funding does not always align with increasing support needs, ageing, complex health conditions, or changing personal goals. While many sites demonstrated commitment to advocating for additional resources and developing alternative activity options, the volume and consistency of concerns suggest that already inadequate community participation funding remains a significant barrier to achieving person-centred outcomes and maximising quality of life.

Unfortunately, this barrier is expected to be compounded with the passage of The *NDIS Amendment (Securing the NDIS for Future Generations) Act 2026*, set to reduce community participation and daily living skills funding by 50% and 10% respectively from October 1, 2026. These cuts to NDIS funding risk amplifying existing challenges, potentially increasing social isolation among individuals with disabilities and further restricting their access to meaningful community engagement

Robust Environments

CVs visited DHS, DASS robust sites every 6 months due to the high-risk nature of these environments. These sites may have restrictive practices in place for the safety of

the clients and include locked external doors, restricted access to kitchens/laundries, chemical restraint and CCTV monitoring. Restrictive practices are implemented by the service as recommended by the client's Behaviour Support Practitioner and documented in the client's behaviour support plan. Such practices must be authorised by the Senior Authorising Officer (SAO), Restrictive Practices Unit, DHS.

Visits to these sites focus on the wellbeing of clients, the implementation of restrictive practices, 'fade out' strategies to reduce the use of restrictive practices, Positive Behaviour Support Plans, and authorisation of restrictive practices by the SAO.

Some sites are small with limited space and access to outside areas, such as Transition to Home, Bright. Transitional services are intended to be for a 90 day stay or less. However, some clients have spent over a year at the service due to a lack of suitable robust longer-term housing. This results in clients living is a small environment with limited natural light. Restrictive practices are in place for long periods of time in a unit designed for short term stays. Whilst this site was welcomed some years ago as an alternative to long term stays in hospital, it isn't suitable for medium or long term stays and an alternative model should be sought for medium term robust accommodation whilst clients are awaiting long term accommodation.

T2H Bright also has poor signage. Street signs on the Minda site have recently been installed however the presentation of the building itself and signage is unfriendly and signed with masking tape.

While clients are kept physically safe in these robust environments, further development is required to increase stimulation for clients, promote engagement and wellbeing, and reduce the use of restrictive practices.

In contrast to this, positive progress was observed at one robust home with new modern robust furniture installed, with CV's reporting that they "*were very impressed with the level of care and attention to detail the client receives from their staff. Warm respectful communication with great rapport and banter was witnessed and this showed a high level of care from staff.*"

5.5. Individual advocacy requests

The Community Visitor Scheme was contacted 37 times by individuals seeking disability advocacy services, which was a significant increase from the 7 disability advocacy requests received the previous financial year. This is likely due to improved data collection processes, and 2 individuals who were responsible for 42% (16) of advocacy requests. Disability related advocacy requests came predominantly via phone calls, with 86% (32/37) received via the CVS phoneline and 14% (5) via email to the CVS mailbox. Of the 37 advocacy requests 68% (25) were within scope and actioned,

while 32% (12) were beyond the remit of the CVS and were referred to more appropriate services.

The advocacy requests that were actioned included a request for a visit, complaints of service, and requests for information. One person contacted the CVS office on 9 occasions seeking different forms of advocacy.

5.6. Record Keeping

The improvements that DHS, DASS has made with introducing the Lumary client record management system are notable with records being loaded into the digital system, and back-up hard copy folders with summary information including daily support plans, positive behaviour plans, restrictive practices and authorisations and other critical information. 'Grab and go' folders are also seen at a number of sites for quick reference and for instances such as trips to hospital. Staff awareness of these key documents and use of the Lumary system has notably increased over time, emphasised by a CV who reported "*Staff had an excellent understanding of Lumary and were able to navigate expertly through the system to answer our questions*"

5.7. Disability Expansion

In October 2025, the Minister for Human Services announced that new *Disability Inclusion (Community Visitor Scheme) Amendment Regulations 2025 (the Amendment Regulations)* would come into effect on 1 July 2026, expanding the scope of the SA CVS. The expansion will not vary arrangements to state run mental health and DHS, DASS disability sites but will enable more people living with disability to request a visit.

From 1 July 2026, any person over the age of 18 and receiving supports, services or treatment for their disability may opt-in to a visit from the CVS.

The Amendment Regulations will also shift the CVS visit focus from visiting a service to an individual client perspective, with a slightly different visit focus dependant on whether the person is a participant of the NDIS or not.

The Department of Human Services has worked with the CVS to prepare for the implementation of *the Amendment Regulations*. This included driving a recruitment campaign designed to increase CV numbers, supporting policy development to assist in the operational rollout of the expansion, and review of visit scheduling systems. The establishment of referral pathways and operational policy development will be a key focus for the next reporting period.

This expansion in the disability component of the scheme will significantly increase the reach of the CVS and create more opportunities for people to have a visit from an independent service, As the regulations commence on 1 July 2026, is critical that the CVS has the capacity to successfully implement the expansion.



6. Community Visits – Public Advocate Clients (NDIS Participants)

During the 2025-2026 financial year CVs completed 21 Public Advocate (PA) reports in addition to CVS reports. PA reports differ from CVS reports as they focus on an individual client with PA guardianship, whereas CVS reports focus on each client in the house and the services provided. All 21 PA reports completed were for NDIS participants with SIL provided by DHS, DASS.

From the 21 Office of the Public Advocate (OPA) reports there were 19 issues raised by CVs and sent to the OPA for response.

6.1. Key Findings from Visits

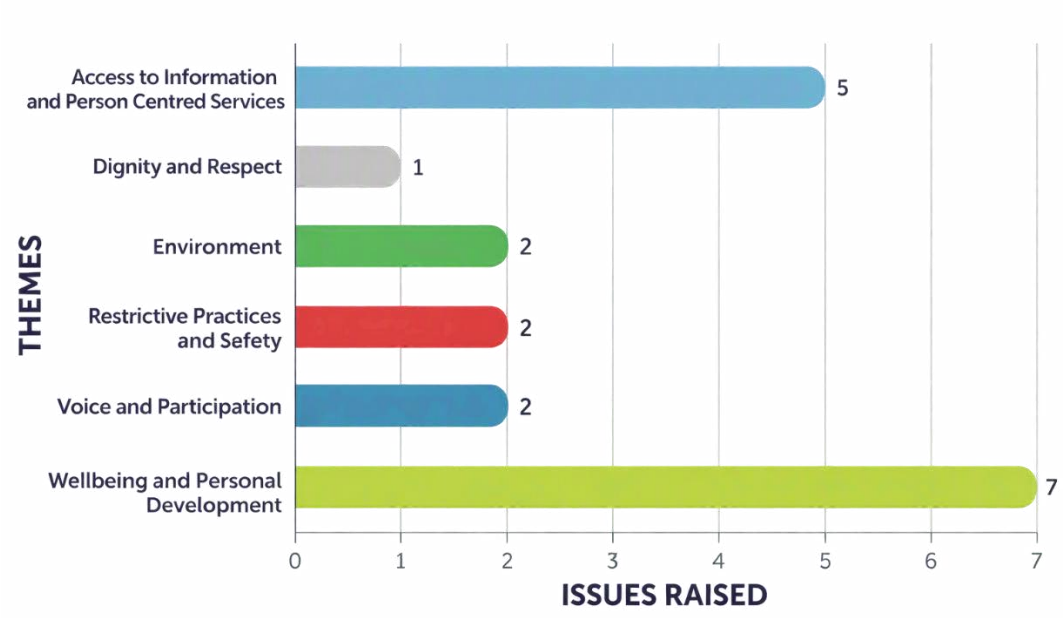


Figure 26: Themes of issues identified at OPA visits in 2025-2026

6.1.1. Wellbeing and Personal Development

A total of 8 issues (42%) related to Wellbeing and Personal Development, including Access to Appropriate Services (3), NDIS Funding (2), Medical/Health (1), Equipment Access (1) and Access to Information (1). Themes focused on access to health care, assistive equipment, funding, community participation and specialist services.

For example, concerns were raised regarding a client's early-onset dementia symptoms and the lack of a formal diagnosis. Following the visit, the client was referred to a specialised cognitive assessment service, ensuring ongoing monitoring and access to

appropriate medical expertise. Another example involved concerns that staffing supports exceeded a client's funded NDIS allocation. The PA advocated for increased funding to better reflect the client's behavioural support needs, demonstrating proactive efforts to secure more sustainable and person-centred supports.

6.1.2. Access to information and Person Centred Services

Four (4) issues (21%) were recorded in the category of Access to Information and Person Centred Services, comprising Access to Information (2) and Up to Date Plans and Records (2). Issues primarily related to ensuring accurate records, legal documentation and current guardianship information is easily accessible to staff.

One matter involved delays in receiving updated SACAT orders. The PA clarified that existing orders remain in effect until formally reviewed, providing reassurance to staff and supporting continuity of decision-making. Another issue arose when CVs identified uncertainty regarding documentation for a 7-Step Pathway for medical treatment. A review of historical records was undertaken, PA involvement was confirmed, and DHS, DASS was asked to review file documentation and reinforce staff understanding of the process, helping strengthen governance and record keeping practices.

6.1.3. Environment

Two (2) issues (10.5%) were recorded related to Environment, comprising Accommodation (1) and Furnishings – Indoor and Outdoor (1). Issues focused on ensuring living environments remained suitable, comfortable and responsive to clients' needs.

For example, visitors noted that one client lived in a relatively small, shared home and considered ongoing monitoring of accommodation suitability was required. The PA reviewed and confirmed that the client was happy in the home, had positive relationships with housemates and maintained regular access to community activities. Similarly, concerns regarding the need for improved furniture, outdoor furnishings and garden maintenance prompted follow-up by PA staff with the support coordinator to ensure the issues were explored and addressed.

6.1.4. Restrictive Practices and Safety

Two (2) issues (10.5%) related to Restrictive Practices and Safety, consisting of Restrictive Practices Approvals and Oversight (1) and Chemical Restraint (1). Issues focused on ensuring restrictive practice processes were appropriately documented and understood by staff.

One question raised by visitors related to whether consent and authorisation arrangements for a medication required further review. Subsequent follow-up confirmed existing authorisations met all governance and compliance requirements. A separate enquiry concerned clarification of PRN medication arrangements and the management of potential chemical restraint. The PA provided assurance that medication stocks were appropriate, staff were suitably trained and existing procedures supported safe medication management practices.

6.1.5. Voice and Participation

Two (2) issues (10.5%) related to Voice and Participation, both relating to Activities (2). The issues focused on expanding community participation opportunities and ensuring effective communication between stakeholders to support individual goals.

In one example Visitors noted that one client's capacity for community participation was increasing and encouraged further exploration of additional activities. In response, extra community participation hours were confirmed and processes were put in place to improve communication between stakeholders.

6.1.6. Dignity and Respect

One (1) issue (5%) was recorded under Family Involvement (1). The issue related to ensuring family contact arrangements reflected the client’s wishes and rights.

In this instance visitors followed up a historical concern regarding family access. The PA confirmed that there was currently no contact between the client and their brother at the client’s request and committed to notifying the service provider should any concerns or changes arise. This response demonstrated respect for the client’s preferences and maintaining appropriate oversight.

7. Strategic Policy and Advocacy

7.1. Scheduled meetings with stakeholders

The PCV has a schedule of regular meetings to discuss emerging issues outlined in CV reports. Issues may be client specific, systemic, or any other matters of concern that the PCV considers necessary to raise with CVS' stakeholders.

In the reporting period the PCV met regularly with the:

- Hon Chris Picton MP, Minister for Health and Wellbeing
- Hon Nat Cook MP, Minister for Human Services
- Hon Katrine Hildyard, Minister for Human Services
- Chief Executive, Department of Human Services
- Chief Psychiatrist
- Senior executives and management from the Department of Human Services and the Department for Health and Wellbeing
- the NDIS Quality and Safeguards Commission
- the National Disability Insurance Agency (NDIA)
- Other jurisdictional Community Visitor Schemes
- WhereTo Consultants (undertaking work regarding Nationally Consistent Community Visitor Schemes)
- Taylor Fry Ptd Ltd; and
- Ernst and Young (undertaking work regarding Nationally Consistent Community Visitor Schemes)

The PCV met with Mental Health Directors of:

- Barossa Hills Fleurieu Local Health Network (BHFLHN)
- Central Adelaide Local Health Network (CALHN)
- Flinders Upper North Local Health Network (FUNLHN)
- Limestone Coast Local Health Network (LCLHN)
- Northern Local Health Network (NALHN)
- Riverland Coorong Mallee Local Health Network (RMCLHN)
- Southern Adelaide Local Health Network (SALHN)
- Women's and Children's Health Network (WCHN)

STAKEHOLDER	NO. OF MEETINGS
The Hon Minister Nat Cook MP	3
The Hon Katrine Hildyard MP	1
CALHN Mental Health	4
Chief Psychiatrist	4
Chief Executive, Department of Human Services	4
DHS-NDIS Quality and Safeguarding Team	3
LCLHN Mental Health	3
NALHN Mental Health	3
DHS Disability Services Director, ED Office for Ageing Well	3
SALHN Mental Health	3
BHFLHN Mental Health	2
Forensic Mental Health	2
WCHN Mental Health	2
FUNLHN Mental Health	1
Executive Director, Mental Health Strategy and Planning, SA Health	1
RMCLHN Mental Health	1

2025-2026

Table 7: Number of meetings with stakeholders in 2025-2026

7.1.1. Meetings with Local Health Networks

The PCV meets regularly with Local Health Network Mental Health Executive/Director and Clinical Director at the services. CVS is in the unique position of having a statewide vantage point across all LHNs, and some non-government providers. These meetings facilitated discussion and follow-up of outstanding and systemic issues raised through CVS visits, as well as sharing the learnings across other LHNs.

7.1.2. Meetings with Disability Services, Department of Human Services

Regular meetings occurred with senior executives in DHS to review the outcomes of CV reports and discuss outstanding issues or systemic issues. Topics included CVS volunteer recruitment campaign, changes to regulations and changes in the NDIS.

The CVS Disability Coordinator maintained regular contact with DHS, DASS operational leadership and Quality team. These conversations took place quarterly, provided an opportunity to review operational process, and ensured that any issues, either from reports or through advocacy requests, were resolved in a timely manner.

7.2. State and National Policy Submissions

The PCV makes submissions to state and national strategic policy, legislative and program initiatives as an integral part of advocacy efforts. CVS is invited to comment and actively participate in policy making, models of care, client journeys of mental health and disability pathways. In the 2025–2026 reporting period submissions were:

National

- CVS National Consistency Working Group
- NDIS QSC Information Sharing Workshops

State

- Crisis Stabilisation Centre Model of Care
- Further consultation on the draft Mental Health and Wellbeing Bill
- Human Rights and Coercion Reduction Committee
- NALHN Forensic Mental Health Governance Restructure 2025 Consultation

7.3. National Policy and Strategic Advice

The CVS continued to work closely with our Community Visitor Scheme Interjurisdictional Partners and the Commonwealth Department of Health, Disability and Ageing to progress national policy and program reform initiatives.

CVS National Consistency

The CVS national consistency work was initiated and funded by the Commonwealth Department of Health, Disability and Ageing (the department) and was co-led by the South Australian Department of Human Services (SA DHS). The project responded to recommendations 11.12 and 11.13 of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and recommendation 16.4 of the Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme (NDIS Review, 2023). These recommendations called for greater national consistency in independent, state and territory-led Community Visitor Schemes.

Whereto Research (Whereto) and Ernst and Young (EY) were engaged to complete this work and met with SA CVS along with other states several times over the reporting period to consult and develop a CVS National Principles and Vision statement, conduct research reports, and promote 2 rounds of public consultation. This work resulted in a final report from EY highlighting the benefits and costs of 2 different levels of national consistency; Foundational consistency, and Enhanced safeguards and accountability.

It is understood that these reports will be presented to the Disability Reform Ministerial Council for consideration in the coming year.

NDIS QSC Information Sharing Project

The South Australia Community Visitor scheme has met with the NDIS Quality and Safeguards Commission to explore information sharing opportunities to support the prioritisation and triaging of SA CVS opt-in visit requests. With the expansion of the SA CVS scope from 1 July 2026 to include any South Australian over the age of 18 and receiving supports, services, or treatments for their disability, who choose to opt-in to the scheme, more than 30,000 South Australians may be eligible for SA CVS visit. With this high potential reach and limited SA CVS resources and capacity, the establishment of prioritisation processes is essential to ensuring visits are scheduled in line with a person's need for safety and support. Meetings with the NDIS QSC focussed on how they may be able to assist the CVS with information and data to prioritise NDIS participants who request a visit. This work will continue in the coming financial year.

8. Business Improvements

The CVS office has a continuous improvement ethos that ensures its operations and policies are regularly reviewed. CVS is engaged with national and state strategic matters to ensure CVS practices are current, relevant and best practice in the broader safeguarding system. Key business improvements in the period are outlined below.

8.1. Business Operations

Salesforce dashboard and data capture

During the 2025-2026 financial year work was completed to further explore and utilise Salesforce Lightning capabilities. A series of dashboards were created internally that increase navigability and oversite of the Salesforce system. These dashboards are now used to track CVS progress over the financial year and provide snapshot updates to be shared at meetings.

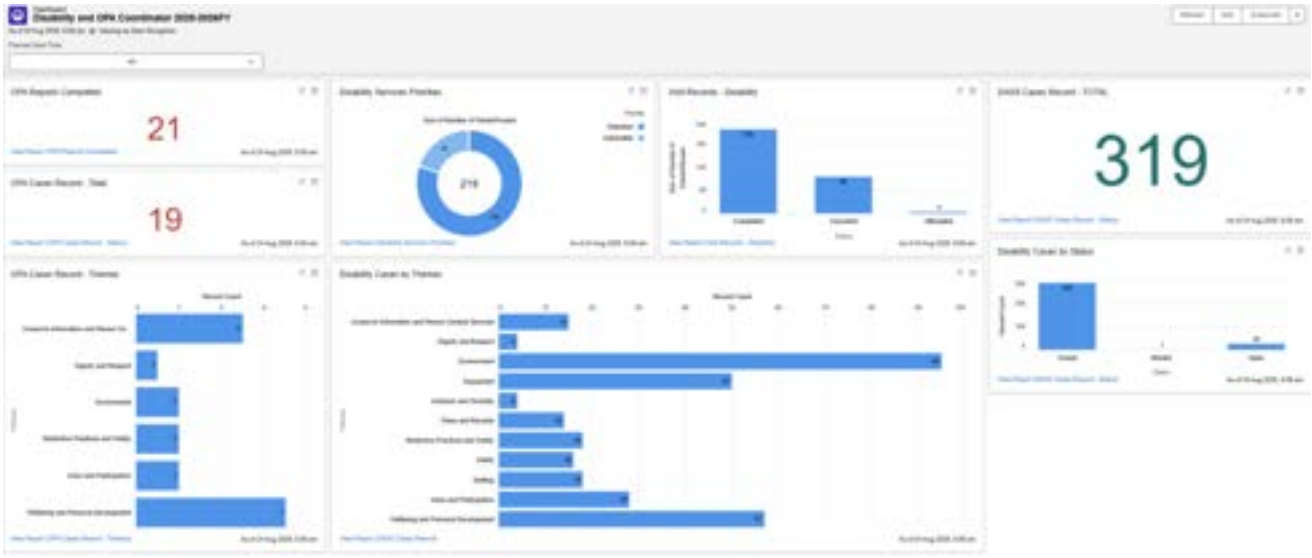


Figure 27: Example of disability visits dashboard

CVS Quarterly Reports

As a result of the work completed in Salesforce dashboards to increase data access, the Community Visitor Scheme now completes a Quarterly Report to track progress through the financial year. The report includes the numbers of visits and issues that are tracked over the year, along with Community Visitor data such as active numbers and visits per month.

The Quarterly Report now provides greater oversight of CVS progress throughout the year which has supported the planning of future visits. It has also increased the visibility of advocacy requests made to the CVS, highlighting frequency differences in disability and mental health, and those currently beyond the scope of the CVS.



Figure 28: Example of CVS – Quarterly Report

DHS Positivity Register

A new Disability and Specialised Services DHS Positivity Register was established in 2025-2026 to highlight positive observations from visits and promote quality care within the service.

As part of the visit report process, issues of concerns are highlighted and sent to the service for response at the end of each month. Similarly, positive and notable observations are now also highlighted and sent to the service at the end of each month. This new arm of feedback seeks to promote good supports and initiatives, and

recognise where DHS, DASS staff provide high-quality supports. Examples are provided below:

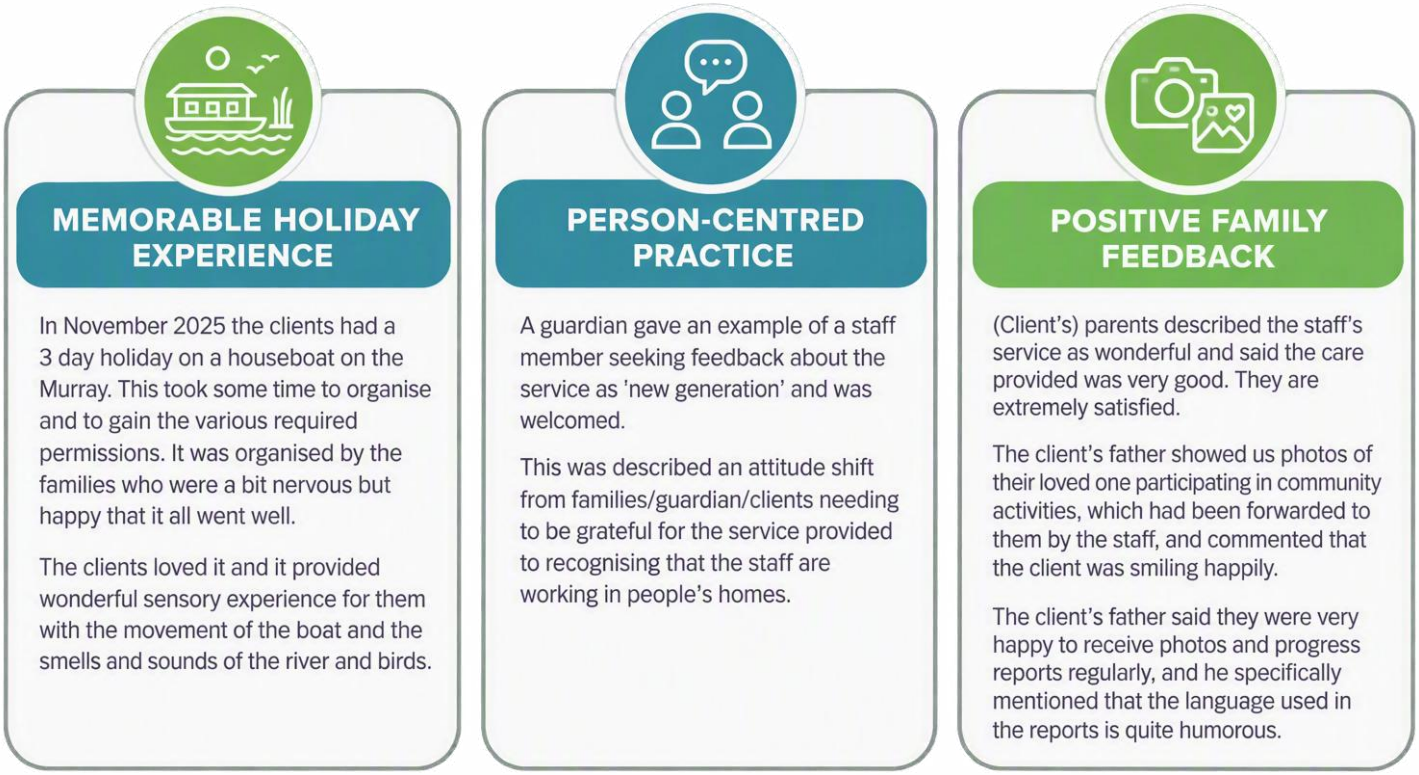


Figure 29: Examples of Positivity Register entries

8.2. Operational Policies and Procedures

The following operational policies and procedures were reviewed and updated in the reporting period:

- Visit and Inspection Procedure
- Allowance and Reimbursement Procedure
- Community Visitor Application to Appointment Policy
- Access to Site –Decline of a CVS Visit Form

9. Appendices

9.1. Acronyms

ABS	Australian Bureau of Statistics
AV	Audio-visual
BHFLHN	Barossa Hills Fleurieu Local Health Network
CALHN	Central Adelaide Local Health Network
CAMHS	Child and Adolescent Mental Health Service
CBD	Central Business District
CCTV	Closed-circuit television
CoP	Community of Practice
CPI	Crisis Prevention Intervention
CTO	Community Treatment Order
CV	Community Visitor
CVS	Community Visitor Scheme
DASS	Disability and Specialised Services
DCS	Department of Correctional Services
DHS	Department of Human Services
DHW	Department for Health and Wellbeing
ED	Emergency Department
EFNLHN	Eyre and Far North Local Health Network
ETLS	Emergency Triage and Liaison Service
EY	Ernst and Young
FCMHS	Forensic Community Mental Health Service
FUNLHN	Flinders Upper North Local Health Network
GP	General Practitioner
GSS	General Social Survey
HDU	High Dependency Unit
ICC	Intermediate Care Centre
IMHIU	Integrated Mental Health Inpatient Unit
ITO	Inpatient Treatment Order
LCLHN	Limestone Coast Local Health Network
LELAN	Lived Experience Leadership & Advocacy Network
LHN	Local Health Network
MHRU	Mental Health Rehabilitation Unit
NALHN	Northern Adelaide Local Health Network

NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDIS QSC	National Disability Insurance Scheme Quality and Safeguards Commission
NT	Northern Territory
OPA	Office of the Public Advocate
PA	Public Advocate
PCV	Principal Community Visitor
PICU	Psychiatric Intensive Care Unit
PRN	pro re nata *(as needed)*
RAH	Royal Adelaide Hospital
RFDS	Royal Flying Doctors Service
RMCLHN	Riverland Mallee Coorong Local Health Network
SA	South Australia
SAAS	SA Ambulance Service
SALHN	Southern Adelaide Local Health Network
SAO	Senior Authorising Officer
SAPOL	SA Police
SASMOA	South Australian Salaried Medical Officers Association
SHAC	Shared Activities Centre
SIL	Supported Independent Living
T2H	Transition to Home
THRIVE	Threat, Harm, Risk Investigation, Vulnerability and Engagement
TQEH	The Queen Elizabeth Hospital
UNCPRD	United Nations Convention on the Rights of Persons with Disabilities
WCHN	Women's and Children's Health Network
YNLHN	Yorke Northern Local Health Network

Table 8: Acronyms used in this report and description

9.2. Community Visitors in 2025-2026

The following people were appointed during the 2025-2026 period to serve as CVs



Table 9: Appointed Community Visitors in 2025-2026

9.3. CVS Functions under Legislation

Mental Health Act 2009

The Act creates the role of PCV and CVs. Under section 51 of the *Mental Health Act 2009*, CVs have the following functions:

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

The PCV has the following additional functions:

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

Disability Services (Community Visitor Scheme) Regulations 2013

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

- to visit state-run disability accommodation premises to inquire into the following matters:
- the appropriateness and standard of the premises for the accommodation of residents
- the adequacy of opportunities for inclusion and participation by residents in the community

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

Guardianship and Administration Act 1993

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

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

The CVS report to the Office of the Public Advocate (OPA) about those visits.

9.4. Report Template used by Community Visitors

Ratings available to use: OFFICIAL

- Practices related to this domain require development
- Practices related to this domain are present with solid foundations
- Practices related to this domain are positive and innovative

THE SOUTH AUSTRALIAN
COMMUNITY
VISITOR SCHEME

ABOUT THE VISITOR(S)	
Community Visitor (writer):	
Community Visitor (contributor):	
Community Visitor (other) - Details of any other community visitors present during the visit	
Visit Type:	
ABOUT THE VISIT	
LHN or Service Provider:	
Site:	
Unit/Ward:	
Address:	
ABOUT THE VISIT	
Bed capacity:	
Date of last visit:	
Visit by phone/face to face/audio visual:	
Is this an unannounced visit:	
Is this a requested visit? Visit requested by a client/family member/carer etc.	
ABOUT THE	

Time spent at visit (in minutes):	
Number of clients present during the visit:	
Number of clients spoken/engaged with by CV during visit:	
Family or carer notified:	
Family or carer of client present/ spoken to:	
Name/role of staff who greeted and/or facilitated the visit:	
VISIT DOMAIN 1: VOICE AND PARTICIPATION	
How is client voice and participation promoted within the service?	
How do clients and families participate in care planning, reviews and decisions about their everyday care?	
Rating for Visit Domain 1:	
VISIT DOMAIN 2: RESTRICTIVE PRACTICES AND SAFETY	
Are restrictive practices used in the service and why? Is the client aware of restrictive practices being used?	
report they felt safe?	
Please elaborate:	
Rating for Visit Domain 2:	
VISIT DOMAIN 3: INCLUSION AND DIVERSITY	
How does the service meet individual and diverse needs?	
How are the cultural needs and safety of Aboriginal and Torres Strait Islander people met. Also, for culturally and linguistically diverse people?	
Rating for Visit Domain 3:	
VISIT DOMAIN 4: WELLBEING AND PERSONAL DEVELOPMENT	
What physical, emotional, spiritual wellbeing strategies support client care and wishes.	
What kinds of programs and opportunities do clients access?	
Rating for Visit Domain 4:	
VISIT DOMAIN 5: ACCESS TO INFORMATION AND PERSON CENTERED RECORDS	
Can clients access their records and information, with or without support?	
How is client centred care ensured throughout a client's service experience?	
Rating for Visit Domain 5:	
VISIT DOMAIN 6: DIGNITY AND RESPECT	
Is there evidence of client autonomy, care, privacy and respectful relationships in the service?	
Rating for Visit Domain 6:	
INSPECTION DOMAIN 1: RECORDS	
Please tick what you inspected in relation to client records	No records inspected / reviewed Report(s)

9.5. Advisory Committee Members 2025-26

NAME	ROLE
Anne Burgess	Chair
Anne Gale	Principal Community Visitor and Public Advocate
Dr David Caudrey	Manager, Strategy and Advocacy, Office of the Public Advocate
Commissioners	
Lynne Coulson Barr	Commissioner, Health and Community Services Complaints Commissioner
Taimi Allan	Mental Health Commissioner
Office of the Chief Psychiatrist	
Dr John Brayley	Chief Psychiatrist
Sally Cunningham	Manager Legislation and Policy (proxy)
SA Health	
Liz Prowse	Director, Policy Planning & Safety
Department of Human Services (DHS)	
Kirsty Del Guste	Executive Director, Disability and Specialised Services
Nicole Keller	Director, Disability and Community Services
Gabrielle Hummel	Director, Disability Policy and Reform
Community Visitors and Representatives	
Professor Richard Bruggemann	Independent Advocate (Disability)
Andrew Crowther	Community Visitor - Mental Health Representative
David Meldrum	Community Visitor, Disability Representative
Jayne Lehmann	Disability Carer Representative
Sue Dixon	Disability Consumer Representative

Table 10: Advisory Committee Members 2025-2026

The following people also served as proxies to the Advisory Committee during the year:

- Briony Lia - Community Visitor - CVS Mental Health Representative (Proxy)
- Nicola Willox – Manager State Disability Policy (Proxy - Disability and Specialised Services)
- Matthew Dempsey - Deputy Commissioner, Code of Conduct, Health and Community Services Complaints Commission (Proxy)

9.6. Approved Mental Health Treatment Centres in SA (A-Z)

The following approved treatment centres have been approved under the *Mental Health Act 2009* and were current in 2025–2026 as recorded in the Government Gazette.

Treatment Centre	Units Visited
Flinders Medical Centre	• Emergency Department (ED) • Margaret Tobin Centre – Ward 5H, 5J, 5K, 5P • Short Stay Unit • Ward 4G – Statewide Eating Disorder Unit • Ward 18V – Older Person's Mental Health Unit • Ward SE (temporary gazettal until 19 May 2026)
Glenside Health Services	• Eastern Acute • Helen Mayo House • Inpatient Rehabilitation Services • Jamie Larcombe Centre • Rural and Remote • Tarnanthi and Subacute Unit
James Nash House	• Aldgate Ward • Birdwood Ward • Clare Ward • Ken O'Brien Centre – East & West
Lyell McEwin Hospital	• Emergency Department • Psychiatric Intensive Care Unit (PICU) • Short Stay Unit • Ward 1G – Acute Unit • Ward 1H – Older Persons Mental Health Unit (closed in April 2026)
Modbury Hospital	• Emergency Department • Mental Health Rehabilitation Unit • Older Person's Mental Health Service • Woodleigh House
Mount Gambier and Districts Health Service	• Emergency Department • Integrated Mental Health Inpatient Unit • Mental Health Rehabilitation and Sub-Acute Unit
Noarlunga Health Service	• Emergency Department • Mental Health Rehabilitation Unit • Morier Ward
Port Pirie Regional Health Service	• Ward A
Queen Elizabeth Hospital	• Cramond Clinic • Emergency Department • Mental Health Rehabilitation Unit • Psychiatric Intensive Care Unit (PICU) • Short Stay Unit • Ward SE – Older Person's Mental Health Unit
Ramsay Clinic Adelaide	• Parks Ward • Rose Ward • Torrens Ward

Repat Health Precinct	• Specialist Advanced Dementia Unit • Tarin Kowt • Timor 5 • Timor 6
Riverland General Hospital	• Emergency Department • Integrated Mental Health Inpatient Unit
Royal Adelaide Hospital	• Emergency Department • Psychiatric Intensive Care Unit (PICU) • Short Stay Unit • Ward 2G
Whyalla Hospital	• Emergency Department • Integrated Mental Health Inpatient Unit
Women's and Children's Hospital	• Adolescent Ward • Emergency Department • Mallee Ward

Table 11: List of treatment centres visited by the Community Visitors during 2025-26

9.7. Authorised Community Mental Health Facilities in SA

The following authorised community mental health facilities were current in 2025–2026 as recorded in the Government Gazette.

RESIDENTIAL AUTHORISED COMMUNITY MENTAL HEALTH FACILITY
Ashton House
Elpida House
Northgate House – Beachside Ward
Northgate House – Woodlands Ward
Repat Health Precinct – Neuro-behavioural Unit (NBU)*
Trevor Parry Centre
Western Intermediate Care Centre
Wondakka Community Rehabilitation Centre

Table 12: List of residential community mental health facilities visited by the Community Visitors during 2025-26

*Please note the Repat Neuro-behavioural Unit was incorrectly listed as a Treatment Centre in last years Annual Report, but should have been listed as an Authorised Community Mental Health Facility

OUTPATIENT AUTHORISED COMMUNITY MENTAL HEALTH FACILITY	
Adelaide Hills Community Mental Health Service	Northern Metropolitan Child and Adolescent Mental Health Service
Borderline Personality Disorder Collaborative	Northern Older Persons Community Mental Health Service
Central Metropolitan Child and Adolescent Mental Health Service (Eastern Team)	Outer South Community Mental Health Service
Central Metropolitan Child and Adolescent Mental Health Service (Western Team)	Port Lincoln Community Mental Health Service
Eastern Community Mental Health Centre	Port Lincoln Child and Adolescent Mental Health Service
Forensic Community Mental Health Service	Riverland Child and Adolescent Mental Health Service
Flinders and Far North Community Mental Health Service, Port Augusta	Riverland Community Mental Health Team
Inner South Community Mental Health Service	Southern Metropolitan Child and Adolescent Mental Health Service
Mt Barker Medicare Mental Health Centre	Southern Older Persons Community Mental Health Service
Mt Gambier Child and Adolescent Mental Health Service	Urgent Mental Health Care Centre
Mt Gambier Community Mental Health Team	Western Community Mental Health Centre
Northeast Community Mental Health Centre	Whyalla Child and Adolescent Mental Health Service
Northern Community Mental Health Centre	Whyalla Community Mental Health Service

Table 13: List of outpatient community mental health facilities visited by the Community Visitors during 2025-26

9.8. Disability Services Sites

ACCOMMODATION SETTINGS	NUMBER OF SITES	COMMENTS
Community Housing	207	95% metropolitan
Transition to Home	4	T2H West, Bright, South, and Timor
Aged Care	1	31 beds

Table 14: Accommodation Settings in DHS, Disability and Specialised Services