



# **Principal Community Visitor**

## **Annual Report**

### **2020-21**

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



## **Acknowledgement of Country**

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

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

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

## **United Nations Convention on the Rights of Persons with Disabilities**

The CVS also acknowledges the United Nations Convention on the Rights of persons with Disabilities (UNCRPD) especially Article 16.3:

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

## **Principal Community Visitor**

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Hon Stephen Wade, MLC  
Minister for Health and Wellbeing  
Citi Centre Building  
11 Hindmarsh Square  
ADELAIDE SA 5000

Dear Minister

**Annual Report for 2020-21**

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 2020-21 for presentation to Parliament.

This report provides an account of the work of the South Australian Community Visitor Scheme during the financial year ending 30 June 2021, in compliance with the Act and the Department of Premier and Cabinet Circular (PCO13) on Annual Reporting Requirements.

Yours sincerely

A handwritten signature in blue ink, appearing to read "Anne Gale".

Anne Gale

Principal Community Visitor

27 September 2021



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

Dear Minister

**Annual Report for 2020-21**

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 2020-21 for presentation to Parliament.

This report provides an account of the work of the South Australian Community Visitor Scheme during the financial year ending 30 June 2021, in compliance with the Act and the Department of Premier and Cabinet Circular (PCO13) on Annual Reporting Requirements.

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Anne Gale

Principal Community Visitor

27 September 2021

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# 1. Message from the Principal Community Visitor

On 3 June 2021, I was appointed Principal Community Visitor for South Australia for a period for three years. (I was the Acting Principal Community Visitor from September 2019.) I will undertake this role along with my responsibilities as the Public Advocate for South Australia.

My appointment provides an opportunity for the Community Visitor Scheme and the Office of the Public Advocate to continue working closely on protecting rights and advocating for South Australia's most vulnerable people.



I am pleased to present my annual report for 2020-21.

I have adopted a new format for this year's report, combining the previous separate reports on the performance of the Community Visitor's functions under the *Mental Health Act 2009* and the *Disability Services (Community Visitors Scheme) Regulations 2013*. A combined report provides a more comprehensive picture of the breadth of services visited by the scheme, its value to clients of those services and some of the challenges common to both the disability and mental health service sectors, such as workforce security and development.

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

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

- receiving care in a mental health treatment centre or hospital
- attending a community mental health facility
- living in state-run disability accommodation.

The COVID-19 pandemic has continued to significantly impact the operations of the Community Visitor Scheme, restricting face-to-face visits. However, the Community Visitors and staff of the scheme have been flexible and adept in embracing technology to conduct audiovisual visits and maintaining connection with clients and service providers. An 'in-person' visit is preferred however the audiovisual option has provided a valuable means of delivering services in circumstances where physical visits may be difficult or pose risks to the participants.

Visits to mental health services have increased this reporting period. Visits to disability accommodation services are 21% lower than the previous year however, the overall number of visits undertaken by the CVS has been a good outcome in challenging circumstances.

It is encouraging to note that the significant majority of reports completed by Community Visitors for 2020-21 provide a very positive assessment of the services visited.

I visited the new Neuro-behavioural Unit and Specialist Advanced Dementia Unit at the

Repat Health Precinct during 2020-21 and was impressed at the quality of the services offered. These two units offer an innovative and modern service for clients with Tier 5, 6 and 7 behavioural and psychological symptoms of dementia (BPSD) and staff are experienced and highly skilled in caring for this client group, following a values-based recruitment process. The review of the Oakden Older Person's Mental Health Service and the development of the model of care for these services has resulted in quality services that are impressive and reflect a positive investment in the care and treatment needs of this client group.

Mental health services have experienced increased demand for support and the opening of the Urgent Mental Health Treatment Centre in March 2021 is welcomed and an excellent initiative to treat patients in a more appropriate setting than a hospital emergency department.

Work to improve safeguarding measures for vulnerable people has continued in 2020-21.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities held public hearings in Adelaide in June 2021. I welcomed the opportunity to provide evidence to the Royal Commission in my capacity as Principal Community Visitor and Public Advocate

During the hearings, the Royal Commission acknowledged the life and sad death of Ann Marie Smith. The Royal Commission also examined the recommendations of the South Australian Safeguarding Taskforce report, and the report of the Hon Alan Robertson SC, *'Independent review of the adequacy of the regulation of supports and services provided to Ann Marie Smith, a National Disability Insurance Scheme (NDIS) participant, who died on 6 April 2020'*. The hearing examined the response of South Australian agencies and the National Disability Insurance Agency and the NDIS Quality and Safeguards Commission to those reports. I am pleased that the Royal Commission was very interested in the work of the Community Visitors and the potential value of a national community visitor scheme as an additional means of safeguarding NDIS participants. I look forward to the Royal Commission's recommendations.

Other initiatives in 2020-21 to promote safeguarding and individual rights include:

- as recommended in the Safeguarding Taskforce report, the scope of the Adult Safeguarding Unit was expanded in October 2020 to include adults with a disability;
- South Australia undertook a comprehensive review of restrictive practices in the disability sector and will implement new legislation regulating the authorisation of restrictive practices in 2021-22.

A highlight again this year was our Community Visitors receiving 'The Premier's Certificate of Recognition for Outstanding Volunteer Service'. This Certificate has now been awarded to the Community Visitors three years running.

This year the award acknowledged the Community Visitors ongoing commitment and dedication to the Community Visitor Scheme, by working in new ways amid the COVID-19 pandemic. The Community Visitors quickly adapted to conducting 'virtual' client visits by telephone or video links. This ensured that the Scheme was able to continue to check on the welfare of our clients in mental health facilities and state-run disability accommodation – many of whom are particularly vulnerable. I congratulate every Community Visitor and thank them for their contribution to the Scheme.

National Volunteer Week (17-23 May 2021) was an opportunity for the community to recognise and thank all volunteers for their generous contribution to their community.

I acknowledge and thank the members of the Community Visitor Scheme Advisory Committee, chaired by Ms Anne Burgess. The Committee provides a forum for robust discussion and strategy development to assist me to address issues that arise from our collective work. In 2021 they have assisted with developing a new strategic plan for the Scheme. I thank them for their dedication and commitment to their work.

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

## 2. Overview of 2020-21

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

Following the declaration of the state of emergency in early 2020, the Community Visitor Scheme (CVS) rapidly developed and implemented a business continuity plan which enabled the CVS staff to continue administrative and information services for the CVS during the pandemic.

During 2020-21, staff have moved between work from home and in the office, in response to changing public health directions.

Similarly, Community Visitors (CVs) have moved between audiovisual visits and in person visits, in accordance with public health advice. The South Australian Parliament also extended emergency legislation authorising the CVS to undertake audiovisual visits with clients.

### 2.2 Community Visitor Activities

#### Disability Services

- CVS conducted 135 visits across 216 Department of Human Services Disability Accommodation Service (DHS DAS) homes during 2020-21 (compared with 171 visits across 176 DHS sites<sup>1</sup> in 2019-20).
- CVS has responded to 17 requests for advocacy relating to disability accommodation services.
- Forty-one (41) reports received from CVs included a range of concerns or issues which were raised with DHS DAS. All issues raised in the reporting period were resolved.

#### Mental Health Services

- The CVS conducted 162 visits to mental health treatment centres and community mental health facilities during 2020-21 (compared with 133 visits in 2019-20). Most visits and inspections attend multiple units within a health facility, including the different mental health wards and the emergency department.
- CVS has responded to 71 calls of concern or requesting advocacy relating to mental health services.
- In the past year 86 issues were raised in reports that required follow up with mental health services management with 77 (90%) being resolved during the reporting period.

#### Visits to Public Advocate clients

- Nineteen people were visited by CVs pursuant to delegation of powers by the Public Advocate. This included 9 visits to persons in DHS DAS homes, and 10 persons in non-government sector homes.

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

## Visits to people under COVID-19 detention orders

- Nine people were visited by CVs pursuant to the *Emergency Response Act (Community Visitor Scheme) Regulations 2020*.

## 2.3 Strategic Plan

A new Strategic Plan was developed for the CVS with the support of the CVS Advisory Committee.

The Plan outlines the goals of the Scheme for the next two years.

The Plan is attached at Appendix 1.

## 2.4 Engaging with stakeholders

In 2020-21, the Principal Community Visitor (PCV) met regularly with the following Ministers to discuss the CVS:

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

The PCV has regular meetings with other statutory officers and senior public servants, including:

- Chief Psychiatrist
- Health and Community Services Complaints Commissioner
- Office of the Public Advocate
- Chief Executive and other senior staff from Department of Human Services, and senior staff of Attorney-General's Department and Department of Health.

The CVS has maintained strong working relationships with DHS DAS and mental health service providers. Regular meetings provide an opportunity to review the outcome of CVS visits and resolve any outstanding issues.

The CVS has worked with staff from the NDIS Quality and Safeguards Commission to finalise an information sharing schedule for referring matters of concern.

## 2.5 Influencing policy and practice

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

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

- Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities-Public Hearing 14
- Consent to Medical Treatment and Palliative Care Act review
- Intensive Monitoring and Inpatient Rehabilitation Governance Steering Committee
- Meetings with Mental Health Directors of Northern Adelaide Local Health Network

(NALHN), Central Adelaide Local Health Network (CALHN) and Southern Adelaide Local Health Network (SALHN)

- NDIS Quality and Safeguards Commission meetings
- Optional Protocol to the Convention against Torture (OPCAT)
- Patients who are Prisoners–Care and Treatment in Department for Health and Well Being Services Policy Directive
- SA NDIS Psychosocial Disability Transition Taskforce
- Statutory Authorities Group and Rights Protection Agencies meeting
- Meetings with Director DHS Disability Accommodation Services (DHS DAS)

## 3. Structure of the Community Visitor Scheme

### 3.1 Principal Community Visitor and Community Visitors

The Community Visitor Scheme (CVS) is comprised of the Principal Community Visitor (PCV) and appointed Community Visitors (CVs).

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

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

### 3.2 Governance arrangements

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

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

### 3.3 Community Visitor Scheme Advisory Committee

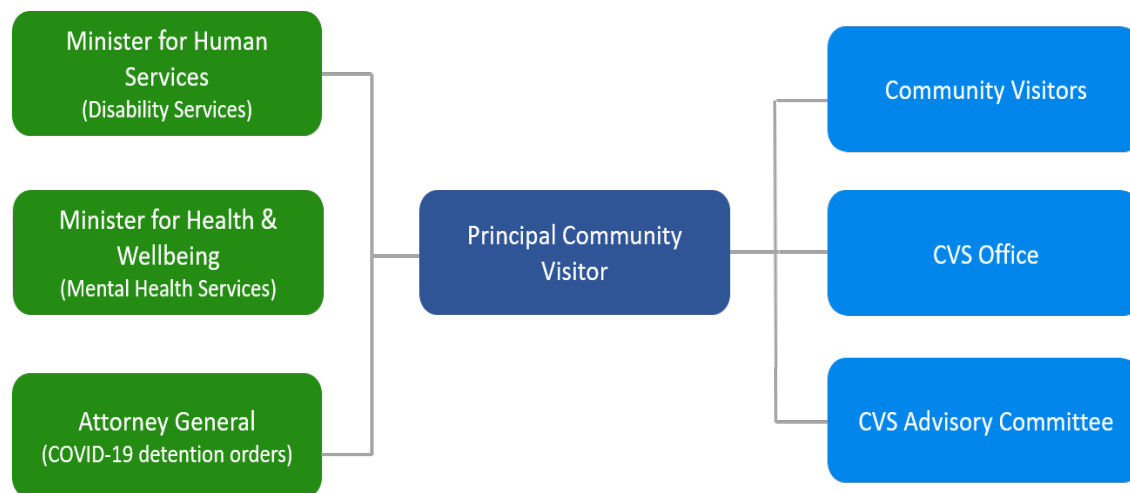
An Advisory Committee provides strategic advice and support to the PCV, monitors the key issues arising from the work of the CVS, and contributes to strategic networks and relationships.

The Committee met five times during 2020-21. The Committee has updated its terms of reference and contributed to the development of a new Strategic Plan for the CVS. The Committee has also discussed safeguarding measures such as the increased scope of the Adult Safeguarding Unit, changes to restrictive practices legislation and new mental health services.

The membership of the Advisory Committee is set out in Appendix 2.

### 3.4 Structure of the Community Visitor Scheme

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



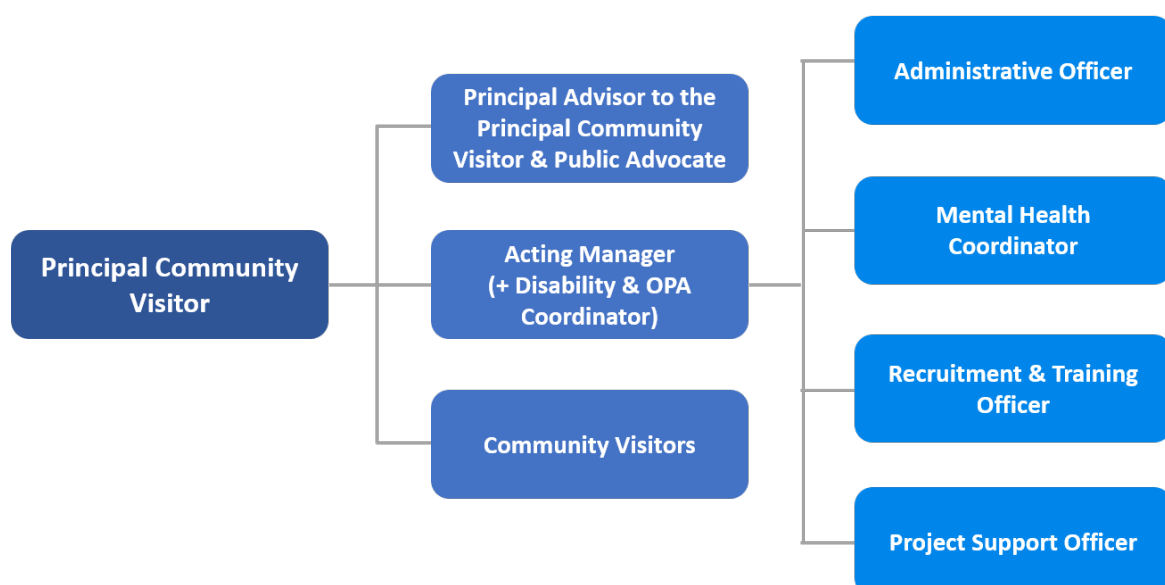
### 3.5 Funding and administrative support

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

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

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

### CVS Organisational Structure



## 4. Functions of the Community Visitor Scheme

The Community Visitor Scheme is established by the *Mental Health Act 2009*. The Act creates the role of Principal Community Visitor and Community Visitors. Under section 51 of the *Mental Health Act* Community Visitors have the following functions:

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

The Principal Community Visitor has the following additional functions:

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

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

- to visit state funded disability accommodation premises to inquire into the following matters:
  - the appropriateness and standard of the premises for the accommodation of residents;
  - the adequacy of opportunities for inclusion and participation by residents in the community;
  - whether the accommodation services are being provided in accordance with the principles and objectives specified in Schedules 1 and 2 of the Act (*Disability Services Act 1993*);
  - whether residents are provided with adequate information to enable them to make informed decisions about their accommodation, care and activities;
  - any case of abuse or neglect, or suspected abuse or neglect, of a resident;
  - the use of restrictive interventions and compulsory treatment;
  - any failure to comply with the provisions of the Act or a performance agreement entered into between a disability services provider and the Minister;
  - any complaint made to a community visitor by a resident, guardian, medical agent, relative, carer or friend of a resident, or any other person providing support to a resident;

- to refer matters of concern relating to the organisation or delivery of disability services in South Australia to the Minister;
- acting as advocates for disability clients living in state-government run disability accommodation to promote the proper resolution of issues relating to their care, treatment or control, including issues raised by a guardian, medical agent, relative, carer, friend or any other person who is providing them support.

## 5. Visits and inspections

### 5.1 Number of visits to disability accommodation services

The Community Visitors Scheme (CVS) conducted 135 visits across 216 Department of Human Services Disability Accommodation Services (DHS DAS) homes during 2020-21 (compared with 171 visits across 176 DHS sites<sup>2</sup> in 2019-20).

This report includes the total number of individual DHS DAS premises (216) that are within the scope of the scheme. In 2019-20 the CVS reported on the number of DHS **sites** within the scope of the scheme. These sites could include multiple premises at each location. The reporting method adopted for 2020-21 provides a more comprehensive record of CVS activity.

The decrease in visits across the reporting periods is due to the profound impact of COVID-19 and associated restrictions on visits since March 2020.

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

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

There was a total of eight requested disability visits/advocacy requests undertaken in this financial year. One unannounced visit was conducted in response to a community request. Examples are outlined later in the report (refer to section 7.1).

### 5.2 Number of visits to mental health services

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

In 2020-21, the CVS was required to visit:

- 15 approved Treatment Centres with 47 individual units within those centres
- 13 Authorised Community Mental Health Facilities

The full list of facilities within the scope of the CVS are listed in Appendix 3.

The CVS notes the addition of four new services into its visitation schedule in the past year: the Borderline Personality Disorder Collaborative; Urgent Mental Health Care Centre and the Neuro-behavioural Unit and Specialist Advanced Dementia Unit at the Repat Health Precinct.

The CVS was not able to meet the bi-monthly requirement for the months of July 2020-January 2021 due to the impact of COVID-19. Whilst the CVS was not able to visit mental

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<sup>2</sup> Some DHS sites are 'cluster' homes, comprised of multiple dwellings at the one site.

health facilities in person, CVs were able to adapt to audiovisual visits during this time to ensure that some sites were still visited by CVS (see section 6.4).

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

Due to difficulties with conducting audio-visual visits and COVID-19 visitor restrictions over the past year, it was not possible to uphold the large number of unannounced visits that CVS usually undertakes, however from May 2021 the CVS returned to its usual practice of approximately 50% of scheduled visits as unannounced.

In addition to the scheduled bi-monthly visits, the CVS also conducts visits on request. A client, carer, guardian, relative, friend, or any person or organisation who is providing support to a client may request a visit by a CV. If a request is made to a manager of, or a person in a position of authority at a treatment centre or community mental health facility, that person must advise the CVS office of the request within two working days. The CVS undertook three requested visits to clients during 2020-21.

### 5.3 Reporting on visits

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

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

On completion of the visit, the CVs complete an online report that contains a variety of predetermined questions relevant to the visit. The report is provided to the PCV and to the sites, as well as any identified issues requiring action.

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

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

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

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

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

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

Issues of concern are referred to the PCV and tracked on the CVS Issues Register and Tracking Documents for mental health and disability services respectively. When required, the PCV can escalate an issue to the appropriate body for action and resolution (see section 5.6).

## 5.4 Key report findings—Disability Services

### 5.4.1 Communication—resident and staff interaction/respectful communication

#### Communication between staff and clients and staff responsiveness to client needs

CVs rated their observations of the communication and interaction between staff and clients as being high with **95.1%** and **97.53%** respectively of responses being positive and only **1.2%** and **0%** not receiving a satisfactory rating. The high positive rating is indicative of high-quality care and support.



Effective communication is key to building trust and rapport with clients and essential to understanding client needs. CVs have frequently commented on excellent communication observed at visits.

*“Communication appeared respectful and insightful. Significant knowledge of the resident’s individual communicative abilities is evident from CVs observation of staff/resident interaction”.*

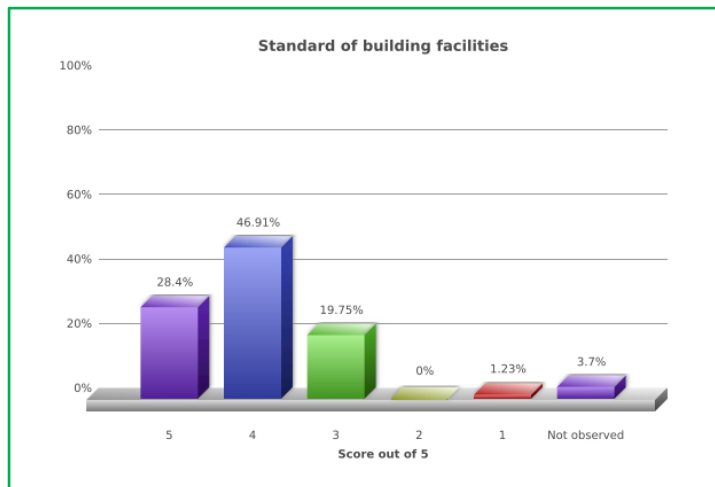
### 5.4.2 Environment—suitability of facilities and their maintenance

A key component of any visit and inspection is to assess the appropriateness, accessibility and standard of the house and facilities, including whether they are well maintained. This includes assessing the building, equipment, grounds, emergency procedures and privacy for clients.

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

## Standard of the house and facilities

The homes visited by CVs were rated on average as being very good at **95.1%** for meeting the needs of the client group.



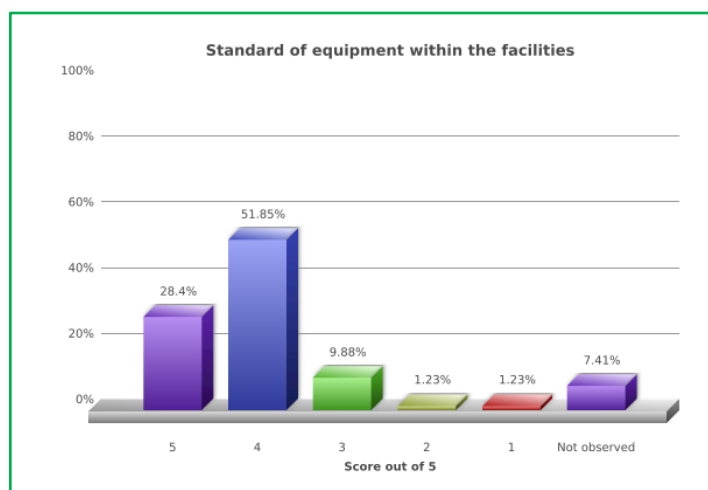
DHS DAS premises are a mixture of newer homes, purpose built to accommodate clients with special needs, and older properties that have been modified to accommodate residents with a disability.

The timeliness of attention to maintenance issues can be a challenge. For example, one CV report noted *"The maintenance is concerning...and CVs told this has been reported ... maintenance times are unsatisfactory"*.

Well maintained homes provide clients with the confidence to move and explore their environment and processes for more timely maintenance should be implemented.

## Standard of equipment

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



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

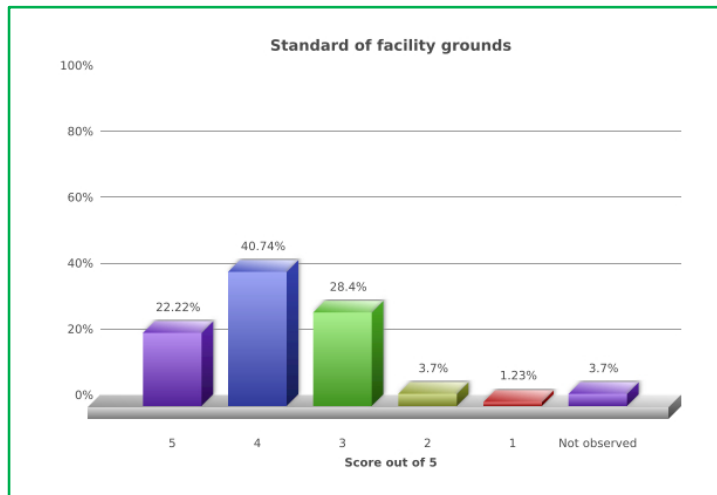
The majority of responses were positive rated at **90.1%**. Cleanliness and the absence of excess clutter is seen as positive with interiors reflecting the personalities of clients.

It was noted by CVs that there were some issues with the standard of equipment such as *"in one house, the oven door was missing, there was damaged furniture and a damaged fridge door"*. While these issues are reported to landlords, there is a challenge with the time it takes for landlords to respond to issues.

### Standard of the facility grounds

The standard of facility grounds was overall rated highly at **91.4%** with CVs noting BBQ's, covered outdoor areas and well-maintained back yards in some instances.

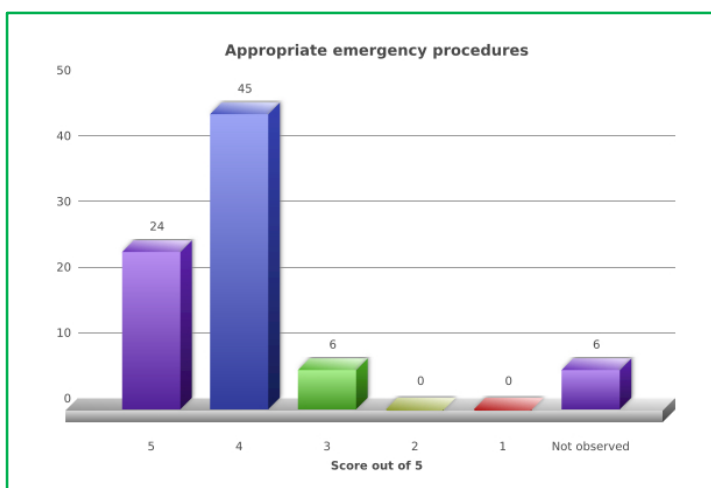
Having a good standard of the facility grounds enables residents to participate in everyday activities such as gardening and hanging out washing, as well as being a pleasant area to socialise and enjoy the outdoors.



Some issues raised in reports included: rubbish scattered in yards and uneven concrete pavers making it difficult (for the client who uses a wheelchair) to traverse.

### Emergency equipment and procedures

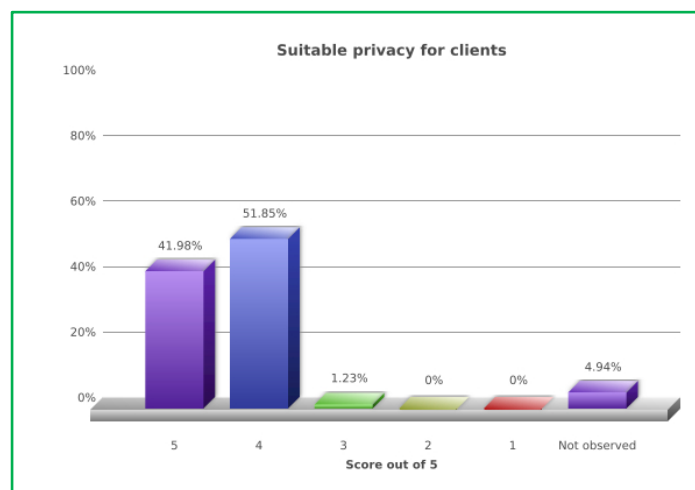
Another key accommodation aspect assessed during visits was emergency equipment and procedures. This again was assessed as being at a relatively high standard at **92.6%** overall.



In most homes, a personal emergency and evacuation plan is available for each resident and evacuation drills are practiced regularly. However, CVs noted that in one home *“staff were unclear about the evacuation drill”*, although the house was equipped with fire extinguishers, smoke alarms and evacuation plans.

### Suitable privacy for clients

It is important to monitor whether the privacy of residents is being respected and they have a 'space' in which they can retreat or spend time on their own. Generally, this was of a high standard with **95.1%** reported as positive, for example *"(privacy) appeared to be excellent, no complaints to us, people wanting to sit or walk alone not hassled"*.

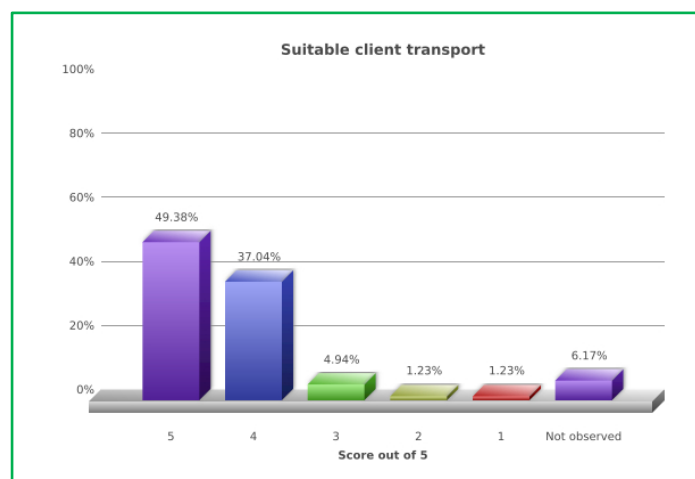


There was one issue reported where there was considerable tension between some of the residents, where the physical arrangement of building and fences *"leads to a lack of privacy and angst in the residents"*. Staff were aware of the interaction between residents and were working towards minimising conflict as well as referring to positive behaviour support plans.

### **5.4.3 Quality of client services**

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

#### Suitable client transport



The majority of ratings were positive at **91.4%**.

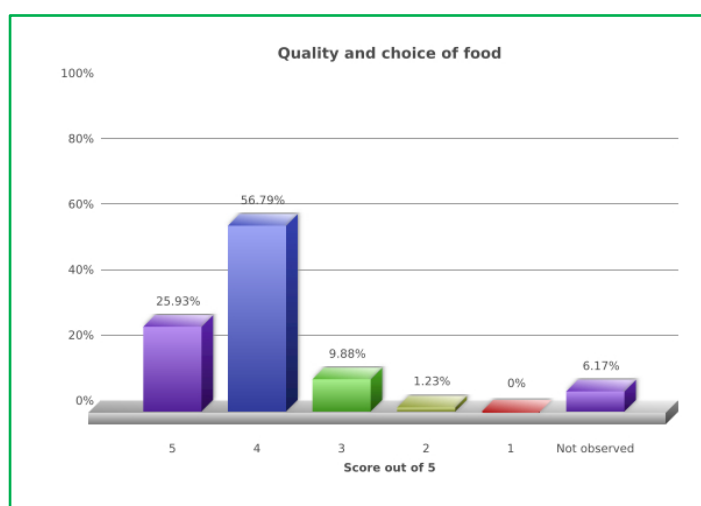
For the majority of houses, the vehicles available were adequate and provided clients with opportunities to get to work, shops, appointments or enjoy day outings. Many clients were also able to access public transport which increased their independence.

Access to transport options remains vitally important to resident's ability

to attend activities and engage in their communities. The NDIS provides funding for transport assistance on three participant support levels, depending on needs of the participant.

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

## Quality and choice of food



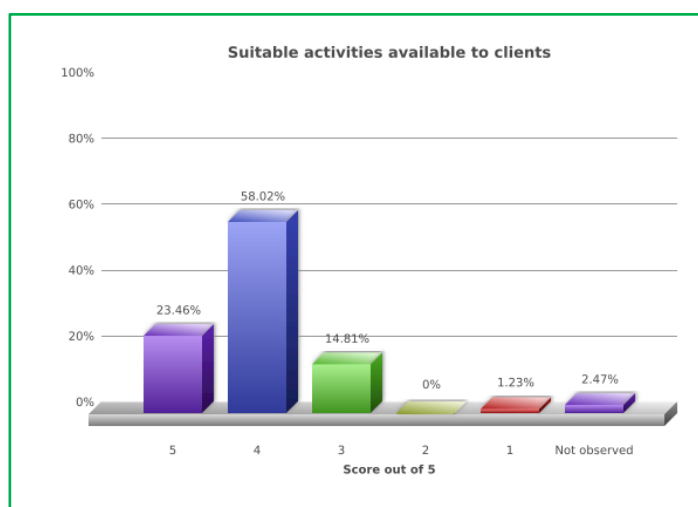
The provision of healthy and nutritious food is very important. The opportunity for residents to be involved in meal planning, grocery shopping and the preparation of meals increases their life-skills and knowledge about healthy foods. The overall positive rating was **92.6%**.

CVs reported that many clients assist with shopping and choosing food, and dietitians and speech pathologists provide expert advice when needed. It is pleasing to note

that *“Clients can cook themselves if they wish, but staff also support them. Usually one house cooks for others, and all clients are encouraged to share the meal together”*.

## Activities available to clients

Suitable activities should be planned in conjunction with the resident taking into account their interests and abilities. The overall positive rating was **96.3%**.



Many clients are involved in a wide range of activities such as bowling, coffee outings, birthday parties and visits to the zoo.

The new role of Capacity Building Officer role should help to engage clients in activities and local events that interest them.

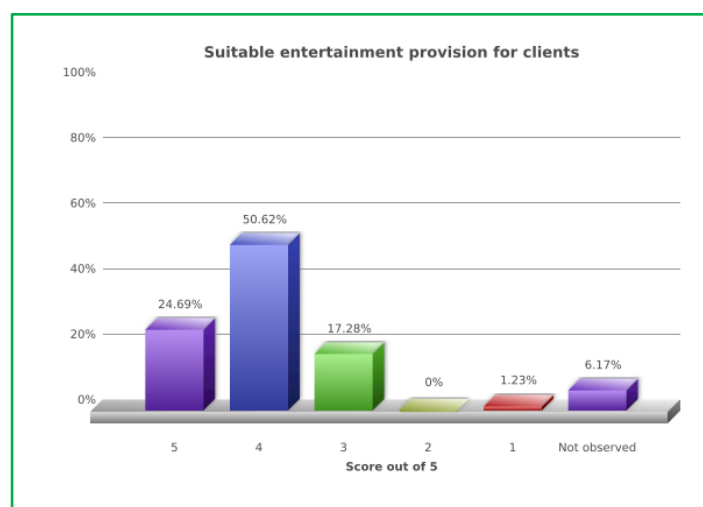
Capacity Building Officers are utilised across DHS DAS, and provide direct assistance to individuals, their families and

carers to understand and access the NDIS and community supports and services.

The timeliness of NDIS funding can have a significant impact on the client's ability to access and engage in activities in the community. CVs have noted that *“(Client) is waiting for his NDIS plan to be updated to increase his days in activities”*.

## Suitable entertainment

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



The overall positive rating is high at **92.6%**.

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

CVs reported that there was a *"good variety, for both individual and group activity"*.

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

Although exercise bikes were recorded in reports several times, CVs felt that many clients may benefit from being offered sporting/exercise equipment.

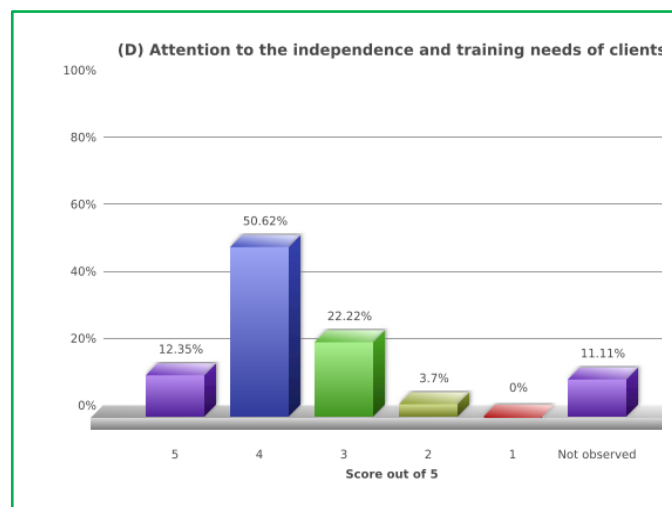
## Support of independence and training needs of clients

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

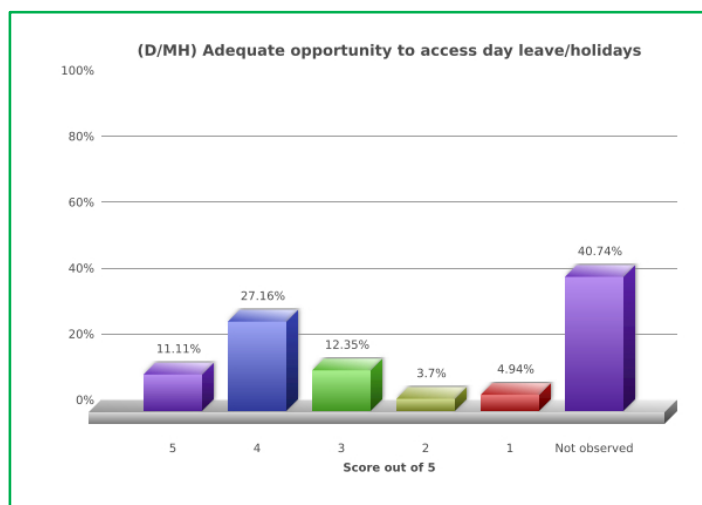
Experience and research has shown that in some situations, staff can establish routines that may not ultimately promote the independence of residents in the longer term.

A lifetime of support can result in familiarity and little change whereas an environment where capacity building is pursued, residents can develop skills and exercise greater independence, choice and control. It is therefore important that attention is given to the independence and training of individuals and as well as access to holidays.

The overall rating of positive comments for independence and training was **85.2%**.



## CVS ratings for clients to access day leave/holidays



The overall positive rating was **50.6%** for access to holidays.

COVID-19 has impacted on the ability for residents to attend outings and it has been difficult to commence any planning for future travel. As a result, this item is often not discussed and reported as not observed.

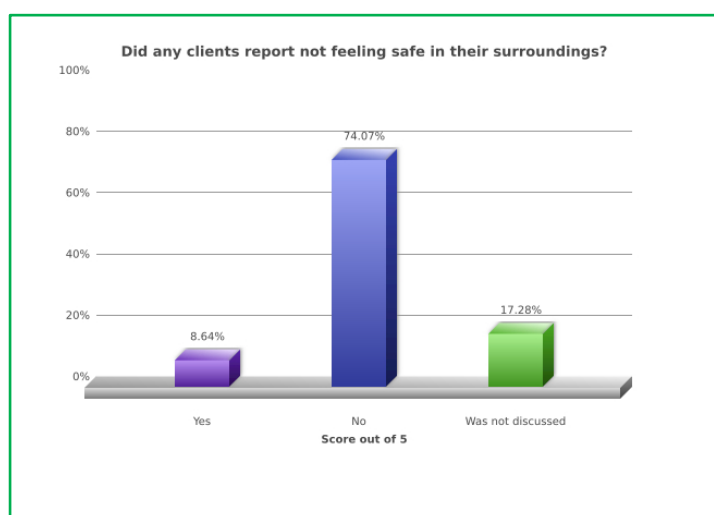
CVs reported that *“A client commented that COVID has limited the social activities and outings they*

*used to enjoy”*. Notwithstanding the restrictions of COVID, support workers could consider alternative options for holidays, such as travel within metropolitan Adelaide or intrastate regions.

### 5.4.4 Safety and Rights

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

The following chart of responses to the question of whether any clients report not feeling safe indicates that there is a strong sense of comfort (**74.1%**) within the accommodation sector that individuals feel safe.

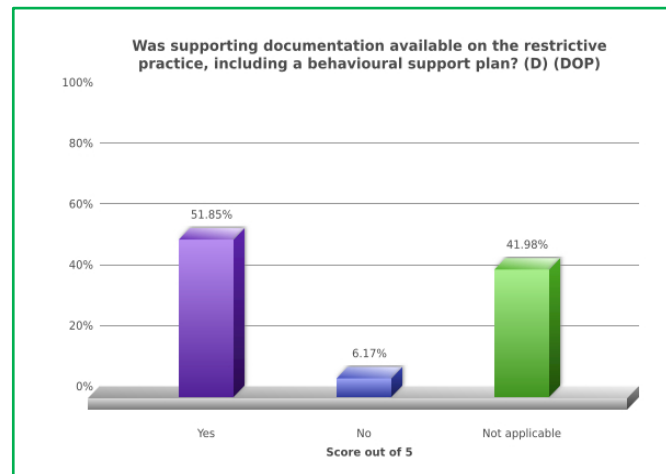
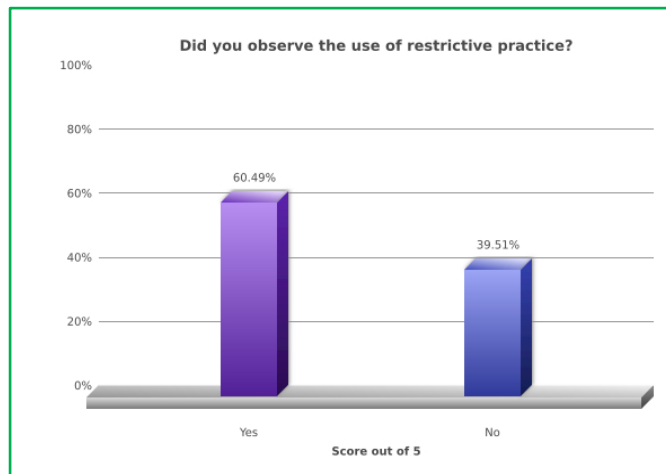


At times, this can be a difficult question to explore in some houses, depending on the capacity of the resident to understand and respond to the question, reflecting the moderate rate (**17.3%**) of ‘was not discussed’.

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

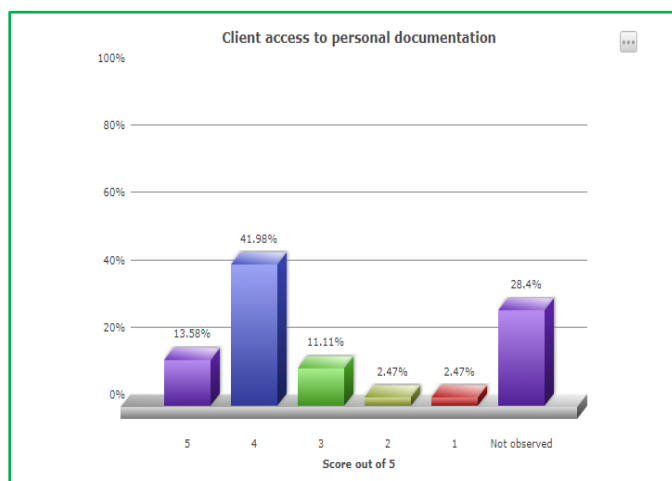
Restrictive practices were reported as observed in **60.5%** reports and there was supporting documentation available in **51.9%** of cases.

In **39.5%** of reports, CVs did not observe the use of restrictive practices.



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

The following chart indicates that **66.7%** of clients have a sound sense of knowing they can access their personal documentation *"All documents are stored in the office. Clients able to ask for documents as required"*. However, staff also indicated that while clients are aware of the documents, their ability to understand the concepts can be difficult and limited for some.

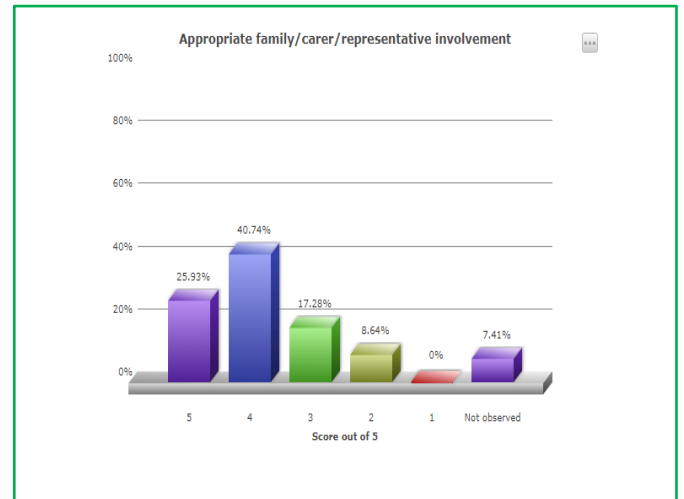


This chart reflects the importance of family and carer involvement with almost **84%** of responses reflecting support and involvement by families, *“all five residents have extensive contact with their families, and they are involved in planning processes”*.

Involvement can be regular visits in person, or phone calls, and family members are encouraged to attend the CVS visits where possible.

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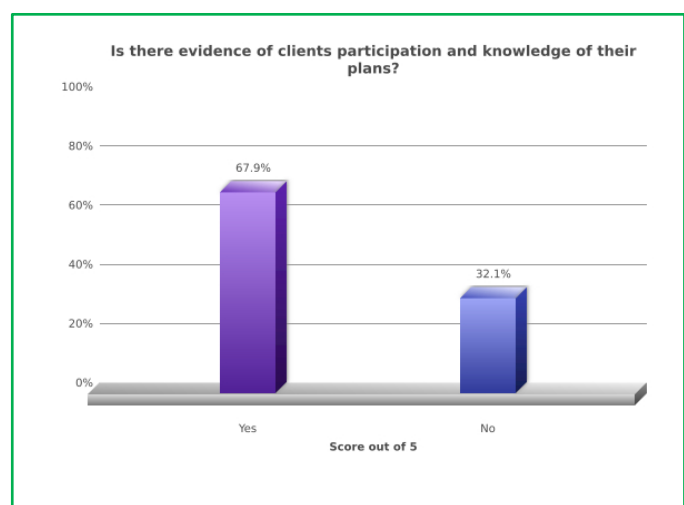
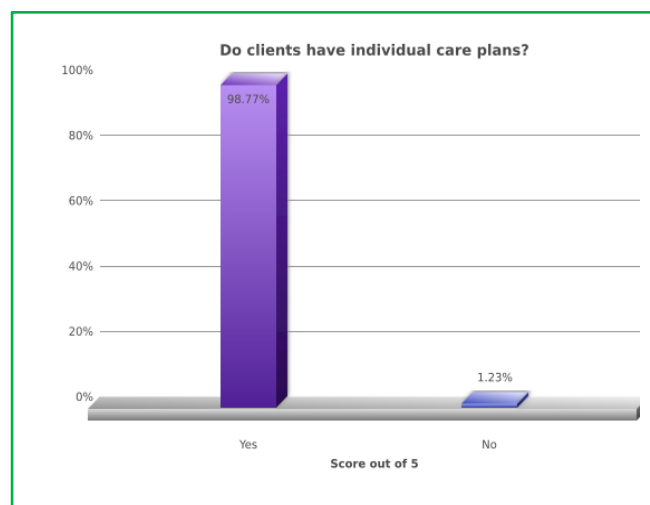


#### 5.4.5 Treatment and care plans—Person Centred Plans

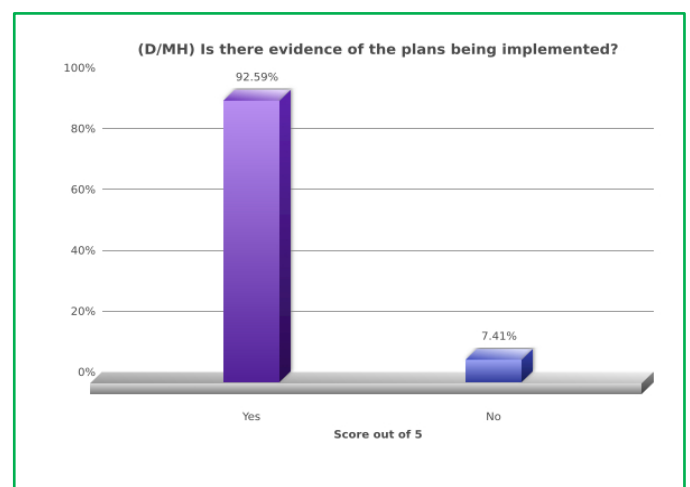
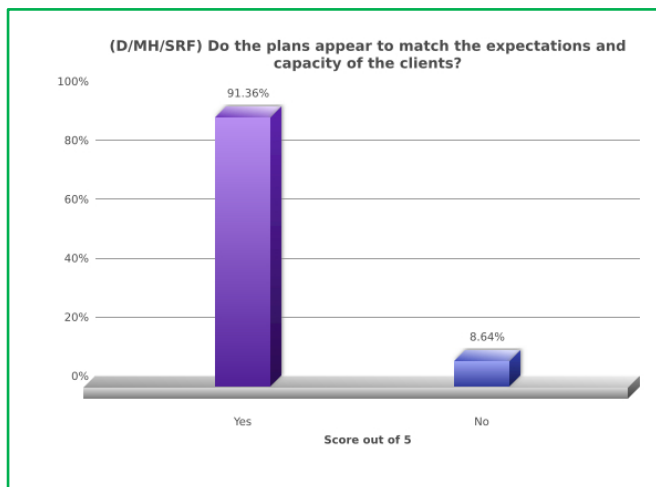
Reviewing whether residents have a person-centred plan (PCP) or similar individual care plan (ICP) remains a priority for CVS visits. This is still of particular importance as more clients transfer to the NDIS.

It is pleasing to note that **98.8%** of residents have a plan and many (**68%**) have participated and are aware of their plan.

The percentage of people with knowledge of their plan is impacted by the person’s capacity to be aware of and understand their plan.



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



From the above charts, plans matching expectations along with plans being implemented has occurred in over **91%** of situations. This a vast improvement on previous reporting years.

It is pleasing to note the continued high level of work occurring in this area, as the NDIS, has driven significant improvement.

## 5.5 Key report findings—Mental Health Services

### 5.5.1 Communication—client and staff interaction/respectful communication

#### Communication between staff and clients and staff responsiveness to client needs



Staff responsiveness and communication rated well across visits with an average **79%** being observed as positive by CVs.

One aspect noted by CVs as fostering good staff/client relationships was consistency in the staffing and treating team for a client. Regular client and staff meetings were also noted as an opportunity for positive communication and many services hold these meetings on a daily or weekly basis. This provides clients with a forum to raise any questions or issues and have them addressed by staff in a timely and more relaxed manner.

Positive interactions were also identified where staff were accommodating of cultural considerations, with a visit report noting *“staff take on a client-centred approach to care.... examples of instances they have modified meals and accommodated for cultural practices and customs...translators are available when clients do not speak English as their first language”*.

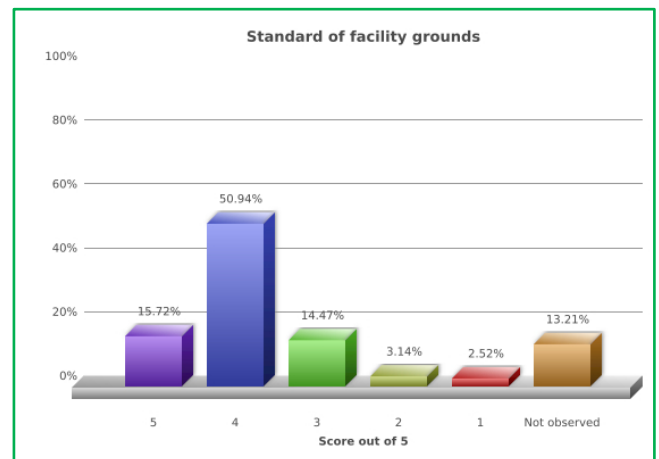
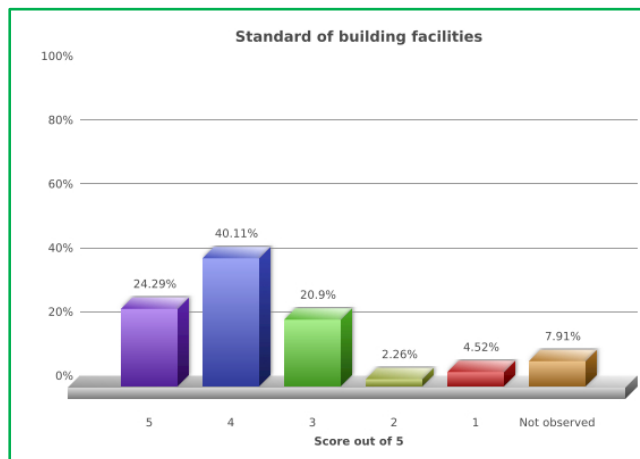
CVs also noted one unit which is working hard to change their language and focus from 'challenging behaviours' to 'responsive behaviour' which requires careful attention to reasons for behaviour, both in the current environment and in the resident's history. This is an excellent example of services working to improve their communication.

One barrier to effective communication and responsiveness that was noted by clients at CVS visits on multiple occasions was the perception that staff spend too much time in the nurse's station and are not as readily available on the ward.

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

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

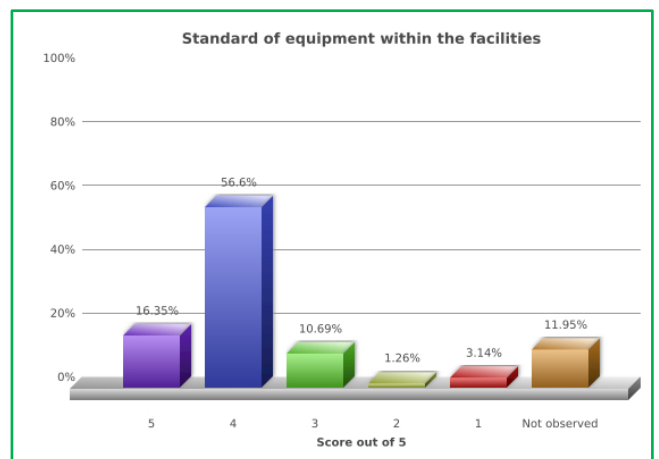
## **Building facilities, equipment and grounds**



Overall, the standard of facilities including buildings facilities (rated at **85.3%**), facility grounds (**81.1%**) and equipment (**83.6%**) were rated positively by CVs, however it is noted that all aspects have decreased on last years.

Whilst a number of new services have opened in the past year which will help raise the standard of facilities across the system, there are still a number of units, particularly those within the larger hospitals, that are dated and in need of upgrades. This includes updates required such as new carpet, painting walls etc. which will help to improve the overall feeling of the units for clients.

Improvements to outdoor courtyard spaces is also another aspect often raised with CVs at visits, particularly those within the acute and psychiatric intensive care units, as clients have limited access to outdoor spaces. For example, CVs have regularly noted issues with an internal courtyard in one of the acute mental health units, where it was not used by clients due to the need for weather protection. It was pleasing to note that a shade sail has now been installed as this issue had been regularly reported on and advocated for by the CVS.



The physical building environment in emergency departments (EDs) continues to be raised as an issue, particularly due to the extensive length of stay for mental health clients in EDs which has continued to be publicly reported on. CVs noted particular concern regarding the use of low stimulus or seclusion rooms in ED for mental health clients. Whilst these rooms have their purpose when used appropriately, CVs noted one particular low stimulus room in an ED which is stark and bare and *“does not have a TV or anything to occupy patients and they are not allowed phones or other accessories when in this room due to risk.... The CVs have entered the internal area of the room which creates an overwhelming feel of the walls closing in and vibrating sound. Patients want to be sedated whilst in the room so they can*

*just sleep, the MH nurse discussed that the condition in which the patients are kept in this room can amplify mental illness rather than improve the person's wellbeing". It should be noted that clients can sometimes spend up to 3-4 days in this room awaiting a bed in a mental health unit.*

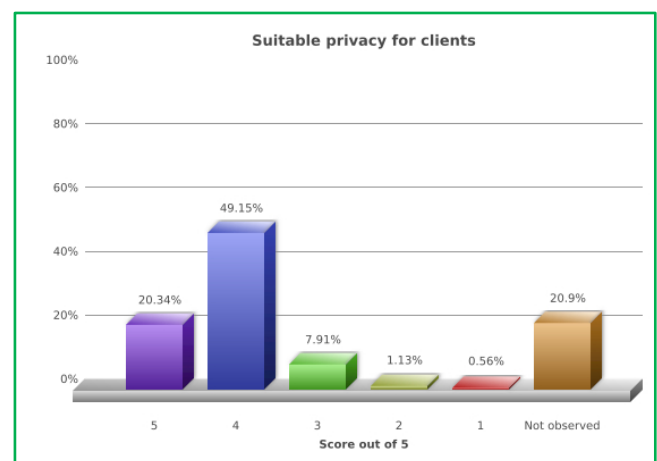
In regard to equipment, it was noted that a number of services had been able to acquire new technology such as a laptop or iPad to facilitate audiovisual contact between clients and family during the periods of COVID-19 restrictions. These facilities were also very helpful in enabling CVS audiovisual visits. However, there were still a surprising number of services that did not have any access to equipment or technology that enabled audiovisual contact for clients, and this should be addressed in the current climate.

### **Privacy and appropriate spaces for clients**

Overall suitable privacy arrangements and appropriate spaces for clients was rated positively at **77.4%**. Appropriate levels of privacy are important for mental health clients in providing a sense of autonomy in what can sometimes be a restrictive environment.

A small number of mental health services still have shared rooms and bathrooms. This has been the source of complaints from clients, particularly when there is gender balance to be considered, e.g. only females sharing a room together. While most services avoid mixed genders sharing rooms, this may still occur in some cases, such as when a unit is full. One client noted they had been moved to a different room three times during their stay, which was caused by new admissions that needed to be accommodated.

Another aspect affecting privacy in some of the EDs and Short Stay Units (SSU) is the use of curtains between bed areas, which means private conversations can easily be overheard by others. This is also the case in one particular service with a treatment room also being used as a medication storage room, and clients have noted that the curtain does not provide sufficient privacy when staff are entering the room to obtain medication during a treatment session.



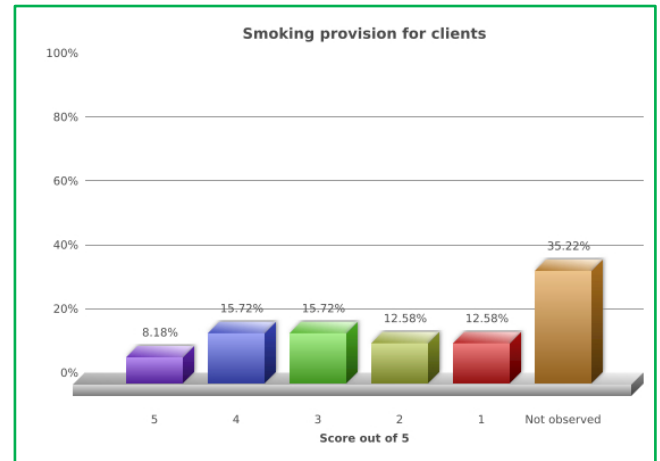
### 5.5.3 Quality of client services and access

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

#### Smoking provisions

Issues with smoking provisions for clients and the management of the SA Health Smoke Free policy has continued to cause significant issues and distress to clients over the past year and there was a notable change in ratings on last year, with only **39.6%** of visits rating positive (a decrease of 12%) and **25.1%** rating as poor or needing improvement (a 7.5% increase in the past year).

This has particularly been exacerbated at the Glenside Health Campus where there are long term clients residing in a number of services on this site. Restrictions on smoking on the broader campus are now being strictly enforced and security have recently started issuing fines to anyone found smoking within the grounds of the campus.

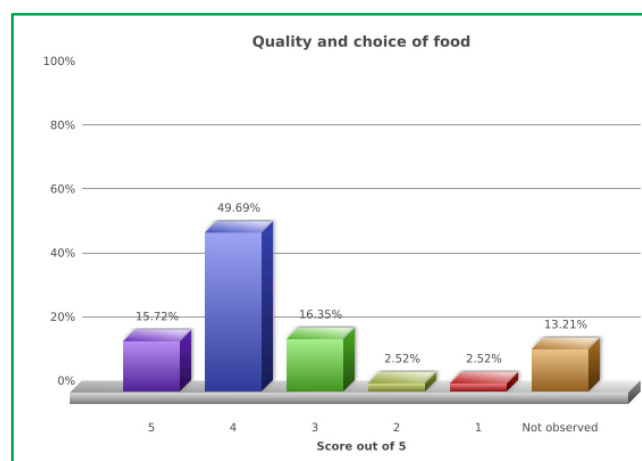


This was noted in a particular example by CV, *"currently, smoking is a significant issue for the clients as the site is a smoke free area. The staff encourage patients to reduce the number of cigarettes by providing alternatives; nicotine therapy, inhaler. Patients are meant to go off site to smoke however, this is not observed and a number of patients were smoking outside...Patients now receive fines of around \$200 and the fine is sometimes sent to Public Trustee to pay. It was suggested that if fines are to be issued, that the patient should be encouraged to understand the impact of smoking on site in terms of the financial impact (on the patient)"*.

Whilst enforcement of the Smoke Free policy and expiation notices is a common practice across many wider SA Health sites and hospitals, the introduction of this at the Glenside Campus has caused some confusion and distress for clients and staff, particularly those who are under strict ITO or licence conditions and are unable to leave the grounds of the Campus to find a suitable smoking area beyond the identified boundary.

## Quality and choice of food

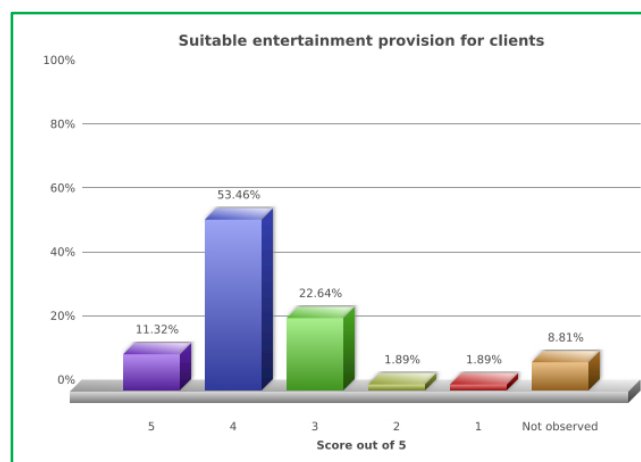
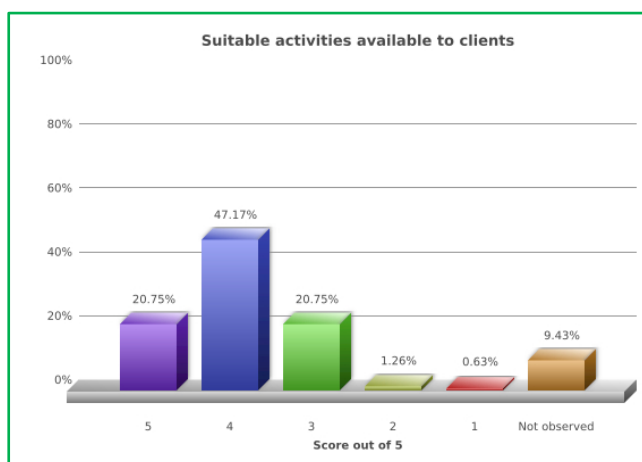
Overall, the quality and choice of food provided to clients rated positively with **81.8%**. Quality of food is an important aspect of a clients stay in a mental health service, particularly those long-term services. Providing choice of food is also often incorporated into activities and occupational therapy sessions with clients, where meal preparation and cooking is undertaken and provides not only an engaging activity but also supports improving skills for daily living. At many visits clients noted their enjoyment of any opportunities to cook their own meals and requested this is provided more frequently.



Often meals are provided by the nearby hospital kitchens however some issues have been noted regarding the quality of these meals once they have been reheated in the unit. This particularly remains an ongoing issue within James Nash House, which was noted in last year's Annual Report. At recent CVS visits it was identified that a considerable amount of food is being returned uneaten by clients. The CVS has been advised that the service is monitoring this and undertaking a project to improve the meals provided for these long-term clients. CVs noted that *"the standard/quality of the food and its appearance was also a factor repeatedly raised. Within such a facility food quality has the potential to enhance the quality of life. It can provide a significant positive in the residents' lives if more care and attention were to be given to menu design, preparation and presentation"*.

COVID-19 hygiene restrictions have also impacted the serving of shared or communal food as well as restricting the number of people able to be in the dining/lounge rooms at once, which anecdotally has meant many clients eat meals in their bedrooms.

## Activities and entertainment



The provision of suitable activities and entertainment provisions for clients continued to rate positively, with an average of **88%**.

Meaningful and engaging activities are important in assisting the treatment and recovery of clients and break up the boredom that can be experienced. There were improvements noted in a number of services which have expanded their activities programs to a 7-day program, which has been well-received by clients as the weekends are known to be a particularly quiet time.

COVID-19 restrictions have impacted on the offering of some activities, particularly limiting those occurring off-site or day trips. Capacity limits have also had to be placed on some activity groups which has limited access to these for all clients.

Access to the internet for clients was also raised at numerous services over the past year, and there have been mixed responses from services regarding whether this is able to be facilitated for clients. Particularly for clients in psychiatric intensive care units (PICU) or forensic mental health facilities where they do not have ready access to mobile phones, access to the internet aids with activities such as completing online banking, arranging Centrelink requirements or accessing study.

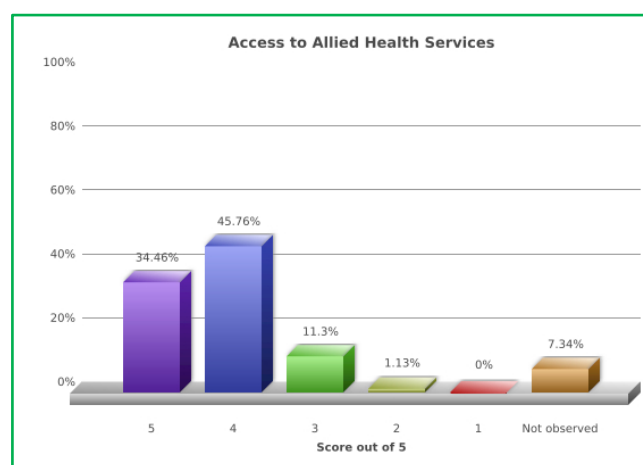
### **Access to Allied Health Services**

Access to allied health services continues to be rated as positive, with **91.5%**. The inclusion of allied health staff and multidisciplinary teams now seems to be a common occurrence across mental health services with particular importance on the inclusion of the lived experience workforce in service delivery.

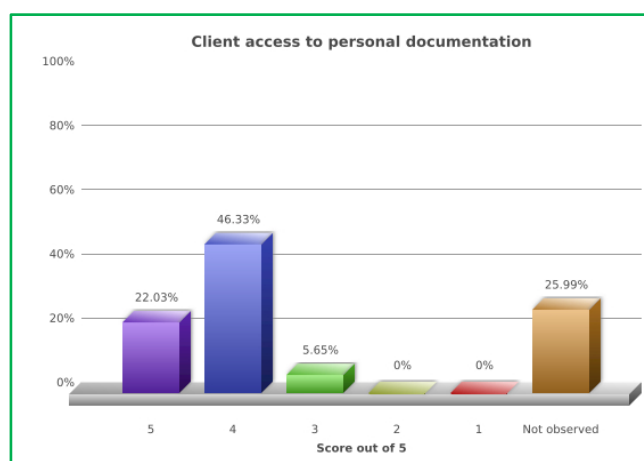
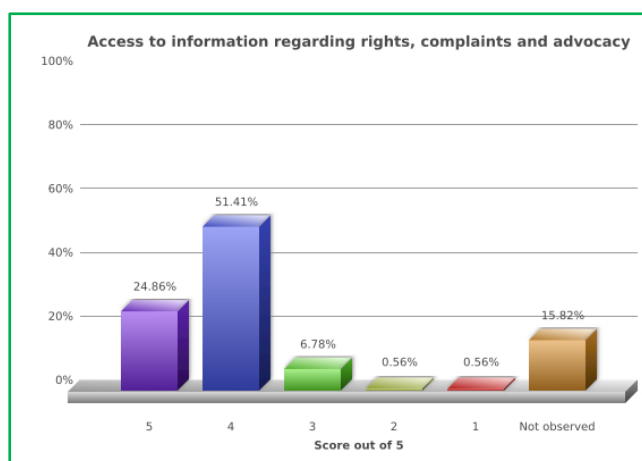
An issue limiting the capacity of the allied health teams, particularly Social Workers and Occupational Therapists over the past year, is the requirements for NDIS applications and assessments. CVs have been told at visits that this NDIS work has

significantly increased the workload for many allied health staff and has compromised their availability to assist all clients across the services.

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



## Client access to personal documentation and access to information regarding rights, complaints and advocacy



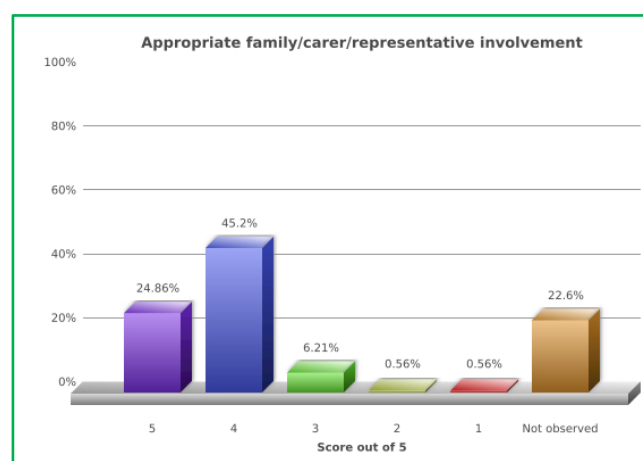
The provision of information regarding client's rights, complaints and advocacy rated well at **83.1%** positive, however this was a decrease of 7% on last year. Often clients did not recall receiving this information when being admitted to the mental health service. When CVs followed this up with staff at visits, it was able to be provided immediately or noted that the client had received this information but may not have been able to understand or recall this at the time. This highlights the importance of regular reinforcement of client rights during their time with a mental health service.

At one visit CVs noted that a client had not been advised of their rights. CVs suggested to staff that they consider providing clients with a welcome pack, as many services do, which includes information about client rights, advocacy services and general information about the service. This suggestion was well received, and CVs were pleased to note at the following visit that the service had already enacted this suggestion and created a pack for clients titled 'My Journey to Recovery'. CVs noted *"it is packed with information about consumer rights, good dietary guide, visiting hours, activities available, the CVS, complaints procedure etc. It is personalised to each client, and extremely useful. It is very easy to read, and engaging. Responsibility for the maintenance and provision of these packs has been given to one of the MH nurses and it is an outstanding and speedy response to our concern about the lack of such information at our last visit"*.

Client access to personal documentation also rated positively with **74%**, an increase of 14% on last year. Access to client's own documentation, generally through treatment and care plans, is important and often assists in building rapport and trust between clients and their treating team when information and documentation is readily provided. There were however, **25%** noted as not observed, which related to this information not being able to be obtained from clients at the visit, or the clients not having requested to obtain any personal documentation at that time.

### Appropriate family/carers/representative involvement

Overall family, carer or guardian involvement rated well with **76.3%** noted as positive. It was noted that many services conduct family meetings as a way of keeping their involvement with the client and their treatment and care. Family involvement is also supported in many mental health services by the role of a Carer Consultant, providing an insightful lived experience link between the family and the treating team.

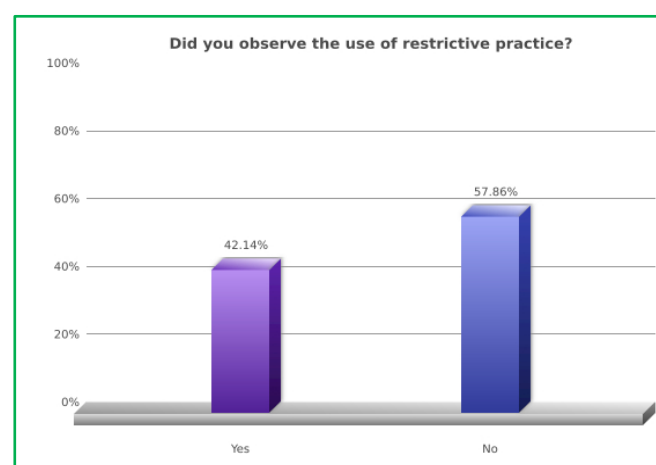
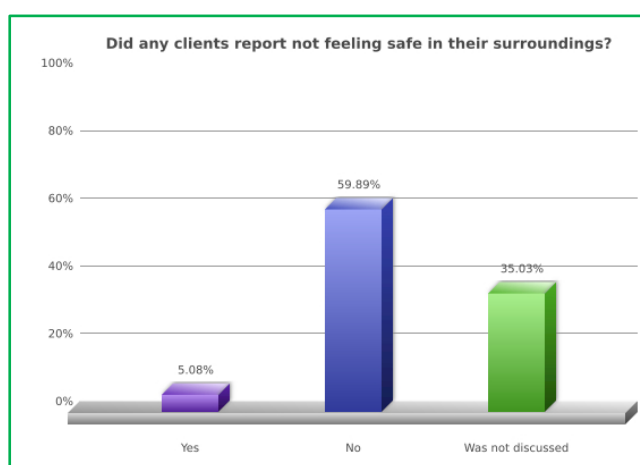


Family carer involvement was impacted over the year due to visitor restrictions in place with COVID-19. Whilst many services used alternative ways of keeping family involved by facilitating zoom or phone calls with family, a number of clients reported this had been compromised by visitor restrictions. These restrictions were particularly distressing for those clients with children and anecdotal evidence was provided to CVS that this had resulted in clients discharging early or not admitting themselves for treatment.

Whilst the CVS always encourages family and carer participation at CVS visits, this is not always possible and is an area that the CVS would like to improve on in the coming year with greater promotion of CVS visits amongst the services.

#### **5.5.4 Safety and Rights—least restrictive practices**

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



The rating for clients who feel safe in their surroundings is **59.9%**, similar to last year's rating). There were still **5.1%** of clients who reported not feeling safe in their environment.

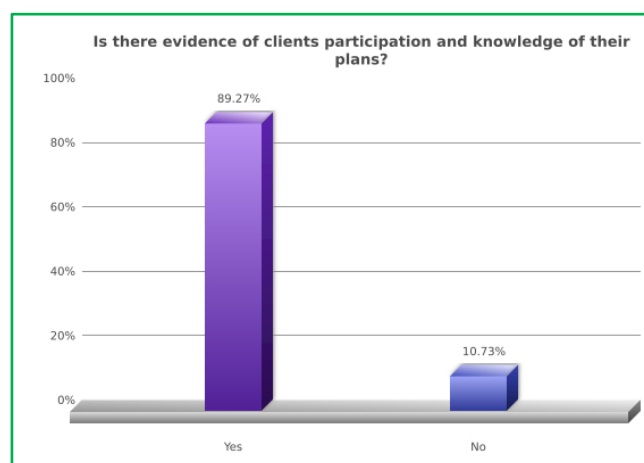
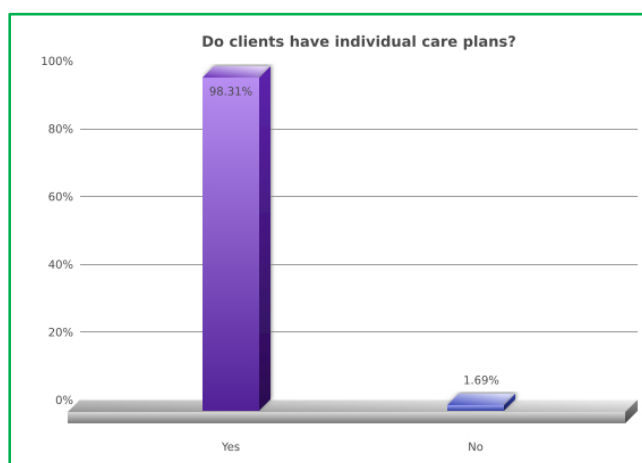
Of these clients, it was reported that this was often due to the mix of clients and different acuity within the unit, where some clients may be displaying challenging behaviours, as well as gender balance concerns.

The use of restrictive practices observed at visits continues to be at **42.1%**. There have been numerous visits over the past year where CVs have raised concern about the placement of forensic mental health clients or patients who are prisoners within EDs or PICUs, due to insufficient availability at James Nash House. It was noted that there are sometimes differences in policy and practice between the SA Health and Department of Correctional Services (DCS) policies regarding the use of restrictive practices and restraints. CVs noted that these clients *“are being restrained with ‘non-hospital shackles’ that are generally available to Correctional Services. It is not unusual for the restraint to involve a forensic patient being shackled to a chair for 2 - 3 days”*. This is often distressing for both the client and mental health staff, who acknowledge that the use of these mechanical restraints is not conducive to appropriate mental health treatment and inhibit building rapport with clients.

These forensic mental health clients and patients who are prisoners also often require up to two security guards supervising each person when they are in an ED or PICU. The report from one CVS visit to a PICU noted *“up to a dozen guards on with six nursing staff...the volume of guards is not conducive to maintaining a therapeutic environment”*.

### 5.5.5 Treatment and care planning

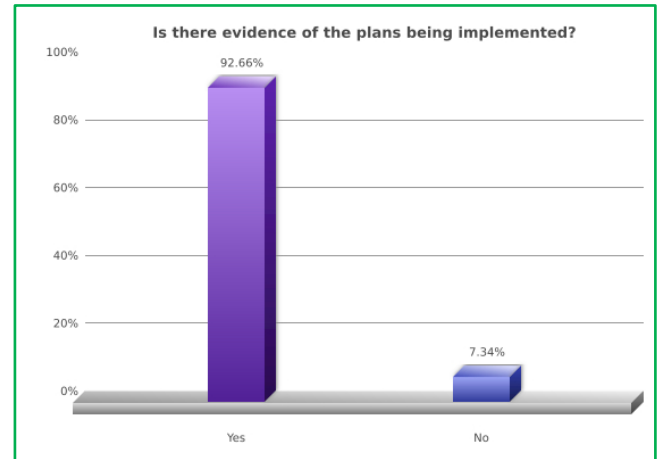
The following charts present CV observations of the development, use and review of treatment and care plans, including client expectations and participation in their care plans.



The occurrence of treatment and care plans for clients continues to be strong with **98.3%** of visits noting these. CVs also noted increases over the past year in the evidence of client participation in their treatment and care plans (**89.3%**) and these being implemented (**92.7%**).

It was noted at a small number of visits, particularly to some of the community mental health services, that clients did not have a clear insight into what a treatment and care plan was and in general they did not feel that they had been consulted when taking decisions.

Another issue causing difficulty in the access and use of client's treatment and care plans was noted during a visit to an ED where it was identified that some hospitals or Local Health Networks use different electronic records systems and therefore staff cannot access client's treatment and care plan that were generated at a different site. This is an important issue to be resolved as it could impede consistency of care for clients, particularly when presenting at an ED in crisis, as treatment and care plans often contain information about the clients wishes during this time.



## 5.6 Resolution of issues raised in Community Visitor Reports

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

Of all the reports prepared by CVs this reporting period, 127 highlighted a varying number of issues raised at visits. At the time of writing this report, all issues raised in the disability visit reports and 90% of issues raised in the mental health visit reports had been resolved or completed.

Examples of issues resolved are:

- An occupational therapist (OT) assessment was urgently required for a resident in a DHS DAS premises due to changes in their care requirements. DHS staff advised the CVS about communication with the resident's family regarding the need for an OT assessment. Interim equipment measures were put in place, until a meeting could be organised with the client's family to discuss and explain the OT assessment. The inquiry by the CVS encouraged a resolution of this issue.
- Several clients in a mental health inpatient unit raised with CVs that the lounges were broken and uncomfortable for use and had been like this for a considerable amount of time. This was followed up by the CVS Mental Health Coordinator and the service arranged for the clients to be involved in choosing the new lounge chairs, with a vote undertaken on the preferred option. The CVS was advised that the replacement lounge chairs were ordered as per the client's choice.

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

## 5.7 Identifying and referring issues or matters of concern

### Protocols for referring matters of concern

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

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

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

A protocol for referring issues or matters of concern to the Chief Executive, Department of Human Services was reviewed during 2020 and finalised in early 2021. The protocol sets out an agreed process for referring matters of concern raised with the PCV to DHS DAS. The protocol also covers circumstances in which the CV advocates for a resident of a DHS DAS

premises and engages with other agencies, including the Public Advocate, the Health and Community Services Complaints Commissioner, NDIS Quality and Safety Commission, or other relevant authorities.

A protocol for the referral of matters of concern to the Minister for Human Services was reviewed during 2019-20 and finalised in February 2021. This protocol provides an agreed process for managing issues of concern raised with the PCV and the requirement to, where necessary, refer matters of concern to the Minister for Human Services, in line with the *Disability Services (Community Visitor Scheme) Regulations 2013*.

One matter of concern has been referred to the Minister for Human Services in 2020-21. The PCV has regularly updated the Minister on the progress to address this issue and will continue to provide further updates until this matter is finalised.

A protocol for the referral of matters of concern to the Minister for Health and Wellbeing is being developed. No matters of concern have been referred direct to the Minister for Health and Wellbeing during the reporting period.

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

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

## 6. Measures to address impact of COVID-19

### 6.1 Detention orders under the COVID-19 Emergency Response Act 2020

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

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

The legislation enabled accommodation service providers to lawfully and urgently detain persons who were at risk of exposure to COVID-19 and/or non-compliant with public health guidance, for a short period, at their usual home. Accommodation service providers may then seek approval from a person's guardian to authorise detention for a period not exceeding 28 days. If there was no guardian appointed, an Authorising Officer (Adjunct Professor Richard Bruggemann was appointed to this role) or the South Australian Civil and Administrative Tribunal (SACAT) may approve the detention.

Any approval had to implement the least restrictive approach that balanced the protected person's freedom with both the person's and the broader community's right to be protected from the possible spread of COVID-19.

#### Expiry of the scheme

The powers under Schedule 1 of the Act were due to expire in February 2021 but were extended to 31 May 2021. The scheme expired on that date.

### 6.2 Expanded role of the CVS

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

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

### 6.3 CVS visits to detained persons

The Office of the Public Advocate (OPA) and Authorising Officer (AO) informed the CVS when a person was detained under the scheme and requested that the person be visited to check on their welfare.

During the Parafield Cluster event in November 2020, the OPA approved the detention of four protected persons—two residents of supported accommodation services and two residents of an aged care facility.

The AO authorised the detention of five people during the Parafield Cluster event. The orders relate to five residents of an aged care facility.

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

The PCV conducted a visit with each of the service providers/premises who are authorised to detain people under the November 2020 orders. The CVS has provided a report on the visits to the OPA and the AO (relevant to the orders each has made).

#### **6.4 CVS visits by audiovisual or other electronic means**

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

On 15 May 2020, section 10A of the *COVID-19 Emergency Response Act 2020* came into effect, authorising the CVS to undertake visits and inspections by audio-visual means, where practical, to clients under the:

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

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

In the reporting period, the CVS undertook 41 audiovisual visits and inspections as detailed below:

- 5 visits to disability services accommodation sites
- 4 visits to clients of the Public Advocate
- 23 visits to mental health facilities
- 9 visits with service providers/premises authorised to detain people under temporary detention orders.

#### **6.5 Expiry of the COVID-19 Emergency Response Act 2020**

At the time of writing this report the *COVID-19 Emergency Response Act 2020* and the ability to undertake audiovisual visits will expire on 17 September 2021.

Parliament has passed amendments to the *Mental Health Act 2009* to allow the CVS to continue audiovisual visits in specific circumstances including the risk of contagious disease. It is expected this amendment will commence in September 2021.

## 7. Individual Advocacy

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

Requests for advocacy are, in addition, received directly by the Community Visitor Scheme (CVS) office from a number of sources including clients, staff, family members, guardians, Department of Human Services Disability Accommodation Services (DHS DAS), the Office of the Chief Psychiatrist or other persons who may support or have contact with an individual.

Requested advocacy is often in relation to a wide range of issues outside of their direct support services, that requires engagement with a range of external organisations.

Where there is a range of common themes emerging from visits that indicates a systemic impact, work is undertaken to explore how it relates to disability and mental health standards and rights and a strategy is developed to try and address the issue.

Daily, the CVS also provides information regarding patient rights and supports individuals via phone and in-person. In addition, the PCV responds to individual advocacy requests as per examples provided below. While the CVS is not a complaints resolution body or an investigation unit, it will refer individuals to other agencies and support them through formal complaints processes as needed.

### 7.1 Disability services

Following are examples of the advocacy undertaken by the CVS office:

- CVS was contacted by a staff member of a non-government organisation. They advised that NDIS funding had been approved in several NDIS plans for a client to purchase a new wheelchair. The staff member was concerned that the wheelchair had not been supplied and this was affecting the client's posture and wellbeing. Although CVS could not directly assist with NDIS service delivery, the staff member was referred to the appropriate organisation to investigate this issue (NDIS Quality and Safeguards Commission).
- CVS was contacted by a relative of 'C' who lived in a DHS DAS home. The relative was concerned that a support worker was being relocated from C's home. C had a good relationship with the support worker and the relative was concerned that the move would adversely affect C. The CVS Coordinator Disability liaised with DHS DAS Quality and Safeguarding team regarding the relative's concerns. The local Area Manager was able to speak with C's relatives to understand and try and resolve the concerns.
- Several concerns were raised from a visit to a DHS DAS home, such as no choice of housemates for clients, aggressive behaviours by clients; the increasing need to use agency staff due to a lack of suitably trained staff in the pool; and difficulty in accessing appropriate support in hospital for individuals who are non-verbal or who cannot advocate for themselves.

These concerns were raised with the DHS DAS Quality and Safeguarding team for investigation and reporting back to CVS. The DHS Quality and Safeguarding team has worked with individual clients in the home to further improve the home environment

and support arrangements. Other specialists have also been engaged to support clients with challenging behaviours in the home and DHS DAS will ensure a person is well supported whilst in hospital and, where possible, provide some social support for the person, whilst maintaining regular staffing arrangements

## 7.2 Mental Health Services

During 2020-21, the CVS received approximately 71 requests for advocacy from clients, family members, carers and staff members. Following are examples of the advocacy undertaken by the CVS office:

- The CVS was contacted by a client of a community mental health service who had concerns regarding their treatment and care plan following a review by a new treating Doctor. During a review the client's medication was increased, however the client expressed their concerns with the impact on their quality of life and side effects previously experienced with this medication. The client felt that their and their family's perspective was not considered. The CVS contacted the service to raise the clients concerns and the service manager promptly arranged a review by a Consultant Psychiatrist for a second opinion. The client and their family were grateful of the opportunity to have their wishes heard by a second Doctor.
- A client contacted CVS seeking independent assistance and support at a review meeting with their treating Doctor. A CV attended the meeting with the client and Doctor and was able to provide independent, objective support where appropriate. The client requested that the CV record independent notes of the meeting which were provided to the client for their records following the meeting. The client expressed their appreciation with having a CV support them at the meeting and provide independent observations.
- A family member of a client contacted CVS with concerns regarding their relative's treatment through a mental health service. The family had already lodged a complaint which was being investigated by the service. They had been liaising with the relevant LHN Consumer Advisory Service however, their concerns continued to escalate, and they felt the service was not responsive. The CVS made a referral to the Health and Community Services Complaints Commissioner (HCSCC) on behalf of the client and family. The CVS also followed up with the service directly who arranged a meeting with the client and family to address their immediate concerns.

## 8. Systemic advocacy

During the conduct of visits and advocating for clients, the Principal Community Visitor (PCV) has identified issues that must be addressed to improve services to clients of Department of Human Services Disability Accommodation Services (DHS DAS) and mental health services. Some of these issues relate to the delivery of state funded mental health and disability services and others are specific to the NDIS. The PCV has contributed to several reports and inquiries during 2020-21 concerning these issues and has also raised issues direct with service providers and other relevant agencies.

### 8.1 Disability services

#### 8.1.1 Safeguarding Taskforce

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

I participated in the Safeguarding Taskforce in my capacity as Public Advocate and Acting Principal Community Visitor. The Safeguarding Taskforce published a Final Report on 31 July 2020, with a Supplementary report published on 28 September 2020.

The report identified 14 Safeguarding Gaps and made seven recommendations to address those gaps. The recommendations were directed to the NDIA, the NDIS Commission, and the State Government of South Australia.

Safeguarding Gap 12 related to the CVS—*The commencement of the NDIS Quality and Safeguards Commissions on 1 July 2018 in South Australia has created issues with the scope of the Community Visitor Scheme.*

The Taskforce undertook an analysis of CVS (or related) arrangements in each of the 6 jurisdictions that operate a CVS. I repeat, and confirm, the conclusions of the Taskforce on this matter:

*There is merit in having a community visitor scheme that empowers visitors to visit potentially vulnerable people in all group homes, all supported residential facilities and all day options programs, whether state-run or NGO-run. There is also value in a visitor going into a person's own home by invitation. The cleanest and best way to achieve this would be for the Commission to add a national CVS to its suite of functions. The Commission should be making many more unannounced visits to service sites and needs to improve their responsiveness to notifications of adverse events or participants at risk. The CVS as part of the Commission's range of functions would be a vehicle to achieve these tasks and it is hoped that this will soon be recognised at a national level through reviews currently underway.*

*However, in view of the current expressed intention of the Commonwealth not to fund a national CVS, but to accommodate State/Territory CVS programs, any conflict between State and Commonwealth legislation on this issue needs to be addressed. A formal agreement between the Commonwealth and/or the NDIS Commission and the State about the operation of the State CVS within the NDIS context could be developed if there is commitment by both parties. This could include an amendment*

*to Commonwealth law; a delegation from the Commission; a rule made by the Commission for state-run CV Schemes; or a national CVS under the Commission.*

*Expert legal advice should be sought on how to resolve the legal conflict and then South Australia should work with the Commonwealth to create a scheme that is compatible with state and federal laws and able to provide well-being checks on potentially vulnerable people and provide intelligence to the Commission for the purpose of its monitoring and investigation functions.*

*Any agreement needs to cover the powers of the CVS, the definition of visitable sites and the nature of the visits, the reporting of matters of concern to the Commission (rather than the State Minister) and the sharing of information held by the Commission on visitable sites. Also, a scheme could be established that provides social connection visits to NDIS participants. If an agreement between the State and the Commonwealth is feasible adequate resources and capacity will be needed to deliver any agreed arrangements.<sup>3</sup>*

### **8.1.2 Independent review into the death of Ms Ann Marie Smith by Hon Alan Robertson SC**

On 26 May 2020 the Commissioner of the NDIS Quality and Safeguards Commission appointed the Hon Alan Robertson SC, a former judge of the Federal Court of Australia, to conduct an independent review into the Commission's regulation of the provider of NDIS supports and services to Ms Ann Marie Smith, an NDIS participant. The Public Advocate and Principal Community Visitor, Ms Anne Gale and the Disability Advocate, Mr David Caudrey both made submissions to the review.

In his report, Mr Robertson recommended that the NDIS Commission consider establishing its own equivalent to State and Territory based Community Visitor Schemes (recommendation 4).

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

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

The Royal Commission is investigating ways of:

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

The final report is due on 29 September 2023.

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<sup>3</sup> *Safeguarding Task Force Report* 31 July 2020, p. 18-19

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

This hearing examined the experiences of two people who received disability accommodation services provided by the Department of Human Services (DHS) in South Australia and the response of DHS to incidents and complaints raised by the resident's families.

The hearing also focused on the recommendations of the South Australian Safeguarding Taskforce Report, and the report of the Hon Alan Robertson SC, *'Independent review of the adequacy of the regulation of supports and services provided to Ann Marie Smith, an NDIS participant, who died on 6 April 2020'*. The hearing examined the response of South Australian agencies and the NDIA and the NDIS Commission to those reports.

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

In my evidence I acknowledge that just because a person has a disability does not mean that they are vulnerable. An individual's vulnerability is not static. A person may be independent and well connected for most of their life, but if these circumstances change, they may find themselves more vulnerable. Conversely, people can become less vulnerable over time.

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

Mr Graeme Head, Commissioner of the NDIS Quality and Safeguards Commission, and Ms Lois Boswell, Chief Executive of the Department of Human Services both gave evidence supporting a national community visiting scheme. Mr Head noted that the establishment and operation of an NDIS community visitor scheme would involve some considerable complexity.

I agree that the establishment of a national scheme would require working through legal and practical issues, and it is a challenge that should be embraced by the Commonwealth and State Governments, given the value of such a scheme to NDIS participants.

I look forward to the Royal Commission's recommendations.

My written statement is available at [www.communityvisitorscheme.sa.gov.au/publications](http://www.communityvisitorscheme.sa.gov.au/publications).

The transcript of my oral evidence to the Royal Commission is available at <https://disability.royalcommission.gov.au/public-hearings/public-hearing-14>

#### **8.1.4 Support for disability clients whilst in hospital**

All LHNs have a plan to support patients with a disability while they are in hospital, for example:

- CALHN has developed its Disability Action and Inclusion Plan 2019-2023 which includes strategies for the care delivery and discharge planning for patients with disability which

is inclusive of carers

- SALHN in its Strategic Direction Map 2019-2024 has a focus on vulnerability which includes people with disability
- NALHN Strategic Plan 2020-25, Service Design plans to achieve compassionate health services by working in partnership with people living with disability

CVS is aware that some patients still experience issues in accessing adequate support for daily support needs when they are in hospital.

### **8.1.5 Continuation of specialist services**

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

SA Health has developed a “My Health Information” resource to support people with intellectual disability to communicate their needs to staff while in hospital. This will be implemented over the next couple of years as part of the SA Intellectual Disability Health Service Model of Care and is welcomed. However, LHNs must ensure that plans are properly implemented and embedded in hospitals day to day supports.

### **8.1.6 Housing**

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

A lack of accommodation options creates multiple issues:

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

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

Some DHS DAS clients live in new purpose-built properties, others live in older properties built at a time when accommodation was not as tailored to specific needs, and some live in older properties modified to accommodate residents with a disability.

Many DHS DAS sites have multiple tenants sharing the house. For new and existing clients of the DHS DAS, it is important that they have some choice and control over who they may share with. DHS DAS must carefully consider the placement of residents to ensure the premises is appropriate and the residents sharing the house mix well.

CVS is aware of and supports the work being undertaken by the Office of the Public Advocate for an increase in housing supply, and in particular specialised housing for clients with complex needs in South Australia.

#### **8.1.7 DHS Workforce issues and impact on clients**

Historically there have been challenges in attracting and retaining skilled staff in the disability workforce. This has been compounded by the rapid growth in the disability sector since the commencement of the NDIS. The workers' shortage is detailed in the National Disability Services report *State of the Disability Sector Report 2020*.

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

SDRO and agency staff may be well trained and qualified to support DHS clients, however, from the client's perspective, the reliance on temporary/agency staff may impact on the continuity and quality of care and support provided to the client. Clients have reported to CVS that the requirement to repeat their needs and routines to new staff is not ideal and regular staff is preferred. DHS staff who regularly support a client are likely to have established rapport with the client and provide support specific to the client's individual needs. An agency staff member cannot be expected to develop this type of relationship in a short period of time.

Use of agency staff has been raised with the DHS DAS and steps are being taken to increase recruitment of disability support staff to minimise reliance on SDRO and agency staff. The CVS is aware of the continued efforts to recruit new staff through the DHS DAS traineeship program. The CVS commends this program and understands it involves 175 trainees to be trained over the next two years both on site and in course time. The PCV met two trainees during a visit and was impressed by their enthusiasm and commitment to their traineeship.

The CVS has observed some premises where support workers are all the same gender, but are supporting clients of a different gender. It is important that clients have the choice of a support worker of the same gender particularly with personal care activities. This has been raised with DHS and there is commitment to responding to particular needs of clients where appropriate, demonstrated in some recent examples and responses. This is also important in the context of the DHS recruitment strategy so there is flexibility in staff rosters and scheduling for individual premises.

#### **8.1.8 Maintenance of properties**

CVS has observed that the timeliness of property maintenance is inconsistent across DHS DAS sites. The timeframe and processes for attending to maintenance issues appears to vary according to who the landlord is for the premises, including whether a property is owned by that landlord or leased from the South Australian Housing Authority (SAHA).

DHS DAS is working on streamlining maintenance reporting processes for all sites. CVS will monitor the progress of maintenance issues across properties and continue to raise this

with DHS where required. It is important that all DHS DAS clients receive the same standard of response when maintenance issues arise.

## **8.2 Mental Health Services**

### **8.2.1 Inpatient Rehabilitation Service**

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

There has been good progress in addressing some issues at IRS, including improvements in staff culture and morale, communication between staff and clients, and a significant reduction in seclusion and restrictive practices. There are still some long-term recommendations that are in progress which the CVS will continue to monitor. These include implementation of the new Model of Care and capital building works to address the physical layout.

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

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

- delays in transitions for forensic mental health service clients due to court licence requirements;
- delays in transition for clients requiring specialist disability housing or accommodation needs, particularly in long term rehabilitation or forensic mental health settings;
- timeliness of assessments (including reassessment and multiple assessments) for clients such as Occupational Therapy or Psychology assessments;
- disparities between clients approved NDIS plans and what the mental health services treating team recommend they require.

Unfortunately, these issues above are still relevant in this reporting period and have not been resolved. Whilst many of these issues are the responsibility of the NDIS, the CVS also acknowledges that there remains a shortage of suitable accommodation for clients with long term mental health or complex and challenging behaviours, which continues to cause delays.

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

A critical issue affecting mental health services visited by CVS over the past year is a shortage of mental health trained and experienced workforce. As the year has gone on, more frequently it is being reported at CVS visits that there is a staffing shortage affecting the service, which in turn is having an effect on client care. At one visit CVs were informed that four beds were closed at the time due to insufficient Consultant Psychiatry staffing. Another visit to a community mental health service noted that there were at least 20 clients unallocated to a care coordinator at the time, due to a staffing shortage.

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

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

Anecdotally, the CVS has heard that another possible cause of the shortages in this workforce group is the introduction of the NDIS and the subsequent pay disparity between public mental health services and NDIS providers. For example, according to the NDIS Price Guide 2020-21 an allied health professional could earn a much higher hourly rate working as a sole provider through the NDIS, compared to a similar role in public mental health services.

In the recent 2021-22 State Budget, the Government announced \$5million over 2 years to support the immediate needs of the mental health workforce in the public health system by increasing training and capacity to fill immediate positions, as well opportunities for the existing workforce to build skills in mental health treatment.

The CVS understands that SA Health is working on a nursing workforce strategy in conjunction with the Office of the Chief Psychiatrist and the tertiary education sector to address some of the issues.

## 9. Visits to Public Advocate clients

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

In September 2019, the Public Advocate delegated some functions of the Public Advocate to the Principal Community Visitor (PCV) and Community Visitors (CVs) under the *Guardianship and Administration Act 1993*.

This delegation allows the PCV and CVs to visit people under the guardianship of the Public Advocate and who are also NDIS participants, and to inquire into matters where the Public Advocate is appointed as guardian for areas such as health, accommodation, or lifestyle.

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

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

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

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

### 9.2 Visits

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

During the reporting period CVs undertook 19 visits to OPA clients.

#### Method of visit

- |                      |    |
|----------------------|----|
| • Audiovisual visits | 4  |
| • In-person visits   | 15 |

#### Location:

- |                  |    |
|------------------|----|
| • Regional       | 1  |
| • Adelaide Metro | 18 |

#### Type of accommodation/facility:

- |   |    |
|---|----|
| • DHS Disability Accommodation Services | 9  |
| • NGO accommodation                     | 10 |

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

### 9.3 Reporting

Following a visit to an OPA client, the CVS will provide a written report to the Public Advocate through the PCV which must address the following matters (including, where possible, the person's expressed wishes about those matters):

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

### 9.4 Evaluation

The OPA and CVS are continuing to refine the reporting arrangements for visits to clients of the Public Advocate to ensure a streamlined reporting process.

## 10. Community Visitors

### 10.1 Overview

As with many other volunteer-involving organisations, 2020-21 was a challenging year for the recruitment and engagement of volunteers<sup>4</sup> within the Community Visitor Scheme (CVS).

The recruitment and training of Community Visitors (CVs) during 2020-21 was adversely affected by the physical distancing restrictions imposed due to COVID-19:

- Training sessions for new CVs were suspended during 2020 due to the COVID-19 related restrictions. Virtual training sessions were considered impracticable. Due to the nature of the CV role, it is preferable that the Principal Community Visitor (PCV) has the opportunity to engage with potential volunteers in a face-to-face setting.

Training was held for 10 potential new CVs in March 2021. Nine of these attendees have gone onto conduct orientation visits with the PCV, with the view to being appointed as CVs.

- In-person orientation visits were suspended in 2020 as visits were undertaken by audiovisual means. Audiovisual visits were not considered to be suitable as the sole type of orientation visit for the applicants who had attended training in November 2019.

When face-to-face visits resumed, the orientees were able to progress their pathway to appointment. Three of these people were appointed to the role of CV in June 2021. The remaining three have withdrawn from the process due to moving interstate (2) and securing employment (1).

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

### 10.2 Appointments and resignations

As of 30 June 2021, there are 29 appointed CVs (including the PCV) however these numbers fluctuate over a year.

During the reporting period, three new CVs were appointed, 26 CVs were reappointed, and eight CVs resigned or were not reappointed. Reasons for resignation vary but include CVs gaining work; changes in personal circumstances; or moving interstate.

Prior to 2018, CVs had been appointed for a three-year term. Following the report on the Oakden Older Persons Mental Health Facility, *'Oakden: A Shameful Chapter in South Australia's History'* by the former Independent Commissioner Against Corruption, the Hon

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<sup>4</sup> <https://www.volunteeringaustralia.org/wp-content/uploads/VA-Volunteering-and-the-Ongoing-Impact-of-COVID19-14-May-2021.pdf>

Bruce Lander QC, the Minister for Health and Wellbeing temporarily changed to a one-year appointment.

In late 2020 following the Chief Psychiatrist release of his report '*Implementation of the Recommendations of the Oakden Report of the Independent Commissioner Against Corruption*', the Minister has reinstated a recommendation of three-year appointments

<b>Appointed Community Visitors for the 2020-21 reporting period</b>	
Adele Querzoli	Jacy Arthur
Amalia Azis	Janice Clark
Andrew Crowther	Jenni Kendal
Angelika Szulborska	Joanna Zhuang
Anne Burgess	John Munro
Anne Gale	John Leahy
Ayu Pamungkas	Judy Harvey
Beverley Rundle	Karen Rogers
Brian Day	Kim Steinle
Cathy Walsh	Lindy Thai
Cecil Camilleri	Maree Hollard
Dana Alexander	Margaret Elfenbein
David Meldrum	Marianne Dahl
Elizabeth Iussa	Sally Goode
Elle Petersen	Sharon Hughes
Greg Fulton	Sue Whittington
Heather Ng	Tatjana Turcinov
Ingrid Davies	Tony Rankine

### 10.3 Community Visitor Profiles

The CVs have impressive backgrounds, skills and passion which have helped to deliver the Scheme's key outcomes of monthly visits and inspections and associated reports at a very high level. CVs are an integral and valued component of the Scheme, and it is with great pleasure that we introduce two of our long-serving CVs:

#### **Sue Whittington – appointed 16/4/2015**



*My working life was spent in the field of medical science, specialising in Immunology, and this afforded me opportunities for travel and experiences with other cultures. However, I have always been deeply attached to our local community life and interested in helping people.*

*I have served as a telephone counsellor with Lifeline, been a Board member of the Cystic Fibrosis Association, and 20 years ago stood for and won election to Local Government. I have retained my Council seat since that time. As a Councillor I am immersed in my community,*

*am a Board member of the Eastern Health Authority, and represented Local Government on the SA Public Health Council for six years.*

*When I felt that a broader involvement could be even more satisfying, I volunteered with the CVS. I find the Visitor's role to be quite demanding at times, and it has given me some heart-wrenching moments, both high and low. Nonetheless I am grateful for these opportunities to directly assist people, some of whom are far less fortunate but much braver and stronger than myself.*

***Being a Community Visitor is a great privilege, a significant responsibility and a very rewarding experience.***

#### **Cecil Camilleri – appointed 17/12/2015**

*I was born and raised in Malta, and I eventually emigrated to Australia in February 1982. Before becoming fully immersed in mental health advocacy, which together with parenting, I consider to be my vocation and calling, I was involved for many years with primary industry in Europe, Papua New Guinea and Australia. So, not only do I have a culturally and linguistically diverse (CALD) background, but I also have an understanding of regional communities and the lifelong experience of living with and recovering from Bipolar Affective Disorder and Complex Post Traumatic Stress Disorder. My two male canine companions, Beau Geste (Dalmatian) and Issa (English Whippet), provide me with humour along my life-journey.*



*I strongly value empathy, compassion, courage and connection. Indeed, the adage that I constantly and consistently live by is 'a life of service is a life well lived'. I am totally committed to social and healing justice. My goal is to practice daily union with all, compassion for all, and care of all, together with a preferential, boundless, and unconditional option for the poor, the vulnerable and the marginalised in society, in particular, "...to create conditions for marginalized voices to be heard, to defend the defenceless, and to assess lifestyles, policies and social institutions in terms of their impact on the poor" (Centre for Social Concerns, University of Notre Dame, Indiana).*

***The Community Visitor Scheme continues to provide me with the opportunity to be of service and to practice my beliefs and values in a safe and meaningful way.***

## **10.4 Comments from Community Visitors**

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

- *"I would like to thank you and every member of the Staff and Volunteers at the CVS past and present, for all of your terrific support. The kind, warm hearted positive assistance and generosity of spirit I have received has been truly exceptional and its memory will stay with me always.*

*The CVS's history in how to do business and offer such essential services is truly exceptional and a great inspiration.*

*Please pass on my hearty thanks and very best wishes to all of the Staff in the office and all of the Volunteers who perform such an important role for South Australia."*

- *"Volunteering with the CVS has been a great privilege and opened my eyes and mind to the needs, care and occasionally the neglect of the more vulnerable members of our community.*

*I will remember my time with you all fondly and wish you all the best."*

- *"While I am sad to leave the Community Visitor Scheme, I am very happy and thankful to have been able to meet and volunteer with such a dedicated, focussed and committed group of people over the past six years. I have enjoyed the many friendships I have made throughout the journey and look forward to them continuing.*

*I wish you and everyone continuing with the Scheme all the very best for the future. Please pass on my regards to all."*

## 10.5 Recruitment of Community Visitors

### ***Recruitment Criteria***

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

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

and demonstrate:

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

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

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

### ***Recruitment Strategy***

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

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

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

In addition to current recruitment strategies, CVS is pursuing other opportunities to advertise to potential volunteers. This may include engaging with:

- representative and training organisations and associations for people working or volunteering in the mental health and disability sectors;
- representative and advocacy groups for people with lived experience;
- organisations representing culturally and linguistically diverse communities;
- indigenous communities;
- universities across many streams (eg. social work, psychology, nursing); and
- local community groups.

The Recruitment and Training Officer regularly attends Central Volunteer Managers meetings and Public Service Volunteer Policy meetings, in addition to relevant information and training sessions to inform the CVS recruitment strategy.

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

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

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

## **10.6 Recruitment 2020-21**

	<b>2020-21</b>	<b>2019-20</b>
Expressions of Interest Received	48	107
Applications Received and Assessed	20	21
Invited to Interview	12	10
Attended Interview	10	10
Invited to training, following interview	9	7
Attended training	10	6

There has been a significant reduction in people seeking further information on volunteering with the CVS which reflects findings that volunteering has been negatively impacted by COVID-19<sup>5</sup>. Despite this significant decrease in expressions of interest received, the number of applications received has remained stable, indicating that people making initial contact are genuinely interested in applying and pursuing this opportunity further.

Prospective CVs may have applied in a previous reporting period and therefore figures quoted may not equal 100%. For example, five applicants who had applied during 2019-20 were not interviewed until COVID-19 restrictions were eased and face-to-face interviews could recommence.

Changes to the South Australian Department of Human Services Disability Services Employment Screening were introduced on 1 February 2021. From this date, CVs require a valid NDIS Worker Check. Due to the transitional arrangements in place, there has been minimal impact on existing CVs.

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<sup>5</sup> <https://www.volunteeringaustralia.org/wp-content/uploads/VA-Volunteering-and-the-Ongoing-Impact-of-COVID19-14-May-2021.pdf>

## 10.7 Initial and Ongoing Training for Community Visitors

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

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

Ten applicants attended initial training in March 2021. Nine of these attendees have participated in orientation visits with the PCV, with the view to being appointed as a CV.

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

One hundred percent of respondents either strongly agreed or agreed that they felt confident in meeting the learning objectives of each module. The training program will continue to be refined based on comments received from attendees.

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

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

### ***Appointment***

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

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

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

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

As reported in previous Annual Reports, the former Independent Commissioner Against Corruption (ICAC), the Hon Bruce Lander undertook an enquiry into Oakden which followed a report by the then Chief Psychiatrist. The Commissioner's report, '*Oakden: A Shameful Chapter in South Australia's History*' contained a recommendation that a review of CVs' training and qualifications be carried out.

An independent review was undertaken by Julian Gardner AM and provided to the Office of the Chief Psychiatrist. As recommended by Mr Gardner, the PCV will work with the Office of the Chief Psychiatrist to develop a training module on Mental Health Service Standards. This will support CVs to better perform their role.

## ***National Volunteer Week***

National Volunteer Week was held from 17-23 May 2021 and was Australia's largest annual celebration of volunteers. The theme for this year was 'Recognise. Reconnect. Reimagine' which acknowledged that it is time to:

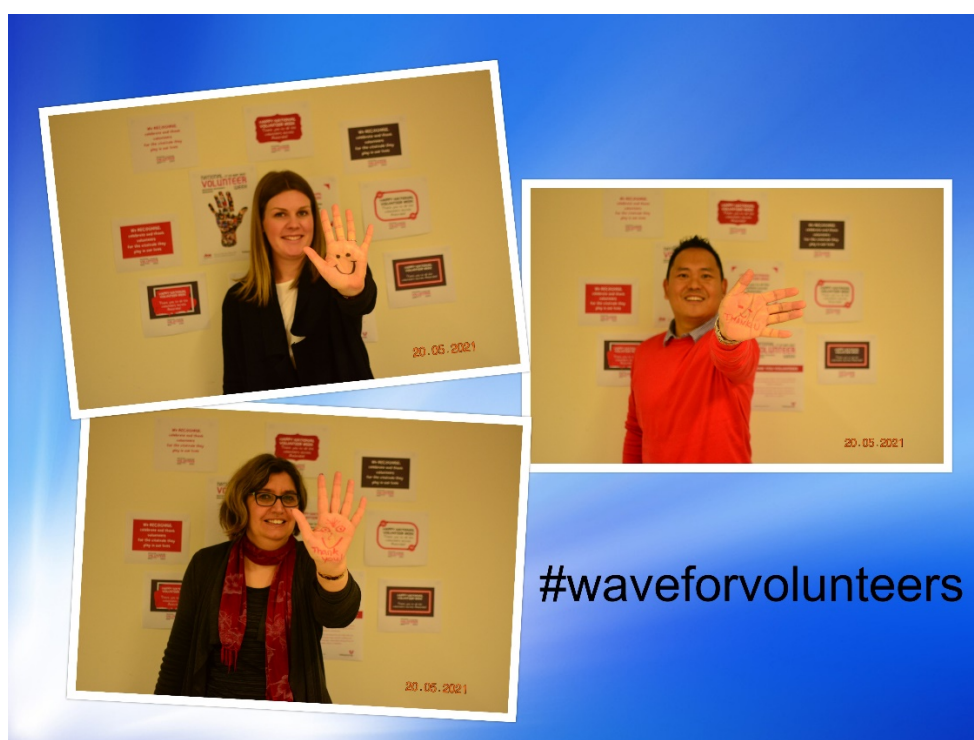
- RECOGNISE, celebrate and thank volunteers for the vital role they play in our lives.
- RECONNECT to what is important by giving our time to help others and ourselves.
- REIMAGINE how we better support volunteers and communities they help.

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

Volunteering SA-NT gave everyone in the community a chance to thank volunteers with their campaign 'Colour Your Community Red'. Volunteers and volunteer-involving organisations were invited to tie something red out the front of their home and to take a picture to share on social media with the hashtag #colouryourcommunityred.

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

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



**CVS Staff waving their appreciation to the Scheme's volunteer Community Visitors  
#waveforvolunteers**



**CVS staff participating in #colouryourcommunityred**

### **CVS Forums**

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

Education sessions are incorporated into each CVS Forum. This year Forums have included the scope of the scheme and restrictive practices. Further education sessions will be scheduled in response to CV requests.

CVs from regional areas were also able to join the Forums via MS Teams. Further areas for improvement have been identified regarding the technology used for this purpose.

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

## 11. Acronyms

Acronym	Definition
AM	Member of the Order of Australia
CALHN	Central Adelaide Local Health Network
COVID-19	Corona Virus Disease of 2019
CV(s)	Community Visitor(s)
CVS	Community Visitor Scheme
DCS	Department of Correctional Services
DHS	Department of Human Services
DAS	Disability Accommodation Services
ED(s)	Emergency Department(s)
GP	General Practitioner
HCSCC	Health and Community Services Complaints Commissioner
ICAC	Independent Commissioner Against Corruption
ICP	Individual Care Plan
IRS	Inpatient Rehabilitation Service
LHN(s)	Local Health Network(s)
MLC	Member of the Legislative Council
MOAA	Memorandum of Administrative Arrangement
MP	Member of Parliament
NALHN	Northern Adelaide Local Health Network
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDIS Q&SC	National Disability Insurance Scheme Quality and Safeguards Commission
NGO	Non-Government Organisation
OCP	Office of the Chief Psychiatrist
OPA	Office of the Public Advocate
OT	Occupational Therapy
PCP	Person Centred Plan
PCV	Principal Community Visitor
PICU	Psychiatric Intensive Care Unit
QC	Queen's Counsel
SACAT	South Australian Civil and Administrative Tribunal

SALHN	Southern Adelaide Local Health Network
SC	Senior Counsel
SDA	Specialist Disability Accommodation
SRF(s)	Supported Residential Facility(s)
SSU(s)	Short Stay Unit(s)

## 12. Appendices

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# Community Visitor Scheme

## Strategic Plan

### VISION

The Community Visitor Scheme promotes the well-being, dignity, safety and rights of:

- people with a mental illness receiving care in a mental health facility,
- people with a disability supported by state funded disability services,
- people who are NDIS participants under the guardianship of the Public Advocate.

### PURPOSE

The CVS provides independent oversight and advocates for improvement of services to people with a mental illness who are receiving care in mental health facilities, people with a disability who live in state-run disability accommodation and people who are NDIS participants under the guardianship of the Public Advocate.

### VALUES<sup>6</sup>

<b>Service</b>	Proudly serve the community and the South Australian government
<b>Professionalism</b>	Strive for excellence
<b>Trust</b>	Have confidence in the ability of others
<b>Respect</b>	Value every individual
<b>Collaboration &amp; Engagement</b>	Create solutions together
<b>Honest &amp; Integrity</b>	Act truthfully, consistently and fairly
<b>Courage &amp; Tenacity</b>	Never give up
<b>Sustainability</b>	Work to get the best results for current and future generations of South Australians

The key values underpinning the work of the CVS are:

**C**ollaboration and Engagement

**V**alue every individual (Respect)

**S**ervice

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<sup>6</sup> Office of the Commissioner for Public Sector Employment, Public Sector Values and Behaviours Framework

## STRATEGY 1 VISITS AND INSPECTIONS

Actions	Outcomes
<ul style="list-style-type: none"><li>• Provide independent objective scrutiny of disability and mental health services.</li><li>• Complete visits to mental health sites as per legislation.</li><li>• Perform unannounced visits to mental health sites.</li><li>• Visit all Department of Human Services (DHS) Disability Accommodation Services sites per annum.</li><li>• Undertake visits to OPA clients who are NDIS participants.</li></ul>	<ul style="list-style-type: none"><li>• Uphold the rights and needs of residents and consumers.</li><li>• Increase accountability and transparency within all relevant services.</li><li>• All gazetted mental health sites are visited bi-monthly.</li><li>• 50% of mental health visits are unannounced.</li><li>• All DHS Disability Accommodation Services sites are visited at least once a year and more often as required.</li><li>• A minimum of 50 OPA clients are visited per year.</li></ul>

## STRATEGY 2 RECRUITMENT, TRAINING AND RETENTION OF COMMUNITY VISITORS

Actions	Outcomes
<ul style="list-style-type: none"><li>• Promote the value of the Community Visitor Scheme to recruit volunteers.</li><li>• Provide high quality training for new recruits and regular review of the training program.</li><li>• Undertake regular performance reviews for Community Visitors</li><li>• Provide ongoing professional development for appointed Community Visitors.</li></ul>	<ul style="list-style-type: none"><li>• The role of Community Visitor is held in high regard in the community.</li><li>• CVS has a sufficient number of trained and skilled Community Visitors to undertake the legislated functions and ensure Community Visitor skills are maintained and refreshed.</li></ul>

## STRATEGY 3 ADVOCACY SERVICE

Actions	Outcomes
<ul style="list-style-type: none"><li>• Provide information and support to individuals and their families and carers in relation to mental health services and DHS Disability Accommodation Services.</li><li>• Advocate for individuals in the care of mental health and disability services within the scope of the scheme including completing visits by request and liaising with relevant services to achieve a resolution of concerns.</li><li>• Identify and refer systemic issues to relevant agencies.</li></ul>	<ul style="list-style-type: none"><li>• Individuals are informed about their rights in relation to service delivery.</li><li>• Individuals and families are supported to achieve better outcomes from service delivery in mental health services and DHS Disability Accommodation Services.</li><li>• Relevant agencies are informed of matters of concern relating to the organisation or delivery of mental health services and disability accommodation services in South Australia.</li></ul>

## STRATEGY 4 ISSUE REFERRAL

Actions	Outcomes
<ul style="list-style-type: none"><li>• Community Visitors accurately identify and record issues of concern arising from visits and inspections.</li><li>• The PCV refers any matters of concern to appropriate persons or agencies for action and advice back to CVS.</li><li>• Maintain a comprehensive process for recording and tracking referrals and responses.</li><li>• Ensure appropriate protocols are in place with key stakeholders, to enable timely reporting and follow up of issues.</li><li>• CV's provide comprehensive reports to the Public Advocate on visits to OPA clients who are NDIS participants.</li></ul>	<ul style="list-style-type: none"><li>• Individuals can have confidence that issues raised will have appropriate referral and response.</li><li>• The PCV has oversight of emerging and current issues.</li><li>• Protocols are developed with the Minister for Health and Wellbeing and the Office of the Chief Psychiatrist for referral of matters.</li><li>• Protocols are developed with the Minister for Human Services and DHS Chief Executive for referral of matters.</li><li>• Protocols are developed for referral of matters to other statutory bodies.</li></ul>

## STRATEGY 5 INFLUENCE POLICY AND PRACTICE

Actions	Outcomes
<ul style="list-style-type: none"><li>• Participate in policy development forums.</li><li>• Provide a vital link between frontline service delivery and policy development at both the State and National level</li><li>• Collaborate with key stakeholders to identify and address systemic issues across sectors.</li><li>• Contribute submissions to relevant inquiries.</li><li>• Provide advice to relevant Ministers on matters within the scope of the CVS.</li><li>• Refer systemic issues to the CVS Advisory Committee for consideration.</li></ul>	<ul style="list-style-type: none"><li>• Ensure that policy development incorporates lived experience.</li><li>• Ensure that all relevant persons and agencies are informed of emerging and current systemic issues in mental health services and disability accommodation services.</li><li>• The CVS contributes to improved service delivery in mental health services and DHS Disability Accommodation Services.</li></ul>

## Appendix 2—Members of Advisory Committee

The members of the Advisory Committee as of 30 June 2021 are:

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

### **Mental Health Representatives:**

Dr John Brayley	Chief Psychiatrist and Director Mental Health Policy
Ms Lisa Huber	proxy for Chief Psychiatrist and Director Mental Health Policy
Ms Ellie Hodges	Consumer Representative
Mr Andrew Crowther	proxy for Community Visitor Representative (Mental Health)

### **Disability Representatives:**

Dr David Caudrey	Disability Advocate
Prof Richard Bruggemann	Independent Advocate (Disability)
Mr Joe Young	Executive Director, Disability Services, Department of Human Services
Mr Peter Hoppo	Non-Government Disability Accommodation Representative
Ms Jayne Lehmann	Disability Carer Representative
Ms Marianne Dahl	proxy for Community Visitor Representative (Disability)

*In addition, the following people also served on the Advisory Committee during the 2020-21 reporting period:*

Mr Kim Steinle	Community Visitor Representative (Mental Health)
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## Appendix 3—Mental health services visited by the CVS

**Table 1: List of units within Treatment Centres visited by the CVS**

Treatment Centre	Units Visited
Adelaide Clinic	Parks Rose Torrens
Flinders Medical Centre	Emergency Department Margaret Tobin Centre – Ward 5H, 5J & 5K Short Stay Unit Ward 4G Ward 18V – Older Persons Mental Health Unit
Glenside Health Services	Eastern Acute Helen Mayo House Inpatient Rehabilitation Services Jamie Larcombe Centre Rural and Remote Tarnanthi and Sub-Acute Unit
James Nash House	Aldgate Birdwood Clare Ken O'Brien Centre – East & West
Lyell McEwin Hospital	Emergency Department Mental Health Assessment Unit Ward 1G Ward 1H – Older Persons Mental Health Unit
Modbury Hospital	Emergency Department Woodleigh House
Mount Gambier and Districts Health Service	Emergency Department Integrated Mental Health Unit
Noarlunga Health Service	Emergency Department Morier Ward
Northgate House	Beachside Ward Woodlands Ward
Repat Health Precinct	Neuro-behavioural Unit Specialist Advanced Dementia Unit
Riverland General Hospital	Emergency Department Integrated Mental Health Unit
Royal Adelaide Hospital	Emergency Department Psychiatric Intensive Care Unit (PICU) Short Stay Unit Ward 2G

The Queen Elizabeth Hospital	Cramond Unit Emergency Department Short Stay Unit South East (SE) Ward – Older Persons Mental Health Unit
Whyalla Hospital	Emergency Department Integrated Mental Health Unit
Women's and Children's Hospital	Adolescent Ward Emergency Department Mallee Ward

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

Ashton House

Borderline Personality Disorder Collaborative

Eastern Community Mental Health Centre

Elpida House

Marion Community Mental Health Centre

North East Community Mental Health Centre

Northern Community Mental Health Centre

Northern Older Persons Mental Health Service

Southern Intermediate Care Centre

Trevor Parry Centre

Urgent Mental Health Care Centre

Western Intermediate Care Centre

Wondakka Community Rehabilitation Centre

## Appendix 4—Compliance with Premier and Cabinet Circular (PC013) on Annual Report requirements

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

<b>PC013 Statutory Reporting Requirement</b>	
Employment opportunity programs	Refer to the Department of Human Services Annual Report 2020-21
Agency performance management and development systems	Refer to the Department of Human Services Annual Report 2020-21
Work health, safety and return to work programs of the agency and their effectiveness	Refer to the Department of Human Services Annual Report 2020-21
Work health and safety and return to work performance	Refer to the Department of Human Services Annual Report 2020-21
Fraud detected CVS	Number of instances - 0
Strategies implemented to control and prevent fraud	Budget and Finances of the CVS is managed by DHS. CVS complies with all departmental, Treasury and audit frameworks.  Refer to the Department of Human Services Annual Report 2020-21
Whistleblowers' disclosure	Refer to the Department of Human Services Annual Report 2020-21
Executive employment in the agency	Refer to the Department of Human Services Annual Report 2020-21
Summary of complaints by subject (table)	Refer to the Department of Human Services Annual Report 2020-21
Complaint outcomes (table)	Refer to the Department of Human Services Annual Report 2020-21