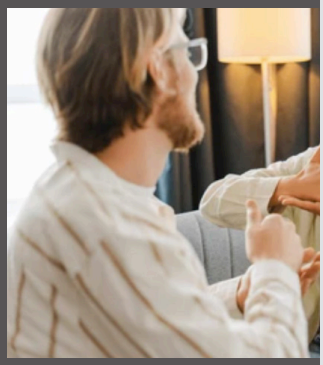


PRINCIPAL COMMUNITY VISITOR

ANNUAL REPORT 2023-24

THE SOUTH AUSTRALIAN COMMUNITY VISITOR SCHEME

Government of South Australia

Contacting the South Australian Community Visitor Scheme

Enquiries about this publication should be directed to:

Principal Community Visitor	Anne Gale
Office Address	Shop 1 / Ground Floor, 211 Victoria Square ADELAIDE SA 5000
Postal Address	GPO Box 292, ADELAIDE SA 5001
Telephone	1800 606 302
Web	https://communityvisitorscheme.sa.gov.au
Email	cvs@sa.gov.au
Hours	9:00 am – 5:00 pm, Monday to Friday

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

ISSN 2201 – 6614

Acknowledgement of Country

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.

The artwork on the cover and in the report by Ngarrindjeri artist, Jordan Lovegrove, represents the Community Visitor Scheme and all the volunteers that engage with and advocate for community receiving disability or mental health services in South Australia.

United Nations Convention on the Rights of Persons with Disabilities

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."

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

Language

The CVS acknowledges the use of the varied terms in the mental health and disability sector including patient, inpatient, consumer and resident. For the purposes of this Annual Report, the CVS has adopted the term 'client' to represent the varied population groups.

The names and places of case studies and examples have been de-identified to protect the identity of clients.

Disclaimer

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

Government of South Australia

Community Visitor Scheme

211 Victoria Square
ADELAIDE SA 5000

GPO Box 292
Adelaide SA 5001

Tel: 1800 606 302

Email: cvs@sa.gov.au
www.communityvisitorscheme.sa.gov.au

Hon Chris Picton MP

Minister for Health and Wellbeing
Citi Centre Building
11 Hindmarsh Square ADELAIDE SA 5000

Dear Minister

Annual Report for 2023-24

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 2023-24 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 2024.

Yours sincerely

Anne Gale
Principal Community Visitor

30 September 2024

Government of South Australia

Community Visitor Scheme

211 Victoria Square
ADELAIDE SA 5000

GPO Box 292
Adelaide SA 5001

Tel: 1800 606 302

Email: cvs@sa.gov.au
www.communityvisitorscheme.sa.gov.au

Hon Nat Cook MP

Minister for Human Services
1 King William Street
ADELAIDE SA 5000

Dear Minister

Annual Report for 2023-24

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 2023-24 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 2024.

Yours sincerely

Anne Gale
Principal Community Visitor

30 September 2024

Contents

Message from the PRINCIPAL COMMUNITY VISITOR

YEAR IN REVIEW 2023-24

I am pleased to present the 2023-24 Annual Report for the South Australian Community Visitor Scheme (CVS). This report outlines the key activities, findings and achievements of the CVS over the past year and highlights the Scheme's contributions to promoting the wellbeing, dignity, safety and rights of people receiving care from a mental health service, state-run disability service or those who have a guardianship order appointing the Public Advocate (OPA) and are participants of the National Disability Insurance Scheme (NDIS).

With our dedicated volunteers, the CVS office provides independent oversight of services and listens to the voices of clients to ensure their rights are upheld.

Key achievements in 2023-24 included:

- **753** visits to disability, mental health facilities and Public Advocate clients across the state
- **506**[1] community visitor reports submitted with **369** issues raised which formed the basis of our advocacy efforts
- the launch of a new visit and inspection reporting tool that aligns to a rights-based approach to service provision
- developing an upgraded computer system due for implementation in the coming year.

I have visited 67 state-run disability sites and mental health services in the reporting period. Engaging with residents, consumers, and families/guardians has been both insightful and incredibly rewarding.

[1] One report may incorporate multiple visits at a site.

Disability Services

In June 2023, Disability Services, the Department of Human Services (DHS), transitioned to become a registered NDIS provider following accreditation with the NDIS Quality and Safeguards Commission. This transition to the NDIS provider model required an alignment of support provision with levels of clients' funding necessitating a review of client NDIS plans.

Of note, there were changes to staffing ratios for clients including overnight support and families/guardians expressed concerns to the CVS about the levels of support for clients. Disability Services, DHS subsequentially met with several families/guardians to clarify support and reassure families/guardians. Issues of inclusion and access to community activities including employment opportunities funded in their NDIS plans were also raised.

Since becoming a NDIS provider, Community Visitors have reported a shift in more regulated approaches to restrictive practices from Disability Services, DHS that complies with the standards of the NDIS Quality and Safeguards Commission. From a human rights perspective, it is important that restrictive practices are only used as a last resort and, if used, must be authorised by an Authorising Officer and accompanied with a Positive Behaviour Support Plan. Staff must be adequately trained to implement the use of restrictive practices and a strategy should be in place for eliminating the use. These regulated practices were increasingly reported as being evident during visits.

Disability Services, DHS implemented a new electronic platform for client records which resulted in initial challenges including access to client records and outdated hard copies during the transition. However, by the end of the reporting period, these issues improved as documents were successfully uploaded to the new system. It is evident that the new system is a significant enhancement in recording support and care plans, including restrictive practices.

Disability Services, DHS operates Transition to Home (T2H) services, which provide temporary accommodation for NDIS participants transitioning from hospital to long-term housing. The CVS has monitored service improvements following the report of the Commissioner for Health and Community Services in February 2022[2], and the independent review by Dr Christine Dennis and Mr Greg Adey[3], and can report that many improvements have been implemented. The T2H service at Bright at the Minda site includes 5 living areas/units for clients requiring robust accommodation due to their complex support needs. These units have limited natural light and would benefit from renovation or relocation for a more therapeutic environment in the future.

[2] Health and Community Services Complaints Commissioner. *Public Summary: Investigation into the provision of health services by Transition to Home (T2H)*. 2022

[3] *Transition 2 Home. Independent Review May – June 2022*. Dr Christine Dennis, Mr Greg Adey.

Mental Health

Throughout the year, I have visited mental health facilities of varying standards. The Forensic Mental Health Service at James Nash House, and Tarnanthi and Subacute Service (Disability Forensic Service) at Glenside campus are not conducive to offering the optimal therapeutic and trauma-informed care that patients need. The James Nash House building needs replacement or significant refurbishment similar to the more modern, adjacent Ken O'Brien Rehabilitation Centre. This is vital for supporting the wellbeing of individuals receiving treatment during the most acute stage of their mental health condition.

The relocation of the Tarnanthi and Subacute Service for forensic patients living with a disability at Glenside campus, was intended to be a short-term arrangement. The service is located in a former psychiatric intensive care unit and space is limited, which is not suitable for long-term clients. A long-term solution for this service is required.

It is evident that significant challenges exist in transitioning youth, aged 16-18 years old, to adult mental health services across Local Health Networks. The absence of dedicated youth mental health services in some areas and inconsistent responses across the state, exacerbate this issue.

This is reinforced through visits to the Child and Adolescent Mental Health Services who note a lack of services for 16-18 year olds. Whilst a limited range of support is available in some locations, it is critical that sufficient mental health services are available for young people during this critical time in their lives. It is encouraging that the Department of Health and Wellbeing is developing a statewide model of care for young people, which is a welcome approach that will be closely monitored.

Visits to Emergency Departments continued to highlight delays in stays for mental health patients, longer than 24 hours. Some delays are due to mental health assessments required for admission due to medical clearances. There is more work to do in emergency settings, particularly the busy Royal Adelaide Hospital, to support people presenting with mental health conditions to minimise their stay and to support their access to dedicated mental health units.

In March 2024, I visited the Royal Adelaide Hospital on a joint visit with the SA Mental Health Commissioner, Taimi Allan. We observed delays in assessments and prolonged stays in the Emergency Department for mental health clients and noted concerns about the use of seclusion rooms. We also noted the use of security guards and the need for them to have mental health training. These issues were escalated to the Central Adelaide Local Health Network and the Chief Psychiatrist and will continue to be monitored.

The CVS expanded visits to include the Timor 6 Geriatric Evaluation Management Unit and have had positive engagements regarding the care and rights of patients with Inpatient Treatment Orders or receiving mental health care. There are 2 additional community mental health services that will now be included in CVS visitation: the Forensic Community Mental Health Service and the Southern Older Person's Community Mental Health Service. The CVS anticipates commencing visits to these sites in the next reporting year.

The impact of workforce shortages across the mental health system remains challenging, particularly in clinical psychology and occupational therapy roles. The increased demand for these professionals in the NDIS sector has added pressure to the workforce recruitment challenges in mental health.

Our Volunteers

We remain committed to growing our volunteer base, strengthening our monitoring capabilities, and working collaboratively with our partners to drive service improvements in the disability and mental health sectors.

It is important to highlight the continued commitment and dedicated efforts of our volunteers who generously give their time, visiting services, talking to clients and their families, and writing detailed visitation reports that provide the basis for our advocacy efforts.

This year marks the sixth consecutive year our volunteers have been presented with the Premier's Certificate of Recognition for Outstanding Volunteer Service. In appreciation of our volunteers, we held an end-of-year thank you event attended by the Hon Chris Picton MP Minister for Health and Wellbeing, and the Hon Nat Cook MP, Minister for Human Services, to celebrate the efforts of our volunteers. I extend my congratulations and appreciation to our volunteers for their valuable contribution and unwavering commitment to the CVS.

I also thank the Chair, Community Visitor Scheme Advisory Committee, Ms Anne Burgess and committee members for their contribution and advice on issues and opportunities for improvement.

In addition, I recognise the staff of the CVS who consistently deliver exceptional service to the scheme, volunteers, and those seeking assistance. I appreciate their dedicated work and commitment.

My sincerest appreciation goes to the individuals (clients), their families, carers and guardians who entrusted us with their views and experiences with the Community Visitors this year. Your trust and openness are invaluable to the scheme's success.

Future of CVS

In the coming year, priority will be given to securing a stronger infrastructure for the scheme to support the scheme's growth to achieve broader reach in the community.

The CVS is committed to systemic and individual advocacy to achieve positive change for people reliant on the disability service and mental health systems – to hear the voices of clients and inform Ministers about reform opportunities as well as provide input to national and state policy and legislation to uphold the rights of people with a disability or living with a mental health condition.

Anne Gale
Principal Community Visitor

1. About THE COMMUNITY VISITOR SCHEME

The Community Visitor Scheme, commonly known as the CVS, plays a vital role in the South Australian Government's safeguarding framework, engaging volunteers as community visitors to report on service systems using a rights-based approach and advocating for individuals who depend on services, such as mental health treatment centres and disability supports.

An important distinction between the Community Visitor Scheme (CVS) and other adult safeguarding mechanisms, such as the National Disability Insurance Scheme (NDIS) Quality and Safeguarding Commission, is its preventative rather than reactionary nature, enabling advocacy for quality of life from the client's perspective.

The CVS draws its powers and functions under a dual legislative structure: the *Mental Health Act 2009,* and the *Disability Services Act (Community Visitor Scheme) Regulations 2013*. However, it is the *Mental Health Act 2009,* that establishes the CVS and creates the roles of the Principal Community Visitor (PCV) and the Community Visitors (CVs). The PCV leads the Scheme and is appointed by the Governor on the recommendation of the Executive Council under the *Mental Health Act 2009*.

1.1 Organisational Structure and Funding of the Community Visitor Scheme

The Community Visitor Scheme is funded by the Department for Health (DHW) and Wellbeing and the Department of Human Services (DHS)

The CVS Office is led by the PCV with a team comprising of an Assistant Principal Community Visitor (APCV), an Administrative Officer, two Coordinators (a Mental Health Coordinator, and a Disability and Office of the Public Advocate (OPA) Coordinator), a Recruitment and Training Officer and a Project Support Officer (see Appendix 1 and Figure 1).

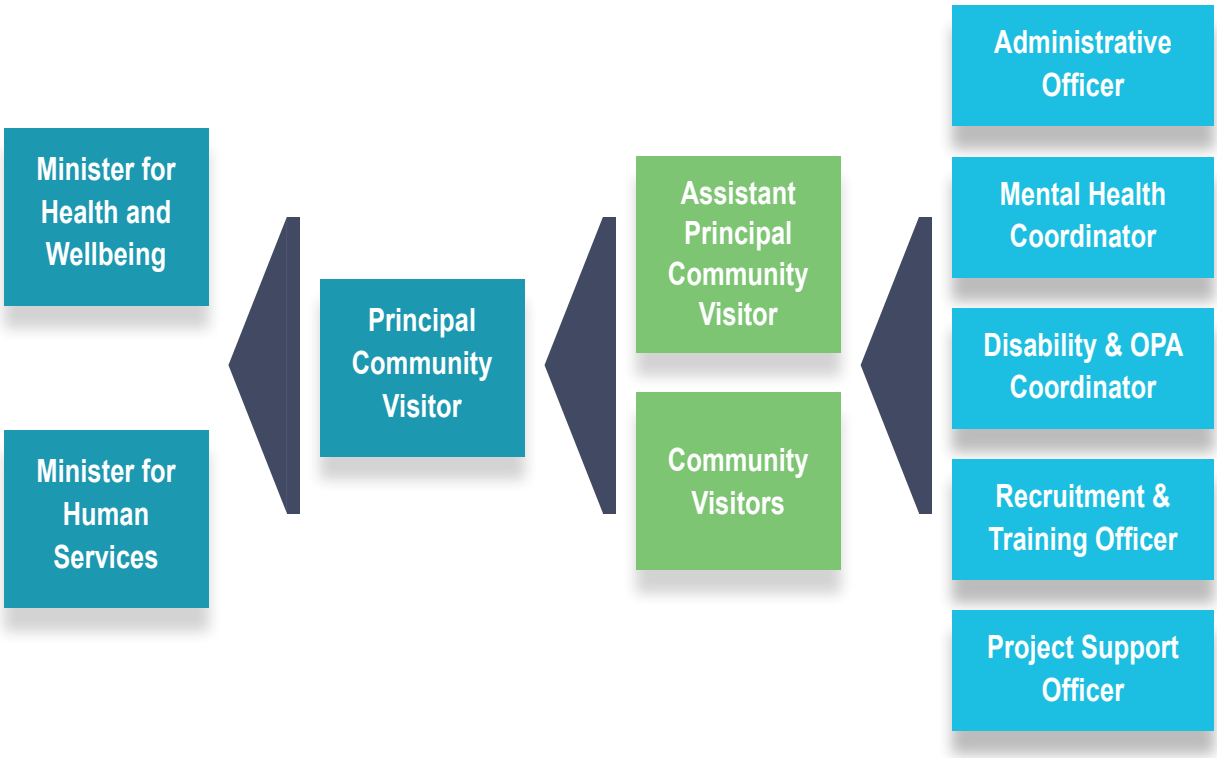


Figure 1: The Community Visitor Scheme Organisational Structure

1.2 Governance Arrangements

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

1.3 Functions of the Community Visitor Scheme

Community Visitors (CVs), the PCV, and the APCV are tasked with visiting services prescribed in legislation, namely mental health services and sites where support is provided by disability services operated by the Department of Human Services (DHS). The CVS can also visit Public Advocate clients who are NDIS participants.

A CV visits services and reports on domain areas linked to human rights policies to ensure inclusive practices are being used; clients feel safe; that least restrictive practices are being used; clients have a say in daily living activities; and they are accessing the community to do things they enjoy. Importantly, during the visit, CVs listen to the voices of clients and families to assess any risk factors or innovations in the service provision. After a visit concludes, CVs finalise their report for review by the PCV, who refers issues and/or matters of concern for reporting and/or escalation to relevant services for consideration and response.

SUMMARY OF FUNCTIONS

To visit, inspect and report

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

To enquire, refer matters of concern and advocate

Refer issues of concern to services visited, relevant Ministers, Executive and Chief Executives of Departments

Systemic and individual client advocacy

To partner and advise

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

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

2. Snapshot
COMMUNITY VISITS

Over the reporting period:

- **753** Community Visits were undertaken
- **506** reports were completed about the visited service[4]
- **369** issues were identified and reported to the visited service
- **5** matters of concern were escalated to Senior Executives and Ministers.

[4] One report may incorporate multiple visits within a site.

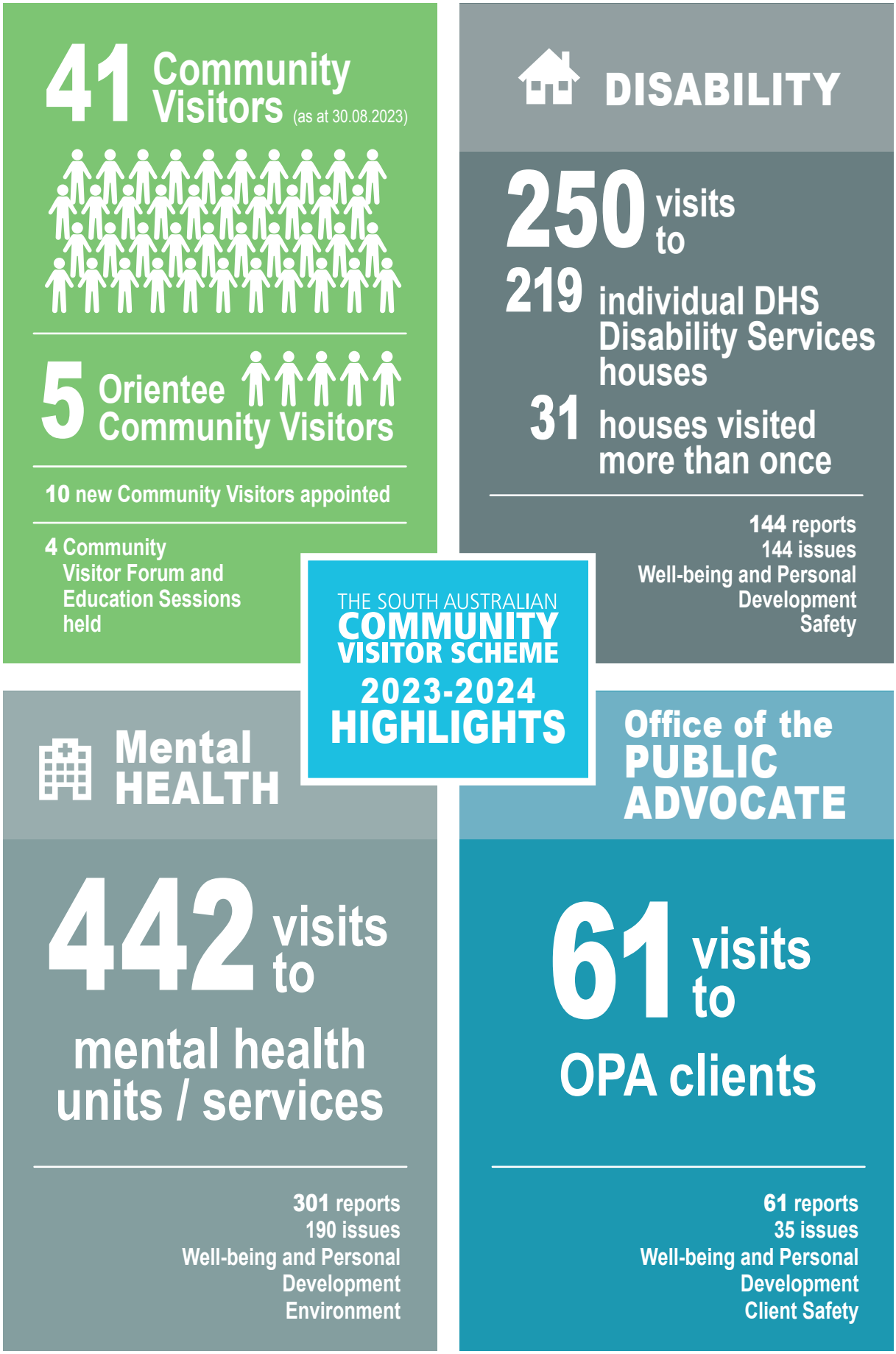


Figure 2: The Community Visitor Scheme highlights as at 30 June 2024

3. Our ADVISORS AND KEY INFLUENCERS

The Community Visitor Scheme (CVS) Advisory Group comprises experts and key influencers in the areas of disability and mental health to advise the Principal Community Visitor on strategic matters.

The Community Visitor Scheme (CVS) Advisory Committee (see Appendix 3) provides strategic advice and support to the Principal Community Visitor (PCV), and contributes to strategic networks and relationships.

During the reporting period, the Committee's Terms of Reference were reviewed and updated to more accurately reflect its important role as strategic adviser to the PCV.

Responsibilities of the Committee are to:

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

Strategic advice throughout the reporting period included:

- **State and National Initiatives:**
  - Disability Regulations
  - Chief Psychiatrist Sexual Safety Standard
  - National Disability Insurance Scheme (NDIS) Review
  - Disability Royal Commission (DRC) into Violence, Abuse, Neglect and Exploitation of People with Disability
  - Forensic Mental Health Services Independent Review issued by Northern Adelaide Local Health Network (NAHLN)
  - Key Recommendations from South Australian Law Reform Institute (SALRI) review of the *Mental Health Act 2009*
  - Youth Mental Health Services Model of Care

- **Community Visitor Scheme Policies and Business:**
  - CVS Advisory Committee Terms of Reference Review
  - Announced CVS Visits and Inspection Policies
  - Training video to assist with training new CVs
  - Easy-read CVS information brochure
  - Community Visitor recruitment campaign

4. Our COMMUNITY VISITORS

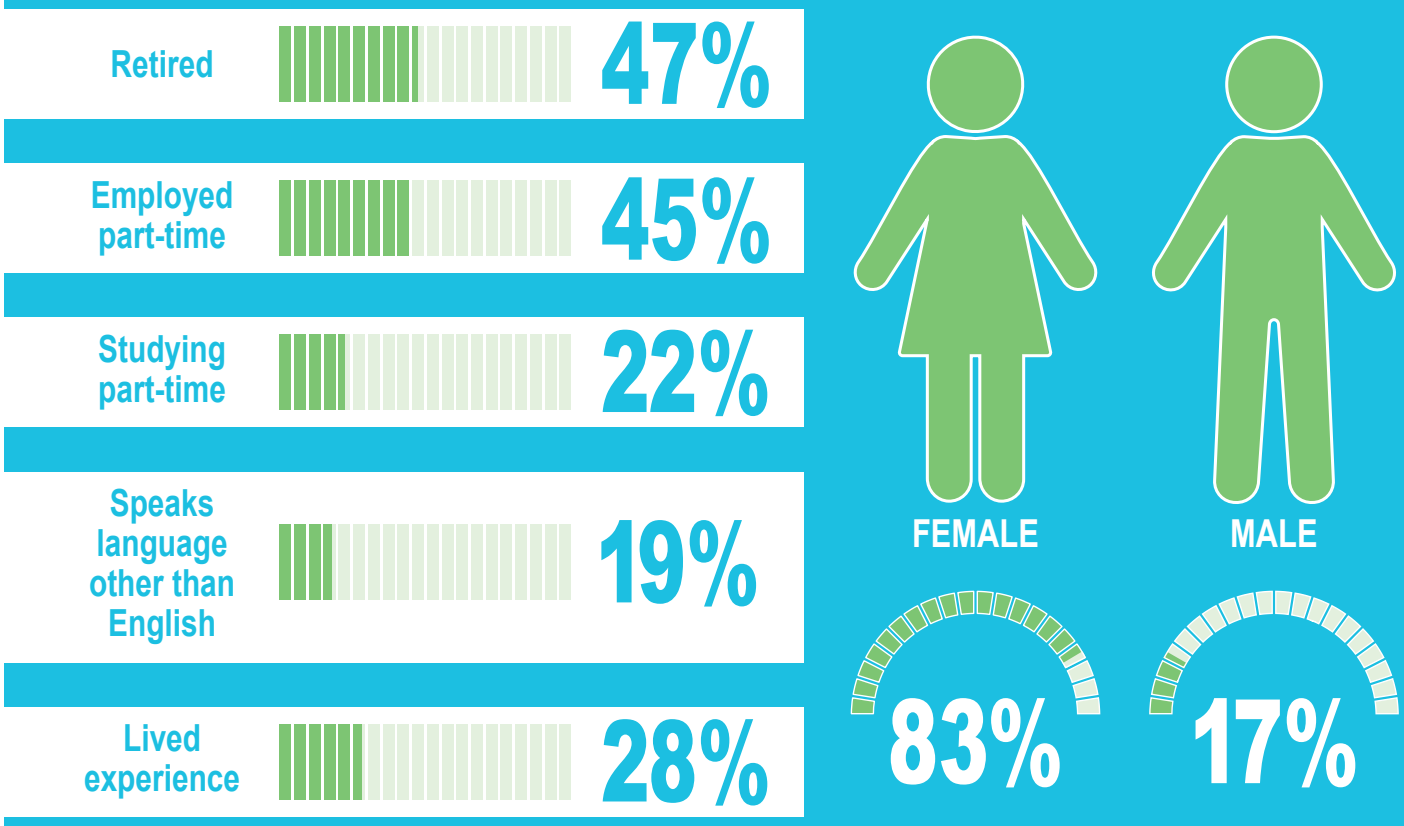
Our volunteer community is diverse, highly skilled and committed.

The Principal Community Visitor (PCV) acknowledges that the Community Visitor (CV) volunteer role is unique, requiring a significant commitment.

The role requires time to undertake visits and inspections, as well as to write post-visit reports.

Image of Hon Chris Picton MP, Minister for Health and Wellbeing, Hon Nat Cook MP, Minister for Human Services, Anne Gale, Principal Community Visitor and Community Visitors.

COMMUNITY VISITOR PROFILE



The average age is 60 years (ages range from people in their early 20s to their late 80s).

The average length of service is approximately three and a half years, with the longest serving CV at 11 years.

Image: Demographics of Community Visitors as of 30 June 2024

4.1 Our Volunteer Recruitment Criteria and Strategy

While formal qualifications are not required for the Community Visitor (CV) role, applicants must:

- **be 18 years of age or over**
- **not be working or studying full-time**
- **have access to a computer and mobile phone**
- **have essential personal aptitudes/skills**

As outlined in the role description, Community Visitors (CVs) are required to have excellent communication, interpersonal and report writing skills, a desire to support people through advocacy and a dedication to improving services. People with lived experience, from culturally and linguistically diverse backgrounds, and Aboriginal or Torres Strait Islander people are also encouraged to apply.

The Community Visitor Scheme (CVS) recruitment strategy is ongoing and uses various social media platforms, including advertising on websites, such as: the CVS website, Volunteering SA&NT and other career sites (e.g. Seek – Volunteer and GoVolunteer). The CVS' current CVs are also encouraged to talk about their role within their own networks to encourage others to take an interest in the CVS.

However, consistent with other organisations reliant on volunteers, recruitment and retention remained a challenge for the program in this reporting period. Research indicates that high levels of demand for volunteers coupled with the lasting impact of COVID-19 and cost of living pressures are impacting the recruitment and retention of volunteers.[5]

4.2 Becoming a Community Visitor

The Community Visitor Scheme (CVS) is committed to providing a safe and supportive work environment for its volunteers that includes a comprehensive orientation and training program.

A new Application to Appointment Policy was implemented in February, 2024. The aim of this policy is to ensure that Community Visitors (CVs) have the skills and knowledge required to fulfil their legislative functions in a safe and professional manner.

Based on the revised policy, the Application to Appointment to become a CV is a four-stage process (see Figure 3) which includes a comprehensive two-day training program.

[5] Volunteering Australia, "New landmark research to guide the future of volunteering", media release, 17 October 2022, https://www.volunteeringaustralia.org/wp-content/uploads/MEDIA-RELEASE-New-landmark-research-to-guide-the-future-of-volunteering.pdf

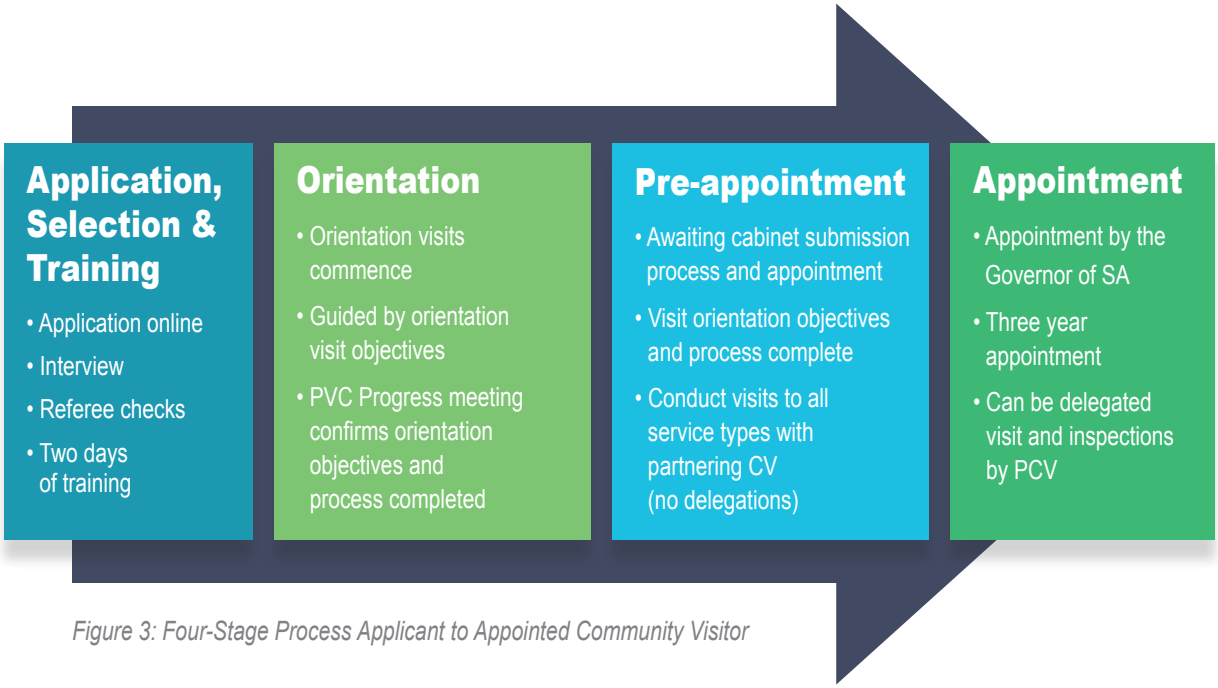


Figure 3: Four-Stage Process Applicant to Appointed Community Visitor

4.2.1 Stage 1: Application, Selection and Training

A 2-day training and support program is provided to orientee Community Visitors.

In the 2023-2024 reporting period, a total of 28 individuals submitted an online application to become a CV. An interview was organised with each applicant to assess their suitability for the role.

Of the individuals who did not proceed, they advised they had:

- pursued paid employment or furthered their education, or
- changed their mind, or
- the role did not align with their current circumstances or availability.

From the pool of 28 applicants, 12 candidates were invited to interview, and 10 completed the interview and were invited to training.

At the end of this reporting period:

- five candidates completed their training and are actively participating in the orientation process
- two candidates withdrew prior to the training
- three candidates are scheduled to begin their training in the upcoming reporting period.

4.2.2 Stage 2: Orientation

Once selected, applicants complete the two-day training program and enter the orientation stage. They complete a series of orientation visits with experienced CVs and during this period, feedback is exchanged between the Orientee and the Principal Community Visitor (PCV).

When they successfully complete their training and orientation, they are recommended for appointment and required to sign the 'Conditions of Appointment' and 'Principles of Conduct' documents.

During the reporting period, significant work was undertaken to streamline the orientation process. Improvements included the:

- development of Orientation Learning Outcomes
- creation of an Orientation Schedule to ensure gradual and continual learning
- design of a feedback form to enable feedback and ongoing development.

Prior to CV appointment, a meeting is held with the PCV for the purpose of a general discussion about their experience, including the need for further training.

4.2.3 Stage 3 and 4: Pre-appointment and Appointment

Appointed CVs during the 2023-2024 period are included in Appendix 1.

Community Visitors are appointed by the Governor of South Australia for an initial three year period. All appointments are published in the Government Gazette.

As a pre-appointed CV, visits are undertaken with an experienced CV who provides advice and mentorship. An important part of a CV appointment is the yearly performance review meeting that is undertaken with the PCV.

During the reporting period, a new 'Yearly Review and Feedback Questionnaire' was implemented to improve the feedback and performance review process. The new questionnaire format simplified the feedback process, making it more efficient for both CVs and the CVS team.

COMMUNITY VISITOR
Appointments, Reappointments and Resignations

No. of Community Visitors fluctuated throughout the year and averaged between	No. Of New Appointments	No. Reappointed[7]	No. of Resignations	No. Not Reappointed[8]
36-41[6]	10	8	4	5

4.3 Community Visitor Forums

We facilitate a culture of collaboration with our volunteers through community forums, an important platform for knowledge sharing, education and strengthening connections.

The CVs were invited to attend four CVS forums and education sessions throughout the year.

Education sessions were held on the following topics:

- the new reporting domains and indicators
- the new reporting template
- the role of Positive Behaviour Support Plans (PBSPs) in disability services
- specialised mental health training.

The specialised mental health training was led by CVs that have significant experience on various topics, including:

- Chemical Restraint and PRN (led by Community Visitor, Eimear Muir-Cochrane)
- Common Medications (led by Community Visitor, Briony Lia)
- Engaging with Consumers Who Are Unwell (led by Community Visitor, Andrew Crowther).

These sessions provided practical advice on medication management, including PRN (the Latin phrase for *'pro re nata*', which means 'as required') and the appropriate use of chemical restraints; and communication strategies for individuals experiencing mental health difficulties. The involvement of CVs as facilitators highlighted their expertise and commitment to sharing valuable insights with their peers.

[6] This figure fluctuated throughout the year due to new appointments, reappointments and resignations.
[7] Following 3-year appointment.
[8] Following 3-year appointment.

Community Visitor SPOTLIGHT

David Meldrum

COMMUNITY VISITOR SINCE AUGUST 2018

Retirement can be a challenge, especially if you've been doing some form of community work. I'd worked in many areas of health and 'welfare', including child protection, community development, homelessness and mental illness. In 2018, I found myself looking for new ways to be useful to vulnerable people with various special needs. I came across the Community Visitor Scheme and made enquiries. I'd heard of this and similar initiatives, both here and in New Zealand. A few months later I was making my first visits, and I've never regretted the decision to put my hand up.

Whatever your background, if you've got good listening and communication skills, the capacity and confidence to look closely at the everyday experience of other people, and an unshakeable belief in the right of everyone to a safe and fulfilling life, you can do this job. And you can make a difference, seeing with fresh eyes where things can be done better.

A bonus is the other visitors you'll get to meet and work with. Hugely diverse, all bringing unique skills and perspectives to complement your own observations. I am privileged to be a member of this team.

Andrew Crowther

COMMUNITY VISITOR SINCE APRIL 2019

I recently retired after just under five decades working in mental health settings in a variety of roles from cleaner to Associate Professor. I worked in community and hospital settings, in education, academia, management, and research and publication, and in five states and territories. In contributing as a Community Visitor, I am continuing to offer my knowledge and expertise to the people in our society who live with mental health issues, and at the same time I feel I am giving back for the investment the Australian taxpayer made in my education.

As a Community Visitor I enjoy meeting people in a variety of settings and listening to their stories and their journeys. To do this, especially at the moment, meeting with people who have come from other countries, from other lands, and whose journey to be with us in Australia has not been an easy one, is an immense privilege, and somewhat humbling.

At each visit, whether to a disability or mental health setting, I meet another Community Visitor and we are able to share ideas and differing perspectives and this too is very enjoyable.

I live in the northern suburbs, with my wife, who is a retired palliative care nurse, and we have family close by.

Elizabeth Iussa

COMMUNITY VISITOR SINCE JULY 2019

I have been a Community Visitor for several years now. I have done mental health and disability visits previously and now do only disability visits. I have been fortunate to be able to see people in all sorts of areas, from north and south as well as Mount Gambier.

I really enjoy meeting with the clients and the staff. The care that the staff have for their clients (sometimes they are the only people the client interacts with), is heartwarming. By doing the visits, I feel like I can support them in providing the best care and life for their clients through advocating for them.

I enjoy meeting with the clients, especially those who have complex intellectual and mental health disabilities and seeing how they make the most of their life and can engage with the community.

The people that the CVS visit are vulnerable and are at risk of being forgotten by society, so being able to visit them helps them know that there are others out there that care.

I started doing community visits when I had some lived experience of a mental health disorder and was trying to work out how to turn a negative experience into a positive one where I could help others. I also really enjoy meeting the other Visitors and hearing about their life and how they approach different visits and situations.

I work as a nurse in a hospital so usually only get to see a short snapshot of someone's life and being able to visit them in the community is a great way to understand people and the community we live in.

4.4 National Volunteer Week – 20 to 26 May 2024

National Volunteer Week is a great opportunity to express gratitude to our volunteer Community Visitors who work to promote the wellbeing, dignity, safety and rights of people with mental health conditions or disability.

The Hon Nat Cook MP, Minister for Human Services, attended the Volunteering SA conference and engaged with Community Visitor, Briony Lia.

During National Volunteer Week, the APCV, Lisette Claridge, and CV, Briony Lia, attended the South Australian State Volunteer Conference where the Minister launched the new 'State of Volunteering – South Australia 2023' Report.

As part of this, the Hon Nat Cook MP, the Minister for Human Services and CV, Briony Lia, were interviewed by the Australian Broadcasting Corporation (ABC) about the positive impacts of volunteering. The CVS appreciates their participation and media engagement.

Right to left: The Hon Nat Cook MP (the Minister for Human Services), Ms Briony Lia (Community Visitor) and Hamilton Calder (CEO of Volunteering SA and NT).

5. Visit and Inspection REPORTING

A new tailor-made template was developed as the inspection and reporting tool that Community Visitors use for documenting their observations at a visit, and discussions with clients, families and staff of the service.

This new template was developed and implemented in consultation with CVs and services visited, and aligns with a rights-based approach, legislative mandates and current policy imperatives such as inclusivity, choice and control.

The report template comprises of 6 visit domains and indicators, and 4 inspection domains and indicators. When CVs visit a site, they ask questions and make observations relevant to each domain. Issues identified at the visit are then referred to the service provider for response and matters of significant concern are escalated through appropriate channels, including Senior (Chief) Executives of Departments and the Hon Chris Picton MP, Minister for Health and Wellbeing; and the Hon Nat Cook MP, Minister for Human Services.

The visit findings across each area are discussed in further detail in the sections below.

Visit DOMAINS

DOMAIN 1:
Voice and Participation
I have the right to participate and be involved in decisions and care planning

DOMAIN 2:
Restrictive Practices and Safety
I have the right to be safe

DOMAIN 3:
Inclusion and Diversity
I have the right to access services that meet my individual needs

DOMAIN 4:
Wellbeing and Personal Development
I have the right to quality services that ensure my wellbeing and development

DOMAIN 5:
Access to Information and Person-Centred Services
I have the right to access services, information and my records

DOMAIN 6:
Dignity and Respect
I have the right to be treated with respect and my privacy upheld

Figure 4: Visit Domains used for Reporting at Visits

Inspection DOMAINS

DOMAIN 1:
Plans and Records
I have the right to an accurate record

DOMAIN 2:
Environment
I have the right to be in a safe environment

DOMAIN 3:
Equipment
I have the right to equipment that meets my needs

DOMAIN 4:
Safety
I have the right to access a safe service

Figure 5: Inspection Domains used for Reporting at Visits

5.1 Community Visit Report Pathway

Every Community Visitor Report is reviewed by the office to determine any matters of concern and its pathway for escalation, if needed.

Every Community Visitor Report is reviewed by the Community Visitor Scheme (CVS) Disability and Mental Health Coordinators to assess minor, major and critical matters of concern. These issues are collated as part of a monthly report to Service Managers. Critical matters of concern are escalated to the Department's Chief Executive, Executives and relevant Ministers (see Figure 6).

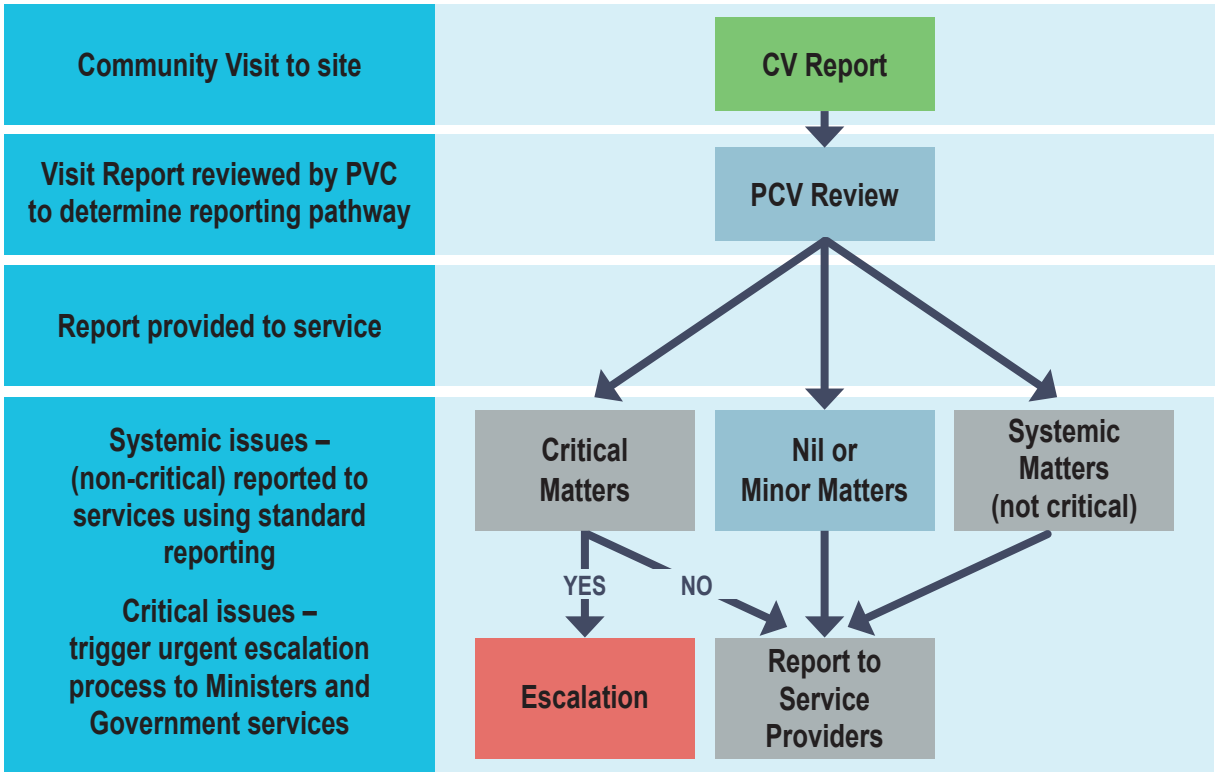


Figure 6: Community Visit Report journey and escalation process

6. Community Visits in the DISABILITY SECTOR

Community Visitors undertake visits at disability sites with support provided by Disability Services, Department of Human Services (DHS).

(See list Appendix 4)

Image shows two people sitting on a couch interacting.

Disability VISITS

Visits completed to individual DHS houses	Potential client reach[9]	Requests for advocacy	Number of issues referred to DHS for follow-up
2023 / 2024	2023 / 2024	2023 / 2024	2023 / 2024
250 HOUSES	582	17	144 ISSUES RAISED
2022 / 2023	2022 / 2023	2022 / 2023	2022 / 2023
251 HOUSES	594	7	128 ISSUES RAISED

Figure 7: Comparison of Disability Visits between 22-23 and 23-24 reporting periods

Disability Services, Department of Human Services (DHS) provides support services in 223 sites and announced visits to these premises will occur at least once a year. More frequent visits are made to sites supporting particularly vulnerable clients or where issues have been raised during previous visits.

[9] Total number of clients residing in houses visited by the CVS, not all clients were present at time of visit.

Within this context, the Community Visitor Scheme (CVS) completed announced visits and inspections of 250 individual houses, of which 219 individual houses were visited once and 31 houses were visited more than once. It should be noted that these premises have the capacity to house 582 clients, and that not all clients were present at each visit.

Of the 223 houses, 4 houses were not visited due to reasons such as:

- the client not accepting a CVS visit
- CVs being unavailable on the day due to illness
- the site cancelling the visit due to client unavailability.

Visits that were cancelled were rescheduled within the next available rostering period.

From the 250 visits to individual houses, 144 issues were raised with Disability Services, DHS for resolution.

The CVS also conducts visits on request, such as when a client, carer, guardian, relative, friend, or any person or organisation who is providing support to a client requests a community visit. However, there were no requested visits to Disability Services, DHS sites in the reporting period.

6.1 Disability Services – Key Findings

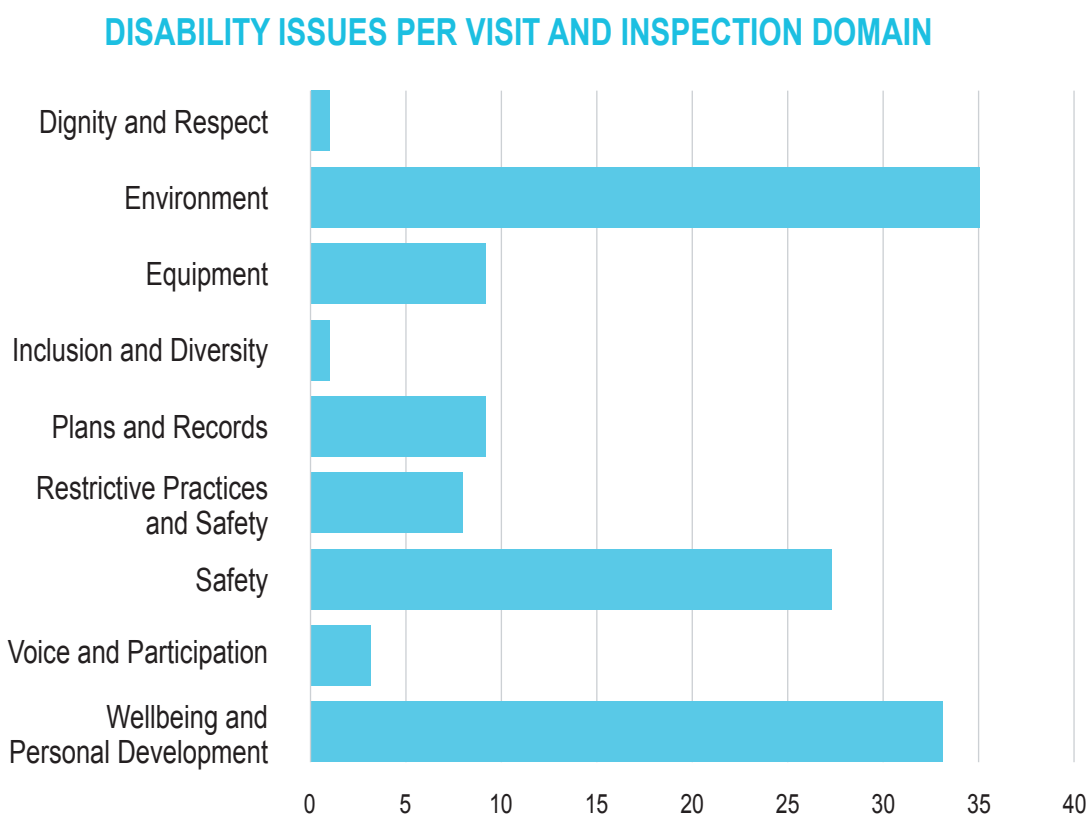


Figure 8: Disability issues by Visit and Inspection Domain

THEME: Wellbeing and Personal Development

A total of 33 issues raised, that comprise:

- 13 reports indicating that insufficient funding in clients' plans limit access to community engagement/activities including lack of NDIS funding
- four reports highlighting mealtime management concerns, food quality and choices
- five reports raising concerns about limited use of a shared vehicle and the lack of availability of other transport options
- three reports siting insufficient access to holidays
- five reports indicating concern about referrals to Allied Health practitioners
- two reports referencing care provision and one report mentioning poor communication with clients.

THEME: Environment

A total of 35 issues raised, that comprise:

- 12 reports outlining concerns about general maintenance issues
- eight reports highlighting improvements needed to bathrooms
- seven reports siting concerns with garden maintenance
- four reports indicating concerns with insufficient lighting
- four reports indicating maintenance needs of outdoor furnishings.

THEME: Safety

A total of 27 issues raised, that comprise:

- 17 reports about safety concerns
- five reports concerning duress alarms not functioning
- five reports concerning medical/ health.

THEME: Plans and Records

A total of 9 issues raised, that comprise:

- nine reports concerning plans and records and availability of plans and not being up to date which, to some extent, was attributed to the Disability Services, DHS moving to an electronic records system.

Although not captured as a separate domain or indicator, there were 18 instances where issues relating to the service and staff were mentioned. Specifically:

- five issues concerning families being unaware of the CVS visit
- eight issues about staffing and/or roster changes
- five issues concerning the site being unaware of the CVS visit and its role.

Community Visitors provide details of what they observe through each report in line with the visit and inspection domains. The findings below represent their observations and issues raised for follow up during the visits.

Visit Domain: Voice and Participation

This domain is based on the right of clients to participate and be involved in decision and care planning that impacts their wellbeing and quality of life.

Effective communication and listening to the voices of the clients is key to inclusive practice and client centred care.

Overall, Community Visitors (CVs) reported that client voice and participation were present at sites and staff were responsive to clients' needs, and engaged with the clients and families. However, it was evident that families were eager to ensure that the voice of their loved ones were heard, particularly regarding their health requirements, the gender of support staff, and ensuring that staff were trained to respond to the personal and health needs of clients. These issues were escalated to Disability Services, DHS.

For example, a Community Visit Report raised issues regarding the living arrangements of a client who had recently moved from the country to the metropolitan area and was experiencing challenges adjusting to city life. By voicing their concerns during the visit, a meeting occurred between the families and the Disability Services Manager. This resulted in Disability Services, DHS contacting the client's Service Coordinator to ensure they were working with the client and supporting them to settle into their new home.

> *"Clients… are non-verbal so family members are their advocates and... raise issues through the service as required."*

Visit Domain: Restrictive Practices and Safety

This domain is based on the rights of clients to be safe in the provision of services ensuring that restrictive practices are used for the shortest time possible and as a last resort.

A restrictive practice is any intervention that restricts the rights and freedoms of a person, with the purpose of protecting that person or others from harm. Service providers need to have a clear rationale and plan to use a restrictive practice. When conducting visits, CVs are required to enquire about the use of restrictive practices and to ask for evidence of authorisations. It should be noted that throughout several visits during the year, it was reported that supporting documentation was unavailable for CVs to view.

It was reported that a client of a group home was displaying behaviours of concern that impacted the safety of other residents of the home and staff. Following a CVS post-visit follow-up with Disability Services, DHS the Support Coordinator was contacted to consider alternative accommodations and a National Disability Insurance Scheme (NDIS) review was requested for additional support.

In addition, the use of chemical restraint was noted for one client, however, this was not listed on the client's Positive Behaviour Support Plan (PBSP) (a document developed to improve a person's quality of life) as viewed by CVs. This was rectified by Disability Services, DHS and they provided assurance that the up-to-date plan was now available to view.

For another client, physical restraint was noted, however, the written authorisation was not available to view. A subsequent meeting with the client's Positive Behaviour Support Practitioner was arranged to review these issues and address.

During the reporting period, Disability Services, DHS introduced a new electronic records system which resulted in some documentation being unavailable or not yet being uploaded to the new system for viewing by CVs. This improved in the latter part of the year, with more records uploaded that could be viewed online and some back-up folders being available in the offices.

> ***"All clients have a behavioural support plan which includes what restrictive practices are required. The plans are currently being transitioned from paper-based records to online forms."***

For clients where restrictive practices may be necessary, the care and support of the client is to be provided in the least restrictive way. One strategy to ensure clients have their needs understood and met in the least restrictive way is by implementing a PBSP, which is developed in liaison with other professionals such as Occupational Therapists, Psychologists and Positive Behaviour Support Practitioners.

> ***"Staff were extremely knowledgeable about restrictive practices, (and) the importance of behavioural support plans…"***

Visit Domain: Inclusion and Diversity

This domain is based on the right to access services that meet individual and cultural needs of the person. The Community Visitor may observe if the service responds to the cultural and personal identity needs of the client and if the service has policies in place to address diversity.

Overall, most CVs reported this domain as being present with solid foundations. Suitable activities were planned in conjunction with the client, considering their individual and cultural needs. However, in one report, the lack of cultural services and activities being available was reported by CVs. As a follow-up response, the Disability Services, DHS Area Manager provided feedback to the client's Service Coordinator to investigate cultural services and activities for the client. This report drew focus to the need for identifying individual cultural needs and improving training on cultural competency across sites.

> *"...gender identity and other cultural issues is worth raising (at) subsequent visits."*

Visit Domain: Wellbeing and Personal Development

This domain is based on the right to quality services that ensures the wellbeing and development of the person receiving the service. It includes observations about how people feel about the service provision, for example, is the service provided in a safe and helpful way? Do the clients have access to health services and transport options to access community activities?

Community Engagement

Activities should be planned in collaboration with the client, considering their strengths and areas of interest. CVs reported that conversations regarding holidays and community activities are encouraged with clients, families and guardians, where appropriate, to enable planning. Most reports were positive and clients were involved in a wide range of activities such as swimming/hydrotherapy, walks in the local park, visits to the library, as well as attending programs or employment off-site.

Overall, there were 33 issues reported under this domain. Community engagement and access to activities in the community were documented in 9 reports.

On a number of occasions, these reports specifically noted the lack of NDIS funding in the client's NDIS plan for activities had restricted clients from accessing and/or participating in community engagement and activities. It was also reported that clients were unable to access holidays due to inadequate levels

of funding in their NDIS plan. A review of NDIS funding allocation for activities in the community was often required to enable Service Providers to consider additional opportunities for clients to engage in community activities.

> *"Issues with NDIS funding may impact on funding available for activities and staff availability."*

One client visited enjoyed daily artwork and shared this artwork with a Community Visitor during a visit (supplied with permission by client)

Food Quality

The opportunity for clients to be involved in meal planning, grocery shopping and the preparation of meals increases their life skills and knowledge about healthy foods. CVs reported that many clients assist with shopping and choosing food. In some houses, the night shift staff prepare the meals, which excludes clients from the opportunity to be involved in food preparation. This practice limits clients' opportunities to engage with meal choice and preparation, and affects the quality and enjoyment of meals.

Issues regarding food quality and mealtime management practices were reported 4 times. In one report, replacing unappetising, frozen, pre-cooked meals with fresh cooked meals was welcomed by clients.

> *"Clients choose what they wish to eat daily and the disability support worker then prepares the meals accordingly. Some (clients) go to the supermarket and choose their food – others, with the help of a disability support worker, order online."*

Transport

For the majority of houses, the vehicles available were adequate and provided clients with opportunities to get to work, the shops, appointments or enjoy day outings. Lack of transport options due to limited use of a shared on-site van were cited as issues on some occasions.

While it is positive to note that many clients did have the use of a vehicle for transport, there was one instance where clients did not have access to alternative transport options whilst the vehicle was being repaired.

It is pleasing to note that for one client, a car was made available to enable them to attend a regular program in the community. For another site, a new van was ordered, however, there was a substantial waiting period for its delivery.

> *"On days without organised activity, the support staff will suggest a drive in the van which (clients) apparently all enjoy."*

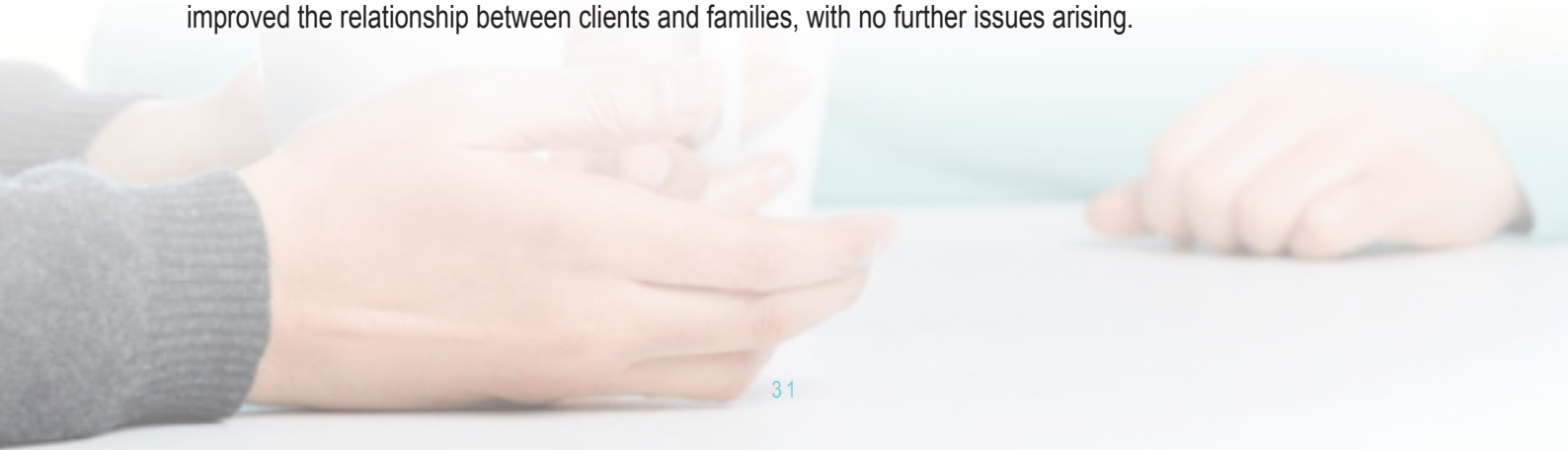
Visit Domain: Dignity and Respect

This domain is based on the right of the client to be treated with respect and their privacy upheld. The Community Visitor is required to observe if the client feels respected and supported – that they feel 'seen' and 'heard'.

Across most sites, CVs reported that client privacy was at a good standard and clients were respected and supported by staff.

> *"CVs observed throughout the visit that staff know clients and their needs well and show respect and consideration of their views and preferences."*

It was reported during a visit that a client had indicated to staff their desire for a more independent living arrangement. They were finding the household not cohesive due to the residents' differing needs. The Disability Services Area Manager and the families involved arranged mediation. This significantly improved the relationship between clients and families, with no further issues arising.



Inspection Domain: Plans and Records

This domain relates to the right to accurate record keeping, that is up to date, easily understood and person centred.

The Community Visitor has the legislative power to review a client's plan and records.

Throughout visits, staff indicated that while clients are aware of the documents, understanding the concepts can be challenging for some clients. An example of client access to files was:

> *"Client allowed Community Visitors access to their files/plans and showed us where they were in the staff office. (They) appear to understand the restrictions in place and the plans."*

It was frequently observed by CVs that staff utilise easy-read formats, house diaries and office noticeboards to improve communication with clients and families.

The reported issues pertaining to Plans and Records related to personal care and support plans being out of date and overdue for review. Plans that match an individual's expectations and their capacity should be in place to ensure there are opportunities for individuals to achieve their goals and lead fulfilling lives. Recent reports showed improvements, with many client profiles now updated according to new timelines and online processes.

Inspection Domain: Environment

This domain relates to the right to be in a safe and well-maintained environment that is clean and supports the needs of the clients in their home.

The environmental standards of the houses crucial for client care were of solid foundations.
Most reported issues pertained to site and garden maintenance. On 8 occasions there was evidence of safety concerns regarding flooring and mould in the bathrooms.

> *"The damp, mouldy bathroom area is unsatisfactory with five residents and may need more follow-up. This is impacting on the number of showers available for clients."*

Five issues related to gardens being overgrown and outdoor entertainment area improvements being needed. However, inadequate lighting, both inside and outside, was frequently noted, as were furnishings (both indoors and outdoors). Broken lighting in a bedroom, curtains hanging off tracks and the poor condition of floor coverings were also reported.

> *"Families did comment that, at times, the kitchen table appeared sticky and not kept fully clean. They also feel that the bathroom, at times, is not kept up to an expected cleanliness standard."*

Maintenance and cleanliness issues were raised with Disability Services, DHS management during the reporting period.

In some instances, clients are encouraged and/or keen to do some gardening, however, in some cases reports highlighted that outdoor areas required attention and may restrict the client's ability to utilise their outdoor environment. Therefore, gardening contractors were used in some situations to keep the gardens and lawns safe and useable.

At times, clients are responsible for replacing furnishings, and in this scenario, staff liaise with clients, families, guardians and financial administrators regarding the purchase of new items.

Inspection Domain: Equipment

People have the right to equipment that meets their needs and that repairs are completed in a timely manner.

The standard of equipment across sites was of a solid foundation with the ease of which residents can access heating, cooling, kitchen and bathroom facilities being seen as positive. Most equipment issues reported related to wheelchairs, shower chairs, ceiling hoists and the storage of excess equipment at houses.

There appeared to be a lengthy wait for new wheelchairs as well, which led one client to having to hire a wheelchair temporarily.

The lack of storage for excess equipment was repeatedly reported, and Disability Services, DHS addressed this by organising skip bins for old furniture and rubbish. An inventory of surplus equipment in good condition was also created for recycling. This has reduced clutter, improved safety and facilitated equipment sharing across sites.

> *"All equipment inspected seemed to be in good working order. One resident is awaiting a new wheelchair more suited to their needs (and) the service has been vocal in advocating for this with the NDIS."*

Inspection Domain: Safety

Clients have a right to access a safe service.

The issue of client safety remains a key area of interest and CVs explore this issue during visits and inspections. The number of clients who reported not feeling safe to CVs during visits and inspections has remained steady, but low, at 2% in this reporting period.

The transition of Disability Services, DHS to a NDIS Model of Care resulted in the use of agency staff and changes to staff rosters. This impacted staff-to-client ratios and was concerning to families and clients and raised as a safety issue.

Some staff indicated to CVs that changes to staff-to-client ratios also caused them concern regarding their capacity to provide an adequate level of support services. This was especially noted for nighttime rosters. Staff also reported issues about the ongoing care needs of clients overnight – with sometimes only one staff member being present in households with more than one client.

> *"The change... to passive (overnight care) is a concern. NDIS funding levels is the reason for this change with insufficient funds for both houses to be active. Up until now, both houses are active (over)nights."*

During a passive overnight shift, support workers are on-site in a separate room but can be called upon if necessary. They can sleep or rest but must be available to respond to occasional needs. During an active overnight shift, support workers stay awake throughout the night, ready to assist whenever needed. Staff keep a record of incidents at night to support the possible review of client NDIS plans which could improve overall staffing ratios in the houses.

In one instance, a Community Visit Report identified that a client was missing an afternoon bed transfer, which had been routine. Disability Services, DHS were notified, leading to discussions with the client and family, resulting in the transfer's reintroduction. A NDIS plan review was needed to assess this change.

CVs recommended duress alarms for client safety, especially overnight. This suggestion was considered by Disability Services, DHS and it was decided that the use of mobile phones provided greater features and functions for staff to better assist clients. Duress pendants were also provided for staff and resident safety in cases of potential physical harm or medical emergencies.

6.2 In Focus – Escalating a Matter of Concern

During the reporting period, one matter of concern was escalated for immediate attention to the Department of Human Services (DHS) and the Minister for Human Services.

In 2024, a visit occurred where clients received Disability Services, DHS support. At the time of the CVS visit, two family members were present. All residents were non-verbal with severe intellectual disability.

Whilst the report indicated that all staff during the visit *interacted with the clients respectfully and with empathy and kindness,* several concerns were raised by family members. These concerns primarily focused on the introduction of a new staff rostering system, which they felt was affecting client safety and wellbeing, and that their views were not adequately considered.

Specifically, the Community Visit Report included:

- staff roster changes and the introduction of twelve-hour shifts, which resulted in changes of regular staff and was considered to be a risk to client safety
- issues of concern with medication and when to give it
- not recognising seizure activity
- inappropriate communication with clients
- eating practices being in line with mealtime care plans
- separate to the report, a family member advised that a client's physical therapy session was cancelled due to only agency staff being available which had a physical impact on the client
- delays with equipment.

One of the family members also contacted the Minister for Human Services and the Department of Human Services with a follow-up email to the Principal Community Visitor (PCV) reiterating the matters of concern outlined above. It was recognised that Disability Services, DHS was transitioning to a provider registered with the NDIS, as previously noted in this report.

In response, Disability Services, DHS indicated that they were working to ensure that services are appropriate to working within a NDIS environment and aligning staffing to individual client's support needs as funded in the client's NDIS plan.

It was indicated by Disability Services, DHS that they would contact family members again to discuss the concerns raised and continue to work with the family members, clients and guardians. Disability Services, DHS were committed to ensuring that continuity of support for clients would be maximised, support was provided to families and clients in requesting a change of circumstances assessment, and the gathering of additional evidence to enable their Support Coordinators to progress this with the NDIS.

While clients, families and staff continue to adjust to the staff roster changes created by the NDIS funding arrangements, Disability Services, DHS staff have been assisting families and clients with queries and concerns throughout this transition process. It is pleasing to note that whilst Disability Services, DHS continue to work carefully through the changes needed to align provision of support with clients' NDIS plans or other support packages, the safety, wellbeing and needs of clients is being prioritised.

6.3 Individual Advocacy in the Disability Sector

During visits, the CVS responded to 17 requests for individual client advocacy relating to Disability Services in the past year which is an increase (10) from the previous year.

The CVS provides advocacy and assistance to clients, carers and family members as they work to resolve issues relating to care and service provision.

During the reporting period, 17 requests for individual advocacy were received direct to the CVS office, of which 10 originated from family members of clients residing in houses where Disability Services, DHS was the service provider. This highlighted the crucial role of family involvement in client care.

The remaining 7 requests came from clients and workers from non-government organisations (NGOs) seeking CVS visits. In response, all requests were promptly referred to Disability Services, DHS for follow-up. The CVS team ensured clear communication by responding to family members and clients, informing them of the outcomes of their requests.

In January 2024, the PCV wrote to a guardian of a client in response to concerns they had regarding resident compatibility and the request to move the client to other accommodation. The CVS followed up with Disability Services, DHS who advised that they had liaised with the client and the guardian and consent had been gained for the client to move. The PCV wrote back to the guardian acknowledging this positive change for the client. The CVS has since undertaken a visit to this site, and it is pleasing to note that CVs reported that the "introduction of a new resident has been handled very well".

6.4 Systemic Issues – Disability Services

6.4.1 Community Engagement and Activities

Connection to community and access to a broad range of activities contributes to the wellbeing of people with disability.

The Visit Reports indicated a clear preference among clients for more varied and accessible community activities. The requests included a desire to return to pre-COVID-19 activities, greater community participation and engagement, more programmed activities, greater involvement in sports and additional outings. In addition, issues were identified concerning NDIS funding, which emphasised the need for greater flexibility in achieving a mix of NDIS-funded outings and activities, as well as funding for personal services for individual client needs.

It was highlighted through visits that these issues related to NDIS plans. The clients now have individual support packages which allocate funding for shared support, individual support and community participation activities. This highlighted the importance of the adequate review of a client's NDIS plan as it ensures adequate funding for community participation is considered and clients can be supported to participate in meaningful activities.

6.4.2 Staffing Issues and Roster Changes

Staffing at sites was identified in a number of Community Visitor (CV) reports as an issue. These findings emphasise the need for improved staffing arrangements to ensure consistent and quality care for clients. Many of the issues about staffing levels and roster changes stemmed from the transition of Disability Services, DHS to the NDIS provider model, necessitating an alignment of support provision with levels of client funding in their individual NDIS plan. Further to this, Disability Services, DHS also facilitated a review of client NDIS plans during the year. Nevertheless, the change in provider model and associated impacts on clients and families is outlined below.

Throughout community visits, some clients explained that they were not happy about staff changes and that they had to say goodbye to workers that knew them well. The clients felt that their opinions were not listened to and that they had not received any feedback or consultation about staffing reductions and/or changes. The CVS advised Disability Services, DHS of these reports and the Assistant Director met with the clients to discuss their concerns. The Assistant Director responded by writing to clients and families to ensure they were informed about the changes.

It is positive to note that Disability Services, DHS is actively implementing strategies to improve staffing, including a roster review process to align services with clients' NDIS plans and adjusting rosters based on individual funding packages. However, the challenges posed by the NDIS funding model to ensure clients receive adequate support remains an ongoing issue.

6.4.3 Maintenance Issues

In most cases, Disability Services, DHS were not the property manager and were not directly responsible for ongoing maintenance of houses. However, Disability Services, DHS lodge requests for maintenance repairs with the responsible housing providers.

Many of the CV Reports outlined the following systemic issues as impacting service provision or quality of life for some clients:

- **Internal Housing Maintenance Issues:** These issues included the need for internal repainting of the premises, bathroom mould, water damage, unresolved repairs due to wheelchairs, and uneven flooring presenting a potential trip hazard.
- **Outdoor Housing Maintenance Issues:** These issues included the need for improved lighting for increased safety, muddy outdoor areas where clients enter and exit the vehicle, the need for the provision of outdoor settings and potential for gardens to be better utilised, e.g. for interested clients to be able to establish a 'vegetable patch' or add plants and flowers to garden beds.

6.5 In Focus: Advocacy for Housing Maintenance for People with Disability

The Principal Community Visitor (PCV) has actively advocated for improved response times for housing maintenance for people with a disability living in Disability Services' supported accommodation.

In June 2023, Community Visitors (CVs) conducted inspections of 2 adjacent Disability Services, DHS houses and identified a number of maintenance issues including wall cracks, painting requirements and the need for vinyl flooring replacement in a bathroom. The CVS promptly initiated follow-up actions in early July 2023, engaging with Disability Services, DHS who then contacted the Property Manager, Access 2 Place. At the same time, the PCV directly communicated with the Chief Executive of Access 2 Place, who acknowledged the issues and undertook internal painting but indicated that the bathroom work was the responsibility of the South Australian Housing Authority (as the property owner) and that they needed to be involved in the repair process.

The PCV escalated the matter to the South Australian Housing Authority Chief Executive in August 2023. After follow-up, the South Australian Housing Authority confirmed that a bathroom renovation was recommended. The PCV informed both Disability Services, DHS and Access 2 Place of this positive development. A CVS follow-up visit in April 2024 confirmed progress in relation to addressing the bathroom renovation and this is now nearing completion. Both Disability Services, DHS and Access 2 Place expressed appreciation for the PCV's advocacy efforts in resolving these matters.

This case demonstrates the crucial role of the CVS in identifying and advocating for the resolution of maintenance issues in disability accommodation. It further highlights the complex coordination among multiple providers required to address maintenance matters and the need for clear processes to ensure timely responses to maintenance requests for clients.

7. Community Visits in the MENTAL HEALTH SECTOR

Image shows three people sitting at a table during a Community Visit

Mental Health VISITS

Visits completed to individual units / services	Requests for advocacy	Number of issues referred to Local Health Networks/service provider for follow-up
2023 / 2024	2023 / 2024	2023 / 2024
442	84	190 ISSUES
2022 / 2023	2022 / 2023	2022 / 2023
417	55	259 ISSUES

Figure 9: Comparison of Mental Health Visits between 22-23 and 23-24 reporting periods

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

In 2023-24, the CVS was required to visit and inspect 78 gazetted sites, which included:

- **15 approved treatment centres with 50 individual services within those centres**
- **28 authorised community mental health facilities.**

During the reporting period, the CVS completed 442 community visits (announced visits 64% and unannounced visits 36%) to individual mental health services, wards, centres, units and facilities. This represented a 6% increase in visits compared to 2022-2023.

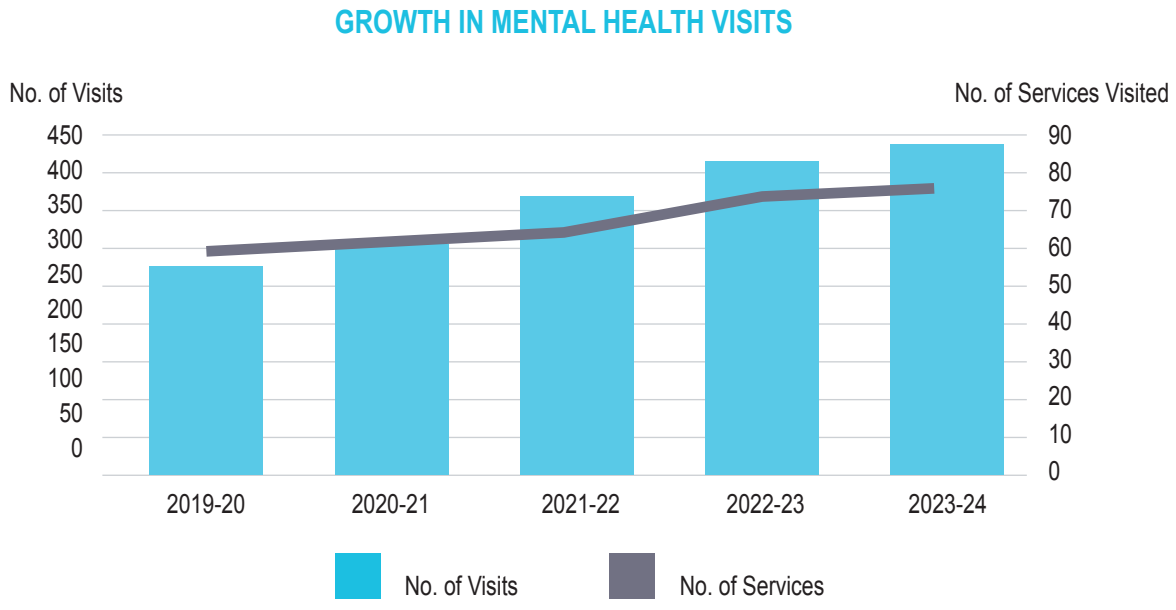


Figure 10: Growth in CVS Mental Health Visits over time

Services visited by CVS includes 50 individual services within treatment centres and 28 authorised community mental health facilities that are visited bi-monthly.

As shown in Figure 10, over the past 5 years there has been significant growth in the number of CVS visits to mental health services because of an increase in the gazettal of additional Approved Treatment Centres and Authorised Community Mental Health Facilities.

The CVS anticipates a further increase in the number of Community Visits to mental health services in the coming years, with a further 28 existing services flagged by the Office of the Chief Psychiatrist (OCP) to be gazetted, along with new services in development arising from the additional 72 beds for inpatient rehabilitation services. This will place resource pressure on the Community Visitor Scheme (CVS) regarding the increase in number of visits to mental health services.

All mental health services that provide treatment, care and rehabilitation for people living with a mental condition and/or illness are inspected by the Community Visitors (CVs). Out of the 442 visits conducted in this reporting period, 190 issues were identified which required follow-up with the mental health service for a response.

If a request for a Community Visit is made to the service, the manager or a person in a position of authority at a treatment centre or community mental health facility must advise the CVS office of the request within two working days. During 2023-2024, the CVS undertook 3 requested community visits to clients.

7.1 Mental Health Sector-Key Findings

Community Visitors conduct visits and inspections of treatment centres and authorised community mental health facilities that are gazetted by the Chief Psychiatrist (list is included in Appendix 4).

The visit and inspection domain issues identified are shown in Figure 11. Of all the Community Visits undertaken during the reporting period, Environment and Wellbeing, and Personal Development were the areas of most concern, accounting for 21% and 20% of identified issues respectively. The domains with the least identified issues were Inclusion and Diversity, and Safety, each accounting for 3% of the total.

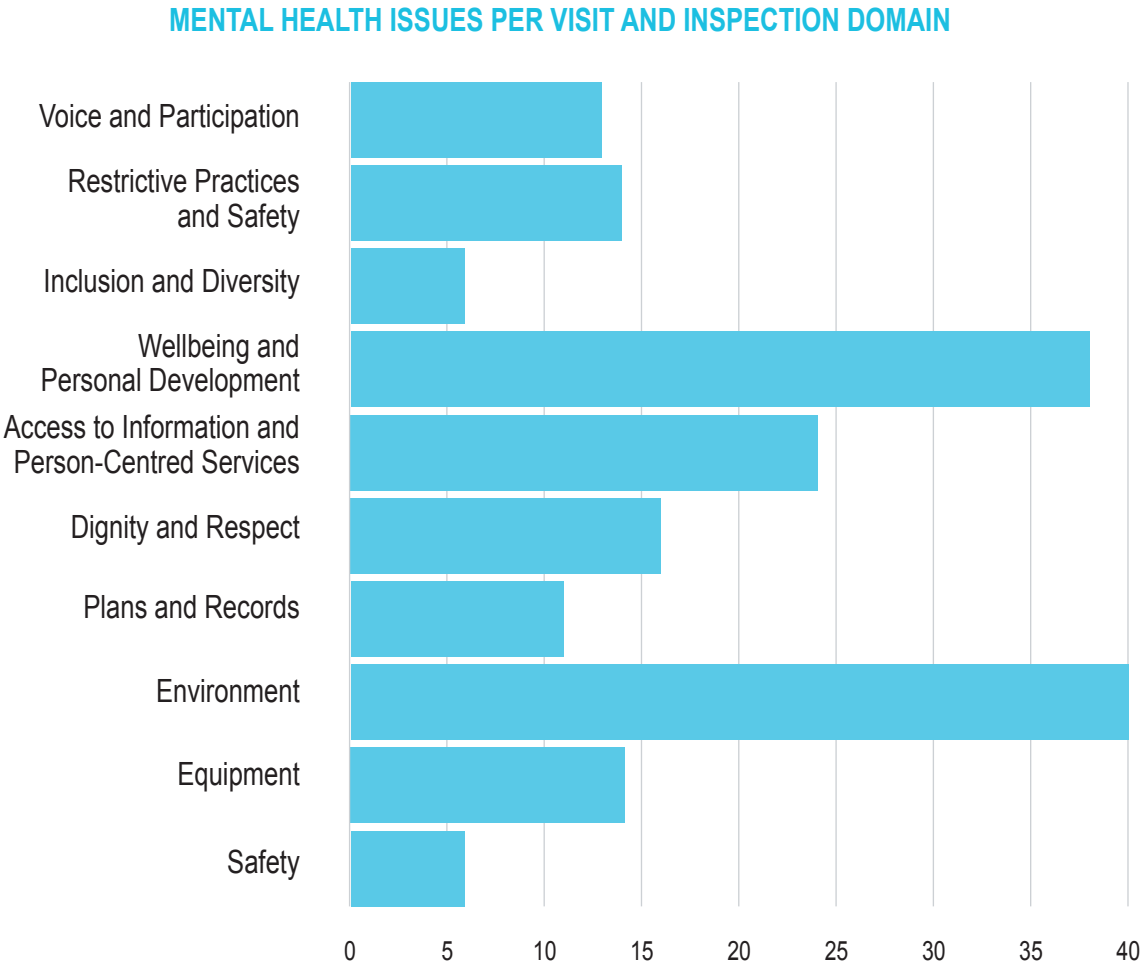


Figure 11: Mental Health issues by Visit and Inspection Domain

Outside of the 10 visit and inspection domains identified above, issues related to staffing were also identified in this reporting period. These issues were generally related to systemic workforce shortages and recruitment challenges, with staffing issues comprising 4% (or 8) of all the issues identified.

Visit Domain: Voice and Participation

Ensuring clients have a say in their care and are actively engaged in the decision-making process is an area that CVs assess.

Meal Choice and Participation

Choice and participation in meals is an important part of a person's autonomy and can provide skills for psychosocial rehabilitation and transition to the community and independent living. Whilst there are many services that provide opportunities for involvement in cooking and meal planning, a common issue raised by clients in the acute mental health services are lack of choice in meals and options for fresh food choices. This can be due to meals being provided by off-site hospital kitchens, with no kitchen or cooking facilities available on-site.

As reported in previous years, choice and participation in meals is particularly important for clients at James Nash House and, over the past year concern was raised by clients about restrictions on the frequency and content of outside food purchases. The service advised that a policy change had been made to promote healthier choices and general physical health, however, there is potential for creative ways to be explored that encourages both healthy choices and personal choice for clients in relation to buying and consuming their own food, given this is a highly valued activity.

> *"Clients in XX and XX are able to purchase food items as part of their fortnightly buy and have the opportunity to cook for themselves or the group. This is valued. One client in XX spoke to us about their frustration in no longer being able to buy 2-minute noodles or cup-a-soup, or to get ham/cold meats. The cold meats were stopped due to health risks. The rationale for not allowing noodles was not clear..."*

> *"In XX where clients have more freedom, they are dissatisfied that they can only order food fortnightly (was weekly) and takeaway monthly (was fortnightly)."*

Services that have on-site kitchen facilities provide the opportunity for client involvement in meal planning and cooking and can also contribute to the overall home environment of the service. For example, a service that has a kitchen next to the communal living area creates a home environment with the smell of food cooking. This can also provide opportunity for cultural preferences to be considered and celebrated at mealtimes.

> *"Some food comes from [hospital] but the unit also employs a chef to do some cooking in the Pod's kitchens. The unit has a lot of celebrations for different events and cakes are made and cultural meals are often cooked. The importance of creating a home environment was discussed, such as the smell of food cooking."*

> *"Client preferences are catered for in food preparation with direct support from a Dietician who develops menus alongside what is known of clients preferred tastes."*

Food Quality

It was noted that food quality and choice was dependent upon the source. For example, if the food was sourced from a local hospital or off-site and required defrosting and re-heating, clients often rated the food as being unsatisfactory – whereas if the clients had input into the meal planning or food preparation and it was cooked on-site, clients were very satisfied with the choice and quality of meals.

The involvement of a dietician for clients with particular needs was also highlighted in the reporting as an area for improvement.

Client Input in Medication

Including the client voice in decisions regarding medication is another important aspect of a person's self-determination and can sometimes be a point of tension between a client and the treating team. Whilst acknowledging that the prescription of medication is an important clinical decision made by the treating team, occasionally clients reported to CVs that they did not feel that their voice was heard in conversations about medication, sometimes due to the side effects being experienced or past experiences with a particular type of medication.

The CVS promotes open discussion with clients and their treating team regarding medication where appropriate. This also includes regular reviews of medication as part of a person's goals, treatment and care plan.

Visit Domain: Restrictive Practices and Safety

Safe Services and Least Restrictive Practices

Clients expressed to CVs that there is inconsistent application of phone use or access to communication devices across services and Local Health Networks, which could be more clearly explained at admission or when the client is able to understand the details of the policy. This has created concern for clients who have restricted access to their phone or communication devices and have been unable to connect with their family or carers. Clients have also noted the need to access details of service providers or upcoming appointments which are held on their phone and reported that it was difficult to ask for special access to their phone when they needed this information.

> *"CVs spoke at length to a client on an Inpatient Treatment Order (ITO) who was concerned about being unable to access their mobile phone... The phone was their only form of contact with their mother, who was unable to otherwise come in. They felt very anxious without it. There is scope for hospital-wide improvements to be made regarding client access to mobile phones. Many young people depend on digital relationships as much as physical relationships – not having access to a phone has more significant consequences than in the past. There may need to be a review of the process of confiscating the phone as a 'withdrawal of privileges'. This could include clear explanations and consent by clients on admission. Some facilities have created a 'phone agreement', that clients agree to on admission, to reduce confusion/anger/anxiety."*

As reported last year, restrictions on smoking were once again noted as a significant issue for clients. Whilst the CVS acknowledges the intentions of the SA Health Smoke Free policy, CVs have been notified of clients being issued fines for smoking on hospital grounds. The issuing of fines has been raised with services having concerns that this is a punitive approach rather than being educative about the effects of smoking. At times, clients are not aware of the smoking policy which also resulted in fines and accrual of debt. Some services have addressed the use of fines and adopted an approach of supporting clients with non-smoking support strategies, such as nicotine replacement.

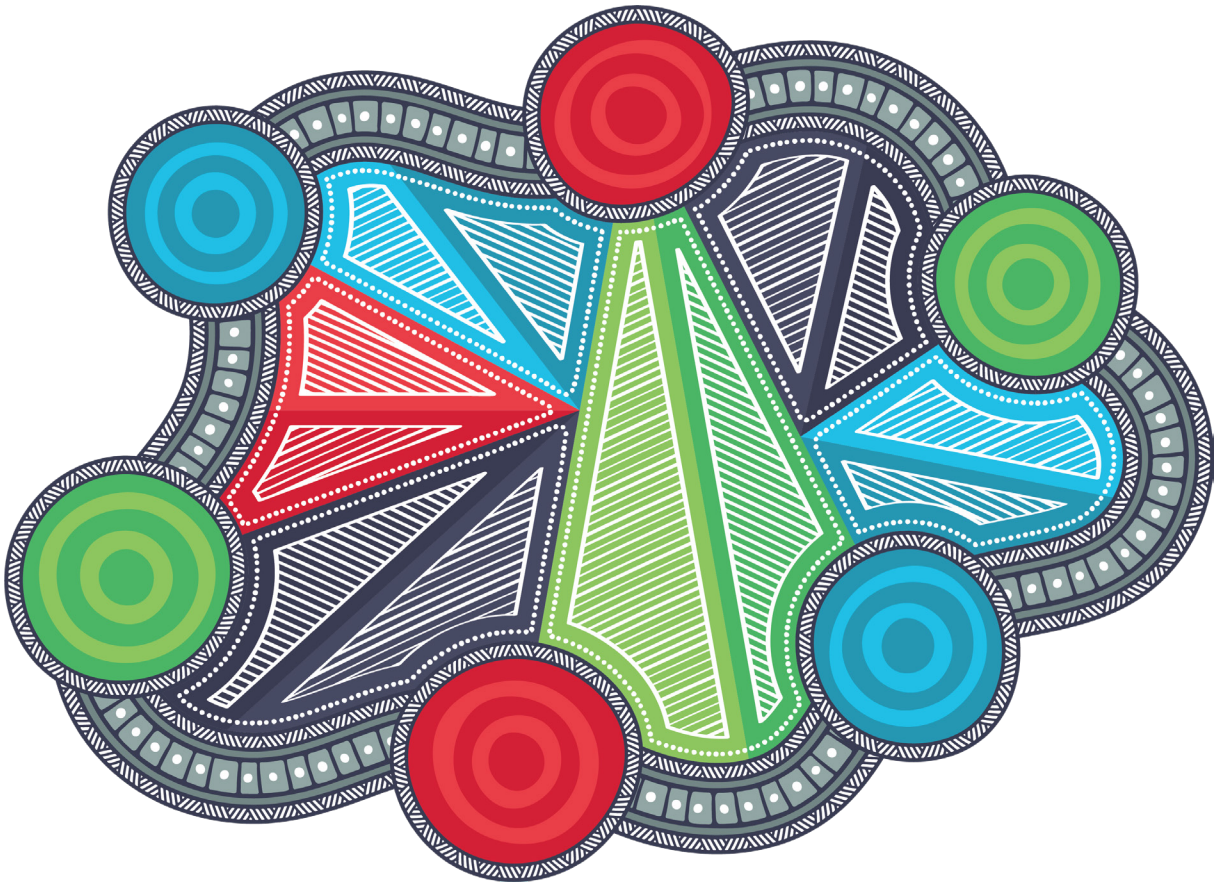
Visit Domain: Inclusion and Diversity

Access to Cultural Supports

Across most Local Health Networks there is a shortage of cultural supports and, in particular, Aboriginal Liaison and Peer Support. However, despite vigorous recruitment strategies, this issue has been attributed to workforce shortages. A statewide arrangement was suggested to be implemented across Local Health Networks which utilises a collaborative service model to increase access to Aboriginal Liaison and Peer Support Workers.

For the Local Health Networks that provide a hub and spoke model of Aboriginal liaison and cultural support, CVs were often told that it is extremely difficult to have timely access to this support for clients that are not located at the hub site. Delays with accessing timely support were regularly reported at the Eastern Acute Unit at the Glenside Campus, due to the Aboriginal Liaison Officer support being located off-site at the Royal Adelaide Hospital. A regular visiting service rather than reliance on individual requests could be considered, particularly for sites, such as the Glenside Campus.

Community Visitors (CVs) also observed many services that are providing positive initiatives and environments in relation to cultural diversity and individual needs, including the provision of an interpreter when needed, celebrating cultural dates and milestones and a Cultural Healing Team across one Local Health Network. This is also equally as important when regarding a person's gender and sexual identity.



Artwork supplied with permission by Ngarrindjeri artist, Jordan Lovegrove

"Care Plans are developed taking into account each client's needs and this includes their cultural, physical and individual expectations. Staff teams are acutely aware when meeting clients and preparing their plans of the individual's unique needs."

"Staff emphasised that identity is a core diagnostic criteria for borderline personality disorder, so staff are very aware of how clients see themselves. It was noted that young people with borderline personality disorder are over-represented for gender diversity."

Visit Domain: Wellbeing and Personal Development

Access to Activities

Although the level and availability of meaningful activities has increased significantly following COVID-19, restrictions such as cooking, gardening and gym, clients reported being bored, with little or no scheduled activities on weekends (particularly in residential and inpatient services). This was often linked to the lack of allied health professional availability on weekends and/or due to workforce shortages or funding constraints.

"Scaled down weekend staff does not allow activities to be conducted on the weekend. Often, staff and consumers are finding the weekend too long without any organised activities."

As a result of CVS advocacy following client feedback, positive initiatives were made at the Rural and Remote service where the activity program was extended across 7 days with a nurse-led diversional activity program made available on weekends that offered various recreation and leisure activities to enhance clients' overall wellbeing. Access for Rural and Remote clients to the Shared Activity Centre on the Glenside Campus was also negotiated across Local Health Networks, with regular sessions now scheduled each week. These improvements were welcomed by clients of the service.

Continued access to the Shared Activity Centre by all services at Glenside is required, but is acknowledged as complicated by the number of services/Local Health Networks and governance issues at the Glenside Campus.

Timely and Local Access to Assessment

It was reported that the need for timely access to assessment and admissions for clients presenting to an Emergency Department (ED) was noted by CVs and this was particularly evident in the regional hospitals. Community Visitors (CVs) reported arrangements in the regional EDs where a mental health staff was on-site but with restricted hours (e.g. Monday to Friday, 10:00 am to 3:00 pm) to provide assessment and referrals or admission to mental health clients. Outside of these hours, assessment is provided through a statewide Emergency Triage Liaison Service, which is provided via Telehealth. In some situations, there is a psychiatrist in the adjacent inpatient mental health service that could be utilised for a mental health assessment, but is not part of the ED and the patient is instead referred to the Emergency Triage Liaison Service. It was also reported to CVs that, on occasion, clients are not able to be assessed in a timely manner and may spend additional hours or days in the ED, awaiting assessment and admission to the mental health unit.

Similarly, mental health services in regional areas are often reliant on the services provided at the Women's and Children's Hospital in metropolitan Adelaide, resulting in young people needing transportation to Adelaide to receive inpatient mental health care. It was reported that clients often need to be transported by the Royal Flying Doctor's Service and are not able to receive treatment and/or care in their local community, close to family and social supports. Anecdotally, it has been raised by both mental health staff and clients, that mental health clients are classified as being a lower priority for transfers from regional areas to Adelaide.

> *"The main issue discussed at the visit, was the difficulty Child and Adolescent Mental Health Service (CAMHS) faced in liaising with the (Regional) Hospital ED to support children and adolescents admitted to ED. It was noted that these patients are experiencing long wait times to be seen by a Mental Health clinician in an ED environment that struggles to meet their mental health needs. Flying them out to Mallee Ward at Women's and Children's Hospital is often very distressing, especially as it takes them away from local community and family."*

Visit Domain: Access to Information and Person-Centred Services

Ensuring that Clients Have Access to Information

It was often reported that clients were provided with information about advocacy services and rights-based information in a 'welcome pack' as an integral part of the admission process. However, it was also noted that timing of the provision of this information is important, especially for clients who may not be able to comprehend the information at admission if acutely unwell.

It was also noted that relevant human rights and advocacy information is often displayed in communal areas on message boards.

Access to Services for Clients with Co-morbid Mental Illness and Autism

The need for support for clients with autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) is continuing to increase in SA[10], with limited resources currently available in the public mental health system to assist with diagnosis, treatment and support. These issues are particularly evident in the Child and Adolescent Mental Health service setting, with reports by CVs of the inconsistencies across Child and Adolescent Mental Health concerning the management of admissions in an inpatient setting, and assessments and support in community services. On numerous occasions, staff reported a lack of specialised training to appropriately care for clients with co-morbid mental illness and autism, and the role of the NDIS for some clients is unclear. This issue was significantly noted in the recent Child and Adolescent Mental Health Services Strategic Review 2023, with recommendations being made that included:

1. A cross-departmental statewide plan for the approach to the management of consumers with neurodiversity and disability.
2. Child and Adolescent Mental Health Service limits assessment and treatment for consumers that have neurodiversity or disability where there is an additional, prominent mental health condition requiring tier 3 treatment.
3. Community hubs are developed as a collaboration of community health and paediatrics, but supported by Child and Adolescent Mental Health Services, to diagnose developmental disorders including ADHD and ASD.
4. A new developmental, residential unit with well-trained staff is developed as an alternative to the Mallee ward.
5. Child and Adolescent Mental Health Services develop a multidisciplinary developmental disorders clinic for the assessment of complex consumers that may have ASD or ADHD.

All five recommendations have been supported in principle, subject to further investigation by SA Health and the Women's and Children's Health Network.

[10] Child and Adolescent Mental Health Services Strategic Review 2023

Community Referrals

Referrals to various supports in the community was commonly raised in the reports with gaps identified by consumers in areas including psychosocial rehabilitation programs, general practitioner shared care and accommodation support. The concerns for consumers regarding their ability to continue with a general practitioner shared care arrangement (i.e. receiving shared management of their mental health care through both a general practitioner and community mental health service) will be impacted by the reduction in general practitioners providing bulk billed appointments. The cost of a general practitioner appointment fee for some consumers was highlighted as being a hindering factor, with concerns that this will place greater reliance on the community mental health services as the sole care provider.

Visit Domain: Dignity and Respect

Ensuring that Clients are Treated with Dignity and Respect

As reported last year, the removal of bathroom doors as a result of a Coroner's findings and subsequent Chief Psychiatrist Safety Advice notice, has resulted in concerns about clients' privacy and dignity in care in several inpatient mental health units. The PCV has sought progress on the trial of anti-ligature doors and emphasised the need to ensure the privacy and dignity of clients whilst maintaining service integrity.

It is pleasing to note at the end of this reporting period, many of the impacted services have now finalised the supply and installation of new anti-ligature bathroom doors to address this issue, however, there are a small number of services yet to implement the new doors.

As reported last year, shared bedrooms have again been raised as an issue by clients, regarding both privacy and safety aspects being raised. The Chief Psychiatrist has placed gazettal conditions on the four remaining mental health services that use shared bedrooms, with regular monitoring and consideration of the use of shared rooms for clients with an inpatient treatment order (ITO). These services are:

- Morier Ward, Noarlunga Hospital
- Cramond Clinic, Queen Elizabeth Hospital
- Clare Ward, James Nash House
- Ward 4GP, Flinders Medical Centre.

> *"Lack of privacy is consistently cited as a concern in both the ED and Morier. One patient in Morier spoke to CVs about his distress at finding he had to share a room, when he was really needing to de-regulate in his own space."*

"The outstanding issue raised during this visit is the shared bedrooms and bathrooms. It creates many issues for both patients and staff. Sharing a room with only a wardrobe as a divider is problematic… For staff the constant moving of patients to accommodate new admissions is difficult and time consuming."

Private Spaces for Assessment of Clients in Emergency Departments

As reported last year, some EDs reported again that there is a need for a dedicated space that aligns with good therapeutic design principles to enable privacy when medical practitioners interview people presenting with mental health issues. In discussions with the relevant Local Health Networks, it seems that there are competing needs arising in the ED environment between medical governance and the ability for mental health to have a dedicated space allocated.

"No interview room available for privacy and confidential interview/ conversation, this can be very disturbing for the consumer and family when expressing and describing their distress."

"The extreme lack of space and one staff member is a real issue which needs to be addressed. A room once allocated to MH for interview, assessment and privacy is now used as a storeroom for the ED."

Respectful Language

An innovative example of a service that is ensuring clients are treated with dignity and respect was highlighted by CVs at the Repat Neuro-Behavioural Unit (NBU) through the 'Flipping Language Project'. This project means that the service considers the language used and the impact of that for their client, carers and family members. It was reported that staff aim to use language and frame information through the lens of the client as this helps clients to feel more understood – and words with negative connotations, such as 'aggressive' or 'intrusive' have been replaced with more positive language.

"Staff have clear practices which involve clients in choices in aspects of their support provided. This includes the positive use of language in conversing with clients in the 'flipping language' project. This project aims to phrase conversations in a positive manner. As an example, 'feeding' would be referred to as 'assisting a person with their meal'. Staff reported that they respond to other aspects of communicating with clients which indicate a preference or choice in how they are responded to. This includes being aware of body language or escalation in a person's voice which may indicate a client may be uncomfortable with a specific intervention."

Inspection Domain: Plans and Records

Do Clients have Access to Records and are they Updated and Authorised?

The reporting evidenced that clients had access to their treatment and care plans, whereas access to case notes and medical records relied on them completing a Freedom of Information application. The reports highlighted the importance of consistency across services in the information that clients can expect about their treatment and care plans, and that this is accessible when requested.

Continuity of Care

The continuity of records across services was highlighted in this reporting period as needing improvement, due to the difference in medical record systems that services use. This has also been raised as an issue faced by regional services and the Child and Adolescent Mental Health Service, who have been unable to access up to date records of admissions through metro Adelaide services. Similarly, this was raised by clients who attended the Urgent Mental Health Care Centre and then later advised that their regular community mental health service was not aware of any records or interaction with the Urgent Mental Health Care Centre. Addressing this reported issue will ensure clients receive continuity of care across the mental health system and their treating teams will have access to up to date treatment and care plans so that clients are not required to repeat this information.

"Staff would like hospitals to establish whether a patient treated at the hospital is also a CAMHS patient, and to notify CAMHS of the situation because of the potential for medication advice cross-over. For example, if CAMHS is involved with a client requiring medication control, and that client is then treated in hospital unbeknownst to CAMHS and prescribed different medication, CAMHS should be aware of this, and it is not always possible to be sure that the client (or carer) will advise CAMHS of this."

"An ongoing frustration is the inability of hospital staff to access online notes and records from the (metropolitan Adelaide) service which treats many clients."

Community Visitor Access to View Records

Reports regarding the provision of access for CVs to view client records at visits has been varied over the reporting period, with numerous instances of CVs being declined access to view treatment and care plans during the year. CVs respect the confidentiality of client records and do not need to view medical records as such, however, it is an important part of the CV role that they are satisfied with the level of client involvement and implementation of treatment and care plans to ensure client wishes are being heard. However, greater staff education regarding the legislative role of CVs should assist with this.

"No records regarding restrictive practices were viewed during the visits. In the Acute Ward, the staff member was very unsure and did not accommodate the request to show an example of client records (treatment and care plan). The Acute Ward staff were not comfortable with showing records even after being shown the aspects of the Mental Health Act re the inspection powers of Community Visitors. Whilst this was respected, staff knowledge of the CVS and its role and powers could be improved."

Confidentiality of client records and information was also observed as an area for improvement across a small number of sites. This was mostly due to environmental factors including lack of private spaces for clinicians to make phone calls with clients and open plan service arrangements where client files or information could be readily accessed.

"There was one concern about the privacy of guest records. Notes are completed by staff on laptops and these computers are frequently left open and within view of guests if they approach the staff island. This was observed during the visit."

Inspection Domain: Environment

Issues related to unsuitable infrastructure continue to be reported during visits and inspections, making up almost half of the issues raised under Environment. As reported last year, ageing or unsuitable buildings and infrastructure are impacting on the provision of contemporary mental health services and care, as well as therapeutic outcomes for clients. This is particularly evident in a number of the long-stay services including James Nash House, Tarnanthi and Subacute Unit and Northgate House.

The issues related to James Nash House have been well documented and are expanded further on Section 7.4.2. The Tarnanthi and Subacute Unit, and Northgate House continue to operate in existing buildings that were not intended for the service long-term and need significant capital investment to address this.

While there are several services needing capital investment, there have been some positive capital works programs announced this year to address infrastructure issues for services at Woodleigh House and the Northern Older Person's Mental Health Service, Ward 1G, at the Lyell McEwin Hospital, with a new purpose-built premises scheduled for the Modbury Hospital site.

Along with the services above, there is also a wider capital works program underway for a number of new services, which was announced by the State Government as part of the 98 extra mental health beds, which includes 72 metropolitan Rehabilitation Inpatient beds in Modbury, Noarlunga and Woodville, and six additional beds for the Mount Gambier Hospital.

These services will provide additional resources for clients who need an inpatient stay outside of an acute mental health service and the CVS looks forward to visiting these services once they come to fruition in 2025.

Smoking

As reported previously in this report, the management of cigarette smoking remained a contentious issue with continued inconsistency in the application of smoking policies. For example, in some instances, allowing clients to smoke in the courtyard areas has now made these spaces uncomfortable for non-smokers to use.

Personalised Spaces in Long Stay Services

For clients in longer stay inpatient services, such as community rehabilitation centres or forensic mental health services, the ability to personalise their bedroom space and make it a more homely environment was raised with CVs. Some clients reported confusion on whether they could decorate their rooms with items on the walls, however, the ability to do this creates a more therapeutic space for clients.

Inspection Domain: Equipment

Community Visitors have reported delays in repairs to equipment such as furniture and sensory items and clients have reported lack of accessibility to Wi-Fi and general household goods such as laundry services.

Access to internet, or Wi-Fi, is a common request of clients across many services, particularly in the community rehabilitation services. This would assist clients when planning for discharge, such as exploring accommodation options.

Client access to laundry services was also raised in multiple services with some clients highlighting a preference to do their own laundry within the service to avoid lost property through general laundry services. Whilst some services provide laundry equipment for clients, the need for industrial washing machines was highlighted during this reporting period, as some machines were reported to have broken down regularly and to have been out of order.

The development and provision of sensory modulation equipment or rooms has been a great initiative across the system, with many services now providing access to these. A positive example is the sensory room at Woodleigh House, Modbury Hospital, where it was reported to Community Visitors that staff have noticed that clients are asking to use the room instead of having PRN 'when required' medication.

Similarly, over the past year, CVs had been regularly reporting the request of clients to have the sensory massage chair repaired or replaced in the Ken O'Brien Centre. It was pleasing to hear that a new chair has recently been purchased and is now available for use by clients. This was a result of CVS reporting and advocacy.

> *"I inspected the newly outfitted sensory modulation room; with weighted blankets a therapy pod/sensory bean bag. There are boxes of sensory gadgets, for touch, taste, smell, sight and sound (clients' preferred music can be played into the room). The carpet square is luxurious and thick for bare feet and to lay on. Staff have noticed that clients are asking to use the room instead of having PRN medication… All staff are trained in the use of sensory modulation."*

Inspection Domain: Safety

During the reporting period, the new Chief Psychiatrist Standard: Sexual Safety in Mental Health Services was launched. This is an important consideration for clients of all service systems as it has been reported by female clients that shared bathrooms and bedrooms have posed a safety risk to them.

Furthermore, it was reported that clients at a community rehabilitation service feel unsafe using the outdoor spaces at night, with the suggestion that this may be improved with better lighting and oversight by the service.

The ageing infrastructure at James Nash House has caused issues with the duress alarm system, which led to clients being locked in their bedrooms for extended periods of time. The CVS undertook a requested visit to the service during this period to seek client views on the safety and restrictive practice implications of this event and were satisfied that clients felt safe with the contingency plans put in place during this time.

Use of Security

The use of security guards continues to be a reported aspect in relation to client safety, with diverse views and practices across the system regarding the use of security guards. One common issue raised by clients and staff was the need for mental health training and education for security personnel working within EDs and inpatient units. It was reported that CVs had heard of instances where inappropriate or judgemental language was used by security guards when communicating with clients. Additional training around de-escalation skills may also be helpful for those working in high acuity units, to assist in reducing the use of restrictive practices and code black situations.

> *"Staff discussed with us a recent issue of concern where 'inappropriate, judgemental remarks' directed to patients, were made by security staff. While this occurred in the hospital setting, it did highlight the ongoing need for better understanding and education regarding mental health and specific client support needs."*

7.2 Escalating Matters of Concern Mental Health Sector

There were two serious matters of concern escalated to the Minister for Health and Wellbeing in the past year through the CVS escalation process.

7.2.1 James Nash House, Aldgate and Birdwood Wards

In February 2024, the PCV was notified of concerns related to the malfunctioning duress alarm system in Aldgate and Birdwood Wards, and consequent increase in restrictive practices. Two CVs conducted requested visits to the service in the coming days and sought information about the impact for clients on both safety and restrictive practices, where it was observed that a small number of clients were being required to spend up to 23 hours per day in their bedrooms with the doors locked, including at mealtimes.

The Northern Adelaide Local Health Network confirmed that the issues related to the duress alarm system were resolved in the days following the CVS visits by replacing a faulty part. Following this visit, James Nash House increased its security presence to enable greater access for clients to common areas.

7.2.2 Royal Adelaide Hospital, ED

In March 2024, the PCV undertook a visit to the Royal Adelaide Hospital, where a number of concerns were raised regarding delayed assessment, medical clearance delays and long stays in the ED for mental health clients; as well as impacts on the flow of clients to the Psychiatric intensive care unit/ acute unit due to additional admissions of forensic mental health and Department of Correctional Services' clients. Central Adelaide Local Health Network advised they were progressing strategies to address these issues in conjunction with the Mental Health Strategy and Planning division in the Department of Health and Wellbeing.

Along with the above matters that were escalated to the Minister for Health and Wellbeing, two additional matters that were raised with the Chief Psychiatrist related to:

7.2.3 Helen Mayo House

In July 2023, the ongoing concerns related to the removal of the bathroom doors in clients' bedrooms were escalated for action. Along with client concerns about privacy, dignity, and the impact on trauma informed care, additional concerns were raised concerning young babies and children accessing the bathroom and wet areas without the bathroom doors. This led to clients spending less time in their bedrooms due to the risk and constant supervision required for their child. The service was examining options for new doors at the time of reporting.

7.2.4 Women's and Children's Hospital, Mallee Ward

In July 2023, information from a visit to the Mallee Ward was provided to the Chief Psychiatrist in the context of the Health and Community Services Complaints Commissioner's report into the care of a young person at the Women's and Children's Hospital, which was released in June 2023. The information provided to the Chief Psychiatrist included CV observations regarding the progress of the Health and Community Services Complaints Commissioner's report recommendations, including policies regarding the use of restraint and seclusion, and staff training on documentation and Crisis Prevention Intervention training.

7.3 Individual Advocacy in the Mental Health Sector

The CVS responded to 84 requests for advocacy relating to mental health services in the past year. This represents a 53% increase in advocacy requests compared to 2022-23, returning to pre-Covid levels.

The majority of advocacy requests were received directly from clients (64%), followed by family members (18%) and other concerned friends, external service providers or the Office of the Chief Psychiatrist (18%).

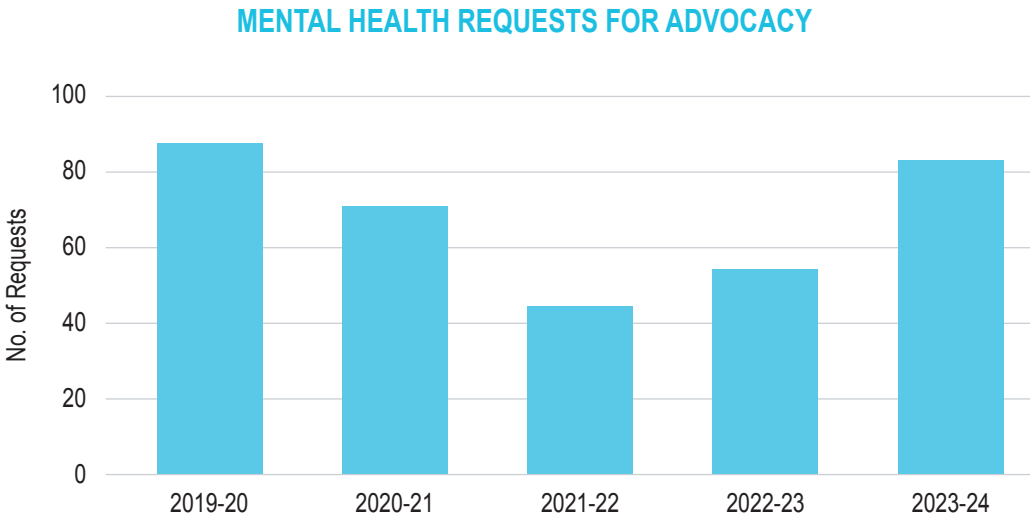


Figure 12: Mental Health increased requests for Advocacy

The significant increase in requests for advocacy assistance in the past year correlates with a wider view across the mental health system that a dedicated individual mental health advocacy service is required in South Australia.

This would provide expanded advocacy assistance in all areas, including long-term advocacy, legal advice, representation at meetings and South Australian Civil and Administrative Tribunal (SACAT) hearings. Whilst there are other disability advocacy services that provide support for mental health clients, the CVS understands that these services currently have limited capacity and are unable to respond to the many requests they receive. The South Australian Law Reform Institute review of the *Mental Health Act 2009* report noted that a key theme raised during their consultation was the need for greater advocacy services and support, and that there was agreement from respondents that 'legal and peer-support advocacy should be the norm for any application of the Mental Health Act and any review of a person's case under the Act'[11]. This is a complex issue as applications should be considered in a non-legalistic environment, however greater advocacy support for mental health clients is warranted.

[11] Olga Pandos, John Williams, David Plater, Anita Brunacci, Michaela Okninski, Elaine Marinas, Isabella Quek, Rachel Tan, Divya Narayan and Sofia Arlotta, Report 18: Review of the *Mental Health Act 2009* (SA) (South Australian Law Reform Institute, Adelaide, 2023), p.423

7.4 Systemic Issues-Mental Health Sector

7.4.1 Workforce Shortages

As reported in previous years, the impacts of workforce shortages across the mental health system continues to be experienced.

Difficulties in recruitment to clinical psychology and occupational therapy roles have been identified as an issue at both the state and national levels. The demand for these services, and other allied health professionals in the NDIS industry, also contributed to the shortage in mental health services. The PCV recognises recruitment and retention strategies are being implemented to address these shortages.

Difficulties in providing consistent staffing in the regional areas has also been noted as having impacted services, particularly in the services that were visited in the Whyalla, Riverland and Mount Gambier regions. It was noted that a heavy reliance on agency staffing in mental health nursing roles can impact on service provision, and the development and training of staff. There can also be a significant budget impact for services with the additional cost of utilising an agency workforce and in the provision of accommodation for staff.

7.4.2 Forensic Mental Health Services

Forensic mental health is a specialist area of services provided to persons who have committed an offence and are deemed unfit to stand trial by reason of mental incapacity or person(s) in a correctional facility who have developed a mental illness and have been transferred to a forensic mental health facility.

The CVS visits these services at James Nash House, Ken O'Brien Rehabilitation Centre, and Tarnanthi and Subacute Unit, as well as interactions with forensic mental health service clients in various hospital EDs, psychiatric intensive care units and acute mental health units on occasions.

James Nash House – Time for Change

James Nash House is in urgent need of attention to ensure the rights and dignity of clients are upheld.

There are three units of care in James Nash House with varying levels of security; Aldgate (intensive inpatient care), Birdwood (acute and subacute care) and Clare (low acuity rehabilitation care), which are co-located with the Ken O'Brien Centre East and West (rehabilitation). The Ken O'Brien Centre is modern with natural light, individual bedrooms with ensuite bathrooms, well-designed open spaces and outdoor areas. The adjacent James Nash House building does not offer such modern environments.

James Nash House has longstanding, and significant, infrastructure and maintenance issues that warrant a major refurbishment or rebuild. The outdated facility impacts therapeutic outcomes for clients and raises significant safety concerns for staff with the report of the malfunctioning duress alarm system, that the PCV was alerted to in February 2024, resulting in two CVs undertaking an urgent visit to the facility to seek

feedback from clients about the impact. As a result of the malfunctioning duress system, the Community Visitors were advised that several clients were required to spend up to 23 hours per day in their bedrooms with the doors locked, which included mealtimes, as a safety precaution, along with additional security guards. The visiting Community Visitors enquired about this and were satisfied that the clients were accepting of the additional restrictive practices during this period and were supported with additional telephone calls to their visitors during this time. James Nash House also made adjustments to these restrictions with increased security enabling more access to areas outside of bedrooms.

Multiple issues have been repeatedly reported over several years that include:

- ageing building with significant maintenance issues
- inappropriate building design that impacts the rights and dignity of clients, including lack of privacy due to shared bathrooms and bedrooms
- limited dining areas with clients eating on their lap
- long stay isolation/detention due to staff safety concerns
- lack of dedicated space for activities, treatment and care
- lack of natural light in the building.

> ***"Carpets in clients' bedroom, in Clare, are strongly malodorous and require replacement with lino. Staff have reported this over a lengthy period of time, but no action as yet."***

This matter is ongoing.

> ***"Aldgate has an insufficient number of beds for the demand. There is urgent need for a larger admissions unit with the increased prison size. Anecdotally, staff reported there is always about 30 people on the waiting list and transitions are lengthy."***

These matters were under consideration by the Chief Psychiatrist at the time of reporting.

Alongside the issues identified above at James Nash House, issues related to infrastructure were also evident at Tarnanthi and the Subacute Unit at the Glenside Campus. This service relocated from Birdwood Ward, James Nash House, to the previous Eastern Psychiatric Intensive Care site in 2019 and is a long-term disability service for people with an intellectual disability. The long-term future of this location

is unclear, however, issues have been raised by CVs in relation to the lack of access to outdoor and therapeutic spaces, given the current location is not a rehabilitation environment.

Through visits to EDs and Psychiatric Intensive Care units, it has been observed that there is a significant need for an increase in forensic mental health services and inpatient beds at James Nash House to support this growing cohort. Assessment and care for forensic mental health clients, Department of Correctional Services prisoners or clients in the custody of the South Australian police, is increasingly needing to be undertaken through EDs and Psychiatric Intensive Care Units – which is in turn impacts client flow through the system. Previously, Local Health Networks would rotate admissions of forensic clients in need of a Psychiatric Intensive Care Unit (PICU) bed; however, currently only the Royal Adelaide Hospital and the Lyell McEwin Hospital PICUs are able to provide these admissions outside of James Nash House.

With the growing forensic mental health population and recently announced expansion of South Australia's prison system with an additional 350 beds, it is important that the forensic mental health services are increased at a corresponding rate to be equipped to care for these clients. Dedicated mental health services based within the prison system should also be considered, as is the case in other jurisdictions. The SA 20-Year State Infrastructure Strategy 2020 noted that the growth of infrastructure to support forensic mental health services has not kept pace with the growth of correctional facilities. Between 1987 and 2019, forensic mental health service beds grew from 30 to 50 whilst the prison population grew from approximately 800 to almost 3,000[12]. The SA Mental Health Services Plan 2020-2025 noted that, based on the demand at the start of the plan, the number of forensic acute inpatient beds needs to increase from 50 to 80 by the conclusion of the Plan[13], however, this has not yet occurred.

In October 2023, a Northern Adelaide Local Health Network Forensic Health Services Independent Review was undertaken, and the CVS provided input and feedback from CVS visits and reports to the independent reviewers. The review made six overarching recommendations, which addressed leadership and culture, consumer and carer engagement, patient safety and infrastructure.

The CVS participated in the quarterly Stakeholder Forums of the Forensic Mental Health Service Independent Review Implementation Project to monitor the progress of the recommendations. It has been pleasing to note that several actions already undertaken, including the development of a draft Forensic Mental Health Services Model of Care, a proposed external complaints mechanism, ongoing development of a Framework for Lived Experience and Consumer/Carer Engagement and work on strengthening patient sexual and cultural safety.

Further work relating to infrastructure benchmarking and cost modelling analysis is anticipated to be undertaken in the next reporting period. This is important, noting that past and current Community Visit reporting identified significant concerns about infrastructure issues within the Forensic Mental Health system. The progress of this will be closely monitored.

[12] Infrastructure SA, 2020, 20-Year State Infrastructure Strategy, p.91.
[13] Department for Health and Wellbeing, 2019, Mental Health Services Plan 2020-2025, p.45.

7.4.3 Youth Mental Health Service Model

The 2022-2023 reporting year included the first complete year of CVS visitation to a wider range of Child and Adolescent Mental Health Services, which has provided the CVS with a greater understanding of the issues impacting clients in this cohort. The most significant systemic issue raised by CVs through visits to Child and Adolescent Mental Health Services was the transition to youth mental health services model and, in particular, services for young people aged between 16 and 18 years old.

A number of young people and family members/carers discussed their experiences with CVs concerning the Child and Adolescent Mental Health Services (Women's and Children's Health Network governance), and the transition to youth mental health services, which are generally provided by the various Local Health Networks. The CVS learnt that these services are provided and managed differently in each Local Health Network, including in the Northern catchment where they remain under the provision of the Women's and Children's Health Network.

Some services for this age cohort are also provided by Youth Enhanced Services/Headspace, which is funded by the Commonwealth Government, however, CVs were regularly advised of a large waiting list for these services and some clients were told that the waiting list was closed for the year.

The difference in service provision amongst the Local Health Networks and Commonwealth services was described as confusing by some clients. There were also concerns raised about a perceived lack of continuity and having to build rapport with a new treating team and service, particularly for the clients who had expressed great satisfaction and support experienced from their Child and Adolescent Mental Health service.

> *"The main issue identified, when talking with XX and their guardian, was the continuity of service after the age of 16 which they were about to reach. They were fearful that the service would stop abruptly, and the consumer would regress. We were assured that this would not happen, but the service would reduce at a pace that was comfortable for the consumer and they were able to move into another service which suited their needs."*

> *"The consumer reported that their esteem and school performance had increased significantly since they had commenced (with Child and Adolescent Mental Health Services). They said they felt they were in a safe space at the facility compared to where they were before. They also expressed concerns with the transition gaps that exists between one service and another, and they observed that this transition period lacks continuity of care… The consumer also wished there was a clear process for the consumers to follow once Child and Adolescent Mental Health Services could no longer provide a service."*

A positive step in addressing this, is the recent development of the Youth Mental Health Services Model of Care which outlines an approach for improving youth mental health care across South Australian tertiary mental health settings. It aims to provide direction for local delivery of a consistent approach to care for all young people who enter SA Health mental health services. The CVS understands that the next phase is the development of the Local Health Networks Implementation Plans, which CVS will continue to monitor and influence through CVS visits and regular partnership meetings with the Local Health Networks.

7.4.4 Underutilisation of Rehabilitation Services

Across the three metropolitan Community Rehabilitation Services, there have been varied occupancy rates over the year with significant vacancies available in two of the three services.

At a CVS visit to Wondakka Community Rehabilitation Centre in February 2024, it was noted that the service had experienced a reduction in occupancy to below 50% in the previous months. However, there has been a concerted effort to improve this which resulted in an increase in occupancy rates in the second half of the year. Similarly, Elpida House noted a steady decrease in occupancy throughout the reporting period, with an occupancy rate of 58% noted in February 2024[14].

The occupancy rate at Trevor Parry Centre has remained steady with near full occupancy throughout the year. The closure of the Southern Intermediate Care Centre in 2022 may also have contributed to the high need for this service at Trevor Parry Centre.

7.4.5 Medical Clearance in Emergency Departments

CVS visit to EDs have highlighted delays in mental health assessments and admission to the wards due to the need for a medical clearance.

CVS visit reports have highlighted that there is no consistent definition across the system about what constitutes a medical clearance for mental health clients. This has been raised with both the OCP and Mental Health Strategy and Planning Office and it is understood further work is being considered to address this.

The impact of waiting for a medical clearance on the length of stay in the ED for mental health clients seems to vary across Local Health Networks. However, it has been highlighted, in particular, as an issue in the Royal Adelaide Hospital and Flinders Medical Centre EDs.

The Northern Adelaide Local Health Network is a good example of a collaborative approach to assessment in the ED, where the mental health and medical assessments can happen concurrently, and parallel assessments are often done. The services have also upskilled the clinical staff in the mental health units to be able to undertake limited medical assessment and care once a client has been transferred to the unit. This has assisted with quicker flow through the ED for mental health clients.

[14] Community Rehabilitation Centres Metropolitan Adelaide Mental Health Management Report, Activity Reporting for March 2024, SA Health

Discussions regarding improvements to the process for medical clearances in EDs have also posed whether there could a basic set of criteria needed for a medical clearance for known mental health clients when presenting to EDs. It is understood that the Royal Adelaide Hospital is considering opportunities to improve these processes.

7.4.6 Long Stay in Emergency Departments

As reported last year, the extended length of time that mental health clients spend waiting in an ED for an assessment and/or admission has continued to be a major concern this year. As widely reported in the media, ramping of ambulances and the flow of clients needing mental health assessment has caused difficulties across the South Australian health system and this led to the system-wide Code Yellow in recent times.

Whilst it is a systemic issue seen across most metropolitan hospitals, the Royal Adelaide Hospital Emergency Department has been under significant pressure and continues to face difficulties with timely assessment and transfer for mental health clients – with many clients exceeding the 24-hour target for assessment for mental health clients in an ED.

Adding to this is the additional presentations that the Royal Adelaide Hospital receives for forensic mental health, Department of Correction's clients and regional transfers – including those by the Royal Flying Doctor's Service of people needing mental health assessment and care.

During recent community visits to the Royal Adelaide Hospital throughout the first half of 2024, observations were made about the suitability of the ED environment for mental health clients, including the regular use of the seclusion room for extended periods of time. Issues noted at visits included:

- A number of mental health clients were waiting in the ED at the time of the visit.
- No access to activities or diversional therapy for clients facing extended waiting times in the ED, particularly given the well-known issues about the lack of therapeutic environment in an ED (i.e. loud noises, bright lighting, lack of privacy, etc).
- Higher occurrence of code black incidents involving mental health clients in the ED.
- The lack of natural light and fresh air for clients facing an extended waiting period in the ED, which compromised wellbeing.

Consideration of a direct admission process to the mental health unit for mental health clients, where appropriate, or an alternative entrance to the ED would be helpful. Alternative strategies for clients in EDs would assist them in a more positive experience and a less stimulating environment, along with better information about their rights.

The CVS continues to raise these issues through partnerships with the Chief Psychiatrist and Local Health Networks Mental Health governance, as well as to the Minister for Health and Wellbeing, and will monitor further work on addressing these issues in the following year.

8. Community Visits to CLIENTS OF THE OFFICE OF THE PUBLIC ADVOCATE WHO ARE NDIS PARTICIPANTS

61 visits were undertaken to clients of the Public Advocate in both regional and metropolitan areas.

12 clients resided in non-government accommodation, and the remaining 49 clients resided in Disability Services, Department of Human Services' (DHS) houses.

Through 61 Community Visits, 25 reports raised 35 issues, which were referred to the Office of the Public Advocate (OPA) for follow-up and a response. The Community Visitor Scheme (CVS) received responses from the OPA to all matters raised and regularly meets with the OPA throughout the year to discuss issues and seek resolutions.

OFFICE OF THE PUBLIC ADVOCATE ISSUES BY THEME

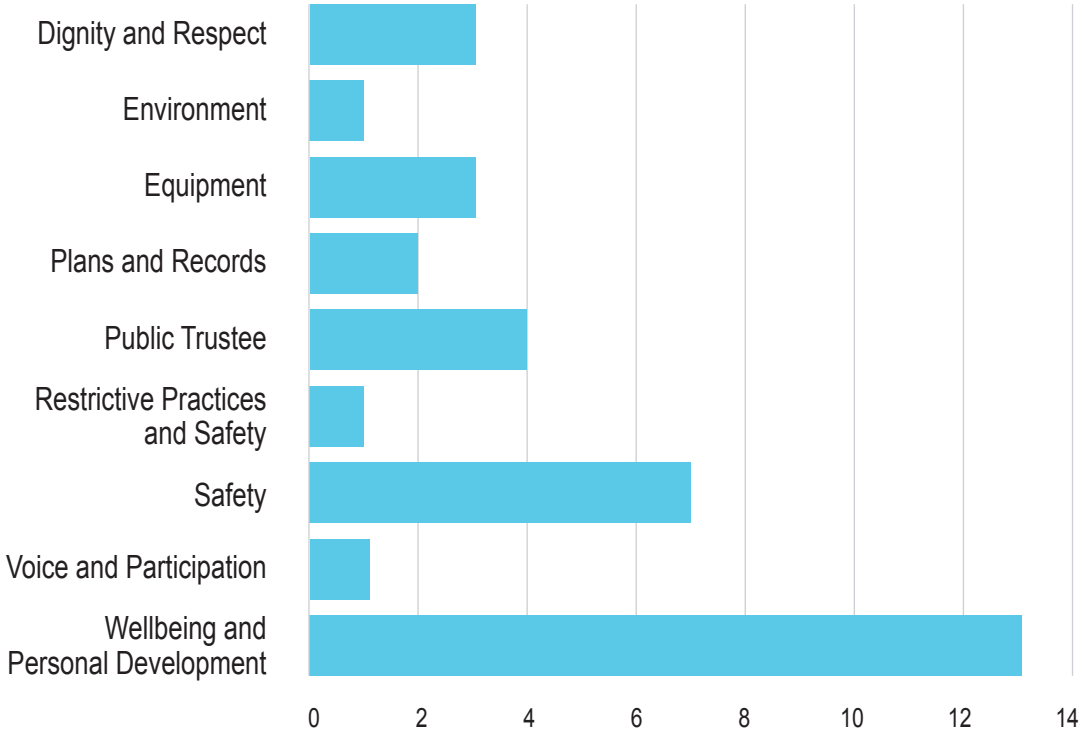


Figure 13: Office of Public Advocate Issues by theme

8.1 Major Themes from the Community Visits

8.1.1 Wellbeing and Personal Development

Wellbeing and personal development themes from the reporting included the perceived need for more allocated National Disability Insurance Scheme (NDIS) funding for activities and community engagement in client plans, delays in reviewing and updating of NDIS plans and referrals to allied health professionals (e.g. occupational therapy and physiotherapy). It is recognised that the review of plans and increased funding can be dependent on the supporting documentation provided to the NDIS.

8.1.2 Client Safety

The reported issues about the safety of clients were closely related to Disability Services, DHS transitioning to deliver services under the NDIS as previously reported in this report. This shift required services to align with individual NDIS plans, which led to adjustments in staffing ratios and rosters, including the conversion of active overnight shifts to passive ones. There were additional issues raised about timely access to specialists and the need for repeat cognitive assessments.

9. Our STRATEGIC POLICY AND ADVOCACY WORK

Advocacy is central to the Community Visitor Scheme to achieve positive systemic change to service systems and influence strategic policy, legislative and program reform.

Community Visitor reports are a rich source of information that provides the basis for our advocacy efforts at both an individual client and systemic level.

Utilising the Community Visit reports, the Principal Community Visitor (PCV) has a schedule of regular meetings to discuss emerging systemic, client issues and matters of concern with key stakeholders, including:

- Hon Chris Picton MP, Minister for Health and Wellbeing
- Hon Nat Cook MP, Minister for Human Services
- Chief Executive, Department of Human Services (DHS)
- Chief Psychiatrist
- Senior Executives and Management from the Department of Human Services and the Department for Health and Wellbeing
- Mental Health Directors of the Northern Local Health Network (NALHN), Central Adelaide Local Health Network (CALHN), Southern Adelaide Local Health Network (SALHN), Women's and Children's Health Network (WCHN), Barossa Hills Fleurieu Local Health Network (BHFLHN), Limestone Coast Local Health Network (LCLHN), Flinders Upper North Local Health Network (FUNLHN) and the Riverland Coorong Mallee Local Health Network (RMCLHN)
- Health and Community Services Complaints Commissioner
- NDIS Quality and Safeguards Commission
- SA Mental Health Commissioner.

9.1 In Focus: Meetings with Local Health Networks

The meetings with Local Health Network Mental Health governance members, generally the Mental Health Executive/Director and Clinical Director for the service, enabled additional discussion and follow-up of outstanding and systemic issues raised through Community Visitor Scheme (CVS) visits and share cross learnings.

The CVS is in the unique position of having visitation into services across all Local Health Networks, and in private and non-government run services, which provides the opportunity to also highlight examples of good practice that could be replicated in other Local Health Networks.

9.2 In Focus: Meetings with Disability Services, Department of Human Services

Consistent meetings occurred with senior management of Disability Services, DHS which provided opportunities to review outcomes of CVS visits and to further discuss outstanding issues or emerging matters of concern.

The CVS Coordinator continues to maintain regular contact with Disability Services, DHS staff at the Area Manager level and with officers from the Disability Services, DHS Quality and Safeguarding team. These conversations ensure that any issues, either from reports or through advocacy requests, can be resolved in a timely manner.

9.3 State and National Policy Submissions

The PCV makes submissions to State and National strategic policy, legislative and program initiatives as an integral part of advocacy efforts. They include:

- the Disability Royal Commission (DRC) into Violence, Abuse, Neglect and Exploitation of People with Disability
- the NDIS Review
- input into legislative reform, such as the SA Law Reform Institute review of the *Mental Health Act 2009*
- the Human Rights and Coercion Reduction Committee
- the Forensic Mental Health Services Independent Review 2023
- the National Inter-jurisdictional Working Group
- input into the State Autism Strategy and attendance at launch and training
- Office of Chief Psychiatrist (OCP) Suicide Prevention Pathways
- Southern Intermediate Care Centre consultation
- Youth Mental Health Services for the South Australia Model of Care
- the Statutory Authorities Group and Rights Protection Agencies Meeting.

9.4 National Policy and Advocacy Work

We work closely with our CVS Interjurisdictional Partners to proactively engage with national policy and program reform initiatives. This partnership allows us to remain at the forefront of developments and ensures that we effectively address emerging challenges and opportunities.

Jurisdictions, that manage CVS programs, meet on a quarterly basis to share information and discuss strategic matters in relation to CV work.

The South Australian CVS convened the group initially and led the way to develop draft national principles for CVSs. This will enable input to the recommendations of the Disability Royal Commission and/or the NDIS Review concerning the CVS. It is clear from this work that, whilst there are differences across jurisdictions in terms of the program structure, there are some important consistencies.

Members also discussed the recommendation of the Disability Royal Commission and the NDIS Review in the context of impact on CVS programs, including opportunities and challenges of sharing data with partners, such as the NDIS Quality and Safeguards Commission. For learning purposes and potential input into future directions of the program at a national scale, the South Australian CVS led a workshop to better understand CVS interjurisdictional programs and where there are similarities and differences in program structure and functions.

9.4.1 In Focus: The Disability Royal Commission

At the end of the reporting period, close monitoring of the developments of the outcomes of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (The Disability Royal Commission [DRC]) is occurring.

The Commission's report undertook exhaustive work over a four-year period (12 volumes in response to community concern about widespread reports of violence, neglect, abuse and exploitation of people with disability). The final report contained 222 recommendations and, of relevance to the CVS, were recommendations 11.12 and 11.13. These recommendations called for adequate resourcing, national consistency, improved data sharing, integration with the NDIS and greater risk assessment for CVSs.

At the time of reporting, Commonwealth and State Government responses are awaited. The coming year will bring important changes and opportunities for the CVS to contribute to this crucial reform process in the disability sector.

10. Our BUSINESS IMPROVEMENTS

The CVS office has a continuous improvement ethos that ensures its operations and policies are regularly reviewed, and we are engaged with national and state strategic matters to ensure the CV Scheme is best placed within the current safeguarding system.

Our Business Improvement Highlights

10.1 IT System Improvements for Business Efficiencies

The CVS information technology (IT) support is provided by the Department of Human Services (DHS). In 2023, a review of the Community Visitor Scheme (CVS) IT systems was conducted that resulted in a plan to upgrade the CVS technology infrastructure to enable business efficiencies.

Work began in March 2024, with the CVS team working with the DHS Business Improvement Technology and Salesforce IT specialists on a comprehensive two-phase process. Phase one of the project focussed on upgrading the current Salesforce technology and creating a Community Visitor (CV) portal that centralised the visit and inspection reporting tool. The results of phases 1 and 2 will be detailed in the next reporting period (i.e. 2024-2025).

10.2 CVS Reporting and Inspection Template

A new Reporting and Inspection Template that Aligns with Human Rights

As previously reported in this report, review of the reporting and inspection template used by CVs was undertaken with extensive consultation with key partners and volunteers. In January 2024, the implementation of the new visit and inspection report template marked a significant step towards improving the CVS visit and inspection processes. The review ensured alignment with relevant standards, laws and conventions resulting in the development of the six new visit and four inspection domains. The review also entailed a comprehensive training program for volunteers, including the introduction of new prompts to guide visits and inspections.

Our CVs are now successfully using the new reporting and inspection template that provides the Scheme with a rich source of information about what is working and what needs more attention in both the mental health and disability services.

10.3 A New Training Video for Our Volunteers

As part of the focus on orientation training for volunteers and Scheme awareness raising, the CVS team created and filmed a training video that depicts a CVS visit. This video has been positively received as a training tool for both trainees and stakeholders to understand what occurs during a visit.

Principal Community Visitor Anne Gale, Assistant Principal Community Visitor Diana Massey during filming of the CVS Training video.

10.4 Review of Operational Policies and Procedures

The CVS Office has a suite of operational policies to support the Scheme and ensure legislative compliance. They are reviewed regularly.

As part of the operational policies and procedures review process, partners and collaborators are engaged and consulted, including the CVS Advisory Group and the CVS Forum.

In the reporting period, the following operational policies were reviewed and updated:

10.4.1 Community Visitor Review

A new questionnaire to engage and connect with Community Visitors to discuss their experience, training needs and performance.

As a legislative requirement, all CVs meet with the PCV to discuss their work as a CV. A new questionnaire was developed, in consultation with CVs, to enable data collection and streamline processes.

The new questionnaire guides discussions with CVs in the areas of their:

- **experience as a Community Visitor**
- **responsibilities as a Community Visitor**
- **relationship with the Community Visitor Office**
- **training and development needs.**

10.4.2 Conflict of Interest

Our conflict-of-interest policy was updated to align with legislative requirements.

A conflict of interest, in the context of the CVS, is a formal way of saying that a personal or work situation could potentially influence decisions or perspective when visiting a service. For instance, CVs with current or recent employment in the disability or health departments will not be assigned to visit services within that sector. This approach safeguards the independence and credibility of the CVS, ensuring that all visits and reports remain impartial and free from perceived or actual conflicts of interest.

A new Disclosure Questionnaire has been developed which provides an easy way for CVs to report potential conflicts of interest at any time.

10.4.3 Working Arrangements between the Community Visitor Scheme and Office of the Public Advocate

The CVS office works closely with the Office of the Public Advocate (OPA) to identify community visits for Public Advocate clients who are NDIS participants, and not living in private housing. The working arrangements between the two offices were discussed and outlined in a policy document that streamlined and clarified the procedures to ensure the best outcomes for clients.

11. Our FUTURE

It's Timely to Consider Future Directions

The Community Visitor Scheme (CVS) operates within a State and National Adult Safeguard Framework, that was identified by the Disability Royal Commission (DRC) as an important contributor to keeping vulnerable communities safe. This will be determined as part of the State Government's response to the DRC and the National Disability Insurance Scheme (NDIS) Review. At the time of reporting, we await the full government response. It is anticipated that the coming year will bring important changes and opportunities for the CVS to contribute to this crucial reform process in the disability sector.

At the state level, the CVS has identified the following key reform issues:

- Specific CVS legislation that encapsulates a re-defined scope which meets the needs of clients, families, carers and guardians.
- A sufficient budget allocation from Treasury to operationalise the Scheme effectively that considers the increase in visitable sites in the mental health sector with the capacity to expand disability services visits.
- To ensure independence and integrity of the Scheme, an independent government agency is suggested to host the Scheme such as the Attorney-General's Department rather than an agency that the Scheme visits.
- Acknowledging the current software update of Salesforce, supported by DHS, a further infrastructure review is required to enable quality data collection of systemic issues and automated visit scheduling.
- Alternative, more appropriate office accommodation to facilitate program growth and enhance administrative efficiencies is required including a dedicated space for volunteers to attend the office and participate in education and training.

Abbreviations

ABC	Australian Broadcasting Association
APCV	Assistant Principal Community Visitor
ASD	Autism spectrum disorder
ADHD	Attention deficit hyperactivity disorder
BHFLHN	Barossa Hills Fleurieu Local Health Network
BPDCo	Borderline Personality Disorder Collaborative
CALHN	Central Adelaide Local Health Network
CAMHS	Child and Adolescent Mental Health Service
COVID-19	Coronavirus Disease 2019
CV	Community Visitor
CVS	Community Visitor Scheme
DHS	Department of Human Services
Disability Services, DHS	Disability Services, Department of Human Services
DHW	Department for Health and Wellbeing
DRC	Disability Royal Commission
ED	Emergency Department
FUNLHN	Flinders and Upper North Local Health Network
IT	Information Technology
ITO	Inpatient Treatment Order
LCLHN	Limestone Coast Local Health Network
NALHN	Northern Adelaide Local Health Network
NBU	Neuro-Behavioural Unit

NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
NPM	National Preventive Mechanism
OCP	Office of the Chief Psychiatrist
OPA	Office of the Public Advocate
OPCAT	Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
PBSP	Positive Behaviour Support Plan
PCV	Principal Community Visitor
PICU	Psychiatric Intensive Care Unit
PRN	Latin phrase for 'pro re nata' meaning 'when required'
RMCLHN	Riverland Mallee Coorong Local Health Network
RP	Restrictive Practice
SACAT	South Australian Civil and Administrative Tribunal
SALHN	Southern Adelaide Local Health Network
SALRI	South Australian Law Reform Institute
T2H	Transition to Home
UNCRPD	United Nations Convention on the Rights of persons with Disabilities
WCHN	Women's and Children's Health Network

APPENDICES

Appendix 1

Community VISITORS

Adele Querzoli	Amalia Azis	Andrew Crowther
Anne Gale	Anne Burgess	Brigitte Squire
Briony Lia	Cecil Camilleri	Dana Alexander
David Meldrum	Di Wheeler	Diana Massey
Eimear Muir-Cochrane	Elizabeth Iussa	Eric Ford
Frank Walsh	Helen Jones	Helen Mitchard
Ingrid Davies	Jacy Arthur	Jade McInerney
Janice Clark	Jenny Singh	John Leahy
John Callaghan	Judy Harvey	Juliet Koikai
Karen Rogers	Kate McPhee	Lisa Chua
Lou McLennan	Maree Hollard	Margaret Behn
Marianne Dahl	Meredyth Taylor	Muyang Li
Pam Simmons	Sabrina Ottaviano	Sally Goode
Sue Whitington	Tanya Seslija	Tati Turcinov
Terry Hernen	Vicki Toovey	

Appendix 2

Functions of the COMMUNITY VISITOR SCHEME

Mental Health Act 2009

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

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

The PCV has the following additional functions:

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

Disability Services (Community Visitor Scheme) Regulations 2013

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

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

Guardianship and Administration Act 1993

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

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

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

Appendix 3

Members of the ADVISORY COMMITTEE

The members of the Advisory Committee as of 30 June 2024 are:

Ms Anne Burgess	Chairperson
Ms Anne Gale	Principal Community Visitor and Public Advocate
Dr Grant Davies	Health and Community Services Complaints Commissioner
Ms Catherine Whitington	Proxy for Health and Community Services Complaints Commissioner

Mental Health Representatives:

Dr John Brayley	Chief Psychiatrist and Director Mental Health Policy
Ms Sally Cunningham	Proxy for Chief Psychiatrist and Director Mental Health Policy
Mr Andrew Crowther	Community Visitor Representative (Mental Health)
Ms Taimi Allan	Mental Health Commissioner
Ms Liz Prowse	Executive Director, Mental Health Strategy and Planning

Disability Representatives:

Dr David Caudrey	Manager of Strategy and Policy, Office of the Public Advocate
Prof Richard Bruggemann	Independent Advocate (Disability)
Ms Ksharmra Brandon	Proxy for Executive Director, Disability Services, Department of Human Services
Ms Jayne Lehmann	Disability Carer Representative
Ms Sue Dixon	Disability Representative
Mr David Meldrum	Community Visitor Representative (Disability)

The following people also served on the Advisory Committee during the 2023-24 reporting period:

Ms Julie Rogers	Director, Strategic Policy and Partnerships, Department of Human Services
Ms Sarah White	Director, Disability Services, Department of Human Services
Mr Cecil Camilleri	Community Visitor Representative (Mental Health)
Ms Lisa Huber	Principal Officer, Office of the Chief Psychiatrist (OCP)
Ms Briony Lia	Proxy, Community Visitor, CVS Mental Health Representative
Ms Helen Jones	Proxy, Community Visitor, CVS Disability Representative

The CVS staff provide secretariat support to the committee.

Appendix 4

Mental Health Services VISITED BY THE CVS

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

Treatment Centre	Units Visited
Flinders Medical Centre	Emergency Department (ED) Margaret Tobin Centre – Ward 5H, 5J & 5K Short Stay Unit Ward 4G Ward 18V – Older Person's Mental Health Unit
Glenside Health Services	Eastern Acute Helen Mayo House Inpatient Rehabilitation Services Jamie Larcombe Centre Rural and Remote Tarnanthi and Subacute Unit
James Nash House	Aldgate Ward Birdwood Ward Clare Ward Ken O'Brien Centre – East & West
Lyell McEwin Hospital	Emergency Department (ED) Psychiatric Intensive Care Unit (PICU) Short Stay Unit Ward 1G Ward 1H – Older Persons Mental Health Unit
Modbury Hospital	Emergency Department (ED) Woodleigh House
Mount Gambier and Districts Health Service	Emergency Department Integrated Mental Health Inpatient Unit
Noarlunga Health Service	Emergency Department (ED) Morier Ward

Table 1: List of units within Treatment Centres visited by the CVS (cont.)

Treatment Centre	Units Visited
Queen Elizabeth Hospital	Emergency Department (ED) Cramond Clinic Psychiatric Intensive Care Unit (PICU) Short Stay Unit Ward Southeast
Ramsay Clinic Adelaide	Parks Ward Rose Ward Torrens Ward
Repat Health Precinct	Specialist Advanced Dementia Unit Timor 6
Riverland General Hospital	Emergency Department (ED) Integrated Mental Health Inpatient Unit
Royal Adelaide Hospital	Emergency Department (ED) Psychiatric Intensive Care Unit (PICU) Short Stay Unit Ward 2G
Whyalla Hospital	Emergency Department (ED) Integrated Mental Health Inpatient Unit
Women's and Children's Hospital	Adolescent Ward Emergency Department (ED) Mallee Ward

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

Ashton House
Borderline Personality Disorder Collaborative (BPDCo)
Central Metropolitan Child and Adolescent Mental Health Service (Eastern Team)
Central Metropolitan Child and Adolescent Mental Health Service (Western Team)
Eastern Community Mental Health Centre
Elpida House
Forensic Community Mental Health Service
Inner South Community Mental Health Service
Mt Gambier Child and Adolescent Mental Health Service
Mt Gambier Community Mental Health Team
Northeast Community Mental Health Centre
Northern Community Mental Health Centre
Northern Metropolitan Child and Adolescent Mental Health Service
Northern Older Persons Community Mental Health Service
Northgate House – Beachside Ward
Northgate House – Woodlands Ward
Repat Health Precinct – Neuro-behavioural Unit (NBU)
Riverland Child and Adolescent Mental Health Service
Riverland Community Mental Health Team
Southern Metropolitan Child and Adolescent Mental Health Service
Southern Older Persons Community Mental Health Service
Trevor Parry Centre
Urgent Mental Health Care Centre
Western Community Mental Health Centre
Western Intermediate Care Centre
Whyalla Child and Adolescent Mental Health Service
Whyalla Community Mental Health Service
Wondakka Community Rehabilitation Centre

Table 3: List of Disability Services, Department of Human Services visited by the CVS

Disability Services DHS	Houses/Units Visited
Disability Services DHS	223 houses/units
Includes the following sites	Transition to Home – North, North Brighton Transition to Home – South, Noarlunga Transition to Home – South, Repat Hospital Transition to Home – West, St Margaret's, Semaphore Aged Care – Northgate

THE SOUTH AUSTRALIAN COMMUNITY VISITOR SCHEME

Government of South Australia