

**Community Visitors**

# Annual Report 2023–2024



Safeguarding the rights  
and interests of people  
with disability

Disability Services • Mental Health • Residential Services



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**About the cover image**

Jessica Madden

*Untitled*

Drawing on paper

Artwork purchased from ArtGusto

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**About the artist**

Jessica Madden is an emerging artist living in Geelong. In high school she developed a passion for graphic design and subsequently completed Certificates II, III and IV in Visual Design. Jessica uses pattern as she uses mediums; as ordered chaos within the one piece from acrylic paint, pastel pencil and markers.

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**About the examples and stories**

All names and some identifying features have been changed in the examples and stories used throughout this report.

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**Content warning**

Some people may find parts of this report that refer to abuse, violence, neglect, self-harm and suicide confronting or distressing. Please carefully consider your needs. You can contact Lifeline on 13 11 14 or [lifeline.org.au](http://lifeline.org.au) for support.

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Community Visitors Annual Report 2023–2024

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OF THE PARLIAMENT OF VICTORIA, 2024

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# Letter of Transmission

10 October 2024

The Hon. Ingrid Stitt MLC  
Minister for Mental Health  
Minister for Ageing  
Minister for Multicultural Affairs  
Level 22, 50 Lonsdale Street  
Melbourne VIC 3000

The Hon. Lizzie Blandthorn MLC  
Minister for Disability  
Minister for Children  
Deputy Leader of the Government (Legislative Council)  
Level 22, 50 Lonsdale Street  
Melbourne VIC 3000

Dear Ministers

## **RE: Community Visitors Annual Report 2023–2024**

In accordance with the *Disability Act 2006*, the *Mental Health and Wellbeing Act 2022* and the *Supported Residential Services (Community Visitors) Act 2010*, please find enclosed the *Community Visitors Annual Report 2023–2024*.

In 2023–2024, 385 appointed volunteer Community Visitors and their 85 trainees conducted 3638 visits at 1171 facilities where people with disability and people with mental health issues receive support. This report is based on their inquiries and observations throughout the year as documented in their visit reports.

This year, the Community Visitors boards have again reported on the persistent abuse, neglect, and violence experienced by some of Victoria’s most at-risk citizens in settings where they should be and feel safe. The report provides important insights into the impact of the ongoing lack of accessible and affordable housing and the problems people with disability and people with mental health issues have accessing high quality funded support.

This report also documents service provider good practice across the state in the context of continuing staffing shortages, and outlines recommendations for system reform. The Community Visitors boards commend this report to you both and look forward to receiving your response.

Yours sincerely

**Colleen Pearce**  
Public Advocate & Chairperson of the Community Visitors boards

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# Report from the Public Advocate

## After 17 years as Public Advocate and Chair of the Combined Boards, this will be my final Community Visitors Annual Report.

One of the highlights of my time at the Office of the Public Advocate (OPA) has been the privilege of working with volunteers. I have so much admiration for the passion and commitment of the people who volunteer for the Community Visitors Program – some of whom have been volunteering for far longer than my time as Public Advocate. This program plays an important role in keeping people with disability safe and included in their community. I thoroughly enjoyed reflecting on this critical work in OPA's 2023 report [Great Expectations: 35 Years of Community Visitors](#).

Although much has changed over the years, Community Visitors remain steadfast and dedicated to protecting the human rights of people with disability. This was present before my time and will continue on after me.

While this report is divided into 3 streams: Disability, Residential Services and Mental Health, many issues cross over streams.

### Shining a spotlight on abuse

Community Visitors rightly continue to ask why there are still so many issues such as neglect, abuse and violence continuing to impact people with disability, irrespective of the present regulatory framework and decades of Community Visitors' reports. Poorly maintained facilities, inadequate staffing, limited food choices and incompatible people being forced to live together are not new issues.

Abuse has been a sharp focus of my time as Public Advocate. As early as 2009, in an article in *The Age* I spoke about women residing in Supported Residential Services (SRS) being abused and reported on the deteriorating wellbeing of residents forced to live in substandard accommodation. I was able to confidently make these statements because of the overwhelming evidence supporting this in numerous Community Visitors' Annual Reports and other publications.

The 2011 *Ombudsman Investigation Assault of a Disability Services Client by Department of Human Services Staff* came after reports from Community Visitors. It was a heartbreaking story of a person being dragged across the carpets and suffering terribly, an inadequate response by the department and the tenacious pursuit of justice by the Community Visitors for the victim. The Ombudsman's report vindicated the work and importance of Community Visitors and led to real changes in the treatment of people with disability living in state-run residential services.

Years later, Community Visitors made 2 appearances before the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission), where they reported on the continued abuse and neglect of people with disability including how providers prevent and respond to its occurrences.

The Residential Services stream report includes excerpts from annual reports dating from 1991–2022, highlighting ongoing issues (page 72-73).

## Increase in number of visitable facilities

During my time as Public Advocate, one of the biggest changes I have observed has been a ballooning in the number of facilities where people with disability live. When the Community Visitors Program started, thousands of Victorians with disability or mental illness lived in institutions. The history of deinstitutionalisation is a story that is very important to my office, particularly to our Community Visitors. The group home model that followed deinstitutionalisation was initially embraced by Community Visitors. However, this model left many isolated, segregated, compelled to live with others not of their choosing and unable to exercise control over their lives and their day-to-day decisions—an institution is not defined merely by its size. With the rollout of the NDIS there are many more properties and it is not possible or practical for Community Visitors to visit them all.

## Forthcoming changes

Changes to the Disability Act and Residential Tenancies Act that came into effect on 1 July 2024 make many more properties visitable. Community Visitors welcome the new legislation as bringing positive improvements to the rights of people with disability living in a broader range of disability accommodation settings.

OPA and the Disability Services Board look forward to working collaboratively with the State Government on the issues around visitable properties as this is an area of increasing concern.

However, Community Visitors are already unable to visit every home and these changes highlight the urgent need for additional resources to ensure the rights of people with disability are protected. There will be a need to identify and prioritise visits to new properties to assess if they are safe and appropriate for volunteers to visit.

Also, as of 1 July 2024, SRS will be registered and regulated by a new Social Services Regulator under 6 new social services standards. Reporting protocols for the Community Visitors Program remain unchanged. We look forward to working with the new regulator to protect and promote the rights of people with disability living in SRS.

## NDIS

NDIS delays result in some people with disability unable to secure the accommodation or supports they need and being forced to remain in sub-optimal or even dangerous living arrangements. While the NDIS has generated new housing options for people with disability, Community Visitors continue to report that many people still lack the opportunity to make decisions about their living situation. Concerningly, with the rollout of the NDIS, Community Visitors are reporting more instances of suspected financial abuse and coercion of people with disability to use a provider's services.

**'Although much has changed over the years, Community Visitors remain steadfast and dedicated to protecting the human rights of people with disability.'**

**Colleen Pearce**  
Public Advocate



## Accessing reports

The 2014 *Ombudsman Investigation following concerns raised by Community Visitors about a mental health facility* underscored the importance of Community Visitors having access to incident reports. This right is now enshrined in the *Mental Health and Wellbeing Act 2022* (Vic). It is not acceptable that 10 years on, Community Visitors across all streams are still having difficulty accessing incident reports in a timely manner.

## Mental health

Sadly, one of the things that has not changed over the years are the deaths of people experiencing acute mental illness, and those deaths that occur post-discharge from mental health facilities, reflecting deficiencies in appropriate treatment and support in the community. Community Visitors report multiple instances of people being discharged to group homes or SRS with no or inadequate information to guide staff supporting them.

## New Mental Health and Wellbeing Act

The new Mental Health and Wellbeing Act commenced on 1 September 2023. A key function of Community Visitors is now to monitor whether services are provided in accordance with the Act and the Mental Health and Wellbeing Principles listed on page 41.

With its strong emphasis on human rights, the new Act has the potential to usher in enhanced services for consumers and families as well as providing opportunities for staff to work in an enhanced human rights environment. However, health services face significant challenges implementing the principles of the new Act.

These include recruiting and retaining sufficient and appropriate staff, staff training, appropriate facilities that support recovery, and funding issues. Psychiatric services are still under pressure from the long shadow of COVID-19 and ongoing funding challenges. It is hoped that this pressure will not hinder the implementation of the Act.

## Valuing our volunteers

The value of the work of Victoria's Community Visitors is well recognised, not just by my office and the people they visit, but also by the Disability Royal Commission who made important recommendations about Community Visitor Schemes (CVS) that recognise the important safeguarding role played by Community Visitors. Firstly, to amend the *National Disability Insurance Scheme Act 2013* (Cth) to formally recognise CVS and provide the authorising environment for information sharing between the NDIS Quality and Safeguarding Commission (NDIS Commission) and CVS. And, secondly, that the Federal Government should enter into a national agreement that commits CVS and the NDIS Quality and Safeguards Commission to sharing information and developing common standards.

The Community Visitors Boards strongly support these recommendations and look forward to working with the Federal and State Governments to implement them.

## A final word

One of my most abiding memories will be of this wonderful band of volunteers. Hundreds of ordinary people out in the community, doing great work supporting people to ensure their rights are protected. People come in and get trained and, regardless of their length of stay as a Community Visitor, they keep that knowledge. And this builds a more inclusive and compassionate community. I thank them for their service.

**Table 1: Number of active Community Visitors and number of visits, 23/24**

Stream	Active Community Visitors	Visits
Disability Services	229	2087
Mental Health	69	836
Residential Services	61	715
<b>Total</b>	<b>359</b>	<b>3638</b>

## FAREWELLING COLLEEN

# 17 years championing human rights

**During her tenure as Public Advocate, one of Colleen's most prized roles has been chair of the combined Community Visitors Board.**

Colleen has frequently utilised Community Visitors' reports to guide OPA's systemic advocacy work. She recognised early on that Community Visitors were 'human rights warriors' and some of the few that could shine light on the hidden abuses endured by those forgotten by society.

### Pursuing truth

Colleen kicked off her role by highlighting Community Visitors who had raised serious concerns for residents being sexually abused. She penned 'Failing our vulnerable' for *The Age* and held up the first-hand evidence gathered over years in Community Visitor reports.

A month after 'Failing our vulnerable', Colleen pushed to have the *Herald Sun* and *The Age* cover the Community Visitors' 'Long-stay Patient Project'. *Long-stay* reported on mental health patients who had been locked in Secure Extended Care Units well beyond their treatment period – one for 21 years. Colleen implored:

Mental health units are not intended to provide life-long accommodation and support, yet many involuntary patients appear to be living out the course of their lives in these settings, many of which are locked, because there is nowhere else for them to go.



Colleen has frequently echoed the human rights concerns of Community Visitors in their annual reports, 'The cost of lives barely lived because people cannot get the help they need is a scourge on us all.'

When an Ombudsman's investigation upheld Community Visitor reports of gross mistreatment and coverup by Department of Human Services staff, Colleen thanked the volunteers for never giving up and concluded 'I have never come across a case before where there is this level of cover-up.'

Knowing that the wheels of government move slowly, Colleen has made sure to affirm the concerns of Community Visitors who often report on the same concerns year after year. She understands, like the volunteers, that what they are doing is important and cannot be deterred.

## An enduring legacy

Colleen oversaw the closure of Colanda, the last large-scale institution in Victoria for people with intellectual disability. This marked a change in favour of smaller human-centric housing. While this was a step in the right direction, Colleen was quick to acknowledge that abuse wouldn't end with the closure of large institutions and would likely follow residents out the door and into the world.

To highlight the fearful conditions experienced by people with disability, Colleen led the publication of 'I'm too scared to come out of my room' and the report 'Is anybody out there?'. Both reports included damning evidence of abuse, violence and neglect that has been repeatedly called-out by Community Visitors.



Hambleton House was closed in 2020 following years of reporting from Community Visitors and direct appeal from Colleen. When she spoke about Hambleton House at the Disability Royal Commission, Colleen's passion and focus on the human stories behind the headlines was on full display.

I don't care what anyone says about it being compliant, we have photographs of people with bedbug bites on their arms. We had a woman who told us she slept in her coat at night because she was so cold.

Colleen was honoured to sit alongside 4 Community Visitor volunteers at the Disability Royal Commission as they recalled their first-hand experience of seeing inside facilities across the state. She shared, 'We have learnt that being located in the community does not automatically mean being part of, and involved in, community life.'

So many of the high-profile successes of the Community Visitors Program are a result of persistent, passionate and emotional work, sometimes over years. Colleen has held up and celebrated the Community Visitors as the gold-standard of volunteering during her 17 years as Public Advocate. On behalf of all the Community Visitor volunteers and staff that have come and gone during her time, we thank Colleen Pearce for never giving up.



## 35 YEARS OF COMMUNITY VISITORS

# Launch of Great Expectations

The Public Advocate, Dr Colleen Pearce AM, and the Minister for Disability, the Hon Lizzie Blandthorn, launched the ground-breaking report, 'Great Expectations: 35 Years of Community Visitors' at Parliament House on 30 November 2023.

Other speakers at the launch included, Fay Richards, a former Board member, Regional Convenor and Community Visitor, and self-advocate Colin Hiscoe AM.

*Great Expectations* commemorates the unwavering commitment of volunteer Community Visitors in safeguarding the rights of people with disability in Victoria.

It underscores the profound impact of Community Visitors, tracing their journey from the program's inception in 1987–88, when they were entrusted with the crucial responsibility of being a voice for people living in the closed and semi-closed settings of institutions.

The report highlights watershed moments in the program's history, including:

- the explosive report *Violence at Caloola*, which helped lead to the institution's closure
- the closure of Kew Cottages, with then-Premier Steve Bracks and Community Services Minister Sherryl Garbutt citing Community Visitors in the decision to close the institution
- *The Long Stay Project* report revealing mental health patients being locked in Secure Extended Care Units well beyond their treatment period
- Hambleton House's closure, where years of reports by Community Visitors played an important role in the regulatory oversight of Hambleton house that ultimately resulted in its closure.

Community Visitors led the way in Victoria and Australia in laying bare the situations of people living in institutions to the gaze of the community and asking that key question: Would I or someone I care about want to live like this?





In looking to the future, *Great Expectations* notes Community Visitors will always be important because they are fellow citizens who come in person and communicate face-to-face in a society where that is increasingly rare.

‘Their only agenda is the well-being of the people they visit. It is very important that this aspect of community visiting is not lost or diminished.’

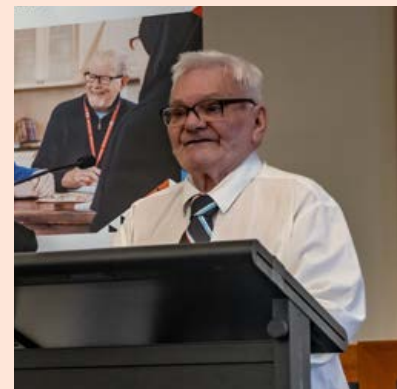
While Community Visitors play a crucial role in safeguarding people with disability, they are not and should not be first responders to allegations of fraud, abuse or illegal activity, the report says.

‘That is and must be the role of regulators, police or safeguarding agencies with appropriate protections for officials.’

Nor should their role be limited to safeguarding NDIS participants alone.

‘If Community Visitors focus only, or mainly, on risk the other equally important aspect of community visiting—fostering good and meaningful lives for people with disability—will not occur. Community Visitors raise the expectations of what life can be. They can help people (and their support workers and families) imagine how their lives could be better and help make those dreams reality.’

‘Community Visitors raise the expectations of what life can be.’



**Top left:** Minister Lizzie Blandthorn and Dr Colleen Pearce AM

**Top right:** Front cover of the Great Expectations: 35 Years of Community Visitors report

**Middle:** Fay Richards

**Bottom:** Colin Hiscoe AM

**Photo credit:** Glass Lens Photography

# 2023–2024 Snapshot

## 385

Community Visitors

## 1171

Facilities visited

## 5114

Issues identified

## 327

Issues related to abuse, neglect and violence

## 3638

Visits completed

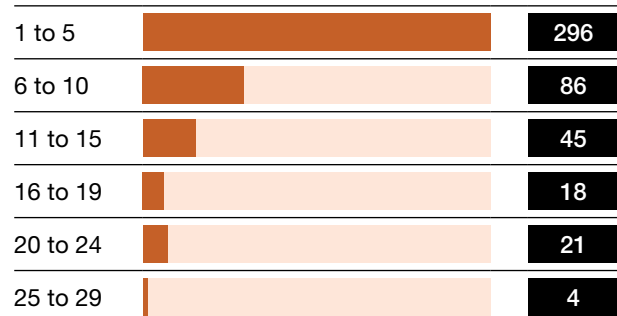
## 86

Visits requested\*

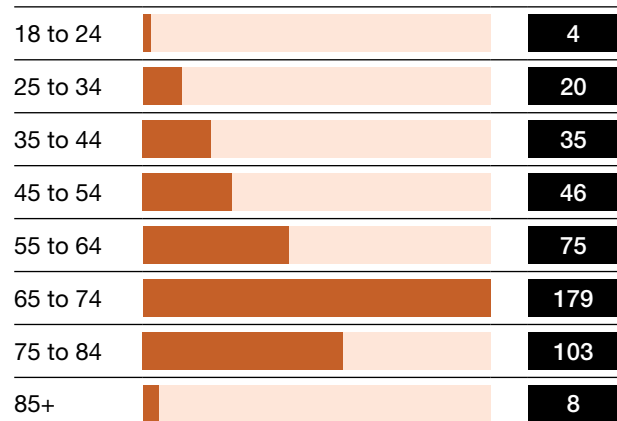
## 145

Trainees supported during the year; 60 went on to be appointed

**Figure 1: Community Visitors & trainees by years of service, 23/24**



**Figure 2: Community Visitors & trainees by age, 23/24**



\* Community members who contacted OPA to request an urgent visit

# About Community Visitors

## Community Visitors are volunteers who visit people living with disability or mental health conditions in facilities across Victoria.

They monitor and report on the adequacy of the services provided and, where possible, communicate with residents or consumers to ensure they are being treated with dignity and respect.

Community Visitors are independent statutory appointees formally appointed for 3-year terms by the Governor in Council after completing training with other Community Visitors and the Office of the Public Advocate. In 2023–2024, there were 385 appointed Community Visitors and 85 trainees.

Community Visitors have powers under 3 Acts of Parliament:

- *Disability Act 2006*
- *Mental Health and Wellbeing Act 2022*
- *Supported Residential Services (Community Visitors) Act 2010*.

Each Act establishes a board comprising of 2 elected Community Visitors and the Public Advocate. These boards are responsible for representing Community Visitors, reporting their activities to government, supervising training of Community Visitors, and escalating serious issues identified in visits to the Public Advocate, ministers, and any complaints, regulatory or oversight body they choose.

Disability Community Visitors visit people living in disability supported accommodation, including group homes, Specialist Disability Accommodation, Minister-approved premises and short-term accommodation. Mental Health Community Visitors visit people in mental health units and services that provide 24-hour care. Residential Services Community Visitors visit people living in Supported Residential Services.

Community Visitors work in groups of 2 or more and make regular unannounced visits. They talk with residents and staff and examine documents about the services people receive. At the end of each visit, they write a report summarising their observations and listing those issues where action is required from services. A copy of the report is provided to a senior staff member at the service. Services are required to respond in writing within a prescribed timeframe to any concerns Community Visitors have raised.

If Community Visitors are not satisfied with the response of a service, or if they do not receive one, they will escalate their concerns to senior management, or to the relevant government department or funding agency. Abuse and neglect that is determined to be high-risk by the Community Visitors Program is referred via the Boards to other responsible bodies for action, for example to the NDIS Quality and Safeguards Commission, Office of the Chief Psychiatrist, or Human Services Regulator.

OPA supports Community Visitors to undertake their role, including by assisting with recruitment, administration, training, advice, data analysis, the preparation of reports to government, and advocacy.



# Volunteer Events

## Community Visitors Annual Meeting 2024

The new Social Services Regulator, Jonathan Kaplan, was keynote speaker at the Community Visitors annual meeting held on 28 June 2024. The meeting, held in Carlton, was live streamed for those who could not physically attend.

The meeting included presentations from each of the Community Visitor Boards highlighting trends, issues and successes of the past year.

During the meeting, the program welcomed new Board members and farewelled retiring Board members.

Deputy Public Advocate, Daniel Leighton, presented certificates of service to long-serving volunteers.



## Volunteering Victoria Awards

This year, 2 Community Visitors were short-listed for Volunteering Victoria Awards.

Volunteering Victoria received over 400 nominations for these awards, so it was gratifying to see 2 Community Visitors recognised as finalists in their categories.

### Ros Thurrowgood

A Regional Convenor in the Disability stream of the Community Visitors Program and tireless advocate for people with disability for over 20 years, was a finalist in the Leadership Category.



### Gideon Stein

A Lead Visitor in the Disability stream of the Community Visitors Program, was a finalist in the Young Volunteer category.



Ros said:

**'I felt humbled and thankful for my nomination as it was really a reflection of the commitment by all Community Visitors.'**

I really cannot say enough about the wonderful people we visit in their homes – I just want to make a difference to their lives. It is a real privilege.

There are times when it is frustrating to try to advocate for residents – however, we don't give up!

Often our visits are rewarding, and we are trying to make a difference to the lives of the people we visit.'

Gideon said:

**'Ever since joining the Community Visitors Program, I've felt like I've gained another family amongst the volunteers. The relationships I've built with them, as well as with the incredible residents living with disabilities and the dedicated care workers we visit, are very important to me.'**

This program has given me a more positive outlook on life by connecting me with people who inspire me with their passion and kindness.

I'm deeply grateful for the recognition and appreciation shown by the Office of the Public Advocate in my nomination for the Young Volunteer of the Year Award with Volunteering Victoria. I will continue to strive to support and uplift our community through volunteering.'

# Introducing the Combined Board



**Dr Colleen Pearce**  
Public Advocate and Board Chair

Dr Colleen Pearce has been Victoria's Public Advocate since September 2007. In this role, she is the guardian of last resort for adults with disability in Victoria and the chair of all Community Visitor boards. Colleen fearlessly advocates for the human rights of people with disability and mental health issues, and is outspoken on the abuse, neglect, and exploitation of at-risk and marginalised people.

Colleen has more than 40 years' experience managing community and health services in both government and non-government sectors. Her outstanding contribution to community services in Victoria has been recognised with a Commonwealth Centenary Medal, membership of the Victorian Honour Roll of Women and an honorary doctorate from RMIT University.

She is a board member of Connecting Home, an organisation established in response to the recommendations arising from the Stolen Generations Taskforce Report.

**Linda Peterson**  
Disability Services Board



In 2022, Linda Peterson was appointed as a Community Visitor, Regional Convenor and was elected to the Disability Services Board. She visits in the Eastern metropolitan region.

Linda previously served on the board of Araluen and VincentCare Vic. She has also volunteered as a mentor in an early intervention program supporting women charged with a criminal offence. During her professional career, Linda worked as a Contract and Relationship Manager.

Linda feels honoured to be part of the Community Visitors Program working to safeguard the rights and wellbeing of people with disability. She enjoys contributing to improving the quality of the program by representing the views of Community Visitors at board level.

**Gerald Mutubuki**  
Disability Services Board



Since relocating to Australia in 2014, Gerald Mutubuki has been committed to giving back and contributing to his local community. In 2015, Gerald was appointed as a Community Visitor, and in 2023 was elected to the Disability Services Board. Over 9 years, he has felt privileged to be involved in visits across the Loddon Mallee, Colac Otway, and Central Highlands regions.

Gerald is a credentialed mental health nurse and also has experience working in the disability sector in both community and residential settings. Gerald previously served on the BPD Community and as Board Director at Sunraysia Community Health.

Gerald recognises the wealth of knowledge that community members bring to their role. He is honoured to represent Community Visitors and their continued work towards safeguarding the rights, dignity, and inclusion of people with disability in their day-to-day life and as part of the broader community.

**Vicki Pridmore**  
**Mental Health Board**



Vicki Pridmore has been a Community Visitor for 3 years and visits in the Southern metro region. Prior to retirement, Vicki had a distinguished career in the Victorian Department of Human Services, and as the CEO of BreastScreen Victoria.

Vicki now contributes her strategic and governance strengths in combining non-executive board director roles and voluntary roles in support of the health and community sector.

Vicki was elected to the Mental Health Board in 2023 and is committed to collaborating with Community Visitors and health services to improve the quality of mental health services across the Victorian community.

**Anne Fahey**  
**Mental Health Board**



Anne Fahey was appointed as a Community Visitor in 2019. This is her second term on the Mental Health Board. Anne lives in Bendigo and has a keen interest in issues that affect people living in rural and regional Victoria.

Anne has an Honours Degree in History, a Diploma of Education, a Graduate Diploma in Sociology and a Masters of Assessment & Evaluation. Anne's postgraduate study has been in mental health service delivery. In addition to her teaching experience, Anne has managed psychosocial support services as well as disability and aged care services. Anne is also a member of the Positive Ageing Advisory Committee for the City of Greater Bendigo.

Anne considers it a privilege to have served on the board to support the Community Visitors in their response to the challenges of safeguarding during the pandemic and the lockdowns. Anne is impressed by the resilience of Community Visitors in continuing to advocate for consumer rights, their commitment to collaboration, and their responsiveness to change.

Anne retires from the board this year.

**David Stafford**  
**Residential Services Board**



David has been volunteering with the Office of the Public Advocate for the past 8 years as both an Independent Third Person and a Community Visitor in the Residential Services stream. David was elected to the board in 2022.

Prior to volunteering, David held leadership positions in Financial Services for 35 years, covering client service delivery and large-scale change programs.

David is passionate about safeguarding the rights of marginalised Victorians who live in Supported Residential Services, and to ensure that the people who support them are held accountable.

David retires from the board this year.

**Bryan Crebbin**  
**Residential Services Board**



Bryan Crebbin has been a Community Visitor in the Grampians region of the Residential Services stream since 2014. Bryan was appointed as a Regional Convenor in 2020 and elected to the board in 2023. Bryan is also a member of the Volunteer Consultative Committee and the Policy Review Sub-Committee.

Bryan holds a Diploma of General Studies, Bachelor of Arts, Bachelor of Social Work, Master of Arts (Policy Studies) and has over 35 years' experience as a practitioner and Senior Policy Advisor at the Department of Human Services and Office of the Child Safety Commissioner.

Bryan completed the Australian Institute of Company Directors Graduate Diploma and has served as a Director and Chair of Ballarat Community Health, a member of Grampians Regional Adult, Community and Further Education Council, the Patient Review Panel, Ballarat Hospice Care, a Director of Central Highlands Water, and as a Councillor and Mayor, for the City of Ballarat.

Bryan enjoys supporting other Community Visitors and representing their views about the conditions and experiences of people living in SRS through regular liaison with the Human Services Regulator.

# Community Visitors Stream Reports

## Disability Services

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## Mental Health

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## Residential Services

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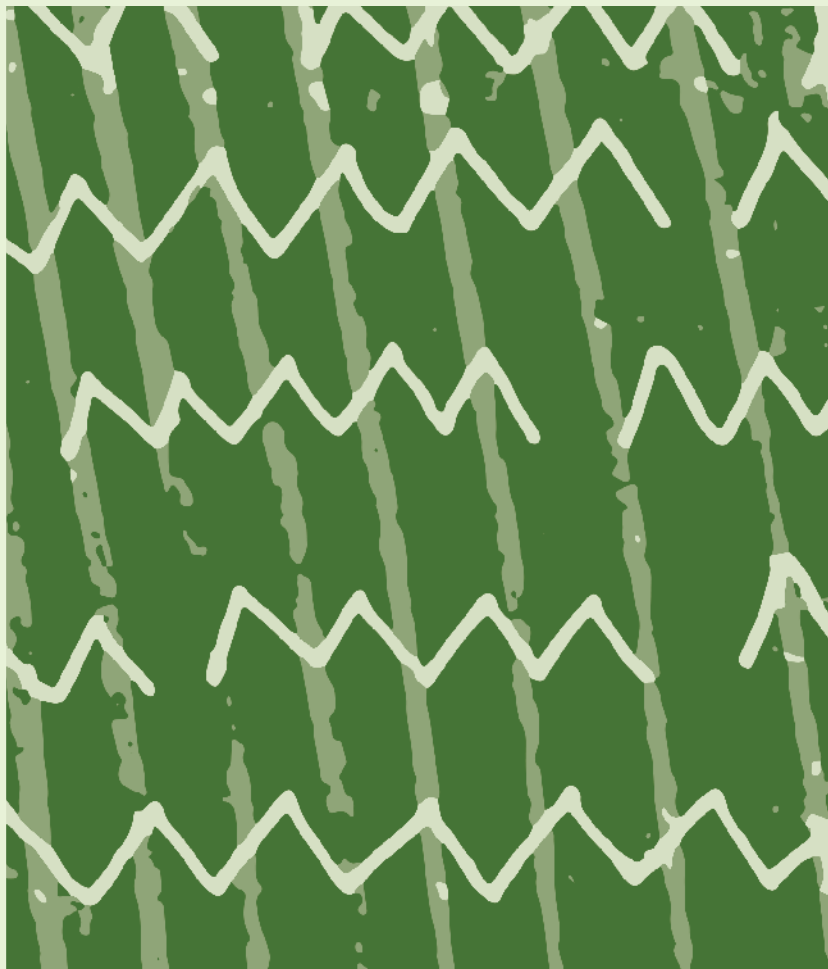


**'I have so much  
admiration for the passion  
and commitment of the  
people who volunteer for the  
Community Visitors Program.'**

**Colleen Pearce**  
Public Advocate

# Disability Services

Disability Services volunteers visit people in disability accommodation who usually have high support needs



# Recommendations

## The Community Visitors Disability Services Board recommends that the State Government:

- 1.** Assist to progress outstanding National Disability Insurance Scheme plan reviews where possible, when inadequate funding is compromising the safety of a resident.
- 2.** Work with the National Disability Insurance Agency to progress arrangements that ensure accommodation of last resort is available for people who need it and alternative options are available and accessible for those living with incompatible co-residents.
- 3.** Work with the National Disability Insurance Agency to generate development in the housing market to address the shortage of suitable accommodations for people living in inappropriate specialist disability accommodation.
- 4.** Ensure that the homes where people with disability live are well-maintained and maintenance issues are addressed by the specialist disability accommodation provider in a timely manner.
- 5.** Ensure that public and community dental services are accessible and adequately resourced to ensure that people with disability can access urgent or immediate treatment, in addition to preventative dental care.
- 6.** Take the lead on ensuring that disability service providers are meeting their obligations to Community Visitors as per the requirements set out in the Disability Act, including taking enforcement action when required.
- 7.** Advocate for access to an up-to-date list of all visitable properties to enable Community Visitors to deliver their safeguarding function.
- 8.** Advocate for the recognition of Community Visitor safeguards in Commonwealth legislation and policy and supports the development of robust information sharing arrangements between the National Disability Insurance Scheme Quality and Safeguards Commission, the National Disability Insurance Agency and the Community Visitors Program.
- 9.** Provide adequate funding to ensure Community Visitors can fulfill their functions under legislation, including additional funding to enable attendance at the increased number of visitable properties and to conduct informed assessments of visit frequency and risk.

### Content warning

Some people may find parts of this report that refer to abuse, violence, neglect, self-harm and suicide confronting or distressing. Please carefully consider your needs. You can contact Lifeline on 13 11 14 or [lifeline.org.au](https://www.lifeline.org.au) for support.

# Statewide Report

## Being able to choose where and with whom you live helps foster a harmonious living environment where individuals feel safe, respected and can fully enjoy their home.

Appropriate housing is more than just a physical space; it also provides an environment that is safe and conducive for residents to reach their goals and enhance their overall wellbeing.

Historically, people with disability often had little choice or control over where and with whom they lived. While improvements have been made under the NDIS, Community Visitors continue to report that many people with disability still lack the opportunity to make decisions about their living situation. This results in them living in environments that are detrimental to their health and wellbeing, limiting their ability to peacefully enjoy their home.

Community Visitors are empowered to visit disability accommodation to confirm residents are safe and receiving appropriate support. Community Visitors do not visit people in their own private homes, they visit specific facilities as set out in the *Disability Act 2006 (Vic)*, including 'premises at which a disability service provider is providing a residential service', '[Specialist Disability Accommodation] SDA enrolled dwellings', 'Minister-approved premises' and 'short-term accommodation and assistance dwellings'. For simplicity, the terms 'home' or 'homes' are used throughout this report.

Generally, Community Visitors make unannounced visits. Requests for visits are also made via OPA's Advice Service by residents, friends and family, support workers, concerned neighbours and community members.

This year, Disability Services Community Visitors undertook 2087 visits to these facilities. While 2052 visits were unannounced semi-regular scheduled visits, 35 were in response to requests to OPA's Advice Service. The reasons for requested visits varied widely in scope and complexity, including:

- people not getting enough care and support
- poorly maintained and unsafe homes
- unauthorised restrictive practices
- people not being given the opportunity to make their own decisions
- unauthorised evictions
- residents not getting along with each other
- unexplained injuries
- people not being treated with respect.

The anonymity of a person requesting a visit is maintained. Often Community Visitors are already aware of problems at the homes, but a caller can provide additional information that helps focus their enquiries. This enables Community Visitors to ask specific questions that help ensure the issue is addressed and, when necessary, escalate serious matters.

**Table 2: Units visited to number of units eligible for a visit**

Region	Units visited	Eligible units
East division	260	326
North division	201	277
South division	206	263
West division	243	265
<b>Total</b>	<b>910</b>	<b>1131</b>

**Table 3: Total visits Disability Services stream, 23/24**

Region	Units visited	Community Visitors	Requested visits	Scheduled visits	Total visits
East Division	260	66	10	644	654
North Division	201	40	8	355	363
South Division	206	63	8	477	485
West Division	243	60	9	576	585
<b>Total</b>	<b>910</b>	<b>229</b>	<b>35</b>	<b>2052</b>	<b>2087</b>

**Figure 3: Disability Services by issue type, 23/24**

Upkeep of buildings and fittings		415
Incident reporting		336
Behaviour support		213
Health care		204
Aids and equipment		138
Awareness of Community Visitors Protocol		137
External presentation and outdoor areas		111
Environmental safety		96
Fire and emergency safety		94
Inadequate staffing		91
Staff training and support		86
Individuality		84
Funding		76
Eligibility, Plans and Processes		60
Restraint		55
Personal development		48
Compatibility		47
Abuse and neglect		47
Medication administration		45
Emotional wellbeing		44
Resident outcomes focus		43
Planning and completing action plans		41
Transport		41
Support Coordination		40
Heating and cooling		36
Building design and structure		34
Choice and decision making		34

**Figure 3: Disability Services by issue type, 23/24 continued**

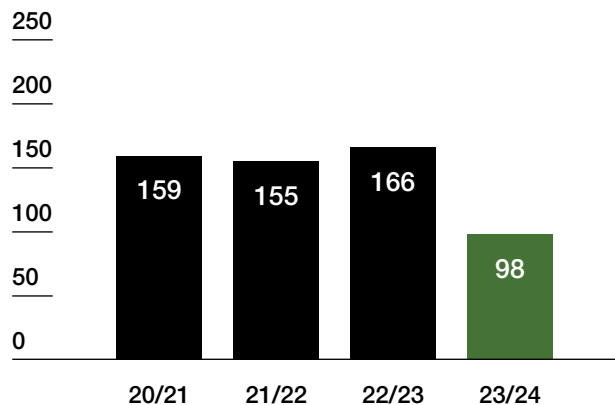
Substitute decision-making		32
Programs and Activities		27
Financial management		25
Nutrition		25
Unmet need in accommodation		21
Access to Information/Plans		20
Information provision		20
Service Provision, Staffing, Inter-agency Liaison		18
Communication		18
Aging		18
Social inclusion		18
Key worker reports		17
Dignity and respect		16
Social networks		16
Accommodation/SDA		15
Person-centred planning		15
Weight management		14
Other provisions of the Act		13
Continuity of Support (CoS)		11
Corona virus		11
Privacy		10
Physical activity		10
Provision of services in accordance with principles specified in the Act		10
Other		9
Appropriate staff communication		9
Congregate care and institutions		9
Positive family contact		7
Identity		6
Respite		5
Resident complaint		4
Civic responsibility		2
Seclusion		2
Transport		1
Building unsuitable		1

**Total  
3151  
issues**

# Abuse, neglect and violence

Community Visitors reported 98 instances of abuse, neglect and violence including 23 instances relating to behaviour support, 20 noted in incident reports, 3 relating to emotional support and one the result of inadequate staffing.

**Figure 4: Issues of abuse, neglect and violence identified in Disability Services stream, 20/21 – 23/24**



## A fight for dignity

‘If we would not tolerate this for ourselves or our loved ones, we cannot tolerate this for Lisa.’

For many years Community Visitors visited the home where Lisa lives. Lisa’s home is now closing, and the other residents have found alternative accommodation. Lisa, who requires increased NDIS funding, was left behind, waiting for an NDIS plan review. OPA received a call raising concerns about the adequacy of care provided to Lisa.

An occupational therapist determined that Lisa requires 2 people to assist with tasks such as moving in and out of a wheelchair, repositioning in bed, and changing continence aids. The service provider understood that Lisa is entirely dependent on support workers for all aspects of personal care. However, with Lisa being the last resident in the home, there were times when only one support worker was rostered, including during evenings and overnight shifts.

This meant that Lisa often had to endure long hours without being repositioned or having continence aids changed – basic needs that couldn’t be met by a single worker.

Community Visitors have been visiting Lisa for many years, advocating strongly for her right to be comfortable, cared for and treated with dignity and respect. They first identified the issue of Lisa sitting in soiled continence aids in 2022. They spoke to support workers

about what plans and options were available to ensure Lisa receives adequate support, as well as contingency plans if unfamiliar workers are rostered.

Community Visitors have committed to visiting Lisa until she moves into her new home because they believe Lisa is not being cared for adequately or having her health, hygiene, wellbeing, and dignity considered.

In June 2024, Community Visitors reported they were frustrated after reading in Lisa’s file that she was vocalising and not wanting to eat or drink when wet or soiled. They also read that Lisa was ‘very wet and soiled, bottom very red, soaked through clothes to chair.’ Lisa was not able to be cleaned up and made comfortable for 3 hours.

Community Visitors wrote to the service provider management, saying ‘if we would not tolerate this for ourselves or our loved ones, we cannot tolerate this for Lisa.’ They asked the service provider what they were doing ‘to alleviate this and guarantee that at all times of day and night Lisa will not be left in wet/soiled continence pads but be given the dignity of being changed promptly?’

The service provider has assured Community Visitors that this issue would be addressed, and additional supports will be provided while waiting for Lisa to move into her new home, where Community Visitors hope her needs will be met with dignity and respect.

# Living together

‘The persistent shortage of suitable accommodation results in residents continuing to reside in accommodation that does not meet their needs.’

As in previous years, ‘resident incompatibility’ where people are unable to live safely and in harmony together, remains a significant issue. In 2023–24 Community Visitors noted 95 issues relating to interpersonal relationships, 44 issues of emotional wellbeing and 213 issues linked to inadequate behaviour support causing disruptions within the home and a barrier to harmonious living arrangements.

These issues become especially challenging in regional and rural areas where there are even fewer accessible homes and thin service provider markets.

## Shortage of suitable accommodation

Issues of incompatibility between residents are impacted by the shortages of suitable housing for people with disability. When residents find their current living arrangements no longer meet their needs, they may seek alternative accommodation. However, the persistent shortage of suitable accommodation results in residents continuing to live in accommodation that does not meet their needs and can also make a home less safe for themselves and other residents.

Community Visitors reported on one household where a resident had been physically assaulted, including being punched multiple times by another resident. This resident also had their belongings vandalised. The support coordinator was unable to find suitable alternative accommodation for the resident, resulting in both people remaining in the home together.

Residing in a home where there is interpersonal conflict is distressing for the residents involved in the assaults, for other residents at the home as well as for the staff that are present to provide care and support.

The stress and dissatisfaction from such living conditions often leads to reactions, such as behaviours which affect the residents and strains support systems and resources.

In many cases, the need to address behaviours of concern due to inadequate housing results in NDIS funding being used to develop behaviour support plans rather than supporting the person to achieve their life goals. This prevents the effective use of funding and undermines the intent of the NDIS principles.

### The ‘temporary’ new resident

A new resident moved in on a ‘temporary’ basis to a property while permanent accommodation was sought. However, the new resident began displaying challenging, disruptive and violent behaviours, including hitting and assaulting existing residents. In some instances, this resulted in residents and staff locking themselves in closets and even the pantry to escape the violent outbursts.

One resident described how their sense of safety and happiness at home was shattered. They were often jolted awake by loud noises and lived in constant fear. The stress of these incidents deeply impacted their wellbeing.

The situation became even more troubling as the search for suitable permanent accommodation for the new resident stalled. Despite having vastly different support needs from the other residents, and the other residents feeling unhappy with their presence, the new resident remained in the home, creating ongoing tension and fear. This not only disrupted the lives of the existing residents but also violated their basic human rights to live in a safe and dignified environment.

Community Visitors acknowledge the positive changes brought by the NDIS, but stress that better targeted resources are needed. Without additional resources, situations like this will continue, leaving people feeling unsafe in their own homes.

Community Visitors see a need for the role of support providers to be clarified, and for consideration of whether tenancy agreements could provide a guarantee for residents to choose who they live with. Furthermore, there is a need for the Department of Social Services together with the NDIA and NDIS Quality and Safeguards Commission to incorporate structures and demand adherence to better practices and minimum standards of care, particularly in Supported Independent Living (SIL) accommodation.

### **GOOD PRACTICE**

#### **Supported decision making**

The value of having adequate support and resources available to people with disability was highlighted by Community Visitors when a current resident was involved in interviewing potential co-residents alongside staff. The resident received support to engage in the interview process and their opinions and perspectives were valued and incorporated into the decision-making process. This empowered the resident to exercise their right to choose and influence decisions affecting their living environment. As a result, the new resident was compatible with existing residents, resulting in a successful transition without incident into the new home.

### **Max's story**

Community Visitors have been regularly reporting on a home where incompatibility between the 5 residents is a daily issue. One resident's unmet support needs create a dangerous situation for the other residents. Max's need to maintain complete control over his environment resulted in him intimidating female residents, hitting residents and causing extensive property damage. Attempts have been made to mitigate the risks to the other residents, however they continue to live in fear within their home, and Max continues to live in a situation that does not work for him.

The Public Advocate as Chair of the Disability Community Visitors Board raised numerous complaints with the NDIS Quality and Safeguards Commission and this year Community Visitors were informed that a new property has been identified for Max. At the new property, Max will be able to live alone, and exercise control over the environment.

Disappointingly, Community Visitors have now been told that due to NDIS funding issues, progress on moving Max into new accommodation has stalled.

# Referrals to the NDIS Quality and Safeguards Commission

Referrals to other agencies is a powerful way for Community Visitors and the Disability Services Board to highlight inadequacies in service provision to Victorians with disability. While escalating their concerns to an appropriate regulator, Community Visitors continue to advocate for the human rights and dignity of the person they are concerned about.

This year, the Community Visitors Disability Services Board believed that 11 significant matters were of such seriousness that they warranted referral to the NDIS Quality and Safeguards Commission.

Community Visitors and the Disability Services Board contribute significant time and effort in the preparation of these referrals, often reviewing

years of data from Community Visitor reports and responses from service providers, verifying facts and details as well as synthesising all the information into a succinct report.

Referrals to the Commission can result in investigations and follow-up to have favourable outcomes for the people and situations reported on. However, OPA does not always receive updates on the investigation and follow-up actions that were taken.

On some occasions, numerous referrals need to be made to highlight where systems are not working, where there are gaps in service provision or where it is believed there are serious cases of abuse or neglect occurring. As noted in previous annual reports, increased and more timely information sharing agreements would enhance the effectiveness and efficiency of the work done by Community Visitors and enable a more effective safeguarding system for people with disability. This could also help identify emerging issues and themes for Community Visitors to be aware of when visiting homes.

## Regional challenges: Neglect

‘One of the most distressing discoveries was... that maggots had been found in a resident’s bed’

For many years, Community Visitors have tirelessly visited a home in regional Victoria, gathering extensive information about the residents and their living conditions. Over time, Community Visitors identified multiple issues: a poorly maintained home, inadequate support for residents, a lack of available workers, and poor support coordination. These failures have left a small group of residents living in unacceptable conditions, without the care they desperately need. Despite the tenacious advocacy of Community Visitors, the situation remains dire.

One of the most distressing discoveries was Community Visitors reading in an incident report that maggots had been found in a resident’s bed—a stark symbol of neglect. Community Visitors also noted a troubling decline in the mental health of residents, coupled with a lack of support to help them make informed choices about their lives. The ongoing shortage of staff only compounded these problems.

In response, the Community Visitors Program made a substantial referral to the NDIS Quality and Safeguards Commission.

The SIL provider had previously signalled its intention to withdraw from the provision of supports to these residents, which could be a reason for the declining care. The NDIA maintains a provider exit strategy. However, cases like this reveal the gaps in the NDIA Participant Safeguarding Policy that do not recognise that NDIS action (or inaction) is creating harm to the participants.

Community Visitors are very concerned for the future of residents, as despite several issues in the current accommodation, in a town where adequate support services are scarce, the task of finding alternate accommodation appeared bleak.

Community Visitors maintain an ongoing dialogue with the current SIL provider and the SDA provider. Meanwhile, the current SIL provider continues to offer services. Community Visitors remain vigilant, advocating fiercely for the residents. In a scenario where no other provider seems willing to step in, the fear is that these residents’ rights, choices and voices could be lost.

# Home maintenance and upkeep

Access to adequate housing is a human right. All Victorians residing in disability accommodation are entitled to a tenancy agreement or residential statement specifying a certain standard of living, including being safe and secure. This is not the experience some Victorians with disability have.

Community Visitors continue to report significant concerns regarding the state of some of the homes visited and are dismayed at the difficulty of having repairs attended to in a timely manner. Many buildings are deteriorating and require timely repairs to maintain a suitable living environment. This year, Community Visitors documented 415 issues related to building upkeep and fittings, and an additional 111 issues related to external presentation and upkeep of outdoor areas. Some of these issues have been reported over several visits and sometimes over several years.

## Mould

‘Despite repeated maintenance requests, mould in some houses remained unaddressed for a long time, exposing residents and their support workers to its associated health risks’

Throughout the year, Community Visitors reported mould infestations in many homes visited. Despite repeated maintenance requests, mould in some houses remained unaddressed for a long time, exposing residents and their support workers to its associated health risks including asthma attacks, respiratory infections and allergic reactions. For individuals with disability who frequently have underlying health conditions, the increased risks from mould exposure are particularly concerning.

In one home, Community Visitors reported requesting a repair of a leaking water pipe under the house. The leak was unattended for at least 12 months resulting in water accumulating beneath the kitchen and living areas. The consequential mould growth could be smelled and residents and their support workers reported allergic and respiratory

reactions. This issue remains ongoing, raising significant concerns for the health and wellbeing of the residents, support workers, and any visitors to the home.

In another home with long-standing mould issues in the bathroom, Community Visitors reported the mould had spread to a resident’s bedroom making it unusable. Instead of having the mould issue addressed, the cupboard was ‘screwed up’ to prevent the resident from using it.

The delay in addressing the issue meant the mould spread, resulting in the resident sleeping in an unsafe, mould-contaminated environment, posing a serious risk to their health and wellbeing.

Other issues that Community Visitors continue to report on include:

- inadequate bathrooms for people with increased mobility needs
- minor maintenance issues that need fixing such as a broken toilet seat, a dishwasher not working and flickering lights
- inadequate or broken heating and cooling
- flooring issues such as broken bathroom tiles, old carpet that is unable to be cleaned and a need for flooring that can be easily cleaned and kept hygienic
- tired interiors that need painting to ensure people are living in a home that is clean and pleasant
- aged and broken fences
- provision of shade in backyards so people can safely enjoy outdoor areas
- external presentation of the home that fits into the streetscape regarding a well-maintained home.

These instances provide a snapshot of the repair issues ageing and deteriorating homes face and highlight the concerns which Community Visitors have about the delay in addressing repair requests.

While Community Visitors acknowledge the challenges posed by the COVID-19 pandemic and the availability of materials, safeguarding human rights, health, and wellbeing of individuals with disability remains paramount. Failure to address these issues promptly not only undermines the principles of the *Universal Declaration of Human Rights (1948)* but also places residents and their support workers in avoidable health and safety risks.

Community Visitors enter a home with a lens of ‘would I or a loved one be happy, safe, and comfortable here?’ Many times, their answer is yes. Like most people in the community, residents would like improvements to their homes, but it is what the occupants make of that space that makes a house a home.

Community Visitors enter a home with a lens of ‘would I or a loved one be happy, safe, and comfortable here?’

#### GOOD PRACTICE

### When is a house a home?

When Community Visitors arrived at one home, a resident was sweeping and cleaning the front porch. The resident told Community Visitors they all shared the household chores.

Inside, Community Visitors found that many recipes had been compiled in a folder and each resident chooses 2 meals for the week. One resident is responsible for organising the shopping list, including checking the cupboards first to see what they need to buy. The residents also decided to transform a small section of the living area into a mini gym, which all residents use.

Community Visitors reported that the atmosphere was buzzing in the home, with residents going out with friends, as well as playing community sport. Community Visitors were impressed with the busyness of the home, the proactive and encouraging support provided by the workers and the impact the atmosphere was having on the wellbeing of the residents.

# Support coordination under the NDIS: a mixed response

**When a resident is eligible for support coordination through the NDIS, the expectation is that ‘reasonable and necessary’ funding will empower them with choice and control to pursue their goals, such as gaining independence or becoming more active in the community.**

Community Visitors observed positive outcomes flowing from support coordinators who are proactive and creative. They are also concerned that some support coordinators develop plans that appear to follow a one-size-fits-all approach, failing to reflect the unique needs of each individual. This approach typically limits a person’s control, choice, and ability to fully pursue their aspirations.

Community Visitors are particularly surprised by the lack of regular contact between support coordinators and participants after the initial NDIS plans are funded. Through experience, Community Visitors have observed that a strong support coordinator relationship is beneficial to residents, and that strength is gained from in-person visits, especially during plan review periods.

It can lead to serious consequences when support coordinators do not remain current with the changes in their clients’ lives. For example, plans might be rolled over or cut without proper review, which can drastically effect a resident’s quality of life. Particularly concerning is the challenge and time required to address significant funding changes promptly. Community Visitors are aware of a resident losing funding for active night support because the support coordinator was unaware of the change in physical needs, resulting in the issue being unaddressed until it was already impacting the resident.

Community Visitors have queried the capacity and skill of some support coordinators who appear unaware of their client’s changing needs. Community Visitors have seen many cases where a resident has not had one-to-one support, despite this being required, and this oversight was not addressed by their support coordinator.

Highlighting the disparate nature of choice and control within the NDIS, at one visit to a home in regional Victoria, Community Visitors enquired why the residents’ NDIS plans were not being reviewed, and why approval was given for the plans to be rolled over. With the complex and changing needs of the residents, the opportunity for a review in which the required extra funding could be sought was not considered. Who is responsible for those decisions? Community Visitors are waiting on a response to this question. Given that the NDIS is premised on choice and control, it is unacceptable that the rights of Victorians are being ignored in the name of expediency.

# Dental care and supports

Community Visitors continue to report on difficulties many people with disability face in accessing dental services in a timely manner.

Australia has a National Roadmap for Improving the Health of People with Intellectual Disability. Providers also have access to resources such as those produced by Inclusion Melbourne – Your Dental Health. However, oral health standards for people with disability are far below those for people without disability. To combat this inequity, the Victorian Government needs to act on its commitment to Action 5 of the short-term key actions (1 to 3 years) under ‘Improving oral health for people with intellectual disability’ (p.24) of the National Roadmap.

**Action 5: State and territory governments to develop options for expanding access to oral health coaches (i.e. dental assistants that have training in providing services for people with intellectual disability) who work with people with intellectual disability and their families, including people living in supported accommodation services.**

Community Visitors have identified that many people they visit are not receiving appropriate support to manage oral hygiene. Some of the people being visited require assistance for limited dexterity, impaired cognition or needing support workers to pick up on non-verbal communication. Support workers need to be trained to identify this issue through observations such as behaviour changes, mouth odour, change in eating habits and weight loss.

On their own, these symptoms can adversely impact wellbeing with the potential to lead to more serious health issues which can become urgent.

When support workers become aware of a problem, despite the delays that can result in seeking treatment, action is normally taken. Unfortunately, Community Visitors also report cases where dental issues have not been recognised. Over time, this can result in residents requiring urgent attention rather than the expected preventative care enjoyed by the non-disabled community.

Community Visitors are aware that residents’ ability to understand and consent to treatment, as well as funding constraints, can cause further delays to access the already backlogged public dental services.

When reviewing case notes, Community Visitors noted that a resident was missing some teeth in 2018 but that over a period of months in 2023, a further 9 teeth were extracted to treat periodontal disease. Community Visitors question why intervening treatment was not made available. Another resident did not have any upper teeth. Community Visitors also reported on a resident in her 30s who was missing 3 front teeth for over 2 years.

People with disability often face several barriers to receiving appropriate and timely dental treatment including the inability to understand and cope with dental procedures, a perceived intolerance to wearing dentures or an inability to undergo a general anaesthetic.

‘Residents bumble along waiting for checkups, extractions, extractions of the bits left behind because they’ve waited so long some of the tooth has gone.’

In one instance, staff were concerned about a resident’s eating indicating a potential issue with their teeth. Resolving this issue involved consultations with the NDIA, the Quality and Safety Team at the Royal Dental Hospital, the support coordinator, and the service provider. A pre-surgery appointment was scheduled for May 2024, over 2 years after dental treatment was initially sought.

Community Visitors are concerned that service providers and staff are unaware of the importance oral health has in maintaining bodily function. They should be strongly encouraged to ensure all residents are receiving treatment in line with the national oral health minimum standards, including annual dental check-ups.

For NDIS participants, service providers play a significant role in their support. The practice alert published in January 2023 by the NDIS Commission includes that providers should ensure participants access regular (at least annual) dental check-ups and that records include any change or need for oral health assessments.

While recognising that numerous factors can impact a resident’s ability to engage with appropriate dental services, Community Visitors would like to see more training from the Australian Dental Association and providers to ensure dentists are equipped to provide residents with appropriate dental care in the home.

# Ability to undertake safeguarding work

Community Visitors monitor and report on the adequacy of the services provided to people with disability and have significant powers of inspection of documentation such as incident reports. In the past, Community Visitors have had access to paper records at the facilities they visit. As more documentation is stored electronically, it can pose a challenge for Community Visitors to gain access to information that was previously easily accessible as a routine part of a visit.

While records systems vary among service providers, Community Visitors need to be able to access written information to ensure that people are being supported in a way that meets their needs, and that robust records are being maintained as proof of this.

Community Visitors collaborate with service providers to access the necessary documents, without requiring support workers to divert their attention from residents. Instead, Community Visitors aim to be self-sufficient in accessing information and do not seek or require access to the service's entire record management systems.

While access to electronic records supports the gathering of information, it does not replace observing and communicating with residents. Where Community Visitors are unable to access the records they require, or access is hindered due to complex security steps, they report this to the service provider's management and a solution is expected.

Community Visitors will continue to work with service providers to ensure that this access can occur.

# Impacts of changes in the disability environment

The *Disability and Social Services Regulation Amendment Act 2023 (Vic)* became law on 23 May 2023, with some changes commencing the next day and others commencing 1 July 2024. It makes changes to the Disability Act, the *Residential Tenancies Act 1997 (Vic)*, and other relevant Acts to strengthen rights, protections, and safeguards for people with disability in Victoria. The changes expand the types of disability accommodation that Community Visitors can visit.

In addition to being impacted by these amendments, potential changes flowing on from the recommendations of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the NDIS Review will also impact the operation of the Community Visitors Program.

An immediate concern is the unknown number of additional properties eligible to be visited resulting from changes to the Disability Act and related changes to the Residential Tenancies Act.

Pleasingly, the Victorian Government, has accepted in full the 2022–23 Community Visitors Annual Report recommendation to advocate for information sharing agreements between the Community Visitors Program, the NDIA and other relevant agencies to ensure Community Visitors have an up-to-date list of all visitable properties. Community Visitors are still waiting for the list of properties to be made available.

Four recommendations within the *Final Report of the Independent Review of the National Disability Insurance Scheme* also refer to improvements in information sharing to enhance quality and safeguarding. Recommendation 16.4 of the independent review stated that state and territory governments, with support from the Department of Social Services, should ensure participants can access high-quality, nationally consistent Community Visitor Scheme offerings that interface with the NDIS.

The Community Visitors Program has a Memorandum of Understanding with the Victorian Department of Families, Fairness and Housing which is being clarified and updated to reflect the changes to provisions for Community Visitors.

The security of ongoing adequate funding to deliver the important safeguarding role for people with disability is vital to ensure that the health and wellbeing of at-risk Victorians are not adversely impacted.

The security of ongoing adequate funding to deliver the important safeguarding role for people with disability is vital to ensure that the health and wellbeing of at-risk Victorians are not adversely impacted. The Office of the Public Advocate and Community Visitors Boards will continue to advocate for increased funding to maintain its important safeguarding role.

As the NDIS scheme continues to promote choice and control, Community Visitors are being asked to change and increase the number of visits they undertake to safeguard vulnerable residents. The program is challenged to recruit more volunteers and maintain their engagement with larger known service providers and establish relationships with smaller, unknown businesses and in locations that are unfamiliar to Community Visitors. For Community Visitors to continue to undertake their safeguarding work in a changing landscape, they require protocols and resources to meet this evolution in the service sector.

## Resident relocation causing concerns

At one of their regular unannounced visits, Community Visitors discovered that the residents of a property had moved out and the house was closed. Community Visitors were alarmed as one resident had specific requirements for personal care, physical and psychological health, and behaviour support, including the management of restrictive practices, as well as being at risk of isolation.

Later, the Community Visitors Program discovered that the person had moved to a new SDA home that Community Visitors had never visited, in a new housing development. The program advised the new provider about the role of Community Visitors and their intention to visit, and due to a range of high risks, it was necessary for OPA staff to undertake the initial introductory visit. When staff arrived in the street, they immediately noticed that the whole area was covered with rubbish and building debris.

Although the resident seemed well settled, support workers were unfamiliar with the resident's care needs, documentation was scarce, and no one was able to confirm if there were any authorised restrictive practices in place.

The Community Visitors Program sought a response to a range of issues including information about the adequacy of resident to staff support, if there was a current Behaviour

Support Plan and the resident's health, wellbeing, and safety.

The service provider responded with generalised information about how the resident was being supported, assessments being undertaken and plans for the future. The Community Visitors escalated concerns to the NDIS Quality and Safeguards Commission regarding the adequacy of funded services, and to understand how supports and the care team could be better integrated.

Community Visitors are finding that many new housing options are located in outer suburbs. While these locations allow for increased outdoor space, they can also create issues for residents having access to local services and opportunities to participate in the local community. Community Visitors are concerned the support needs of residents with complex needs are not being communicated from the original home to their new home, resulting in a gap in care. In some instances, a person is relocated to a new home in an isolated area, and are subsequently increasingly vulnerable to isolation, exploitation, and abuse. These are the very people Community Visitors should be informed about and should be visiting.

Just one visit to this home took extensive planning and resources, and Community Visitors are concerned that there are many situations similar, or worse, around the state. For effective safeguarding, Community Visitors need to be kept informed when residents relocate.

# Conclusion

Leaving no one behind compels us to focus on the barriers people face in accessing services, resources and equal opportunities.

The Disability Services Community Visitors Board is appreciative of the efforts of Community Visitor volunteers in the Disability Services stream. The board notes with gratitude their dedicated visiting to other members of their communities to ensure they are supported as they or their loved ones would expect. Community Visitors are tenacious in reporting on issues that are unacceptable and asking service providers how they are going to do better. They escalate issues that are not being adequately addressed by service providers and they display determination and doggedness in pursuing these issues until there is an acceptable outcome, in line with community expectations.

In its work on sustainable development, the United Nations outlines 3 Universal Values. The second of these Universal Values is 'leave no one behind'. Leaving no one behind compels us to focus on the barriers people face in accessing services, resources and equal opportunities. The Community Visitors' role is to ensure that people are not marginalised in their homes and can live lives that allow them to meet their needs, to address their goals and for their dreams to flourish.

Even in the time of the NDIS Review and the impending publication of both the State and Federal Governments' responses to the Disability Royal Commission, the function of Community Visitors has not altered from its beginnings 36 years ago. The places where Community Visitors meet people has, and continues to change, but they remain observing, reporting and enquiring about how people with disability live their best lives.

Throughout these continual changes, the role of the Community Visitor has been an anchor. Meeting people in their homes demonstrates that Victorians are committed to listening, learning and willing to contribute to people with disability being able to lead safe, flourishing and engaged lives.

# Mental Health

Mental Health volunteers visit inpatient facilities such as psychiatric units in public hospitals



# Recommendations

## The Community Visitors Mental Health Board recommends that the State Government:

- 1.** Develop and implement an annual plan for communication protocols and delivery of training in mental health to NDIS-funded agencies.
- 2.** Implement further measures to support consumers with specific needs including:
  - targeted funding to attract and retain skilled professionals in areas experiencing persistent shortages
  - continued rollout of Safewards training across all mental health services
  - greater specialist training of mental health staff in dual diagnosis, dual disability and acquired brain injury.
- 3.** Undertake analysis to identify gaps in psychosocial support programs for consumers who are not eligible for NDIS funding.
- 4.** Ensure consistent access by Community Visitors to relevant documentation and data including incident reports.
- 5.** Ensure that any identified upgrades and renovations to existing facilities are undertaken while maintaining bed capacity and access to mental health services.
- 6.** Provide an annual update on the status of the actions from the Royal Commission into Victoria's Mental Health System recommendations including the Collaborative Centre for Mental Health and Wellbeing rollout.
- 7.** Recognise that staffing levels required to implement the *Mental Health and Wellbeing Act 2022* (Vic) require the Government to quarantine mental health services from general health service funding efficiencies.
- 8.** Commit to ongoing sustainable funding for the Community Visitors Program, including ensuring the program has the resources and technology required to effectively fulfill its important safeguarding role in all visitable facilities.

### Content warning

Some people may find parts of this report that refer to abuse, violence, neglect, self-harm and suicide confronting or distressing. Please carefully consider your needs. You can contact Lifeline on 13 11 14 or [lifeline.org.au](https://lifeline.org.au) for support.

# Statewide Report

**For the past 36 years, Community Visitors have advocated for people receiving mental health services in Victoria. They have diligently attended, primarily unannounced, to prescribed mental health services to regularly observe, monitor and report on matters impacting consumers and their treatment.**

In 2023–24 there were 69 appointed Mental Health Community Visitors and 13 Mental Health trainees who between them completed 836 visits at 148 out of 173 premises eligible for visiting.

**Table 4: Units visited to number of units eligible for a visit**

Region	Units visited	Eligible units
East division	27	33
North division	31	33
South division	43	49
West division	47	58
<b>Total</b>	<b>148</b>	<b>173</b>

## New Mental Health and Wellbeing Act

On 1 September 2023 the *Mental Health and Wellbeing Act 2022* (the Act) formally came into effect.

The objectives of the Act reflect the Royal Commission into Victoria’s Mental Health System and include strengthened principles to better promote and protect the human rights of people receiving mental health services in Victoria.

In writing this report, the Mental Health Board reflected on these principles.








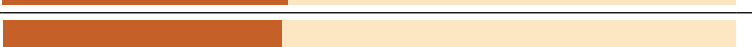
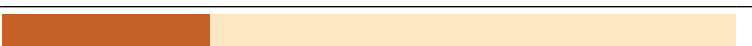
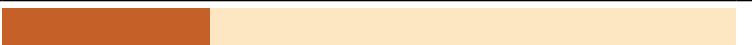






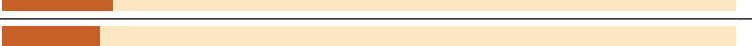









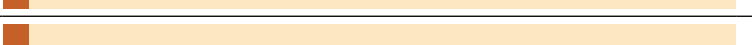




**Table 5: Total visits Mental Health stream, 23/24**

Region	Units visited	Community Visitors	Requested visits	Scheduled visits	Total visits
East division	27	12	2	135	137
North division	31	15	4	159	163
South division	43	18	11	280	291
West division	47	24	1	244	245
<b>Total</b>	<b>148</b>	<b>69</b>	<b>18</b>	<b>818</b>	<b>836</b>

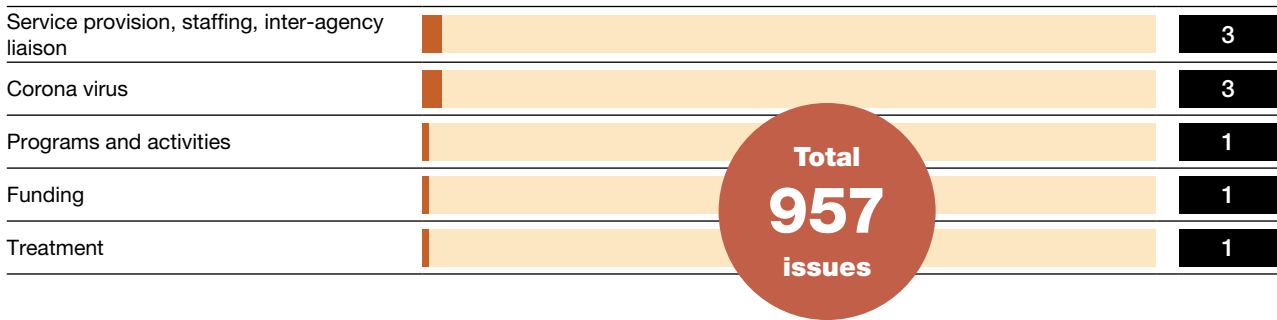
# Mental Health and Wellbeing Principles

- The rights, dignity and autonomy of people living with mental illness or psychological distress are to be promoted and protected.
- People living with mental illness or psychological distress are to be provided with access to a diverse mix of care and support services.
- Mental health and wellbeing services are provided with the least possible restriction of a person's rights, dignity and autonomy with the aim of promoting their recovery and full participation in community life.
- People receiving mental health and wellbeing services (including those receiving compulsory treatment) are supported to make and participate in decisions about their assessment, treatment and recovery, with the views and preferences of the person receiving mental health and wellbeing services to be given priority.
- Families, carers and supporters (including children) of people receiving mental health and wellbeing services are to be supported in their role in making decisions about the person's assessment, treatment and recovery.
- The lived experience of a person with mental illness or psychological distress and their carers, families and supporters are to be recognised and valued.
- The medical and other health needs of people living with mental illness or psychological distress are to be identified and responded to.
- People receiving mental health and wellbeing services have the right to take reasonable risks in order to achieve personal growth, self-esteem and overall quality of life.
- The health, wellbeing and autonomy of children and young people receiving mental health and wellbeing services are to be promoted and supported.
- The diverse needs and experiences of people receiving mental health and wellbeing services are to be actively considered with services provided in a manner that is safe, sensitive and responsive.
- The specific safety needs or concerns that a person may have based on their gender are to be considered and services provided in a manner that is safe and responsive to these needs and concerns.
- Mental health and wellbeing services are to be culturally safe and responsive to people of all racial, ethnic, faith based and cultural backgrounds – this includes provision of culturally safe and responsive mental health and wellbeing treatment and care to Aboriginal and Torres Strait Islander peoples that is appropriate to, and consistent with, their cultural and spiritual beliefs and practices.
- The needs, wellbeing and safety of children, young people and other dependents of people receiving mental health and wellbeing services are to be protected.

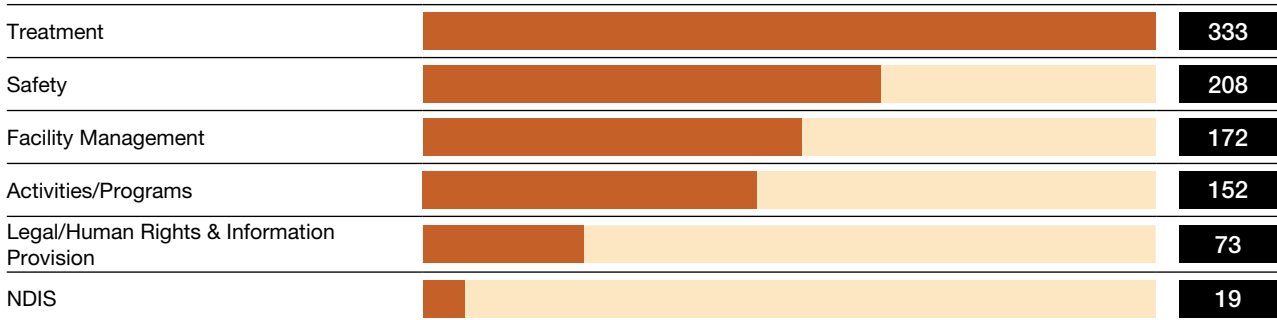
**Figure 5: Mental Health Services by issue type, 23/24**

Treatment (incl. all aspects of psychiatric care incl. ECT)		113
Maintenance and new works		98
Incident reports		92
Program Staff		72
General appearance and cleanliness		62
Discharge issues		55
Availability/suitability programs		48
Least restrictive environment		44
Food/catering		43
Suitable facilities/equipment for programs		32
Hazards/safety issues		32
Assaults including sexual assault		31
Admission process/Emergency Department issues		26
Legal rights		26
Aggression, intimidation, harassment		22
Information Provision		21
Availability/suitability of beds		17
Medical care (non-psychiatric)		17
Restraint and seclusion		15
Dignity		13
Environmental hazards		12
Self-harm		12
Smoking provisions		9
Illicit drug and alcohol issues		6
Other		5
Eligibility, plans and processes		5
Security of possessions		5
Suicide		4
Ethnic and cultural sensitivity		4
Gender sensitivity		4
Accommodation/SDA		3

**Figure 5: Mental Health Services by issue type, 23/24 continued**



**Figure 6: Top issues reported by Community Visitors, 23/24**



# Safety

## Safewards

The Safewards program, which supports the principles of the Mental Health and Wellbeing Act, is a set of prevention and intervention strategies that help provide a therapeutic response to minimising conflict within in-patient settings.

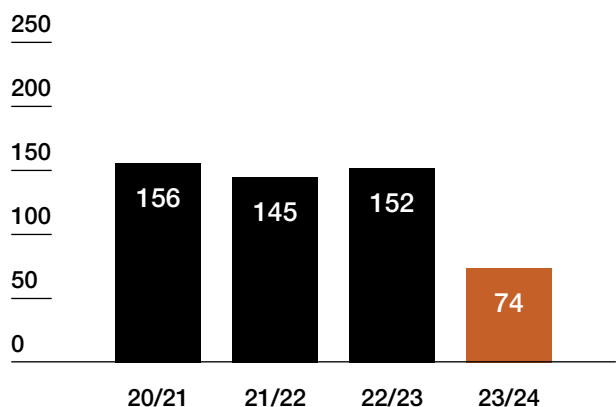
However, the implementation of Safewards has been impacted by a combination of the difficulty of recruiting staff, new or inexperienced staff, and staff not sufficiently skilled in Safewards. When Community Visitors queried how well Safewards was being implemented, a staff member in the Loddon Mallee area said:

We have identified a gap in staff's knowledge in Safewards due to an influx of new staff. We are rolling out the Safeward training for these new staff and also allocating champions for Safeward Interventions, so we can increase both knowledge and application of these practices.

## Serious incident and assaults

Community Visitors reported 31 cases of assault or sexual assault this year. They also described how services managed the aftermath of these incidents. Providers were reminded to assess the risks and take preventive measures to avoid similar incidents in the future.

**Figure 7: Issues of abuse, neglect and violence identified in Mental Health stream, 20/21–23/24**



‘This is a very unsettled period, with many occurrences of aggression and violence’

#### Mental Health Community Visitor

Community Visitors continue to report an unacceptable level of aggression and intimidation. In one instance, an unwell and substance-affected consumer assaulted a fellow consumer and a staff member. Another consumer who witnessed the staff assault found it distressing. At the time of the report, the staff member was ‘being monitored but not travelling well.’

At one health service, a unit was divided in half to manage the unpredictable behaviour of some consumers. At this unit, 2 consumers told Community Visitors that there were regular violent altercations or threats of violence between consumers, and that consumers were often aggressive and threatening towards staff.

In efforts to address the violence, the unit was divided into 2 sections that had alternating access to the courtyard. This helped to separate the consumers and minimise the risks of consumers meeting and acting on the threats of assault. During the visit, a single male consumer who was using the courtyard alone, repeatedly came and knocked on the glass behind a different consumer who was talking to Community Visitors. After gaining the attention of this consumer, the male in the courtyard proceeded to make menacing gestures at him with the Community Visitors witnessing the threatening behaviour. The consumer told Community Visitors that this was indicative of the environment and that he felt it was akin to a prison rather than a hospital in terms of the volatility.

The consumer told Community Visitors ... that he felt [the unit] was akin to a prison rather than a hospital in terms of the volatility.

In another health service, incident reports for one facility over a one-month period related to verbal and physical abuse of nursing and security staff including spitting, physical assault (requiring one staff member to have a hand x-ray), sexually inappropriate behaviour and verbal abuse including racist remarks. There had also been 5 instances of seclusion, with several incidents occurring. Incident reports also referenced use of physical restraint which should only be used as a last resort, indicating staff felt unable to address this behaviour any other way. These types of incidents have a detrimental effect on the mental health of other consumers and staff.

From the incident reports it is unclear if this behaviour is the result of poor behaviour management and intervention strategies, reaction to medications or simply a response to the environment. Greater oversight should be used to ensure facilities are equipped to address this behaviour prior to restrictive practice being needed.

#### GOOD PRACTICE

### Behaviour strategies

The following illustrates some of the effective ways staff are de-escalating aggressive behaviour prior to using restrictive practice.

Staff developed a strategy to better support and de-escalate the aggressive behaviour of a consumer with cognitive impairment who had been placed in seclusion after assaulting other residents and injuring staff. Despite being unhappy with his placement at the unit, there was no other suitable placement for him.

In addition to adjusting the consumer’s medication, 2 staff members assisted the consumer with his daily living and supported him to manage his stress levels.

Community Visitors saw the consumer being supported by staff as he was escorted to a seat in the courtyard. They were told that the consumer could choose which staff members accompanied him, and that this strategy was working well, with the consumer now gradually transitioning from seclusion back into the common areas of the unit.

## Sharon's story

One consumer, Sharon, presented with challenging behaviours that at times posed a risk to both property and others. Sharon was not admitted to the unit as a mental health consumer but as a medical patient for a social admission.

Her situation shows that there is a lack of suitable housing for NDIS participants. We do not believe that she could be safely managed elsewhere, however there was no suitable property identified for discharge.

The main entrance to access the unit was temporarily relocated to reduce disruption to Sharon and improve safety of those accessing the unit.

There was a mixture of young people travelling out to metropolitan services or admitted to the adult unit due to the lack of access to these beds.

Inappropriate use of psychiatric beds due to a lack of suitable accommodation is not restricted to young people. Another consumer has been living in a psychiatric ward for more than 85 days, unable to be discharged due to difficulties in finding appropriate alternative accommodation. Due to their aggressive behaviour, they have been blacklisted by all local aged care facilities.

This consumer's continued stay in the psychiatric ward not only removes one available space for mental health treatment, but also prevents the consumer from re-engaging with community and pursuing their interests outside a restricted setting.

## Security breaches

Community Visitors reported consumers bringing in weapons, scissors and syringes to wards at several sites, leading to concerns for the physical safety of both consumers and staff. At one unit, there had been 5 separate incidents where contraband items including a razor, pocketknife, screwdriver and intravenous drug paraphernalia had been found in consumers' rooms.

The Nurse Unit Manager at a facility in the East Region said these items were often brought in after a consumer had returned from leave and that inexperienced staff did not always adequately check for contraband items. They advised the issue would be discussed with the education team and at staff meetings.

In addition to dangerous items coming into facilities, the facilities were not always secure. Over an 8-month period, Community Visitors repeatedly reported that security fencing and locked gates were needed at the La Trobe Regional Health Service Community Residential Care Unit. The majority of other Community Residential Care Units in Victoria are gated.

In November 2023, Community Visitors were concerned to see that fencing had not yet been installed. During the next visit, Community Visitors were told a male had recently entered the premises unnoticed and spent the night in a female unit. Staff found clothing belonging to a male, syringes and small plastic bags in the unit. A staff member told Community Visitors that police had advised that the male concerned is highly dangerous.

Funding for the fencing, security cameras and external lighting had not been approved and they will be applying for the next round of funding that is available for this. Duress alarms have been purchased for the Community Residential Care Unit.

## Self-harm and suicide

**Some people may find parts of this report confronting or distressing. Please carefully consider your needs. You can contact Lifeline on 13 11 14 or [lifeline.org.au](https://www.lifeline.org.au) for support.**

This year, Community Visitors reported suicides and attempted suicides in Victorian mental health units including:

- the suicide of an in-patient while they were on leave
- the suicide of a consumer following self-discharge from the Emergency Department.

Suicide and attempted suicide negatively impact other consumers, families, carers and staff. The Nurse Unit Manager at one unit said recent suicide attempts had affected the 'smooth operation of the unit' and led to a great increase in incident reports indicating a greater need for consumer support directly after these tragic events.

## GOOD PRACTICE

### Preventative measures

Debriefing and support were offered to staff, consumers and the family of a consumer at another unit who died by suicide while on leave.

Community Visitors reported on strategies used by services to reduce the risk of suicide, including promptly responding to risk-taking behaviours. One consumer told a staff member she had attempted to self-harm by overdosing on medication. The staff member followed protocol, calling an ambulance.

Other examples include door-top alarms and ligature free doors.

At one unit, Community Visitors queried the lack of linen on a young patient's bed. Staff explained that she was at risk of suicide, and this was for her safety. In another facility, the risk of mobile phone cords being used to self-harm was reduced by providing charging stations and shorter mobile phone cords.

Mobile phones are used by consumers to maintain contact with relatives and friends and to undertake important tasks such as banking. Not being able to charge these devices was considered potentially to have too great an impact on the wellbeing of consumers.

# Sexual assault

**Some people may find parts of this report confronting or distressing. Please carefully consider your needs. You can contact Lifeline on 13 11 14 or [lifeline.org.au](http://lifeline.org.au) for support.**

Community Visitors continued to report on sexually inappropriate behaviours including verbal, touching, harassment and assaults. In older persons units, these issues may be related to disinhibition resulting from dementia.

## GOOD PRACTICE

### Dementia care

Peter James Centre's High Dependency Unit is being re-conceptualised as a Memory Care Unit for people with challenging behaviours due to dementia. This has the potential to reduce dementia related incidents.

At an older person's unit, the Nurse Unit Manager advised they were aware of allegations of sexual assault by a consumer. All incidents had been appropriately reported and documented and included in the unit's sexual safety reporting. While these incidents had not been witnessed, all incidents were thoroughly investigated by staff in a timely manner and reported to the consumer's family.

In these cases, the police were informed, and while the impacted consumer chose not to pursue the matter through the police, appropriate processes were followed to allow for that outcome. In addition, the consumer was temporarily moved offsite and was supported by her case worker. With the victim consumer's permission, the gate code was changed to deny the perpetrator access to the facility.

At a Prevention and Recovery Centre, staff asked one consumer to leave after they had engaged in sexual activity off-site, and then returned to the unit highly intoxicated. The priority was to minimise the impact on other consumers and to ensure their safety.

# Treatment

There were 333 reports of issues relating to treatment in 2023–24.

Treatment includes issues associated with:

- bed availability
- staff availability
- patient understanding of their clinical care plans
- appropriate practice and environments that support the rights, dignity and autonomy of patients in mental health facilities.

It specifically includes admissions, all aspects of psychiatric treatment, medical care, discharge, food, availability of suitable beds, restraint and seclusion, least restrictive environments, and management of COVID-19 risks.

The most frequently reported issues this year were inadequate communication, lack of appropriate beds and staffing and accommodation preventing movement of consumers in, out and through the system.

In addition, many patients that had repeatedly cycled through the mental health system had exhausted family and friend networks. Without these supports, patients are considerably more vulnerable and reliant on funded services such as Independent Mental Health Advocacy (IMHA), NDIS and OPA.

These issues and concerns have been raised in many previous annual reports and Community Visitors are gratified to see the Victorian Government acknowledging that the challenges are real and taking steps to address the issues. Community Visitors welcome a 2025 budget commitment to fund new and refurbished beds across the state to address a lack of child and adolescent inpatient facilities – particularly in rural and regional locations. Community Visitors also note issues associated with critical staff shortages have been accepted in their entirety and budget committed.

# Communication

It is hard for consumers to commit to and fully participate in their recovery if they do not understand the plans that have been made on their behalf

Community Visitors note it is hard for consumers to commit to and fully participate in their recovery if they do not understand the plans that have been made on their behalf, albeit with expert clinical consideration.

Community Visitors consistently observe that when first admitted, acutely ill consumers may be angry or withdrawn and deeply confused regarding the reasons and appropriateness of their admission. Many have prior experience of the mental health system. Often, they do not hear or misunderstand information supplied by medical and clinical staff during the admission phase and beyond. Additionally, standard steps may be missed or omitted under pressure.

Community Visitors in one regional location visited a young woman with serious delusions, who had been transferred to the High Dependency Unit from the Extended Care Unit. Despite being provided with an explanation, the young woman was unclear as to why this transfer had occurred and had contacted the IMHA and OPA to support discussions with the Nurse Unit Manager. This example highlights a need for repeated respectful and appropriately targeted explanation and discussions with consumers.

Community Visitors also spoke with a consumer admitted from the Emergency Department to the Adult Acute Unit for the first time and was concerned that his family had not been contacted and did not know where he was. The consumer felt alone and unsupported during this stressful experience. Community Visitors described his demeanor as dumbfounded and withdrawn. This highlights the importance of sound communication to both inform and support patient and family decision-makers through all aspects of treatment.

Community Visitors across all acute mental health settings consistently report on the importance of consumers understanding their treatment plan for recovery. This includes repeating clinical and general medical information in different settings, using language that the consumer can understand. Consumers also need the opportunity to discuss treatment when their mental health allows for meaningful discussion, even if this means the discussion must be had multiple times. Communication must be conducted in the most appropriate setting, with the aim of achieving the best outcomes, including compliance with the intent of the Mental Health and Wellbeing Act principles.

Community Visitors spoke with a young male consumer who was partway through a series of Electroconvulsive treatments (ECT). The consumer was concerned and frustrated that he had no clear understanding of the long-term plan for recovery, despite repeated meetings with members of his clinical team. From his point of view, the meetings were rushed, and he was not given the opportunity to ask questions regarding his health and treatment. Community Visitors raised the consumer's concerns with nursing staff who committed to assisting the consumer to prepare questions ahead of his next clinical meeting, and to advise the clinical team that the consumer needed an opportunity to talk. Later, staff reported that the consumer found this helpful.

Another Community Visitor report noted a male patient who did not understand the rationale for the injections he was receiving. Again, staff resolved to explain the rationale in his review meeting and to advise him of his rights to access a second opinion.

Communication regarding the rationale for medication changes is often lacking or occurs after changes, consumers told Community Visitors. One consumer receiving treatment in a Psychiatric Assessment and Planning Unit who was generally happy with staff support, was very unhappy that she had not had a discussion with clinical staff regarding why her medication was changed and the side effects following that change. Staff committed to speak with the consumer again regarding medication decisions.

## Sam's story

Community Visitors' observations on one visit led them to believe that Deaf consumers may be considerably more isolated, vulnerable and potentially confused in an acute service setting, a scenario at odds with several of the Mental Health and Wellbeing Act principles.

Community Visitors met Sam, a consumer in a regional area, who is hearing impaired and has an intellectual disability. Sam indicated to Community Visitors that they feel isolated, uninformed and unsafe in the 2-week gap between visits from an Auslan interpreter.

The health service has attempted to engage an Auslan interpreter for regular critical clinical discussions but has experienced difficulties aligning psychiatric and interpreter timelines.

The service advised Community Visitors that they had increased the frequency of checks on Sam. Community Visitors have suggested using technology to enable online Auslan interpretation more frequently to support Sam to understand their treatment plan.

# Staffing issues

Staffing availability remains an issue in many health services. However, it is difficult for Community Visitors to understand the extent and impact of shortages when they cannot access information against identified rosters and ratios at a facility.

Community Visitors reported a lack of psychological and other specialist staff at various locations throughout Victoria's mental health system. At one facility, Community Visitors spoke with a consumer who had transferred from a Corrections Victoria facility and was concerned about the side effects and efficacy of a new medication. The consumer said that the medication was causing joint pains and failing to control anger issues. Staff believed psychological intervention would assist this consumer. Unfortunately, there was no psychologist on staff, with the psychologist position vacant despite recruitment efforts.

Community Visitors also noted shortages of clinical nursing and allied health staff across all services. Facilities often had difficulty filling vacant positions and retaining staff long enough to benefit from the recruitment.

A more nuanced issue is a shortage of clinical staff over public holidays and weekends. In one report, Community Visitors expressed concern about the additional pressures on nursing staff who operate during these times without sufficient access to clinical expertise and advice. The health service assured Community Visitors that a consultant psychiatrist and registrar staff were available during holiday periods and provided comprehensive handover documents.

## GOOD PRACTICE

### Clinical staffing commitment

Community Visitors acknowledge the high standard of care provided by psychiatrists across Bendigo Health's mental health services.

Two internationally qualified psychiatrists are working toward Fellowship of the Royal Australian and New Zealand College of Psychiatry. Additional psychiatrists have been recruited from overseas and will follow this same registration pathway. Combined with an existing clinical profile of 5 senior registrars who will obtain Fellowship in the next 2 years, Bendigo Health will soon have a full complement of psychiatrists, which will resolve the longstanding staffing shortfall.

Bendigo Health clinical performance has consistently met or exceeded critical KPIs including rates of seclusion, pre-admission contact, and post-discharge follow-up within 7 days. This commitment to clinical staffing and performance undoubtedly improves patient experience and outcomes of the mental health services provided by Bendigo Health

## Peer workers

Peer workers have life experience and can speak with consumers in a way that makes them feel understood. Community Visitors note the positive role they play in mental health units. In one unit, 2 peer workers participated in discussions with consumers and in group activities. The Nurse Unit Manager noted a decrease in incidents and that consumers were more engaged and happier.

In one unit, peer workers ran groups with the occupational therapists, enabling nursing staff to work more intensively with consumers with high needs.

However, it is essential peer workers are well supported in their role and are not left to be a lone peer worker when one peer worker leaves and is not immediately replaced. Other forms of support such as education and training enable peer workers to continue to play a positive role in recovery.

# Environment

Community Visitors continue to report delays in responding to maintenance requests and cancellation of works. While some delays may be due to the current supply and building industry shortages, budget cuts are also having an impact.

Consumers at one health service frequently told Community Visitors there wasn't enough hot water for their unit. This issue was first documented by Community Visitors in October 2023. In March 2024 the health service advised that funding had been approved to change to a more efficient hot water system, with an anticipated completion date by November 2024. By the time work has been completed, this issue would have been ongoing for over 12 months.

Over the past 12 months Community Visitors have reported 55 maintenance issues relating to cleanliness, poor hygiene, repairs, poor plumbing, and fittings not being repaired.

At one health service Community Visitors reported that there was no designated laundry room, resulting in staff at the Prevention and Recovery Centre being required to wash residents' bedding and towels in the community kitchen and dining area.

At another service, Community Visitors observed a unit with a broken washing machine, cobwebs, dust and rubbish in the smoking area, and bathrooms that needed cleaning. At another unit, they reported a rotting wooden roof beam, which presented a serious safety risk, leading to its replacement.

## Monash Hospital P Block

Monash Health's psychiatric ward – known as P Block – is one of the oldest mental health wards in Victoria.

Community Visitors highlighted the need to improve the P Block Environment in their 2023 annual report, and Community Visitors are pleased to note that some work to improve the facility has commenced. However, more needs to be done. Access to suitable buildings and rooms remains a challenge; a new 5-bed High Dependency Unit will provide individual rooms, but the other 20 rooms are still not configured well for consumers or staff, and consumers still share bathrooms. Community Visitors will continue reporting on improvements that can be made for the benefit of consumers.

At another health service's Community Care Unit, consumers and staff share a kitchen, which also doubles as an activities room. There is no separate space for consumers to meet privately with their families or with nursing and medical staff to discuss their treatment.

Community Visitors note that staff work hard to support consumers, and the service has for the past 3 years requested funding to improve and expand the activities room. Delays in actioning this request are leading to the violation of several Mental Health and Wellbeing Act principles, including dignity and autonomy, family and carers, and health needs.

### GOOD PRACTICE

#### Gender sensitivity

Community Visitors were pleased to report on plans for a women's area at Latrobe Regional Health High Dependency Unit, due to be completed by November 2024. The unit will be divided into a 4-bed area and a designated 2-bed women's area. A courtyard will be added to the women's area and an airlock installed, separate to the main entry door, enabling staff to exit the unit without going into the consumer area.

This renovation is a great example of gender sensitive practice with Community Visitors noting, 'improvements such as this recognise the importance of safe and attractive buildings to consumer recovery and for staff to work in.'

# NDIS

Community Visitors documented many improvements to consumers' lives due to NDIS support. One consumer told Community Visitors about his positive relationship with his NDIS support worker and their shared activities.

However, as in previous years, consumers reported feeling pressured by some providers to increase the percentage of packages allocated to them. There were also complaints about inconsistent and ad hoc information sharing between mental health and NDIS staff, compromising consumer outcomes. One manager noted that despite a commitment by NDIS support workers, they did not currently attend the consumer's monthly review meetings.

Community Visitors reiterate their recommendation from 2022–23 to establish communication protocols between key NDIS-funded support agencies working in mental health, as well as coordination protocols between NDIS, IMHA, OPA, and other services critical to successful navigation of the patient pathway.

## NDIS participant left without support

Community Visitors continue to report on the ongoing confusion surrounding support funding.

During a visit, Community Visitors became aware of a consumer with an NDIS package to support them at home and in the community. When the person was admitted as an inpatient, this funding was paused as it was considered 'double dipping'. Nursing staff were unable to provide the level of individual support that they were used to at home.

Fortunately, the person only had a short stay. Community Visitors advocated for the immediate recommencement of the person's support funding following discharge.

# Communication and collaboration

Another example of the need for greater communication and collaboration across key services involved a consumer who resided in another state but was receiving mental health services in Victoria. The consumer was concerned that staff had not contacted their treating team in their home state despite being in a Victorian mental health service for 2 weeks. Community Visitors raised these concerns with unit staff who liaised with the consumer's family and health services. This led to the consumer being discharged and transferred to a GP and mental health services in their home state.

Coordination across public and private mental health services has also been raised as an issue. In one instance, a consumer routinely accessed services from the private system. However, when they became a patient in the public system, staff advised that they could not access their psychologist, and they had no understanding of the steps to reestablish service through the private system. The consumer discharged themselves and the unit staff notified a private inpatient provider to contact them once a bed was available.

# Accessing treatment

Community Visitors reported challenges in accessing appropriate accommodation across all regions and settings. Particularly concerning are instances of people being moved away from their community and family supports due to lack of appropriate services available locally. In one area, all children needing admission were referred to a metropolitan child and adolescent service. However, due to a lack of beds or the young consumer not being accepted by the metropolitan service, not all children could be transferred to the metropolitan service.

Some children were then admitted to other areas within the health service or to the adult mental health inpatient unit instead.

These challenges are made worse by inadequate planning and resource allocation, leading to delayed discharges. This, in turn, creates treatment delays for other consumers, as beds in treatment facilities remain occupied while accommodation is arranged for current patients. NDIS funding uncertainty and delays for accommodation and associated support often led to delays in discharge planning.

In one instance, a consumer who was eligible for an NDIS package waited 4 months for the finalisation of NDIS funding before they could transfer into accommodation. Another consumer required an external occupational therapist assessment to apply for increased funding for supports. They were unable to access a therapist to complete the assessment for a few months, thereby delaying their discharge.

In another instance, Community Visitors noted a provider withdrew an offer of accommodation as they were not confident the consumer would retain a sufficient level of funding following a funding review. Cases like this highlight the power imbalance between a consumer seeking accommodation and the provider who is more concerned with having clients with large NDIS plans.

The flow-on effect of these types of delays is that beds are unavailable to admit patients requiring service.

# Accessing information

In 2023–24, some health providers still failed to provide Community Visitors with access to incident reports as required under the Mental Health and Wellbeing Act.

A key function of Community Visitors is to monitor whether services are provided in accordance with the Act and the Mental Health and Wellbeing Principles. Documents such as incident reports enable Community Visitors to better understand a person's experiences while receiving mental health and wellbeing services at the prescribed premises and determine whether services are provided consistent with the objectives of the Act.

Further work to streamline the process is a priority for the coming year.

# Conclusion

Community Visitors recognise that consumers in mental health units often face significant restrictions on their human rights. This year's report highlights the Community Visitors' unwavering dedication to addressing the issues brought up by consumers while anticipating the fulfillment of the goals outlined in the new Mental Health and Wellbeing Act 2022.

Victorians have every right to expect that individuals with mental health challenges, who need intensive care and support, are treated with the highest level of dignity and that these services are delivered in environments conducive to recovery and adequately resourced. However, there remains a considerable journey ahead.

Community Visitors applaud the bravery and resilience of the consumers they visited this year, as well as the commitment of many mental health staff who continue to work under challenging conditions, often facing severe staffing shortages and extended shifts. The Community Visitors Mental Health Board also values the responsiveness shown by the Office of the Chief Psychiatrist, Safer Care Victoria, and the Department of Health to the inquiries made this year.

# Residential Services

Residential Services volunteers visit fee paying residents in congregate facilities



# Recommendations

## The Community Visitors Residential Services Board recommends that the State Government:

1. Apply and target its *Ageing Well 2022–2026* action plan to older Supported Residential Services (SRS) residents so they too can age safely, access services, maintain independence, and participate in their community.
2. Develop a plan to provide current and potential SRS residents with affordable and supportive housing alternatives, mitigating the abuse and neglect that has been a persistent occurrence reported by Community Visitors in congregate care settings over the past 36 years.
3. Promote the use of 'Mental health services and supported residential services - A guideline' to promote the collaborative support of residents and consider what more can be done to support people being discharged from mental health facilities to SRS.
4. Advocate for the recognition of Community Visitor safeguards in Commonwealth legislation and policy to promote effective communication with the NDIS Quality and Safeguards Commission.
5. Seek legislative reform so that Community Visitors are empowered to take photos where necessary.
6. Update minimum standards to ensure emergency and fire readiness procedures occur at least annually and are required to be documented.
7. Review the key performance indicators for the SRS Outreach and Assistance Program with a focus on resident wellbeing. Raise SRS staff awareness of Victorian Virtual Emergency Department and Nurse on Call services to reduce demand on emergency services.
8. Formalise an information sharing process and agreement with the Social Services Regulator and Community Visitors Program regarding the making and following up of NDIS Quality and Safeguards Commission referrals.
9. Provide adequate funding to ensure the Community Visitors Program has the technology and resources needed to effectively fulfill its vital safeguarding role.

### Content warning

Some people may find parts of this report that refer to abuse, violence, neglect, self-harm and suicide confronting or distressing. Please carefully consider your needs. You can contact Lifeline on 13 11 14 or [lifeline.org.au](https://www.lifeline.org.au) for support.

# Statewide Report

## In 2023–24, Community Visitors escalated over 100 individual issues in 43 notifications to the Human Services Regulator for investigation.

Community Visitors ask why there are still so many issues such as neglect, abuse and violence that continue to impact on SRS residents irrespective of the present regulatory framework and Community Visitors’ reports over the past 30 years.

SRS provide housing and support services, which typically include meals, dispensing medication and showering assistance. Facilities are categorised as either a pension-level SRS, where residents are charged 85–95% of their pension, or a pension-plus SRS, where fees sometimes exceed \$1,000 per week.

Most SRS are privately operated for-profit businesses, generally accommodating 30 residents, though larger SRS support up to 80 people. As of 30 March 2024, there were 110 registered SRS providing housing and support to over 3916 Victorians. This year 4 SRS closed, 2 occurring with minimal notice. One closure left residents with few local alternatives, forcing many to move over an hour away, disrupting their local connections, support networks and healthcare arrangements.

SRS are described in legislation as low care facilities and therefore are required to have relatively low staffing ratios – generally just one staff member per 30 residents. But more than ever, many residents have complex support needs relating to acute mental health issues and require much more support.

The 2023 SRS census found 91 percent of sampled residents had been diagnosed with one or more disabilities including mental illness/psychiatric disability (67%), intellectual disorder (20%) and chronic health condition or neurological disability (15%). Diagnosis of a mental illness/psychiatric disability increased from 47% in 2018 to 67% in 2023.

SRS residents include people who have experienced homelessness, and people recently released from prison who typically have limited, if any, contact with their family. Often a bed in an SRS is the person’s only alternative to homelessness.

The lack of affordable and accessible accommodation options leaves SRS as the ‘accommodation of last resort’ for people with support needs. While SRS may prevent homelessness, the lack of influence and control residents have over their communal spaces highlights the power imbalances in these institution-like settings where residents have limited opportunity to advocate for themselves in meaningful ways.

**Table 6: Units visited to number of units eligible for a visit**

Region	Units visited	Eligible units
East Division	37	38
North Division	21	22
South Division	37	37
West Division	18	22
<b>Total</b>	<b>113</b>	<b>119</b>

**Table 7: Total visits Residential Services stream, 23/24**

Region	Facilities visited	Community Visitors	Requested visits	Scheduled visits	Total visits
East Division	37	11	10	161	171
North Division	21	11	12	181	193
South Division	37	19	7	203	210
West Division	20	20	4	137	151
<b>Total</b>	<b>115</b>	<b>61</b>	<b>33</b>	<b>682</b>	<b>725</b>

**Figure 8: Issues reported by Community Visitors, 23/24**

Incident reports		182
Health Care		83
Cleaning		76
Abuse/Neglect/Violence		63
Internal fixtures and fittings		53
Evictions		52
Other hazards		35
Fire safety		35
Maintenance		34
Grounds maintenance		31
Resident mix under Abuse		26
Resident mix		24
Support plans		23
Staffing and support		22
Financial matters		20
Medication		20
Meals and beverages		17
Individuality and choice		16
Complaint processes		15
Support to move/relocations		13
Health Referral Information		13
Other		12
Dietary needs and preferences		11
Interpersonal relationships		11
Food safety		8
Activities		8

**Figure 8: Issues reported by Community Visitors, 23/24 continued**

Corona virus		8
Personal property protected		7
NDIS Eligibility, plans and processes		7
Evacuation procedures		6
Call system		6
Heating/Cooling		6
Service provision, staffing, inter-agency liaison		6
Storage facilities		5
Privacy		5
Funding		5
Bedding and linen		4
Citizenship		4
Access to water and beverages		3
Lighting		3
Building fabric		3
Decision making		3
Grooming and clothes		3
Hygiene		3
Support coordination		3
Chemical storage		2
First Aid		2
Disabled access		1
Education/Job opportunities		1
Religious/Cultural choice		1
Personal equipment		1
Access to information		1
Confidentiality		1
Respite/Short-term accommodation		1
Aids and equipment		1
Access to information/plans		1

**Total  
1169  
issues**

**Figure 9: Top ten identified issues reported by Community Visitors, 23/24**

Safety		266
Physical environment & fabric		223
Health		126
Abuse		113
Social Independence and choice		96
Personal Support		52
Food		39
NDIS		36
Finances		33
Privacy, Dignity & Confidentiality		22

## Congregate care and segregation

‘[I’m] waiting for the tide to wash me away’- young man living in SRS.

Community Visitors often reflect on the lack of connection and meaningful activities available to many SRS residents. They query why people with disability are isolated from their local community, living without the necessary supports and resources to support inclusion. Congregate care settings are well recognised as increasing people’s vulnerability to abuse, exploitation and neglect. When their care is also inadequate, residents’ health and wellbeing outcomes are further compromised.

There are many older people living in SRS who need more support than they are receiving. Community Visitors call on the Victorian Government to apply and target its *Ageing Well 2022–2026* action plan to older SRS residents so they too can age safely, access services, maintain independence, and participate in their community.

Residents who are NDIS participants are being supported to engage with their community and in sporting, artistic or other pursuits. Community Visitors observe the difference this is making to their well-being and enjoyment of life. Without the ‘life-raft’ of NDIS supports, many pension-level residents would not have the means to access supports outside their SRS. Distressingly, Community Visitors report that NDIS participants are vulnerable to financial exploitation and abuse.

## The cost-of-living crisis impact on SRS

Most SRS receive limited government funding making them vulnerable to increasing business costs and workforce pressures. Ultimately, necessities including rising food and staffing costs effect business viability and directly impact on the quality of the accommodation, care and support provided. This year Community Visitors have observed lower standards in meal quality, reduced quantity of catering, fewer social activities, and delayed expenditure on building repairs. All of these factors have substantial impacts on residents’ quality of life.

Residents receiving the Disability Support Pension typically pay 85–95% of their pension to the SRS. This leaves limited money to meet all other expenditure, notably for medications, public transport, clothing, toiletries and other personal items of their choosing.

With scarce disposable income and often no family or other supports to lean on, SRS residents are adversely affected by the rising costs of living.

## Workforce shortage and training

An Australia-wide skills shortages and low unemployment since the COVID-19 pandemic have affected SRS. Many SRS managers and proprietors have reported problems recruiting staff. These staffing shortages have been compounded as experienced SRS staff have moved to NDIS funded services which offer better employment terms and conditions.

Community Visitors note that SRS often have inexperienced managers and staff. Visits this year revealed that some managers did not understand the role or purpose of Community Visitors. In one SRS, the person in charge was reported to work 2 days per fortnight and told Community Visitors he 'does not know a lot that is going on.' This approach is likely due to delays in addressing issues as they arise, leaving residents vulnerable to inadequate and inappropriate supports.

## COVID-19

During 2023–24, many SRS have had COVID-19 outbreaks. People with disability and existing health conditions are at risk of more severe outcomes, including long COVID. While some outbreaks affected just 1 or 2 individuals, many outbreaks saw widespread transmission among SRS residents and staff.

# Legislative safeguards to protect residents

SRS residents have rights and responsibilities and should be empowered to exercise them.

Community Visitors are not recognised as a safeguarding entity at the national level. This hampers the effectiveness of Community Visitor advocacy in this space. Hence, Community Visitors are advocating for legislative changes at the Federal level, which would enable Community Visitors to more effectively report and escalate NDIS-related issues to the NDIS Quality and Safeguards Commissioner.

The objective of the *Supported Residential Services (Community Visitors) Act 2010* (the SRS Act), and its attendant regulations, is to protect the safety and wellbeing of SRS residents. It does this by setting and enforcing minimum standards for accommodation and personal support in these settings. These include the 15 accommodation and personal support standards set out in the SRS Regulations. The standards cover 4 key aspects of a resident's lifestyle, food and nutrition, health and wellbeing and physical environment.

Community Visitors frame their reports around these minimum standards, focusing on resident quality of life, seeking insights into whether the SRS is meeting their residents' accommodation and support needs and advocating to proprietors for unmet needs to be addressed. They seek to resolve issues at the time of the visit.

During visits, Community Visitors also identify other issues of concern such as the adequacy of NDIS plans, the management of a resident's finances, and matters of dignity and social inclusion, which may be outside the remit and scope of the Human Services Regulator.

Community Visitors continue to highlight these issues to ensure all levels of government are aware of the safeguards needed to protect residents of SRS. Noting the increase of NDIS services running within SRS, Community Visitors welcome the recently established coordinated response from the NDIS Quality and Safeguards Commission and the Human Services Regulator, however Community Visitors stress that more needs to be done to respond to NDIS exploitation and coercion in SRS.

## Minimum standards

The minimum standards required under the Act and monitored by the Human Services Regulator the Department of Families, Fairness and Housing (DFFH) until 30 June 2024, include:

- Standard 1:** Privacy, dignity, and confidentiality
- Standard 2:** Independence and choice
- Standard 3:** Protection from abuse
- Standard 4:** Protection of private property
- Standard 5:** Choice
- Standard 6:** Nutritious food
- Standard 7:** Safe food
- Standard 8:** Choice of and access to healthcare providers
- Standard 9:** Personal support
- Standard 10:** Clean and appropriate clothing
- Standard 11:** Clean and appropriate bedding and linen
- Standard 12:** First aid
- Standard 13:** A safe environment
- Standard 14:** A clean, comfortable, and well-maintained environment
- Standard 15:** Emergency procedures and planning.

## Standard 2: Independence and choice

### Community inclusion

Community Visitors note a huge gap in community participation between residents who are NDIS participants and those who are not. Residents who are unable to access NDIS supports generally only have access to minimal activities offered by the SRS. They report to Community Visitors that they often feel isolated, lonely and bored.

### NDIS supports connection, independence, and access to community

Alex, a long-term SRS resident, frequently displayed disruptive behaviours, agitation, and was disengaged from their community.

When he became an NDIS participant with a goal of reconnecting with his local community, his funding gave him opportunity to engage in skills-building programs and activities with independent NDIS services. With this support and encouragement, Alex demonstrated his considerable language and labouring skills, resulting in noticeable improvements in his health and wellbeing.

Community Visitors are pleased to report the positive impact on Alex and that he has become an active, contributing member of his community.

## Control over your environment

Another element of feeling at home, is one's ability to eat and sleep and go out when they feel like it. Institution-like practices are evident in many SRS. For example, residents rarely have much say over when (and which) meals are served. Often residents complain about the lack of variety in menus or having no menus displayed. One resident complained that lunch consisted of a party pie and hot chips, while dinner consisted of instant noodles. Residents also expressed concerns about the timing of meals, with lunch being served as early as 11 am or the evening meal being served between 4:30 pm and 5:30 pm at some SRS. Community Visitors often encourage proprietors to actively consult residents when developing menus.

In one SRS, Community Visitors reported that residents were not allowed to leave their rooms after 7:30 pm with the evening meal served at 4:40 pm and supper at 6:00 pm.

Community Visitors also note with concern the number of SRS residents who were not supported to vote in the 2023 referendum, therefore denying them their democratic right.

### The importance of the connection to community

A primary school decided they wanted to visit the elderly residents of their local SRS. They successfully gained permission from parents and the Department of Education for students to attend. They also applied for funding for a bus to transport students to the SRS. They now visit twice a month.

Community Visitors reported residents greatly enjoyed these activities, with the students playing cards and other games with the residents. The SRS Lifestyle Coordinator told Community Visitors that the students now compete to get a place in this program. This initiative, along with others developed by the SRS Lifestyle Coordinator, has resulted in the positive atmosphere and engagement from the residents at the SRS. This was a fulfilling success for all involved.

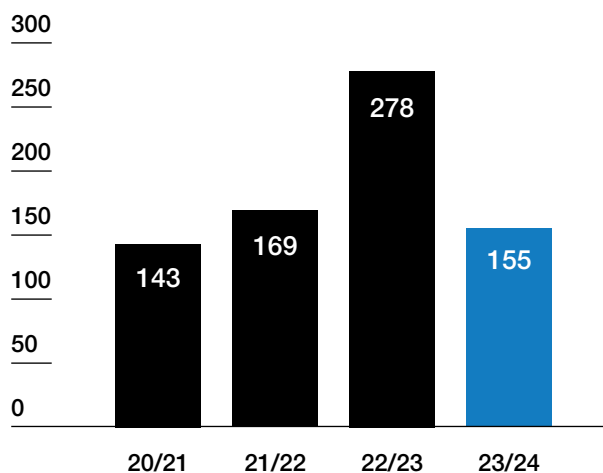
## Standard 3: Protection from abuse

The *Charter of Human Rights and Responsibilities Act 2006* founding principles include that human rights belong to all people without discrimination, and the diversity of the people of Victoria enhances our community. Part 2 (10b) specifically states 'A person must not be treated or punished in a cruel, inhuman or degrading way.'

Community Visitors have reported, yet again, many instances of violence, abuse and neglect over the last 12 months. They reported 63 instances of abuse, neglect or violence and 26 instances of abuse by other residents. Community Visitors visit SRS monthly and it is likely that the true number of violent and abusive occurrences is much higher.

Over a 12-month period, there were 44 unexpected deaths, 58 serious injuries to residents, 37 allegations of serious assault, and 7 allegations of sexual assault reported to the Regulator.

**Figure 10: Issues of abuse, neglect and violence identified in Residential Services stream, 20/21–23/24**



Examples include where residents:

- smashed an object and slapped another resident, resulting in police being called
- entered another residents' room at night with a knife
- threatened to burn down their SRS
- violently attacked other residents
- threatened to murder other residents (threat made by a drug-affected resident)
- were verbally aggressive towards other residents
- were evicted after threatening others with scissors
- entered, uninvited, a female resident's room at night
- kicked their partner, who is also a resident, a Family Violence Intervention Order was taken out against the resident.

Other instances include the verbal abuse of a resident with Down Syndrome by a proprietor, a resident who became distressed after witnessing another resident injecting intravenous drugs outside her window and a non-resident who attempted to break into an SRS by breaking a window.

## Locked in

Community Visitors attended an SRS to do a welfare check on a resident who reported a rape/sexual abuse. The resident's first language was not English, Community Visitors were able to find a Visitor fluent in the language the resident spoke.

During the visit, Community Visitors observed a device attached outside the resident's bedroom door that prevented the handle from working, making it impossible to open the door from within the room. This effectively locked the resident in their room. When questioned, management stated the resident had put the mechanism in place. Community Visitors advised it had to be removed immediately.

## Sexual assault

Concerningly, allegations of sexual assaults and sexual harassment continue to be reported within residential services. Assaults and harassment are alleged to have occurred between residents and between residents and SRS staff.

Examples include:

- the alleged rape of a resident by another resident
- indecent exposure by residents
- a resident being inappropriately touched by another resident, the victim was then threatened with a hammer by the perpetrator
- a resident who was evicted for sexually harassing other residents
- a staff member who was sexually assaulted by a resident.

Residents of SRS should not be subject to violence and intimidation in their own home. It is never acceptable to group people to live together on the basis of their lack of choice, support needs and limited financial resources.

## Exploitation and neglect

In addition to the exposure to violence and abuse that comes with congregate care, unmet resident mental health needs and institution-like environments, SRS residents are also at risk of exploitation by NDIS-funded service providers. Deidre's situation, described on the following page, is a devastating example of neglect and exploitation perpetrated by an SRS proprietor who also provided Deidre with NDIS-funded supports.

## Deidre's story

Deidre was in her 60s and had lived at the same SRS for a decade. While she was well-known by her local community, she did not have active family involvement or independent advocacy. Deidre was an NDIS participant, accessing NDIS supports, including from her SRS proprietor who was also an NDIS service provider.

Deidre lived with complex and at times untreated mental illness. Her care team members reported observing Deidre shivering in her bed without blankets. They had also found her in a soiled bed on 3 occasions. Her care team asked Victoria Police to complete welfare checks, and an ambulance was called. The Community Visitors were told that the SRS tried to thwart these checks, saying that Deidre was in good health and did not require onsite assistance.

Following a bout of illness, external supports again sought medical care and Deidre was admitted to hospital where she was diagnosed with a serious medical condition and described to be malnourished and neglected and given just weeks to live.

Deidre's care team had raised multiple concerns with the NDIS Quality and Safeguards Commission regarding her situation but were unaware if any action was taken. Her NDIS Support Coordinator raised concerns about her circumstances with OPA but as she was already in hospital Community Visitors were unable to visit. They did however escalate the matter to the Human Service Regulator. Without the Community Visitor notification, the regulator may have remained unaware of these SRS failures to meet their care responsibilities.

Deidre passed away in a palliative hospital unit. Her personal belongings remained in the SRS for months stuffed in garbage bags, Community Visitors felt this was a complete disregard for the life she lived.

## A systems failure

Around half of all SRS residents are also NDIS participants. It was expected that SRS residents who are NDIS participants would have a significantly improved quality of life. Community Visitors reports show that this is not always the case.

Many SRS proprietors also operate NDIS services, delivering both SRS supports and NDIS supports to their residents. Residents report they are often unsure of how they are being charged for services received, and do not receive enough support to direct how their funding should be used. The lack of transparency around what personal supports a resident pays for at an SRS and those that are paid for through their NDIS package makes SRS residents vulnerable to exploitation. Community Visitors identify that this lack of transparency creates a significant risk of residents being double charged for their personal supports. They are also concerned about SRS residents being 'poached'; whereby unscrupulous NDIS providers offer incentives to NDIS participants to use their services instead.

Incidents observed by Community Visitors involving NDIS providers include:

- constant requests for a resident to move out from the SRS, where she was very happy, into a 'share house' despite saying she did not want to move
- persuading an SRS resident to relocate. Within months, the new provider had charged his NDIS package \$160,000. The resident was unable to go out without a support worker and this extra support was deducted from his NDIS funding
- charging resident's NDIS package for services and mobility aids which were not delivered or needed such as an iPhone, an iPad, bed, electronic speaker and keyboard
- assisting a resident to leave an SRS to move in with their NDIS support worker
- enticing residents to switch NDIS providers with offers of cash and cigarettes
- an older resident with an acquired brain injury invoiced for thousands of dollars' worth of assistive technology that he did not receive
- a resident billed for occupational therapy assessments alleged to have been delivered in a previous residence that he had no access to
- a resident with high physical support needs funded by the NDIS to receive 1 to 3 support, however the SRS residential services agreement recorded he was to receive 1 to 12 supports, which did not cover their needs. Community Visitors reported the resident fell out of bed and was found hours later cold on the floor and subsequently admitted to hospital with pneumonia.

Community Visitors report the conflicts associated with many NDIS services running within SRS. Community Visitors welcome the recently established coordinated response from the NDIS Quality and Safeguards Commission and the Human Services Regulator, however Community Visitors stress that more needs to be done to respond to NDIS exploitation and coercion in SRS.

## **Unmet mental health needs which lead to violence and abuse**

Many SRS residents live with chronic and complicated mental health support needs which SRS staff are generally inadequately equipped to manage. This reduces the quality of life of the person with unmet needs. Witnessing acts of violence and abuse can be terrifying for other residents and can have a significant negative impact for them. Concerningly, there are many instances of violence and abuse that can be attributed to the lack of mental health support for SRS residents.

Often SRS receive inadequate discharge or handover notes when a resident has been referred from a mental health service. This makes it difficult for SRS proprietors to assess their suitability and to determine whether the SRS can manage their needs. SRS proprietors experiencing financial pressure may accept residents whose support needs are too high for the SRS to manage.

Community Visitors note some residents are not receiving psychiatric support due to long wait lists in the public system and unaffordable private options. Examples of unmanaged resident mental ill health in an SRS reported by Community Visitors include:

- overdosing on seizure medication
- stockpiling medication and refusing to comply with doctors' advice
- engaging in serious self-harm behaviour, including consuming alcohol and antidepressants, resulting in admission to hospital
- lighting fires inside their bedroom
- regularly turning on taps and flooding their bathroom, smoking, and burning holes in mattresses
- experiencing night terrors and smashing their room with a baseball bat.

**'How unsafe do things have to get before there is mental health intervention and support provided to residents that need it?'**

## **Tyler's story**

During the 7 months Tyler lived in an SRS his mental health visibly declined, leading to time in an acute mental health facility. Prior to his discharge, the SRS manager told Community Visitors there had been poor communication regarding his discharge planning and there were concerns about what support he may need on his return to the SRS.

Shortly after his return, Tyler set off fire alarms and reported hearing voices. SRS staff sought guidance from the Mental Health Triage line, only to be advised to call the police if his behaviour escalated. Later that week, Tyler, armed with a kitchen knife, assaulted other residents and staff, causing severe injuries before the police arrived.

The incident left residents traumatised and raised serious concerns about the lack of timely mental health support. Better intervention might have prevented the violence and the resulting trauma.

**Community Visitors consistently raise concerns about the revolving door of residents moving back and forth between SRS and mental health units and receiving inadequate and disjointed support in both service systems.**

Community Visitors document examples of residents experiencing acute mental health episodes and needing long admissions to acute mental health facilities. They consistently raise concerns about the revolving door of residents moving back and forth between SRS and mental health units and receiving inadequate and disjointed support in both service systems. Community Visitors do not believe that SRS staff are resourced or equipped to meet the day-to-day support needs of a person with chronic mental ill health.

Despite many residents living with chronic mental health issues, SRS staff are not required to have any mental health qualifications. Inadequate mental health support often results in devastating and confronting situations for the resident themselves and for other residents. Community Visitor reports detail many instances of self-harm, suicide attempts and the disclosure of suicidal thoughts to Community Visitors.

## Notices to vacate

Community Visitors reported that over a 9-month period there were 42 notices to vacate issued to residents, with many of these evictions resulting from incidents that negatively impacted other residents, including:

- a resident smoking in their room
- a resident evicted after he held a pair of scissors at another resident's throat and made threats to kill
- a resident persistently setting off fire alarms and breaking windows
- aggressive and abusive behaviour towards other residents and staff
- racist abuse, name calling and excessive use of call bells
- drug and alcohol abuse by a resident impacting other residents.

# Standard 6: Nutritious food

## Barriers to eating well

A frequent issue residents raise with Community Visitors is the choice, quality, quantity, and variety of food provided. Minimum standards propose that SRS menus must be balanced, nutritious, and offer reasonable choice to residents. In pension-level SRS residents pay most of their pension to the SRS and, consequently, are reliant on the meals provided.

For residents with chronic health conditions, the quality of food provided by the SRS is critical to maintaining good physical health. Some residents have specific dietary requirements due to medical conditions such as diabetes. Community Visitors have continued to report that they are unable to find instructions for staff around residents' dietary requirements.

## Beige food

Community Visitors frequently question the availability of fresh produce and the nutritional value of meals such as baked beans, hot dogs and chicken nuggets that are offered to residents. A resident described the food as inedible, and one lunch at an SRS consisted of a hot dog, a packet of potato chips and a small cake. Another resident commented that their medication 'takes the nutrition out of [their] body' so healthy meals were required but were not being provided by the SRS.

'Food was the number one complaint that residents brought to our attention. When you have nothing to do all day, then food is your life.'

## Standard 7: Safe food

Community Visitors regularly inspect kitchens and pantries when visiting an SRS. On one occasion, they found packets of beans that were mouldy, cauliflowers turning black, and an expired package of mixed salad. Inspection of another freezer at the same facility revealed a leg of lamb and a bag of berries that were unfrozen and ice cream that had melted and was leaking from its container, forming pools of melted liquid on the bottom of the freezer. Community Visitors also observed a beetle emerge from the freezer.

Community Visitors have also noted unsafe food handling practices and occasions when fresh drinking water is unavailable to residents.

## Standard 8: Choice of and access to healthcare providers

Community Visitor reports provide critical insights into the range of mental and physical health needs of SRS residents in Victoria. They noted the high number of residents with health issues who are unable to access timely healthcare support or lack supports to implement health advice when they do receive it. Some of these issues reflect system-wide issues with access to affordable healthcare.

Residents have limited opportunity to choose their General Practitioner as many no longer visit SRS. Community Visitors note fewer General Practitioners who bulk bill, presenting a significant barrier for residents with complex health issues who lack the financial means to pay for medical consultations.

SRS staff also seem to be confused as to when and where to seek medical advice afterhours. SRS have reportedly contacted Triple Zero repeatedly when other non-emergency services may have been more appropriate.

## Dental services

Access to dental services is particularly problematic with many residents on waiting lists for dental appointments in the public system. It is unclear if the delay in receiving treatment is due to length of waiting lists or a lack of understanding about the responsibility of the SRS to support a resident in accessing dental treatment. Community Visitors are distressed to see residents who are in pain or need urgent dental treatment not receiving the required treatment.

## Support plans

One SRS aimed to promote residents' health and meet their support needs by requiring each resident have a documented support plan. Plans include information about the person's hygiene, toileting, dressing, eating, medication, mobility, health care and emotional support needs. Community Visitors sight these support plans to determine whether the resident's needs have been adequately documented, and to check that these plans are updated in line with legislative requirements and the changing circumstances of the resident.

Community Visitors frequently raise concerns with staff where plans are unavailable or incomplete. They were particularly concerned for the well-being of residents with diabetes whose plans were insufficiently detailed due to the serious health impacts of poorly managed diabetes. Community Visitors reported that one resident's support plan did not reflect their intention to seek additional supports through a Home Aged Care package, nor how these needs would be managed in the meantime.

### GOOD PRACTICE

#### Supported choices

Community Visitors have reported some positive examples of resident health care choice. One resident diagnosed with incurable cancer was supported to die in his 'SRS home'. The resident had excellent support from community palliative care, his family and SRS staff.

Another resident with a terminal illness was supported to avail themselves of the Voluntary Assisted Dying legislation within the SRS.

Staff skills and training can impact on resident health outcomes. Residents undergoing cancer treatment while living in SRS and other residents who have significant health issues, require multiple medications for their physical and mental health.

Community Visitor reports document mistakes in the administration and distribution of medication. In one report, they describe an instance of medication hidden and not taken as prescribed. The potential risks to residents following medication errors are deeply concerning.

### **Discharge from hospital**

Community Visitors frequently report on residents who are discharged from hospital to SRS with incomplete discharge summaries, no outlined care requirements, lack of medication, or no medication regime.

In one case, a resident was discharged from hospital back to an SRS with no discharge summary that outlined the resident's continued care needs and no information regarding the medication the resident was discharged with. The resident took a weeks' dose of a strong scheduled prescription opiate in one evening, resulting in a serious overdose. The risk to this resident was significant and may have been avoided had a copy of the discharge summary been provided to the SRS, and the medication given to SRS staff for management.

## **Standard 9: Personal support**

### **Residents exhibiting hoarding behaviour**

Community Visitors often report on residents with hoarding behaviours and in some cases, the need for professional assistance to manage their circumstances. Community Visitors observe that hoarding behaviours impact on the safety of the resident as well as their fellow residents. Some residents have behavioural problems as well as hoarding behaviours which creates problems for staff trying to clean their rooms. Many residents with this behaviour will not allow staff to enter their rooms. A common example of this is Nik's story.

### **Hoarding**

Community Visitors repeatedly reported on environmental issues and risks associated with Nik's hoarding behaviour. Community Visitors found it difficult to enter his room due to piles of clutter everywhere. There were little mountains – bundles of fabric presumed to be clothing – on chairs, under furniture and all over the bed. The wardrobe was left open and a film of dust and tobacco covered the floor and most of the surfaces that could be seen. The bathroom sink was blocked and full of murky water.

Early intervention by SRS staff to address hoarding behaviours would contribute to a safer environment for residents and reduce costly repairs and replacement of damaged fixtures and fittings.

While the DFFH Complex Needs Initiative guidelines and other information targeted to support SRS in responding to environmental neglect within SRS is helpful, more targeted resources and funding are required.

## Drugs and alcohol

Alcohol and drug misuse can have a devastating impact on SRS residents. It also impacts other residents who may be exposed to physical violence and property damage.

Proprietors sometimes struggle to ensure timely repairs, particularly due to limited funding. SRS proprietors need better supports to manage these situations such as training to develop skills to better screen potential residents for drug and alcohol misuse and to manage drug and alcohol misuse behaviours.

## Standard 13 and 14: A safe, clean, comfortable and well-maintained environment

Community Visitors reported 251 issues related to residents' ability to live in safe, stable, clean and comfortable environments. While cost-of-living pressures and rising interest rates have led to reduced expenditure on ongoing maintenance, the SRS Act states that proprietors have a responsibility to provide a safe, clean, and well-maintained environment.

### Cleaning

Residents pay for cleaning through the Residential Service Agreement. Unfortunately, Community Visitors recorded numerous examples where SRS cleanliness standards fell short of community expectations. Examples include:

- dirty and stained walls, floors and furniture
- cigarette butts laying on the ground at every entrance
- a soiled mattress and bed base in a resident's room
- infestation of bedbugs, cockroaches and rodents in bedrooms
- urine odour in hallways and toilets
- bathrooms with dead flies and spiders and with plants growing through a window.

## Unsafe and unhealthy bathrooms

Community Visitors frequently report concerns about the condition and maintenance of bathrooms.

In one SRS, Community Visitors noted dirty showers and toilets, including mould on walls, floors and shower curtains, a broken toilet and a tile missing on the shower floor. Community Visitors raised concerns about the potential health impacts for residents sharing dirty and mouldy bathrooms.

After seeking remedy with the SRS proprietor to little effect, the concerns were escalated to the Human Services Regulator. Six months on, Community Visitors were pleased to report that a cleaner had been employed 5 days per week, the broken toilet was replaced, new shower curtains had been installed, and the mould issue was being addressed.

## Buildings and gardens

Lack of building and garden maintenance and delays in making repairs were common concerns this year. Many SRS have external areas that are not accessible to residents, due to overgrown and unkempt gardens that have become dumping grounds for rubbish, including old mattresses. This prevents residents enjoying their outdoor space and presents fire and health risks. Other examples of concern reported by Community Visitors include:

- fraying carpets which created trip hazards
- bedroom doors that are not lockable
- insect infestation due to lack of or broken flywire on windows and doors
- rising damp and associated wall and floor rot
- collapsed ceiling due to water damage
- dislodged roof capping and broken roof tiles
- air conditioners needing repair or replacement
- lack of heating
- window opening mechanisms being removed, resulting in the windows not being able to be closed in winter.

# Standard 15:

## Emergency procedures and planning

Community Visitors continue to be concerned about the inadequacies of the minimum standards relating to emergency procedures and fire safety in SRS. These inadequacies fail to protect the aged, disabled, and marginalised SRS residents.

### Fire safety

At one facility, Community Visitors noticed that the tags attached to most of the fire equipment indicated they were overdue for checks and the equipment appeared to have been unchecked for some time. They raised this with the SRS manager who followed up with the proprietors. After 5 months, and 2 subsequent visits there was no evidence the required checks had taken place. Following a notification to the Human Services Regulator the equipment was replaced, and a maintenance schedule has been implemented.

### Positive developments

#### Improving Mental health supports

For decades Community Visitor Annual Reports have advocated that mental health facilities implement key performance indicators around the use and effectiveness of discharge planning and follow-up of SRS residents.

As such, the program welcomed the introduction by the Chief Psychiatrist, in 2023, of the Transfer of Shared Care guidelines. The guidelines emphasise the risks associated with the breakdown of care for people leaving acute mental health facilities. This guideline specifically references SRS, noting that if a consumer is being transferred to an SRS, a plan for ongoing treatment, care and support must accompany them.

As noted above, difficulties remain for SRS residents in relation to mental health care and supports, but the guidelines are a positive step.

Mental health outcomes in SRS will further benefit from targeted SRS staff training by partnering agencies across 2024–25. This is to support the new regulatory requirement for SRS proprietors and managers to undertake priority mental health training, as determined by the Social Services Regulator. In the first instance, the Regulator is prioritising Mental Health First Aid training, but training in the future may also include alcohol and drug management and suicide risk response training.

### Supporting Accommodation for Vulnerable Victorians Initiative (SAVVI)

Community Visitors welcome DFFH Homes Victoria commitment to implementing long-standing recommendations of the Community Visitors Residential Services Board to better support all residents of SRS. These include:

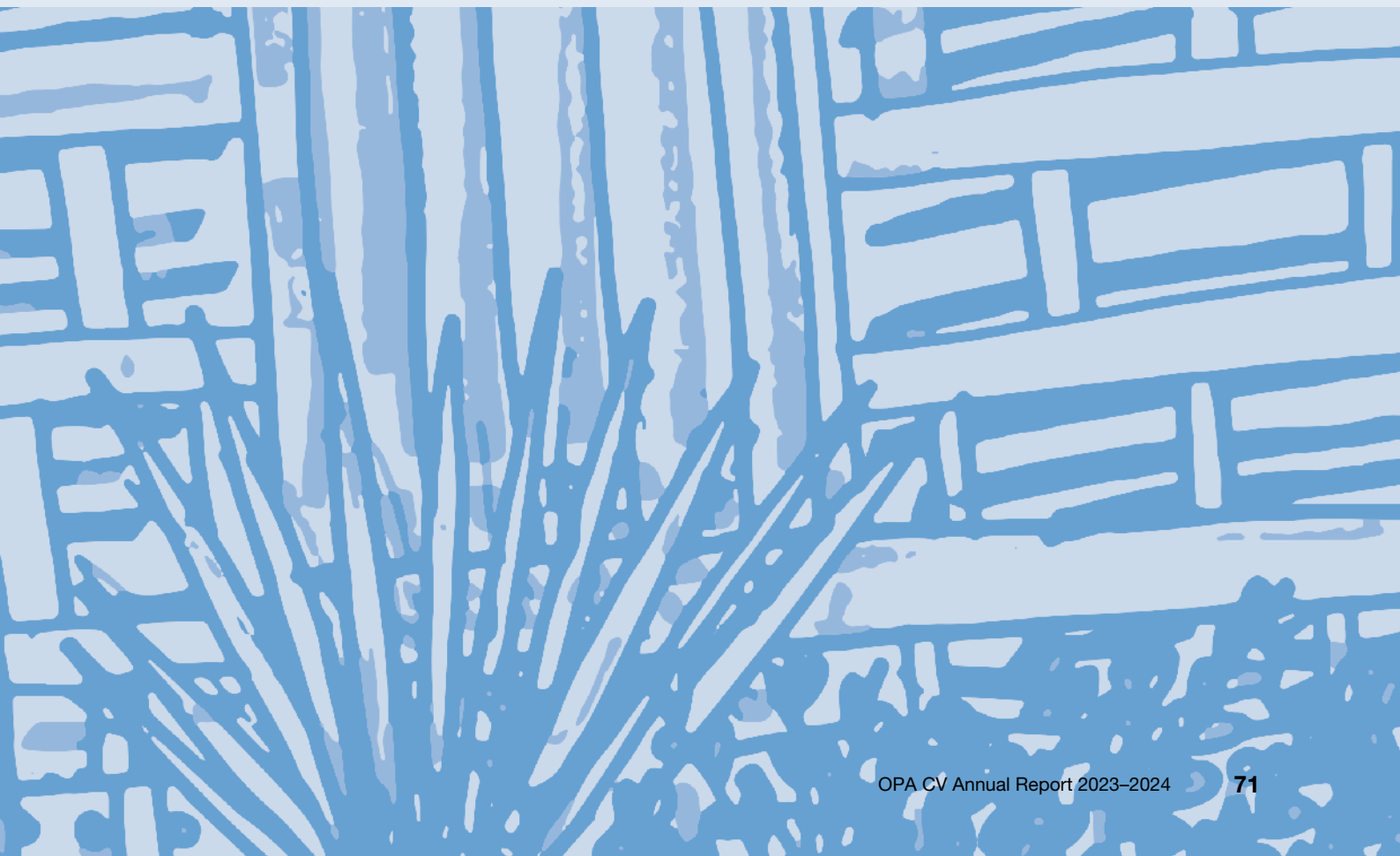
- extending SAVVI funding to the 8 pension-level SRS previously not in receipt of funds, highlighting that the focus must be on the benefits to each resident, regardless of which SRS they live in
- delivering SAVVI and Pension Level Projects (PLP) funding under a single set of guidelines. With the merging of SAVVI and PLP funding, DFFH will provide:
  - amenity and safety funds to all SRS at the same rate to make physical improvements in the SRS, for example, purchasing new mattresses
  - funding to assist SRS to access fresh fruit and vegetable for meals. There are plans to expand the program to fresh and healthy food deliveries, including quality meats and dairy
  - increased the opportunities to fund resident activities and allow residents a voice as to how that funding is spent.

### Community of Practice

The proprietor's Community of Practice provides a forum to discuss challenges between themselves or raise issues to government and aims to improve outcomes and performance outside of legislative requirements. As recommended in previous Community Visitor Annual Reports, DFFH have mandated that pension-level proprietors who receive SAVVI funding, attend the forum.

# Conclusion

Community Visitors continue to advocate for the rights and wellbeing of SRS residents who are some of the most marginalised and disadvantaged people in our community. The vulnerable population within SRS deserves better protection, support, and opportunities to live with dignity. Community Visitors implore the government to listen to their concerns and formally act on this report's recommendations.



# Community Visitors

## Advocating for SRS residents since 1991

Since 1991, Community Visitors have been advocating for the rights and interests of SRS residents who have fallen through the safety nets of society. While much has changed for the better, some challenges remain. The following are a brief selection of quotes from previous Community Visitors Residential Services Board reports over the years.

### 1991

In pension-only SRS it is not uncommon for evening meals - often soup and/or sandwiches - to be served well before 6pm and frequently between 4pm and 5pm... Where adequate food and drink is provided, it sometimes does not take account of the likes or tastes of residents.

### 1992

'If there is one thing which bedevils the life of SRS residents - in particular those residents that are pension dependent - it is not being sure exactly what they get for their money.'

'Many residents of SRS could be described as a "forgotten" or "hidden person". They have fallen through the safety nets of society. They have limited if any contact with their family, limited personal skills, limited capacity to advocate for themselves, live with a significant mental illness, disability or both and can suffer from significant health issues. Society is not aware of their existence and when it does, little is done to ease their plight.'

### 1993

'It would be gratifying to report that the last twelve months had brought significant improvements to the lives of SRS residents who are disabled and have limited income. Unfortunately, this does not appear to be the case.'

- Ben Bodna, Public Advocate

### 1996

The question of inadequate staffing ratios has been noted by visitors in hundreds of visit reports since the visiting program commenced... SRS are being asked to provide supportive accommodation to an increasing number of people previously in institutions that had relatively high staff ratios.

## > 2004

‘Community Visitors have encountered residents with a range of significant health issues who have been discharged from hospitals to SRS... (They) are concerned that there are many SRSs where the staffing level is not adequate to provide the necessary care.’

## > 2009

‘In 2007–08, there were again a large number of concerns raised by Community Visitors regarding fire safety compliance. Many of these concerns related to a lack of knowledge demonstrated by SRS staff in fire prevention.’

## > 2010

‘Concerns continue to be raised about the cleanliness of some facilities where Community Visitors have reported sticky floor surfaces, worn floor coverings, generally ageing fabric, fixtures and fittings, unrepaired water leaks, strong smells of staleness and urine, rotting flooring, broken shower screens and a bedroom without a door.’

## > 2011

‘Community Visitors remain concerned that pension-level SRS continue to admit younger residents with complex health or behaviour support needs. Many of these residents suffer from chronic drug and alcohol-use issues, as well as other diagnosed disabilities and mental illness. It is also of concern when younger residents are mixed with elderly residents.’

## > 2013

‘Healthcare issues still dominate the reporting by Community Visitors. Residents continue to be accepted with inadequate referral information and, at times, there are inappropriate placements at SRS due to the high support needs of individuals.’

## > 2016

‘Community Visitors were shocked at the ferocity of some resident-to-resident assaults, such as ... a resident (throwing) boiling water over another and other cases where residents have threatened co-residents and staff with knives.’

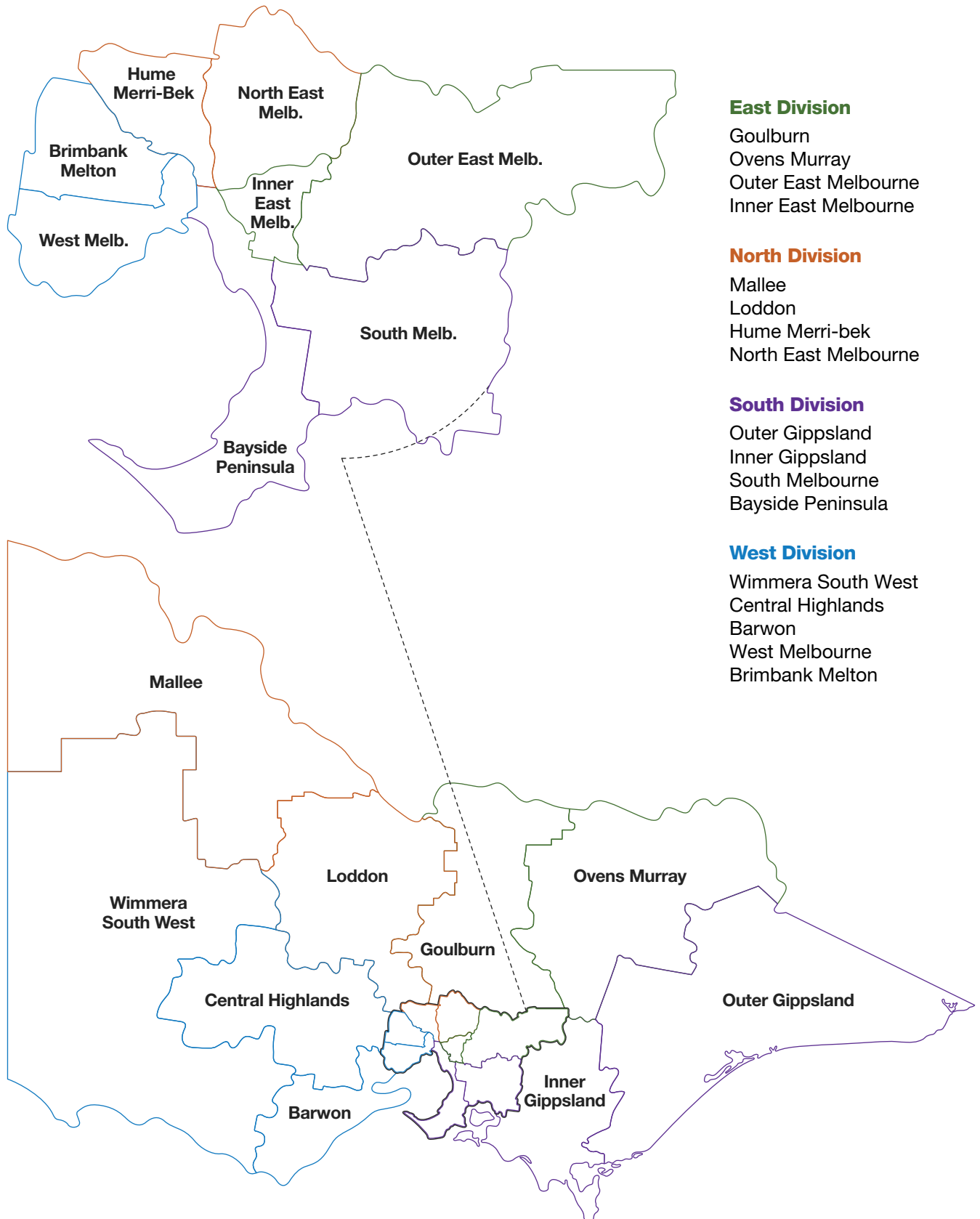
## > 2019

‘Issues concerning abuse of various kinds have unfortunately been a constant theme this year.’

## > 2022

‘Community Visitors frequently find that Personal Support Plans (PSP) are either non-existent, out-of-date or are not readily accessible. Sometimes the information recorded is scant or poorly organised or does not give an accurate picture of an individual and their support needs.’

# Appendix 1: Reporting Divisions



# Appendix 2:

# Community Visitor Volunteers 2023–24

**OPA acknowledges and thanks all Community Visitors for safeguarding the human rights of people with disability or experiencing a mental health issue this year.**

Abeyasinghe, Nanduvi	Chapman, Chris	Donaldson, Jenny	Freudenberger Kay, Anne
Ades, Deanne	Chater, Cecily	Donnell, Liz	Fryar, Leonie RC
Alexander, Ian	Chen, Yufan	Donohue, Diana RC	Gallo, Jayne
Allen, David	Chenco, Carol	Donovan, Helen	Gamser, Alex
Allwood, Robert	Chiaverini, Danielle	Doran, Wendy	Geake-Ransome, Felix
Anderson, David	Chitale, Shri	Douglas, Sheila	George, Sandra
Anglim, Bernard	Clarke, Toni	Doyle, Therese	Goy, Mark
Argyropoulos, Gudrun	Clifford, Dawn	Droney, Wendy	Goyal, Akash
Armstrong, Laurie	Cochaud, Simon	Dudfield, Francine	Graham, Eddie
Baker, Sandra	Coffey, Frances	Dunbar, Jan RC	Graham, Ruth
Ball, Joyce	Coldham, John	Dunn, Ian	Graham, Shane
Baneth, Wendy RC*	Colling, Graham	Dunn, Jennifer	Granrott, Brian
Barbuto, Christine	Collison, Terry	Dussuyer, Inez	Gray, Mandy
Barclay, Linda	Connelly, Janneane	Eddie, Anne	Gregory, Kay
Beatson, Cheryl	Connor Susan	Edwards, Megan	Grigson, Alan
Beaumont, Joan	Cooke, Julian	Elderfield, Marilou	Grint, Bill
Becket, Anne-Marie	Corro, Diane	Ellis, Dianne	Grogan, Gerard
Bellchambers, Efi	Coughlin, Robyn	Elms, Elizabeth	Gruner, Alan RC
Beniwal, Manisha	Coulter, Jeanette RC (Deceased)	Enticott, Greg	Guy, Wendy
Bevear, Antoinette	Coutts, Adele RC	Fahey, Anne	Haidar, Ghassan
Bink, Judith	Cowley, Erin	Farbrother, Mary	Hall, Janet
Bird, Margaret	Crebbin, Bryan RC	Farquhar, Helen	Hall, Julie RC
Blythman, Marion RC	Cromarty, Fiona RC	Faulkner, Beth RC	Haouchar, Sam
Boland, Dominic	Cross, Patricia RC	Fawcett, Gillian	Hargrave, Sally RC
Bowen, Nadine	Crutchfield, Graeme	Featonby, Lynne RC	Harris OAM, Lynette
Boydell, Ruth	Da Silva Bernardo, Miguel	Fenwick, Jennifer	Harris, Ian
Brain, Mark	Davies, Ian	Ferguson, David RC	Harris, Jude
Brewin, Robyn	Davies, Wendy	Findlay, Jeanette	Harrison, Ian
Broughton, Sheena	Davison, Pat	Findlay, Roger RC	Hart, Tanya
Brown Deidre	de Korte, Geraldine	Fitzgerald, Judy	Hartelt, Vera
Bryant, Lorraine	Devidas, Bev RC	Flanagan, Christy	Hayes, Grace
Buckles, Ian RC	Dickinson, Graham RC	Fontana, Maureen RC	Hayes, Lynette
Burgess, Diane	Dimer, Christine	Ford, Gen	Heath, John
Campbell, Heather	Dingli, George	Forde, Christopher	Heath, Robyn
Cantoni, Mary-Rose	Dobes, Alex	Forsyth, Jan	Henderson, Neil
Carrasco, Gerard	Dobrynski, Kerrie	Fourie, Natalie	Hendrie, Richard
Castanelli, Ken	Donaldson, Aimee	Fowler, Debbie	Henry, Jennifer
Cerra, Pat RC		Freeman, Ian	Heron, Judy

\* Regional Convenor

Hewavitharana, Pradeep	Markowicz, Linda	Rawicki, Helen	Trevillyan, John
Hickey, Bill RC	Marlow, Rohan	Ray, Ann	Tribe, Helen
Hickey, Robyn	Matthews, Brian	Ray, Neil	Trompf, Julie
Holland, Wendy	Maugey, Julian	Reardon, Jenny	Tunstall, Merrill
Hopkins, Kris RC	Mayne, Wendy	Reid, Jill	Turnbull, David
Horan, Pat	McBeath, Ian	Rewell, Sue RC	Turner, Gary
Howlett OAM, Mary	McCallum, Valerie	Rhodes, Maureen RC	Turton, Amy
Inglis, Kim RC	McCarthy OAM, James	Rice, Joanne	Ulakova, Rakhat
Isaacs, Dallas	McCarthy, Patrice	Richards, Dean	Vaitkus, Darryl
Jack, Felicity	McCarthy, Rachael	Ritchie, Julie	Vanderhoek, Martha
Jacka, Sue	McCormack, Margaret	Roberts, Rhonda	Vandersman, Carmel
Jacob, Beverly	McDermott, Fiona	Robertson, Evelyn	Veneracion, Antonia
Jambrich, Thomas	McElwee, Stephen	Robertson, Kerrie	Walker, Kate
Jamel, Hibba	McGennissen, Paddy	Roche, David	Walker, Kay
James, Mary	McGowan, Catherine	Rogers, Mark	Wallace-Clancy, Lynn RC
Johnson, Lyn	McGrath, Irene	Rosolini, Andreina	Waluk, Sebastian
Johnson, Raymond	McLachlan, Deborah RC	Ross, Melinda	Waters, Betty
Jolley, Prue	McLeish, Heather	Roth, Pam	Watt, Melinda
Jones, Robyn	McNena, Margaret (Meg)	Rothstadt, David	Weishardt, Brenda
Jonker, Debbie	McPhee, Louise RC	Rothwell, Suzanne	Weliwattege, Senuri
Jordan, Belinda	McRobert, Catherine	Rozario, Ash	Wellard, Sally
Judkins, Lynda	Mercieca, Kristen	Rubinstein, Linda	Wereta, Wendy
Juniper, Don	Meredith, Greg	Russell, Barbara	Whitelaw, Peter
Katamish, Boudie	Messenger, Laurie	Schepisi, Frances	Whitmore, Micheal
Kearney, Jacintha	Miller, Michelle	Scholz, Axel	Whittle, Peter
Kelly, Judy	Miller, Wendy	Seren, Diane	Wilde, Dianne
Kennedy, Amanda	Mobach, Nina	Seymour, Natalie	Williamson, Jane
Kerr, Jenny RC	Moore, Joanne	Shaw OAM, Rosemary	Williamson, Jo
Khan, Raveena	Munro, Marj RC	Shawyer, Tracey	Williamson, Ros
Khan, Sabiha	Murphy, Alan RC	Sheehan, Rob	Wilson, Elaine
Khan, Saima	Murray, Kerry	Shiek, Daphne	Winch, Karen
Kiley, Brian	Mutubuki, Gerald	Simmons, Paul	Winter, Sheila RC
Kimberley, Helen	Napolitano, Alexander	Simpson, Julie	Wood, Lyn RC
King, Debbie	Nesci, Ursula	Singh, Mohan	Woodcock, Trish
Krakowiak, John	Ng, Craig	Singleton, Kim	Woodrow, Rhonda
Lagerwey, Tineke	Nield, Lynda	Sivakumar, Puvana	Worland, Peter
Larking, Emma	Nilsen, Susan	Smith, Beverley	Wraith, Janet
Lau Gooley, Suzanne	Nind, Ashley	Smith, Phillip	Yandell, Helen
Lawler, Sandra RC	O'Brien, Sue RC	Smith, Royce	
Lawrence, Jayne	O'Donoghue, Kim	Smyth, Nicole	
Lee, Debra	O'Dwyer, Kathleen	Soemardjo, Nita	
Lee, Lee	O'Neill, Janine	Sonenberg, David	
Leeman OAM, Lawrie RC	O'Neill, Rebecca	Sparrow, Helen	
Leeman, Robyn	Osborne, Jenny	Stafford, David	
L'Estrange, Patrick	Ottaway, Jack	Steadman, Ray RC	
Lewis, Glynn	Ould, Brett	Stein, Gideon	
Lewis, Jessica	Parker, Andrew	Stonehouse, Robyn	
Lewis, Lynette RC	Parker, Robin	Straney, Suzanne	
Lewis, Naomi	Patchett, Wendy	Summons, Sheryl	
Lewis, Rob RC	Peace, Craig	Swiger, Robert	
Libbis, Beverley	Peterson, Linda RC	Szeker, Dominic	
Licata, Nuala	Peterson, Stephen	Tacey, Anne	
Lindner, Eric	Pickthall, Linda	Tait, Anne	
Lloyd, Vashti	Pietruschka, Max	Tait, Rosemary	
Lovell, Holly	Pittman, Kevin RC	Talacko, Anna	
Lush, Jennifer	Plunkett, Lesley	Thomas, Cheryl	
Maher, Carole	Prakash, Regina	Thompson, Sue-Anne	
Mapa, Dinuka	Price, Nancy	Thornton, Graeme	
Marie, Jessica RC	Pridmore, Vicki	Thorsen, Kerren	
Mark, Jayne	Quinn, Margaret	Thurrowgood, Rosslyn RC	

# Appendix 3:

## Facilities eligible to be visited

**Community Visitors are Victorian Governor in Council appointees who have powers to visit these facilities and services under legislation.**

### Supported Residential Services

- Acacia Gardens
- Acacia Place
- Achmore Lodge
- Acland Grange
- Adare Supported Residential Care
- Alexandra Gardens
- Allbright Manor
- Alma House
- Angus Martin House
- Arnica Lodge
- Balmoral
- Bamfield Lodge
- Belair Gardens
- Bella Chara
- Berwick House
- Blue Willows Residential Aged Care
- Brooklea Lodge
- Brooklyn House
- Browen Lee Lodge SRS – Brown Hill
- Brunswick Lodge
- Burwood Lodge
- Caulfield House
- Caulfield Manor
- Cause
- Chatsworth Terrace
- Chippendale Lodge
- Coorondo Home
- Corandirk House
- Covenant House
- Cranhaven Lodge
- Crystal Manor
- Daisy Home
- Darebin Lodge
- Doncaster Manor
- Dorset Lodge
- Dunelm
- Edwards Lodge
- Elgar Home
- Eliza Park
- Eltham Villa (Closed 20/2/24)
- Fermont Lodge
- Ferntree Gardens
- Ferntree Manor
- Finchley Court
- Footscray House
- Galilee
- Glenhuntly Terrace
- Glenville Lodge
- Glenwood Assisted Living
- Golden Gate Lodge (Closed 16/12/23)
- Gracedale Lodge
- Gracevale Grange
- Gracevale Lodge
- Grand Villa Mentone
- Greenhaven
- Greenslopes SRS
- Hamble Court
- Hampton House
- Harrier Manor
- Hawthorn Grange
- Hawthorns Victoria Gardens
- Hazelwood Boronia
- Hillview Lodge
- Hollydale Lodge
- Iris Grange
- Iris Manor
- Jasmine Lodge
- Kallara Care – Bendigo
- Karinya
- Kew Supported Residential Service
- Kilara House
- Kooralbyn Retirement Lodge (Closed 20/05/24)

- Kyneton Lodge
- L'abri
- Lilydale Lodge
- Manalin House
- Maroondah House Supported Residential Service
- Mayfair Lodge
- Melton Willows
- Merriwa Grove (Closed 17/08/23)
- Mont Albert Manor
- Mornington House
- Murphy House
- Northern Terrace
- Parkland Close
- Pineview Residential Care
- Prime Garden
- Princes Park Lodge
- Queens Lodge
- Raynes Park Court
- Reservoir Lodge
- Rosewood Downs
- Rosewood Gardens
- Royal Avenue
- Sandy Lodge
- Seaview House Residential Care
- Sunset Waters
- Southcare Lodge
- St James Terrace
- Stewart Lodge
- Sunnyhurst Gardens
- Themar Heights
- Trentleigh Lodge
- Viewmont Terrace
- Warranvale Gardens
- Wattle-Brae
- Waverley Hill SRS
- Westley Garden
- Westpeak Residential Services Belmont
- Westpeak Residential Services Surfcoast
- Westpeak Residential Services Vermont
- Whitehaven

### **Mental Health Providers**

- Albury Wodonga Health
- Alfred Health
- Austin Health
- Barwon Health
- Bendigo Health
- Eastern Health
- Forensicare (Victorian Institute of Forensic Mental Health)
- Goulburn Valley Health
- Grampians Health

- Latrobe Regional Hospital
- Lyndoch Living
- Melbourne Health
- Mercy Health
- Mildura Hospital
- Monash Health
- North East Health Wangaratta
- Northern Health
- Peninsula Health
- Royal Children's Hospital
- South West Health Care
- St Vincent's Hospital Melbourne
- Stawell Regional Health
- Western District Health Service
- Western Health

### **Disability Service Providers**

- Ability Assist
- Ability Hut
- Able Australia
- ACSO (formerly Australian Community Support Organisation)
- AGAPI Care Inc.
- Alkira Centre - Box Hill Inc.
- Amicus
- Annecto Inc.
- Araluen
- Aruma (formerly House with no Steps & Tipping Foundation)
- Asteria Services Inc
- Bayley House
- Care Choice
- Carinya Society
- Claro Aged Care and Disability Services
- Colac Otway Disability Accommodation Inc.
- Community Living and Respite Services Inc.
- ConnectGV
- Cooinda-Terang Inc
- Department of Families, Fairness and Housing
- DPV Health (formerly Plenty Valley)
- Encompass
- ermha365
- Expression Australia
- Focus Individualised Support Services
- Gateways Support Services
- Gellibrand Residential Services Inc
- genU
- Golden City Support Services
- Healthscope Independence Services
- IDV Inc (formerly Ivanhoe Diamond Valley)
- Independence Australia
- InLife Independent Living
- Jesuit Social Services Limited

- Jewish Care (Victoria) Inc.
- Jigsaw Blue
- Journey Health Solutions
- Kirinari Community Services Inc.
- Kyeema Support Services Inc.
- Life Without Barriers
- Mansfield Autism Statewide Services (formerly Mansfield Autistic Statewide)
- McCallum Disability Services Inc.
- Melba Support Services
- Melbourne City Mission Inc.
- MH&R Holdings
- Mind Australia
- Mirridong Services Inc.
- Monkami Centre Inc.
- Multiple Sclerosis Ltd
- Nadrasca
- NewDawn Support Services
- NEXTT (formerly AAA Nextt)
- Noracom
- Noweyung Limited
- OC Connections
- ONCALL Group Australia
- One Doorway
- PALS (Providing All Living Supports)
- Pinnacle Inc.
- Possability
- SASI (formerly Statewide Autistic Services)
- Scope Australia
- South Stay Disability Services (formerly Southern Way)
- Sunraysia Residential Services Inc
- St John of God Accord
- Sunrise2Sunrise
- TRIO Support Services
- Uniting (Victoria & Tasmania Ltd)
- VMCH (formerly Villa Maria Society)
- Wallara Australia Ltd
- We Are Vivid (formerly Vivid)
- Woodbine Inc.
- Yooralla



Office of the  
Public Advocate

Apply  
Today

# Now recruiting

The Office of the Public Advocate is looking for people to volunteer as Community Visitors



Community Visitors safeguard the human rights of people with disability or mental health conditions by visiting accommodation facilities, monitoring and reporting on the services provided. They are the eyes and ears of the community, communicating with residents or consumers to ensure they are being treated with dignity and respect.

These are unique volunteer positions which are official Victorian Governor in Council appointments. Training and reimbursement of expenses are provided.

**'This volunteer role is always interesting and challenging. Most satisfying is meeting the residents and carers on a regular basis and seeing changes for the good actually happening.'**

**Community Visitor**

Contact the  
OPA Volunteer Coordinator:

1300 309 337  
communityvisitors@justice.vic.gov.au

publicadvocate.vic.gov.au

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