

Community Visitors



Office of the  
Public Advocate

# Annual Report

## 2022-2023

Safeguarding people  
with disability and  
mental illness



Disability Services . Mental Health . Residential Services





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### **About the cover image**

Adrian Segon

*Adrian's House*, 2019

lightfast pen on paper

420 x 594 mm

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### **About the artist**

Adrian's images are representations of his inner thoughts and outer experiences. Where most of us use words to communicate Adrian uses his art. As an artist Adrian draws upon his private world producing images that captivate the viewer and invite us to share in these with him. Patterning, intricate detail and his emotive use of colour produce a vibrancy that gives life to Adrian's beautiful works.

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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 2022–2023

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OF THE PARLIAMENT OF VICTORIA, 2023

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# Letter of Transmission

16 November 2023

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 2022–2023**

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

In 2022-2023, 384 appointed volunteer Community Visitors and their 117 trainees conducted 3793 visits at 1270 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

This year, Community Visitors have returned to face-to-face visiting with renewed energy as COVID-19 restrictions further eased across the state.

## Introduction

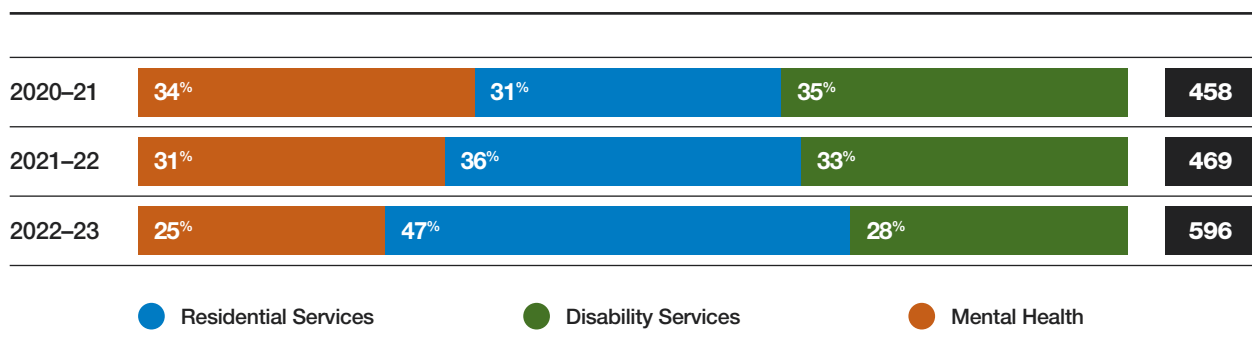
In 2022–2023, of the 384 appointed Community Visitors, 357 active Community Visitors and their 117 trainees visited 1270 facilities across Victoria. They completed 3793 visits and identified 5713 issues with the services used by people with disability and mental health issues.

Despite many volunteering organisations across Australia reporting challenges with recruiting volunteers since the COVID-19 pandemic, and with added cost-of-living pressures, the Community Visitors program continued to receive steady applications from across the state. This year, 73 new Community Visitors were appointed by the Governor-in-Council and 59 existing Community Visitors were re-appointed for an additional three-year term. Overall, my office received 551 inquiries about volunteering in 2022–2023.

## Abuse, neglect, and violence

This year, Community Visitors have reported an overall increase in abuse, neglect and violence for the people they visit. In the year that the much-anticipated final report of the Disability Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission) will be tabled, Community Visitors directly observed the negative impacts of the congregation and segregation of people with disability and mental health issues in the places they visit.

**Figure 1: Community Visitor reports of abuse, neglect and assaults across all streams, 20/21–22/23**



On 1 September 2022, I gave evidence at public hearing 26 of the Disability Royal Commission using information from Community Visitor visit reports on Supported Residential Services. I spoke about ongoing problems with double-dipping, potentially fraudulent behaviour, sub-standard living conditions, resident-to-resident violence, and concerns about new unregulated housing options.

Over the past few years, there have been marked improvements in information sharing and cooperation between Community Visitors and the Human Services Regulator in the Residential Services stream. However, Community Visitors continue to be denied information from other bodies required to perform their statutory duties.

Ten years after the launch of the National Disability Insurance Scheme (NDIS), Community Visitors are still waiting for information-sharing agreements with the National Disability Insurance Agency (NDIA) and the NDIS Quality and Safeguards Commission (NDIS Commission). As of 30 June 2023, Community Visitors do not even have access to a list of visitable properties from the NDIA despite multiple requests. This means that people at risk of abuse, neglect and violence are denied their right to the safeguarding Community Visitors offer.

## Change on the horizon

Across all three streams of the program, Victorian Community Visitors are facing significant changes to where and who they can visit, to the principles and standards applied to service providers, and to escalation pathways.

On 23 May 2023, the Disability and Social Services Regulation Amendment Act 2023 became law in Victoria, making many more properties visitable in the Disability Services stream. The Victorian government has not yet committed additional funding to the program to ensure that all newly eligible people will be visited.

From 1 September 2023, the new *Mental Health and Wellbeing Act 2022* comes into force. The Act provides Community Visitors with new powers to conduct remote visits, take photos and to view incident reports in mental health units across the state.



**The Community Visitors program continued to receive steady applications from across the state.”**

**Colleen Pearce**  
Public Advocate



In the second half of 2023, a regulator will be appointed to the new Social Services Regulator, which replaces the current Human Services Regulator. The Social Services Regulator will have responsibility for the regulation of Supported Residential Services, as well as services for children, youth and families; family violence services; homelessness services; and disability services outside the NDIS. The Social Services Regulator formally commences on 1 July 2024. Community Visitors have high expectations that the new regulator will maintain the successful formal protocol that the Human Services Regulator currently has with Community Visitors.

Community Visitors also hope to see transformative systemic improvements following the release of the Disability Royal Commission’s final report in September 2023. Community Visitors have made an incredible contribution to the Commission, appearing at two public hearings, and contributing many case stories for submissions. In October 2023, the NDIS Independent Review (NDIS Review) will hand down its report and will make recommendations about safeguarding. We expect to see changes that affirm and strengthen the role of Community Visitors, and that improve safeguarding for all people with disability and/or mental health issues.

There is also a national conversation emerging about the role and future of Community Visitor schemes across the country following multiple reports and inquiries, including the 2018 WestwoodSpice Review, the 2020 Report of the South Australian Safeguarding Task Force, the 2020 Roberston Review into the death of Ann-Marie Smith, and a 2021 Joint Standing Committee inquiry report. These reports and inquiries, combined with perspectives that will emerge following the Disability Royal Commission and NDIS Review, will open up opportunities to reform schemes. This must lead to the adequate allocation of resources to ensure people can access the safeguarding they are entitled to.

It will be essential to also clarify and mark out the separation between the role of government agencies and regulators, including the NDIS Commission, in holding services to account for practice standards and reporting requirements, and the role of Community Visitors to take a broader view on the rights and wellbeing of people with disability regardless of who funds the services they use.

## Thank you

For more than 35 years now, Community Visitors have reported on good and poor practice in the places people with disability and mental health issues live and receive services in Victoria. I commend them for their service to and for the entire Victorian community.

Community Visitors have approached each visit this year as ordinary community members with an extraordinary purpose. They have considered whether they themselves would be satisfied with the quality of life of the people they visit, and whether it would be good enough for their own family, friends and for the Victorian community.

On behalf of the Community Visitor boards and the staff of the Office of the Public Advocate, I wholeheartedly congratulate Community Visitors and their trainees on the commitment and tenacity they have demonstrated this year. This 35th annual report of the Community Visitors documents their outstanding safeguarding work.

**Table 1: Number of active Community Visitors and number of visits, 22/23**

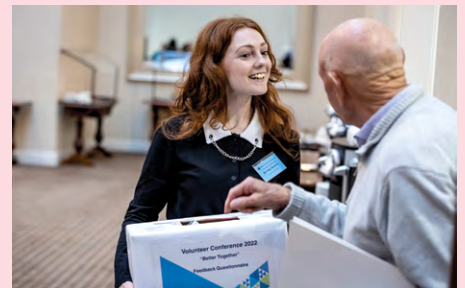
Stream	Active Community Visitors	Visits
Disability Services	228	2178
Mental Health	60	870
Residential Services	69	745
<b>Total</b>	<b>357</b>	<b>3793</b>

**PUBLIC ADVOCATE STORY**

# Happy 35th Birthday Community Visitors



Community Visitors celebrated the 35th anniversary of the launch of the program at the Office of the Public Advocate Volunteer Conference in October 2022. Board members (from left to right) pictured below – Anne Fahey, Mental Health Board; David Stafford, Residential Services Board; Linda Peterson, Disability Services Board; Colleen Pearce, Public Advocate and Chairperson.

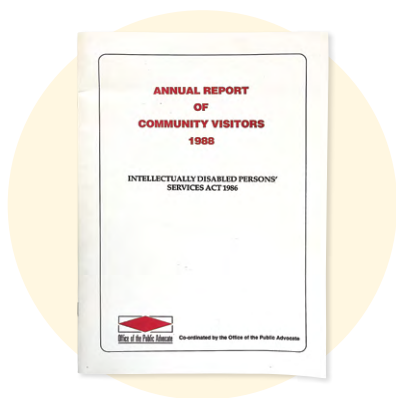


# 35 years of Community Visitor Annual Reports

**In 2023, the Community Visitors submit their 35th annual report for tabling in the Victorian Parliament.**



**Cover of Annual Report of Community Visitors, 1988.**



The first group of Community Visitors were appointed on 22 December 1987, with the program formally launched 6 weeks later by the Governor of Victoria. The program replaced the Official Visitors scheme, which had been in place to inspect Victoria's institutions since the late 1800s. The design of the new Community Visitors program was based on the firm conviction that community connections and social protection from cruelty is best delivered by ordinary people with the power to report to Parliament.

Community Visitors presented their first annual report to the government in May 1988, documenting appalling living conditions of people with disability and mental health issues, many of whom were permanent residents of large institutions that have now closed:<sup>1</sup>

They also described issues that today's Community Visitors have reported in this year's annual report - staff needing more access to training; imaginative, creative, and hardworking staff doing their best under difficult conditions; lack of meaningful activities; and pervasive abuse and neglect.

Over the past 35 years, Community Visitor annual reports have focused on similar and recurring themes, including:

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how services uphold or infringe on people's rights and wellbeing

---

the physical and environmental state of buildings and the lack of housing alternatives

---

the impact of congregation and institutionalisation on people, staff and policy-makers

---

lack of access to leisure, recreation, culture and community

---

lack of adequate individualised funding

---

coercion, punishment, restrictive practices and compulsory treatment; and

---

abuse, neglect, and violence.

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**1** 'Of the five hundred residents only half had any activities at all. About 60 worked assembling clothes pegs on the grounds, another 60 had some domestic duties around the wards, 87 had some form of organised social life (in one locked ward this number included those more favoured people who were let out for a few hours per week to be escorted to the Kiosk). The remaining 250 residents had no activities of any kind and spend their entire waking lives looking at the wall or pacing the ward or the grounds. Many residents do not leave the ward at all for days, weeks or months.'

*Annual Report of Community Visitors, 1988, p. 14.*



↑  
Office of the  
Public Advocate  
staff in 1989.



Many of the people who lived at those large Victorian institutions are still visited by Community Visitors in group homes, mental health units, and Supported Residential Services. And while Community Visitors were pleased to see the end of large institutions throughout the 1990s and 2000s, they continue to document in their annual reports the harmful impact of ongoing institutional attitudes, policies and practices, which are perhaps more insidious than physical walls because they are harder to see and much more difficult to dismantle.

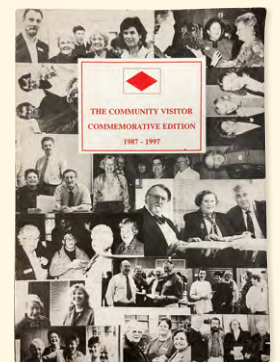
The purpose of Community Visitor annual reports is to translate what volunteers have observed and documented during their visits into a formal record for government and so that the public has a window into the lives of people who are often hidden and forgotten. Each annual report is a snapshot in time – a history told, year on year, about the lives of Victorians with disability and mental health issues from the perspective of ordinary people who volunteer to bear witness to, and report on, their living conditions.

In 1988, the Community Visitors annual report reported on what they had seen at places like the Janefield Training Centre in Bundoora, at Kew Cottages, at Mayday Hills in Beechworth, at Aradale Hospital, at Caloola and Colanda. They wrote:<sup>2</sup>



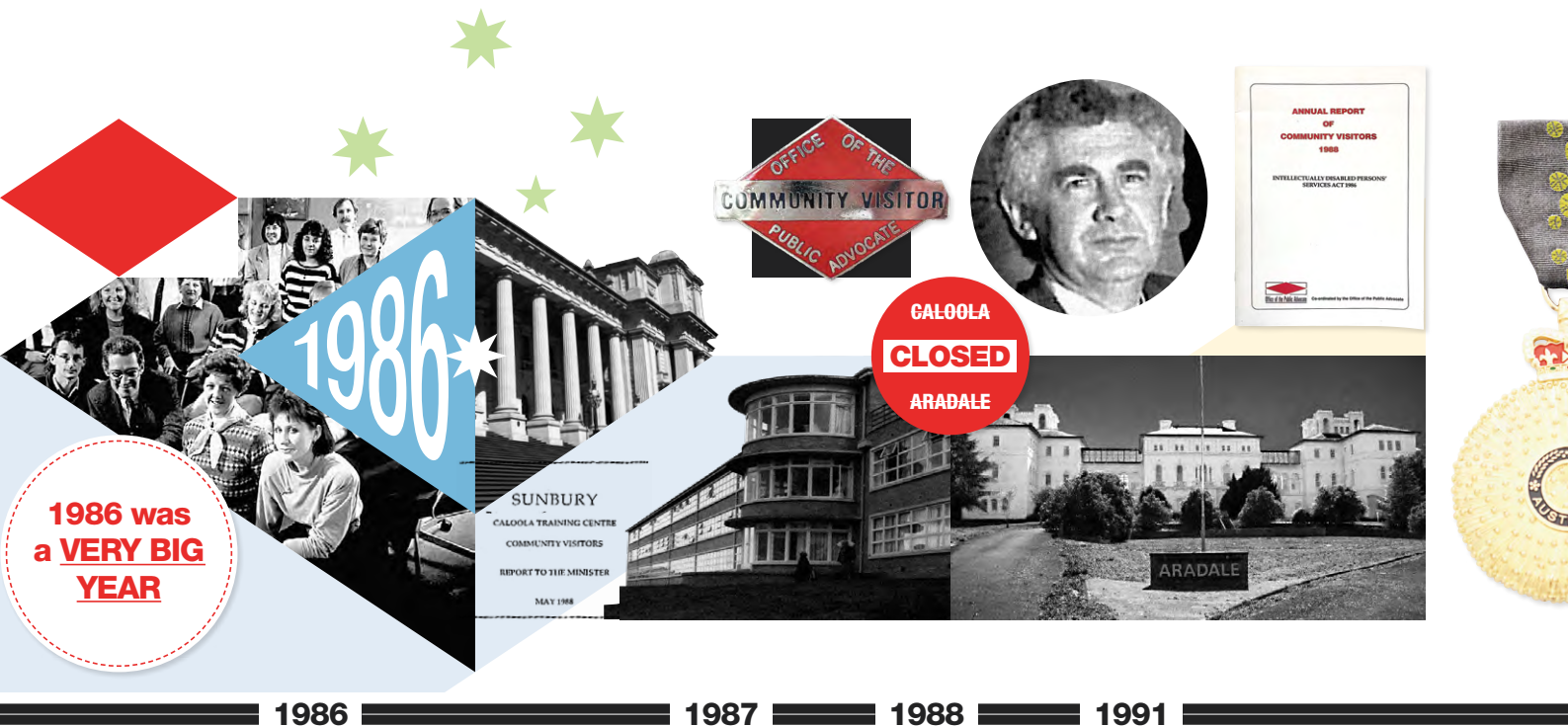
2 'Community Visitors will not shirk the issue, they will demand that the best conditions are seen as a right and not as a privilege.'

*Annual Report of Community Visitors, 1988, p. 5.*



↑  
Front cover of  
Community Visitor  
Commemorative  
Edition, 1987-1997

# Watershed moments: Community Visitors Program



1986 was a **VERY BIG YEAR**

1986

1987

1988

1991

## 1986

### In the beginning— 1986 was a very big year.

In 1986, three Acts of Parliament, enable the Community Visitors Program to be established.

- *Guardianship and Administration Act 1986*
- *Intellectually Disabled Persons Services Act 1986*
- *Mental Health Act 1986*

## September 1987

### Opening the doors.

The Office of the Public Advocate, including the Community Visitors Program, opens in Drummond Street, Carlton. In December 1987, the first group of Community Visitors is appointed by the Governor-in-Council. By June 1988 there are 168 Community Visitors.

## 1988

### Explosive report by Community Visitors.

The Community Visitors' report to the Minister on Caloola Training Centre, Sunbury *Violence at Caloola*, helps lead to its closure.

## May 1991

### Further exposure of institutions failing people with disability.

Following the reports of Community Visitors, OPA informs the Minister of its concerns for the well-being of residents of Aradale Hospital and Residential Services leading to an investigation and its later closure.

## 1991

### Expansion of Community Visitors into private supported accommodation houses.

Visits to Supported Accommodation Houses (now SRSs) are added to the responsibilities of Community Visitors under the *Health Services Act*.

1986-2023

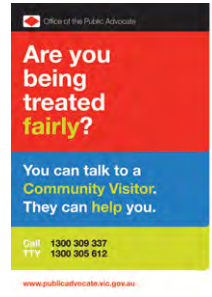


## Report slams disabled care

**Even if all staff were perfect and management impeccable, the care of people with intellectual disabilities in the state would still be inadequate.**

The report also lambasted the Victorian Government for its failure to fund the program adequately. It said the state government had spent less than half the amount needed to provide a decent standard of care for people with intellectual disabilities.

The report also criticized the Victorian Government for its failure to fund the program adequately. It said the state government had spent less than half the amount needed to provide a decent standard of care for people with intellectual disabilities.



1993

1994

1996

1998

2002

### November 1993

#### Community Visitors Program under threat with change of government.

Through Department of Health and Community Services inaction, the re-appointment of over 100 Community Visitors does not occur, leading to a critical situation. The state government announces a review of the Community Visitors Program but in December 1993, the program co-ordinator receives correspondence advising that the appointments would proceed and the program would not be reviewed.

### January 1994

#### First Community Visitor honoured with Order of Australia award.

Marjorie Phillips receives the Medal of the Order of Australian for 'services to people with intellectual disabilities' as a Community Visitor. There are now 370 Community Visitors across Victoria.

### April 1996

#### Tragic fire at Kew kills nine men with intellectual disability.

A fire in a unit at Kew Cottages kills nine men living there and the first hearing of the Coroner's Kew Fire inquest held. In October 1997, the Coroner found that the men died in the fire because of neglect by successive state governments. OPA takes a prominent role in the inquest, drawing on the reports of Community Visitors.

### May 1998

#### The Program is independently evaluated – 'ideal role' identified.

An evaluation report of the Community Visitors Program to the Department of Human Services recommends that the ideal role of Community Visitors is the identification of individual consumer problems discerned through regular visitation. This established the advocacy role of Community Visitors. The role of independent volunteers was strongly endorsed.

### May 2002

#### Community Visitors cited in decision to close Kew Residential Services.

Premier Steve Bracks and Community Services Minister Sheryl Garbutt cite Community Visitors' reports in their announcement of the closure but it was not completed until 4 June 2008.

# 1986–2023



## Cover-up of abuse stuns disability sector

By MICHELLE GRIFFIN SOCIAL AFFAIRS EDITOR  
 Three DHS staff have now been stood down from their jobs and another is on leave.  
**THE INCIDENT MARCH 6, 2008**  
 Ms White confirms that she signed the preliminary report.



2007

2009

2011

2016

### 30 March 2007

#### Australia signs the Convention on the Rights of Persons with Disabilities.

Australia signs the United Nations *Convention on the Rights of Persons with Disabilities*, signifying its acceptance of the human rights of people with disabilities. The *Victorian Charter of Human Rights and Responsibilities Act 2006* comes into effect on 1 January 2008.

### 8 June 2007

#### A change in focus for the program.

At the 20th Anniversary Conference of the Community Visitors Program, the vision is reset to a focus on “the people and the services they need rather than the facilities that shelter them”.

### June 2009

#### Two steps forward, one step back.

Publication of *Two steps forward, one step back: an analysis of five years of Community Visitor Annual Reports 2003-2007*.

### October 2009

#### CV project reveals psychiatric patients kept in locked accommodation much longer than allowed.

The *Herald Sun* and *The Age* champion the results of the Community Visitors ‘Long-stay patient project’ which finds 99 mental health patients have been locked in secure extended care units (SECU) well beyond their treatment period, one for 21 years.

### 3 March 2011

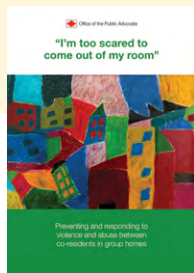
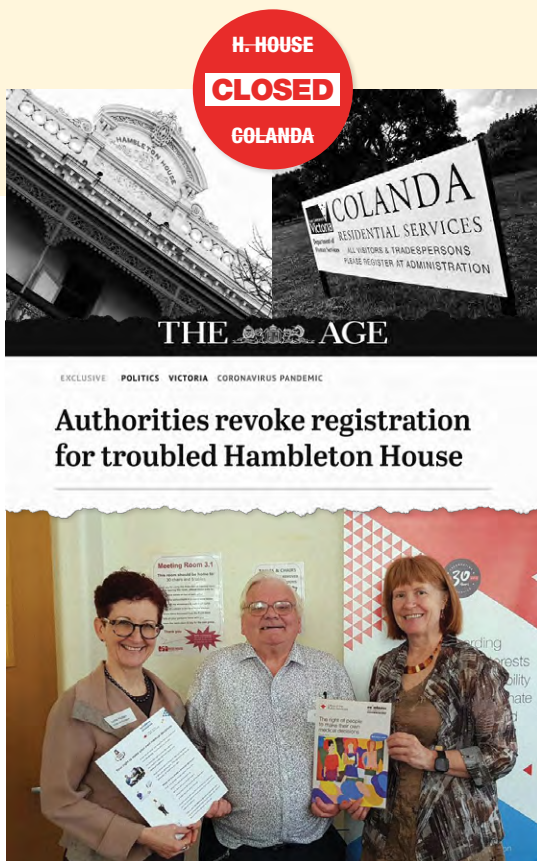
#### Ombudsman’s investigation upholds CV reports of mistreatment.

Following persistent questioning by Community Visitors, the Ombudsman finds that Department of Human Services staff covered up a violent incident in which a man sustained second degree burns and was left untreated for 24 hours.

### 2016

#### NDIS rolls out massive changes.

The official national rollout of the NDIS begins along with the transfer of services at hundreds of state government disability accommodation sites to non-government providers, shifting escalation pathways for Community Visitors. There are also changes to tenancy rights for people in group homes.



2018 2019 2020 2022 2023

**December 2018**  
**COAG commissions report on Community Visitor Schemes across Australia.**

The Community Visitor Schemes Review commissioned by COAG investigates whether Community Visitor Schemes should have a role in preventing abuse, neglect and exploitation under NDIS. It found that Community Visitors Schemes do have a safeguarding role, and recommended nationally consistent reporting arrangements and practices.

**2019**  
**Last of the big institutions closes.**

Closure of Colanda in Colac, the last large-scale institution in Victoria for people with intellectual disability. Community Visitors support residents through the long process and continue to report on their well-being in the community.

**December 2019**  
**CVs reveal extent of abuse in disability group homes.**

OPA publishes the report *"I'm too scared to come out of my room": Preventing and responding to violence and abuse between co-residents in group homes*. This report includes case studies from Community Visitors annual reports. The report was tabled as part OPA's submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability at its Melbourne public hearings on 3 December 2019.

**August 2020**  
**Is anybody out there?**  
 Hambleton House SRS is closed by state government after years of reports on appalling conditions by Community Visitors. More SRS closures follow with changes in the government's regulatory focus.

**October 2022**  
**Review of NDIS and role of Community Visitors.**

An independent review of the NDIS is announced with the role of Community Visitor Schemes canvassed. Report to government due in October 2023.

**28 September 2023**  
**2023 Disability Royal Commission concludes.**  
 The final report to be released after 4 years of hearings and evidence.

2023

# 2022–2023 Snapshot

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**384**

Community Visitors

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**1270**

Facilities visited

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**5713**

Issues identified

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**3793**

Visits completed

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**149**

Visits requested<sup>3</sup>

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**117**

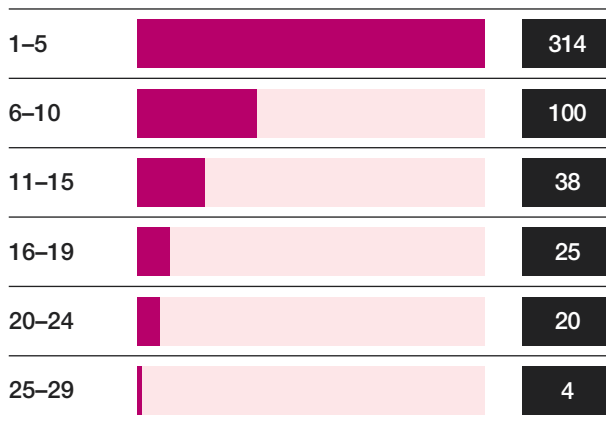
Trainees

<sup>3</sup> Community members who have contacted OPA to request an urgent visit

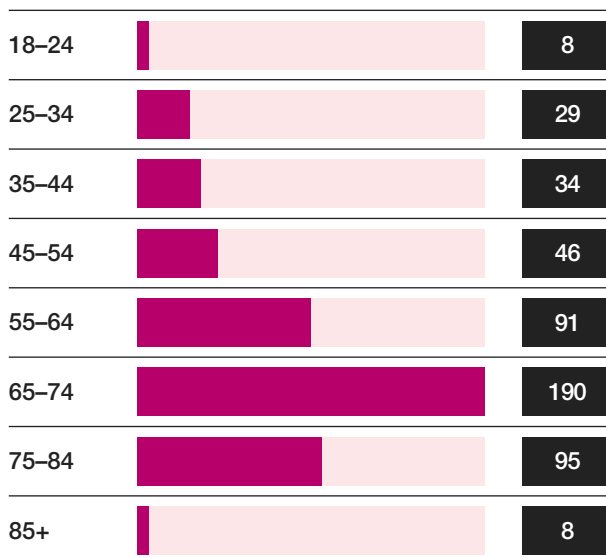
# 596

Issues raised with services on abuse, neglect, and violence

**Figure 2: Community Visitors & trainees by years of service, 22/23**



**Figure 3: Community Visitors & trainees by age, 22/23**



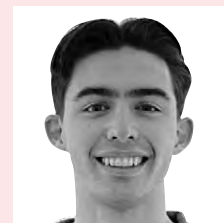
**Volunteer Profile:**

**Dominic Boland**

MH Stream

**Dominic is one of the program's longest serving volunteers at 27 years**

"My wife had a mental illness and spent a lot of time in various mental health wards in most states of Australia. I saw how she was treated and that she was told what to do and didn't have a voice, so I joined to make a difference and give people a voice. There is still a long way to go with attitudes, but it has become more open and collaborative. I have kept going for so long because it is something that I am very passionate about."



**Volunteer Profile:**

**Felix Geake-Ransome**

DS Stream

**Felix is 25 years old and one of the program's youngest volunteers**

He is a student at Melbourne Law School and has recently completed a Bachelor of Arts majoring in Economics and Politics.

"I volunteer as a Community Visitor because I want to help vulnerable Victorians make their voices heard. Victorians with disabilities are vulnerable to many things — neglect, abuse, and exploitation — and are often unable to express their needs and concerns because of institutional barriers. It has been my privilege to advocate for these needs and concerns. I am filled with happiness to see the success of the Office of the Public Advocate in motivating staff, service providers, and government agencies to respond to these needs and concerns in a meaningful and tangible way."

# Community Visiting and the NDIS—10 years on

**The NDIS was legislated by the federal government in 2013 following an intensive grassroots campaign led by people with disability and their families.**

The NDIS rollout started with trial sites in 2013 and was fully completed by 2020. In 2023, the NDIS provides funding to more than half a million people with disability, with many receiving disability support for the first time.

Community Visitors have documented the successes and failures of the NDIS for the people they visit. They have reported that people are going out more often and seeing family and friends, and that some people have moved into better housing. However, questions remain about how the NDIS is working for people who need assistance to exercise choice and control, to make informed decisions about how they use their funding, and to be protected from abuse, neglect, violence, and exploitation.

## Who is responsible?

Before the NDIS, Community Visitors visited people who were receiving services funded and regulated by the Victorian state government. Most specialist disability accommodation (or group homes) were owned and staffed by state government employees. In a crisis, or if people had complex support needs, a government case manager would be allocated. If Community Visitors needed to escalate a matter, all roads led back to the state government. It was no panacea, but it was clear who was ultimately responsible.

Now, the NDIA provides funding directly to participants, who then purchase services from private businesses and non-profits. A separate entity, the NDIS Quality and Safeguards Commission (NDIS Commission), registers, regulates and takes complaints about service providers. If a provider leaves a participant without essential support, there is no crisis case management and no provider of last resort.

The lack of clarity on who is responsible for what has led to blame-shifting between federal and state governments and between the providers involved in the lives of the people Community Visitors visit. The chronic lack of communication between the NDIA, the NDIS Commission, and other agencies has left people at risk of abuse, neglect and exploitation. This is particularly problematic for people who, due to their disability, are unable to voice their concerns, make complaints, or shop around for a better service provider.

## Who is making the decisions?

The NDIA was designed with a participant in mind who is willing and able to independently manage all aspects of getting support, from planning meetings to filing for a review at the Administrative Appeals Tribunal, as well as sourcing the services they need, screening workers, negotiating contracts, and using their funding within budget. However, many NDIS participants cannot manage these processes without long-term intensive support from professionals, which is not necessarily funded because it was never built into the system. While families step into the gap for some participants, a significant proportion of the people Community Visitors visit have limited or no assistance from family or friends.



**Ten years on, it is critical that all levels of government urgently make clear who is responsible for what.**

Over the past 10 years, Community Visitor annual reports have detailed the ways people have been disadvantaged by lack of decision-making support under the NDIS, including where they:

- have been the subject of serious conflicts of interest
- have been lured into unsuitable arrangements with inducements such as cash or cigarettes
- have lost large amounts of funding to fraudulent and unscrupulous providers
- have had support provided on the condition that they buy most or all services from only one provider
- have a support coordinator from the same service that provides the staff in the place they live which makes leaving difficult or impossible
- are subject to guardianship orders because there are no alternatives and NDIA processes are too complex to navigate alone.

In May 2023, the NDIA announced a new policy and plan on supported decision-making to improve internal processes and practices. Community Visitors would also like to see governments invest in independent supported decision-making and advocacy services so that people with disability and mental health issues can make the big choices about their lives, no matter how bold they may seem to others.

## What about safeguarding?

Since the introduction of the NDIS, Community Visitors have seen new housing and support options emerge. People with disability have more choice than ever before about where they want to live, and they can move house if they want to. Community Visitors who visit Supported Residential Services, which house up to 80 people, have reported that people are moving out. Disability Services Community Visitors are reporting that people are moving from larger group homes to smaller ones, and some providers have told the program that they have increasing vacancies in group homes with more than 3 bedrooms.

However, Community Visitors in the Disability Services stream are not visiting many of the new properties that have been built over the last 10 years because the NDIA will not provide a list of these properties, citing privacy concerns. Community Visitors have often reported that NDIS participants living in Supported Residential Services sometimes ‘disappear’ and no information is left behind about where they have gone or whether it was their choice to go.

Despite a broad consensus that Community Visitors remain essential to safeguarding, they are not yet recognised in the *NDIS Act 2013* or in related rules, which impedes the exchange of necessary information. Similarly, Community Visitors make regular complaints to the NDIS Commission about high-risk abuse and neglect, but receive very little, if any, information about the outcome of investigations into these reports.

There is no mechanism for Community Visitors to report concerns to the NDIA about people they visit without an individual’s express consent, even where the person is unable to provide it due to their disability. This impasse remains even when there is clear evidence the person is subjected to violence and needs support to move to alternate accommodation.

## What about the next 10 years?

Before the NDIS, all roads led back to state government. Now, Community Visitors often report feeling like there are many roads and too many dead ends. The soon-to-be released final report of the Disability Royal Commission, and the work underway by the NDIS Review, provides some hope that governments will implement recommendations that will bring much-needed transformational change.

Community Visitors want to see funding for independent decision-making support; for the NDIA and NDIS Commission to have more in-person contact with people at-risk of abuse and neglect; and the establishment of clear information-sharing protocols that ensure people have access to the best safeguarding protections possible. Ten years on, it is critical that all levels of government urgently make clear who is responsible for what.

The NDIS still holds the promise that people with disability and mental health issues can and will have the support they need to live the lives they choose. Community Visitors will continue to report on the impact of the NDIS in over the next 10 years, and look forward to seeing the progress that people are waiting for and that they deserve.

# About the Community Visitors



1.

## Community Visitors are volunteers that visit people with disability and/or mental health issues in facilities across Victoria.

They are independent statutory appointees who are 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 2022-2023, there were around 500 Community Visitors and their trainees conducting visits across Victoria.

Community Visitors have powers under 3 Acts of Parliament:

- *Disability Act 2006*
- *Mental Health Act 2014*
- *Supported Residential Services (Private Proprietors) Act 2010.*

Each Act establishes a board and each board is comprised of 2 elected Community Visitors and the Public Advocate. The boards are responsible for representing Community Visitors, reporting the activities of Community Visitors to government, supervising the training of Community Visitors, and escalating serious issues from their visits to the Public Advocate, Ministers, and to any complaints, regulatory or oversight body they choose.

Disability Community Visitors visit people who live in disability supported accommodation, such as group homes, Specialist Disability Accommodation 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 in Supported Residential Services where up to 80 people live together.

Community Visitors make regular unannounced visits in groups of two or more. They make enquiries about the support people receive and their living conditions. They examine documents about the services people receive. At the end of each visit, Community Visitors write a report summarising their observations and listing items 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 body. 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, and the Human Services Regulator.

The Office of the Public Advocate provides support to Community Visitors to undertake their role, including with recruitment, administrative support, training, advice, data analysis, the preparation of reports to government, and assistance with advocacy.

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1. Lyn Johnson (left) receiving 25 years' service certificate at the 2023 Community Visitors Annual Meeting with Public Advocate, Dr Colleen Pearce

# Volunteer Events

## Community Visitor Annual Meeting 2023

On 30 June 2023, Community Visitors met to review the year. The 3 boards presented on the highlights of 2022-2023. Community Visitors thanked retiring board members Craig Ng (Disability Services), Lynn Wallace-Clancy (Residential Services) and Nicole Smyth (Mental Health) and welcomed newly elected board members Gerald Mutubuki (Disability Services), Bryan Crebbin (Residential Services) and Vicki Pridmore (Mental Health).

Eighteen Community Visitors received awards acknowledging their years of service to the program. Commissioners Maggie Toko and Jacqui Gibson presented on the new Mental Health and Wellbeing Commission and the importance of including people with lived experience in the Commission's work.

## Better Together Conference 2022

On 14 October 2022, more than 200 volunteers attended the biennial Office of the Public Advocate Volunteer Conference. It was the first opportunity many volunteers and staff had to come together in person since the start of the COVID-19 pandemic.

Community Visitors attended topical sessions including on:

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The VALID8 project which employs people with intellectual disability to design and conduct quality assurance processes focused on self-advocacy in disability accommodation with Jenny Bowden, Joshua Burns, Sara De Grandis, Madeleine Prasad, Anthony Risoli and William Ward-Boas

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Mental health systems reform with Samantha Sharp, Executive Director, Mental Health & Wellbeing Division, Department of Health; Maria Katsonis, Deputy Chair, Victorian Collaborative Centre for Mental Health & Wellbeing; and Eleanore Fritze, Principal Solicitor, Office of the Public Advocate

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NDIS and Supported Residential Services with Richard Marks, Director Compliance, Human Services Regulator; Samantha Dooley, State Director, NDIS Commission; Rachel Mathison, Director Complaints, NDIS Commission; Kaz Bastola, Guardianship Support Officer, Office of the Public Advocate; and Rebecca Fels, Team Leader, Community Visitors Program



1.

2.



1. Maria Katsonis, Deputy Chair, Victorian Collaborative Centre for Mental Health & Wellbeing; 2. Community Visitors board; 3. Crowd at Better Together conference, 2022; 4. Commissioner Maggie Toko, Commissioner Jacqui Gibson; 5. Jenny Bowden presenting for VALID8



3.



4.

5.



# 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 the 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 Visitor Program working to safeguard the rights and wellbeing of people with a disability. She enjoys contributing to improving the quality of the program by representing the views of Community Visitors at board level.

**Craig Ng**  
Disability Services Board



Craig Ng was appointed as a Community Visitor in 2014 and served as a Regional Convenor from 2015 to 2018. He was elected to the Disability Services Board in 2021. He visits in the eastern metropolitan region.

Craig is a lawyer by training, with degrees in Law and Economics. He has been practicing law for over 30 years and was a partner at national law firm Maddocks before retiring from full-time legal practice in 2010. He currently advises international Internet bodies on governance and stakeholder-engagement issues.

Craig feels privileged to be in a position to engage with his local community, particularly meeting community members with disability, and to advocate for issues that matter to them.

Craig retires from the board this year.

**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 to have been a privilege to serve 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.

**Nicole Smyth**  
**Mental Health Board**



Nicole Smyth was appointed as a Community Visitor in 2019 and was elected to the Mental Health Board in 2021. Her experience living and working in Malaysia, UK, Germany, and The Netherlands has given her a unique perspective and a deep appreciation for cultural diversity.

She currently works as a Community Liaison Officer for a digital start-up company where she leverages her skills to connect with stakeholders and build strong relationships.

With a degree in Business Information Systems and postgraduate qualifications in Community Development and Mental Health, Nicole is committed to addressing the challenges that have arisen as a result of the COVID-19 pandemic.

Nicole 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 7 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.

**Lynn Wallace-Clancy**  
**Residential Services Board**



Lynn started as a Community Visitor in the Disability Services stream in 2010 and was appointed into the Residential Services stream in 2012. She has been a Regional Convenor since 2015 and visits in regional Victoria in the western division.

Lynn has a Master of Arts (Communications) and has more than 20 years' experience working with culturally diverse and refugee communities in Adult Multicultural Education Services. Since retiring, she has also volunteered in Timor Leste training local teachers. Lynn has experience on boards including as a member of the Adult and Community Education Board.

Lynn has been pleased to have been part of a board where the collaborative relationships between Community Visitors, regulators and other stakeholders have resulted in tangible improvements in the lives of many of marginalised people whose homes are SRS. Lynn retires from the board this year.

# Community Visitors Stream Reports

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Community Visitors have approached each visit this year as ordinary community members with an extraordinary purpose



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

# Disability Services

1

# Recommendations

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

- 
- |           |   |   |
|-----------|---|---|
| <b>01</b> | Advocates for legislative reform to ensure that: <ul style="list-style-type: none"><li>a. Community Visitors are formally recognised in the NDIS Act 2013 and related safeguarding rules and frameworks; and</li><li>b. Community Visitor programs remain independent of other NDIS safeguarding arrangements; and</li><li>c. Community Visitors have easy access to required documents including electronic incident reports, are empowered to take photos, and to conduct remote visits where necessary; and</li><li>d. Information can be shared between the Community Visitor Boards and other relevant federal bodies (e.g. the NDIA, NDIS Quality and Safeguards Commission) and state bodies (e.g. Social Services Regulator, the TAC and Workcover) to the extent necessary to ensure people with disability have access to strong, effective and cooperative safeguarding.</li></ul> |    |
| <hr/>     |   |   |
| <b>02</b> | Proactively educates disability service providers operating in Victoria on their obligations to Community Visitors including right of entry, facilitating access to documents, and responding to Records of Visit within prescribed timeframes, and enforces the requirements where necessary.  |  |
| <hr/>     |   |   |
| <b>03</b> | Advocates for information sharing agreements between the Community Visitors program and the NDIA and any other relevant agency to ensure an up-to-date list of all visitable properties is available to the program.  |  |
| <hr/>     |   |   |
| <b>04</b> | Establishes processes to provide urgent and last resort assistance to ensure all Victorians with disability, including people with complex support needs, are provided with suitable, safe and dignified supported accommodation while alternative arrangements are made.   |  |
| <hr/>     |   |   |
| <b>05</b> | Creates a legislative, policy or operational framework to ensure that supported accommodation is maintained to a standard consistent with landlord obligations under SDA residency agreements and/or residential rental agreements.   |  |
| <hr/>     |   |   |
| <b>06</b> | Provides adequate funding to ensure Community Visitors can fulfill their functions under legislation, and additional funding so that the Community Visitors program is able to identify visitable facilities and make informed assessments on visit frequency.  |   |

# Statewide Report

## Disability Services Community Visitors make observations during their visits, they speak with residents and staff, and they look at documentation required to be kept by the service provider.

Community Visitor visit reports aim to be constructive wherever possible, and detail concerns about how people are treated, the quality of support they receive, and the extent to which they have control over their own lives.

In 2022-2023, 228 active Disability Services Community Visitors and 72 trainees made 2178 visits to 1011 facilities. Community Visitors raised 3408 issues on the rights and wellbeing of the people they visited. Fifty-two visits were made in response to requests to the Office of the Public Advocate (OPA) Advice Service.

This year, Disability Services Community Visitors have conducted almost all visits in person. Community Visitors remain mindful of COVID-19 precautions and protections for the people they visit as well as for themselves.




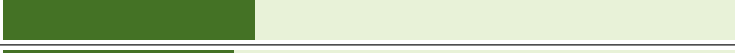






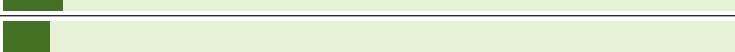

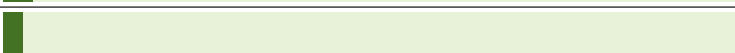


Community Visitors in the Disability Services stream have powers under the Disability Act 2006 (Vic) to inquire into a range of matters that impact on residents:

- the appropriateness and standard of premises for the accommodation of residents;
- the adequacy of opportunities for inclusion and participation by residents in the community;
- whether the residential services or accommodation is being provided in accordance with the relevant Act;
- whether information is being provided to residents as required by the relevant Acts;
- any case of suspected abuse or neglect of a resident;
- the use of restrictive practices and compulsory treatment;
- any failure by the provider to comply with the provisions of the relevant Acts;
- any complaint made to a Community Visitor by a resident.

**Table 2: Total visits Disability Services stream, 22/23**

Region	Units visited	Community Visitors	Requested visits	Scheduled visits	Total visits
East Division	274	65	11	631	642
North Division	241	45	20	409	429
South Division	245	62	12	499	511
West Division	251	56	9	587	596
<b>Total</b>	<b>1011</b>	<b>228</b>	<b>52</b>	<b>2126</b>	<b>2178</b>

**Figure 4: Issues reported by Community Visitors, 22/23**

Appropriateness of residence		900
Rights		481
Physical wellbeing		467
Quality of staff support		309
NDIS		283
Restrictive interventions		201
Compliance with the Act		199
Self-determination		150
Interpersonal relationships		120
Material wellbeing		105
Abuse and neglect		73
Personal development		57
Emotional wellbeing		36
Social inclusion		24
Other <sup>4</sup>		3

4 Three issue categories of: Safety (1); Social independence and choice (1); Privacy, dignity and confidentiality (1)

The Disability Services Board has given particular focus this year to key themes from visit reports that they consider have the most significant impact on residents including abuse, neglect and violence; restrictive practices; living together; house and home; community; choice; staff; health – dental care; access to documents; and information sharing.

It is important to note that Community Visitors do not visit people in their own private homes, but in specific facilities as set out in the Disability Act 2006 (Vic) including “premises at which a disability service provider is providing a residential service”, “SDA enrolled dwellings” and “short-term accommodation and assistance dwellings”. For the sake of simplicity, ‘home’ or ‘homes’ are used throughout this report.

## Visits by Request

Community Visitors have legislated powers to make visits unannounced. On occasion, requests are made via the Office of the Public Advocate Advice Service for Community Visitors to visit. Requests can be made by any member of the public, but most often by residents, friends and family, support workers, support coordinators and concerned neighbours and community members.

In 2022-2023, 52 visit requests were made to the Advice Service - 32 for services in metropolitan Melbourne, and 20 for regional Victoria. When Community Visitors undertake a requested visit, they do not divulge that they are attending in response to a visit request unless permission is given to do so. People who contact the Advice Service can do so anonymously. Callers do not receive information about the subsequent visit, but Community Visitors follow up on issues until they are satisfied that problems have been addressed.

Requests for Community Visitors to visit are broad ranging and vary in complexity. Visit requests for Community Visitors this year included:

- Unexplained injury of a resident
- Residents not getting along with each other
- Not enough support being provided to residents
- Residents who are scared
- NDIS problems
- People not being afforded decision making rights
- Verbal altercations
- Concerns about the adequacy of support workers
- Disputes between support workers impacting on residents' wellbeing
- Long-term property maintenance issues.

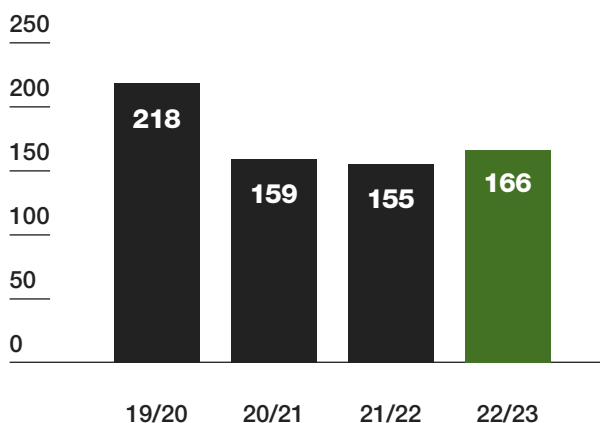
One caller to the Advice Service reported that residents in 1 home were unsettled. During their visit, Community Visitors found that several staff had recently left. The service provider was aware of the resulting problems for residents, particularly for residents with mental health issues who were used to having, and needed, workers they knew well. The service provider moved quickly to hire an experienced house manager and reviewed each resident's support plan to identify improvements.

## Abuse and Neglect

Community Visitors inquire into whether the people they visit are living free from abuse and neglect. Community Visitors receive specialist training to detect and report on abuse. The training is co-presented by people with disability and the Office of the Public Advocate. Because they visit the same homes many times, Community Visitors get to know the residents and are sometimes the first to suspect possible abuse or neglect. In 2022-2023, Community Visitors identified 166 issues related to abuse and neglect.

Community Visitors document issues relating to abuse and neglect in their visit reports which are lodged with the service provider that staffs the house. Providers are obliged to respond in writing within 21 days. If Community Visitors determine that action taken is insufficient, they will escalate matters to the senior management of the service provider.

**Figure 5: Issues of abuse, neglect and violence in the Disability Services stream, 19/20–22/23**



If the matter is high risk, or Community Visitors are not satisfied with the response of senior management, they will request that Community Visitors Program staff prepare a referral or complaint to the relevant regulator which is usually the NDIS Quality and Safeguards Commission, Victorian Disability Worker Commission, or Disability Services Commissioner. Referrals and complaints are based on information collected by Community Visitors, typically over several visits, documented communications with the service provider, and incident reports. Service provider CEOs also receive a copy as a courtesy. This year 13 referrals and complaints about high-risk abuse and neglect were made to service providers and regulators.

The most common types of abuse reported by Community Visitors this year included where residents were physically assaulting other residents, verbal abuse between residents, and where residents damaged other residents' personal property. Community Visitors also reported neglect, particularly violence between residents which had become normalised. This is most often dealt with by using behaviour management strategies or physical separation within the house. The imperative appears to be that the residents continue living together even where the violence has been occurring for many years. It is less common to see providers supporting people to move to other homes.

Extreme examples of abuse reported this year included:

- A staff member dragged a resident across carpet in the middle of the night resulting in serious burns – it took 6 days for the service to seek medical advice
- A staff member repeatedly shoved a resident to force them into a vehicle resulting in injuries to the person
- A resident who had repeated unexplained and undocumented bruises
- A resident who was punched repeatedly by another resident when using the shared bathroom
- A resident sustained 3 broken ribs due to an ex-resident breaking into the house and assaulting them.

Some examples of serious neglect identified by Community Visitors were:

- Self-harm so severe multiple hospitalisations were required
- Support workers not following required meal plans to prevent choking
- A resident who was left alone drank floor cleaner
- A resident so severely constipated it took 2 days in hospital to empty her bowels
- Support workers failing to attend work leaving residents alone without support
- Missed medications or the incorrect medications given
- Failing to intervene where a resident had serious substance abuse issues
- Inadequate record keeping.

## **JAN'S STORY**

### **Soaked in urine**

In one home, Community Visitors noticed that there were insufficient staff to meet Jan's increasing personal care needs. They discovered that Jan was spending up to 3 hours in a soiled continence aid. Community Visitors documented it in their visit report and raised it in meetings with senior management. Community Visitors were unhappy with the responses they received, citing the possible health implications and lack of dignity for Jan.

A letter was prepared on behalf of the Community Visitors Disability Services Board to the CEO and Board of the service provider. The service provider worked quickly to increase staffing numbers and ensured all support workers were trained to use hoists. The same Community Visitors continue to visit and monitor the home to ensure Jan and other residents needs are met.

## **Violence**

Community Visitors frequently report violence in homes. Most often, the violence stems from situations where there are people living together who have incompatible support needs, or who for other reasons, find each other intolerable. This is particularly obvious in homes where people are required to live together because they are considered to have complex behaviour support needs.

It is not surprising that abuse or violence would occur between adults who have no choice but to live with people they didn't choose, often in homes with cramped shared spaces and with little to do with their time. Community Visitors find it particularly confronting where they have repeatedly raised the same concerns over many months, or even years, and they see no real change. All people should be able to enjoy their own home and live in it without fear of violence.

## SERVICE STORY

# Unsafe at home

**Stan often shouts, screams, damages property, and physically assaults others. Christine has been assaulted by Stan and appears to be frightened of him.**

She is often upset when Community Visitors visit, and spends most of her time in her bedroom. The service provider has mostly managed the problem by supporting Christine out of the shared areas of the house, and limiting her use of the kitchen, lounge and dining rooms. Christine eats meals in her bedroom or in a small separate space.



Community Visitors expect that people with disability are afforded the same right to safety from violence.

The violence has been reflected in incident reports and directly observed by Community Visitors, who have raised their concerns about Christine's safety and welfare on several occasions. The service provider told Community Visitors that they believe Christine annoys Stan.

Stan has received approval from the NDIA for a higher level of funding and his family have identified a potential option he could move into but it has not been built yet. His family wants him to stay living in the current house in the meantime because there are few, if any, suitable alternatives nearby. Christine has limited family contact. Community Visitors meet regularly with the service provider to discuss what can be done.

Community Visitors are concerned that other options are not being considered for Stan or for Christine, as both need more support. This untenable situation may continue to exist for months, or even years without significant intervention. Community Visitors have questioned why violence in specialist disability accommodation is not seen as an urgent issue by providers and the NDIA. Community Visitors expect that people with disability are afforded the same right to safety from violence in their homes as other people, and question how residents' individual needs could be more appropriately addressed in these circumstances.

# Restrictive Practices

Community Visitors view restrictive practices through the lens of how other Victorians live in their homes. When Community Visitors become aware of restrictions on a person in their home, they question why it is necessary, who made the decision, whether less restrictive options were considered, what processes are in place to phase out the restrictions, and whether the person has a current and authorised behaviour support plan in place. Community Visitors also inquire into how other residents are impacted by restrictive practices that are imposed on one resident in a shared living arrangement, particularly where areas of the home are locked or made inaccessible.

Service providers often tell Community Visitors that they are waiting on the authorisation of a person's behaviour support plan. There can be long waiting times for behaviour support practitioners to prepare and develop behaviour support plans and for support workers to receive training in how to implement the behaviour support plan. If staff are using unauthorised restrictive practices, they are required to report it to the NDIS Quality and Safeguards Commission, and Community Visitors sight their record keeping. They also monitor whether restrictive practices are eventually formally authorised and approved by the Victorian Senior Practitioner if necessary.

In 2022-2023, Community Visitors reported 201 times about restrictive practices including:

- Front doors locked from the inside so that residents cannot leave
- Locked pantries, fridges and kitchen cupboards
- Locks on internal doors
- Locked wardrobes
- Shared areas cordoned off
- Sensor beams to detect resident movements
- Medication that changes or controls behaviour.

Community Visitors enquired in another home about a keypad on the wall next to the front door. Community Visitors were told that the keypad was installed a long time ago when another resident lived in the home and is not used for the current residents. The code for the keypad was displayed on the wall. The service provider agreed to request that the SDA provider have it removed.

# Living Together

People should be able to choose who they live with however this is not the reality for most of the people Community Visitors visit. Barriers regularly cited by services include inadequate funding and lack of alternatives that would allow people to live close to family and friends and support services. These issues can be especially challenging in regional and rural areas where there are even fewer accessible, affordable homes and thin service provider markets.

Increasingly important too is how a resident's specific support needs can impact on their quality of life as well as on other residents. Community Visitors have raised these concerns frequently in their visit reports throughout 2022-2023 including:

- Aggression that upsets and frightens others such as yelling, swearing and property damage
- Physical violence such as threatening behaviour or hitting other people
- Significant age differences between residents where there is a mismatch of needs and interests
- People's different interests and hobbies not being accepted by other residents
- Music or television that is enjoyed loudly by some and not others
- Too many residents in the space available
- Differing communication styles and abilities
- Jealousy of family contact or access to activities
- Changes to support needs related to health issues such as the onset of dementia.

## REIGN'S STORY

### Discrimination at home

Reign is a young nonbinary person who lives with two older women. Reign uses a wheelchair and is quite independent. They moved into the house after a period of homelessness. Community Visitors noted incident reports detailing conflicts between Reign and resident Cheryl. Cheryl made physical threats to Reign, prevented them from freely accessing the bathroom, refused to allow the room temperature to be adjusted, and regularly referred to Reign as 'it'. There were also physical access issues such as a front door too heavy to open, and door handles that were too high.

Community Visitors visited at Reign's request. They told Community Visitors that they were unable to shower when they chose, and that it was difficult to have visitors because the shared areas were unsuitable and their bedroom too small. Reign had requested a funding review to move, but it had stalled.

Community Visitors gave Reign information about advocacy services and contact details for their local Member of Parliament. Community Visitors made enquiries about the heating and cooling which were referred to the SDA provider and a split system was obtained for Reign's bedroom. To date, Reign continues to live in an unsafe and unsuitable house where they feel uncomfortable. Community Visitors will continue to visit and raise their concerns.

Community Visitors have been concerned about 1 resident from the time he moved into the house. He has complex behaviour support needs, makes loud noises that upset other residents and enters their bedrooms in the early hours of the morning. He has a behavioural support practitioner, a range of allied health therapists and a skilled support team in place, however the issues at the house continue. Other residents' resort to withdrawing from the main living room because they cannot hear the television or do other leisure activities. Community Visitors continue to monitor the situation and question whether alternatives are being actively pursued so that all residents can enjoy their home.

## House and Home

The first impression of our homes starts from the street. Community Visitors expect that the homes they visit are well-maintained inside and out and that they look at least as good as other houses on the same street.

This year, Community Visitors reported 900 issues relating to 'the appropriateness and standard of premises' including external presentation and the amenity of outdoor spaces, upkeep and maintenance, related safety concerns, heating and cooling issues, as well as continuing to report on some long standing unresolved issues they have been raising for years.

Community Visitors consider the homeliness of each property they visit. They see it in simple touches like the artwork hung on walls, indoor plants, and the ways that people are involved in planning and preparing their meals. Community Visitors often conduct visits when residents are cooking their evening meal.

This year, Community Visitors were delighted to report on the "absolute family feel" in 1 home. The home was vibrant and happy and Community Visitors were made as welcome as friends visiting. Community Visitors note that while the house is not purpose built as many others are, and it is not roomy or beautifully furnished, it is like any ordinary home with photos on display, bits of washing about and people spending time together. The house supervisor is a strong advocate for residents and makes sure that key workers are actively assisting everyone to achieve their goals.

On another visit, Community Visitors arrived to see residents making cakes with active support from staff. Simple but hard-won achievements can mean a lot too – in 1 situation, Community Visitors reported that a resident was able to clean his teeth regularly for the first time with support workers making a game using an electric toothbrush.

As in many parts of Victoria this year, heavy rain has impacted on specialist disability accommodation. In 1 home in the Western District, Community Visitors observed mould in several rooms. After many months of unsuccessful attempts at cleaning it, this serious issue was escalated to the SDA provider resulting in more intensive cleaning and regular monitoring.

In some homes Community Visitors visit, improvements to the property are needed to make it more accessible or comfortable for one or more residents as their support needs change. Often the changes required are considered too expensive by the service provider who owns the property and/or may not fit with the NDIS building type. In 1 case this year, Community Visitors reported that a resident had to leave his wheelchair outside because the provider would not pay for alterations to the front door and step. He was advised that he would need to seek alternative housing if he was not satisfied but he wanted to stay living in the same area. While he works with a Support Coordinator to explore other accommodation, he continues to enter and exit his home without the dignity he deserves. Community Visitors have repeatedly reported on this issue over many years and are yet to see a change.

In another home, Community Visitors congratulated a service provider on rapid improvements they had made to the house. The provider, who had recently taken over from another service, got to work plastering cracks, repainting, purchasing a new dining table and chairs, made repairs to both bathrooms, landscaped the outdoor areas, and gave the house a thorough spring clean.

## Community

This year, Community Visitors reported seeing people taking up more opportunities to be active in their local and wider community, particularly as COVID-19 has had less of an impact on all of us getting out and about. In 2022-2023, Community Visitors reported many instances where they were impressed by what was being achieved with residents' community participation.

Service providers, and particularly support workers, are an important link in identifying opportunities for people to expand their skills and networks. They typically know each resident well, and have an understanding of their likes, dislikes, aspirations and goals. They can help or hinder efforts for people to be a known and active member of the community.

### LYRA'S STORY

#### The power of great support

A team leader worked with Lyra so that she could move from a group home into a unit on the same property. Lyra quickly learned new skills to take care of herself and the unit. As her confidence grew, she began travelling independently to her local community house for literacy, computer, money management and cooking classes.

Lyra's support worker helped her to apply for a job at the local supermarket and to prepare for the interview. She left her day program and now regularly attends a community hub and an art group. She was also assisted by staff to reconnect with her sisters. With the right support, Lyra has achieved so much and her self-esteem has skyrocketed.

In regional Victoria, a resident told Community Visitors they have worked for 20 years at an Australian Disability Enterprise. Another resident was excited to tell Community Visitors about their job in recycling where they are responsible for removing labels from plastic bags.

Community Visitors also reported that 1 resident, who has been working in a regular job for more than a year, has purchased a car which he uses to drive to work, visit family and friends, and attend local sports groups. He told Community Visitors that he is very proud of his achievements.

At another home, a resident told Community Visitors that he wanted to attend LGBTIQ+ friendly activities. When Community Visitors asked the service provider if this could be done, an LGBTIQ+ committee was formed with the resident as a founding member. He is now actively taking part in activities and events with an LGBTIQ+ focus on weekends with staff support.

# Choice

Community Visitors take a keen interest in the opportunities people have to make their own choices and to advocate for themselves. They talk to residents at each visit to find out what is going well in their lives and where they would like to make changes. Topics of discussion cover anything from what they like to eat and where they like to go on the weekend, to who they live with or would like to live with, what home means to them and how long they might like to live there.

This year, Community Visitors met a new resident of Cambodian background. Support workers prepare congee for breakfast and enjoy other Cambodian meals together regularly. Support workers also organised a Cambodian New Year celebration.

Community Visitors are also aware of residents who do not have control over their own finances to the extent that they are limited in their ability to make even the smallest choices in their lives.

## REMY'S STORY

### Financial control

Remy does not go out much and cannot buy essential items such as deodorant because he is afraid of conflict with his relative who tightly controls his personal finances and his NDIS funding. He is unable to take taxis as his relative considers them too expensive. Support workers have offered to talk to Remy's relative but he refuses, fearful they will cut him off. Whilst Community Visitors are aware that one of his current NDIS goals is to go on holiday, his relative will not allow it. Community Visitors know this person well and, alongside his support workers, continue to advocate for his wishes and rights.

Community Visitors not only look for problems during their visits, they also enjoy hearing good news from residents about new opportunities. This year, Community Visitors reported that they spoke to a resident who had recently started a new job as a project worker with an advocacy organisation. The role involved advocating for people living in group homes. Community Visitors were thrilled to hear that residents were being recruited to paid advocacy roles to speak up for other people as well as themselves.

# Staff

Service providers continued to report challenges in recruiting and retaining skilled staff throughout 2022-2023, often resulting in a high use of casual workers. This creates two problems, 1) many residents do not respond well to people they do not know, and 2) casual workers can be unfamiliar with the needs and requirements of residents. Where there is staffing instability through prolonged vacancies or absences, people with complex support needs can be put at serious risk of harm.

In 2022-2023, Community Visitors sighted incident reports that showed that medications had been missed or the wrong medications given by staff. Community Visitors questioned whether support workers were able to understand and dispense the medication as per the written instructions, and if they have the training and supervision they needed. One service provider acknowledged the problem and told Community Visitors that all new support workers were now required to complete an additional buddy shift where they shadow an experienced worker and that a dedicated team leader position was introduced in recognition of the residents' high support needs. The team leader is present at the home 10 days per fortnight directly assisting the team, particularly new or unfamiliar workers.

In another house, medication errors reported by Community Visitors continued over several visits without improvement despite the service provider's advice that support workers had received training and had been counselled. Community Visitors believe that a detailed review of the medication administration procedures is required.

## MEGAN'S STORY

### Making choices and decisions

Megan shares a home with 3 other people and leads a busy and independent life. She was encouraged by the house supervisor to participate as an interview panellist recruiting support workers and was invited to prepare and ask some of her own questions. Community Visitors could see how proud and happy Megan was about this experience and that she felt she had real influence over who would be working in her home. Megan told Community Visitors that she was looking forward to taking part in similar opportunities in the future.

## **GOOD PRACTICE**

### **Clinical support**

One service provider has employed a Clinical Support Nurse to provide clinical oversight for all residents. As a result, residents' needs are triaged rapidly, met more quickly, and advocated for if admitted to hospital. Support workers are also professionally trained in the medical support needs of each resident.

This year, Community Visitors saw a greater use of innovative technology in the homes they visit. They reported on a mobile system that enables support workers to access client specific training at their fingertips. The worker can scan a QR code at a resident's home and access key information such as a short video directly related to the resident's care, for example, how to charge a power wheelchair or position a resident in a chair.

## **Health**

### **Dental care**

Over the past few years, Community Visitors have reported on issues relating to access to dental services for the people they visit. They found that some residents do not have enough or timely access to local dental care, particularly people living in regional areas. Even in metropolitan Melbourne, access to wheelchair accessible or specialised services are limited and waiting lists can be long. Community Visitors persistently raise concerns about dental health with service providers and with state and federal government.

This year Community Visitors participated in a webinar hosted by the Office of the Public Advocate's Healthy Discussions Project about access to dental services for people with disability, self-advocacy, and medical treatment and consent. Information from Community Visitors visit reports was also used by the Office of the Public Advocate in a letter to the Select Committee into the Provision and Access of Dental Services in Australia.

## **Access to Documents**

Community Visitors take time during their visits to review documents that service providers are required to keep such as support plans, behaviour support plans, menus, meal plans, resident meeting minutes, and incident reports. Access to documents is vital for Community Visitors to undertake their safeguarding role. The documentation providers keep often completes the picture of a person's life or situation, and the absence of important documents also indicates that a service provider is not fulfilling their duties.

In particular, Community Visitors value the information they can learn from incident reports. Incident reports show whether an issue is an unavoidable one-off or a concerning pattern, detail how a provider responded, and indicate whether serious issues were correctly escalated or reported.

Service providers are required to make documents available to Community Visitors at the time of the visit. Some service providers make the task easy, and others have considerable work to do. With documents now more likely to be stored as electronic records, service providers must ensure that Community Visitors have unimpeded access. Community Visitors sometimes find that staff on shift are themselves unable to navigate the organisation's electronic records system which raises concerns about whether they have the information they need to provide safe and high quality support to residents. Community Visitors appreciated that most service providers met their legislated obligation to make documents accessible during visits this year.

# Information Sharing

Before the NDIS, the state government gazetted disability accommodation and a list was made available to Community Visitors so they could determine where they need to visit. Most of those premises are now enrolled as specialist disability accommodation by the NDIA and the number continues to grow. The Office of the Public Advocate has made multiple requests on behalf of Community Visitors to the NDIA to access a list of specialist disability accommodation enrolled premises, but the requests have been denied due to concerns about privacy. As at June 30, 2023, there were 2102 specialist disability accommodation enrolled dwellings in Victoria – Community Visitors' current list of visited properties is around 1100.

Community Visitors also have powers to visit 'short-term accommodation and assistance dwellings', formally known as respite facilities, however there is no requirement for these services to provide facility addresses to the NDIS Commission, the NDIA, government, or to Community Visitors. Therefore, there is no list kept by any body and they are not visited.

In May 2023, the Victorian Government passed amendments to the Disability Act 2006 (Vic). The amendments, which will commence in 2024, will bring some accommodation owned or leased by service providers, but which is not enrolled by the NDIA as specialist disability accommodation, into scope as visitable by Community Visitors. The Minister will also be able to approve premises that they consider should be visited. It is reasonable to assume that there will be many more visitable premises this time next year in addition to the approximately 1000 enrolled specialist disability accommodation sites not currently visited.

Community Visitors expect that formal information sharing agreements will be developed with the NDIA and NDIS Quality and Safeguards Commission within the next 12 months. This would ensure that Community Visitors can receive necessary information about visitable people and premises and can provide information to relevant bodies about the abuse, neglect and exploitation they observe. If not, Community Visitors hold serious concerns about the adequacy of safeguarding of people who are known by government agencies and regulators to be at significant risk.

# Conclusion

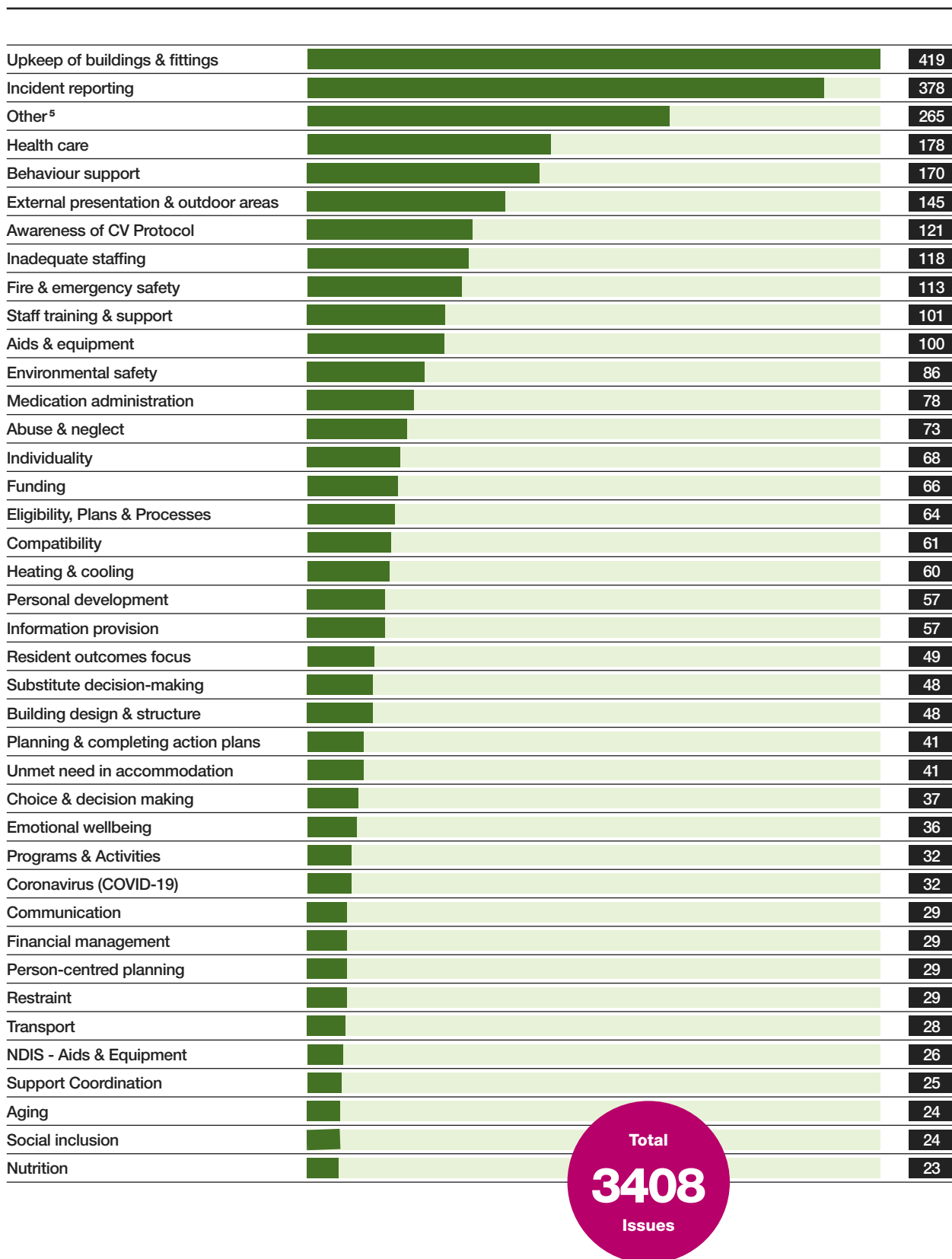
This report documents the 2022-2023 year, both the good practice that Community Visitors observed during their many visits, as well as the ongoing abuse, neglect, and exploitation of some of Victoria's most marginalised people. Community Visitors continue to report frustrations with funded systems that should provide exemplary support and assistance for people with disability but, in too many cases, continue to let them down.

This year, as they do every year, Community Visitors held particular concerns about the high prevalence of violence between residents who live with people they do not choose to live with and who have few options to find safety elsewhere. Community Visitors also see the continued abuse and neglect of residents by support workers and service providers that they and their families should be able to trust. Ten years after its launch, the NDIS has not yet made it possible for people with high support needs to live in homes where they can be free from violence.

There are significant promises of change on the horizon for people who live in specialist disability accommodation in Victoria. Community Visitors hope to see improvements for the people they visit following the NDIS Review and the final report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. The expanded definition of visitable properties in forthcoming amendments to the Disability Act 2006 (Vic) also provides an opportunity for more people with disability to be visited soon. Considerable funding and modernisation of the program will be required to achieve it.

Community Visitors remain committed to ensuring that people living in the homes they visit can have good lives equal to others - a home where they are safe and in charge, have quality relationships with family and friends, paid work, leisure of choice, and the rights afforded to all Victorians.

**Figure 6: Disaggregation of issues reported by Community Visitors, 22/23**



<sup>5</sup> Consists of twenty-six separate issue type categories, each containing fewer than twenty instances of reporting

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

# Mental Health

2

# Recommendations

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

- |           |   |   |
|-----------|---|---|
| <b>01</b> | Urgently address staffing shortages by implementing short, medium and long-term strategies that help ease pressures on existing workforce and improve service delivery to consumers.  | ▼ |
| <b>02</b> | Expand specialised services for children and adolescents who are experiencing serious mental health issues by increasing the number of dedicated in-patient beds across the state, with a focus on regional and rural areas.  | ▼ |
| <b>03</b> | Support health services to develop a suite of information for consumers, that is available in a variety of formats (online, translated, hardcopy, plain language) and includes information about admission, in-patient, discharge, and post-admission support.  | ▼ |
| <b>04</b> | Develop and roll-out a comprehensive mental health training package specific for NDIS support workers, that includes topics such as understanding various mental health conditions, de-escalation techniques, and trauma-informed support.  | ▼ |
| <b>05</b> | Establish communication protocols between key NDIS-funded support agencies working in mental health and health services.  | ▼ |
| <b>06</b> | Review and update relevant pandemic preparedness plans specific to mental health facilities. These plans should acknowledge the impact on consumers - particularly long stay consumers - outline strategies for continued availability and expansion of telehealth services, and provide for the creation of more flexible staffing models that are adaptive to emergency situations. | ▼ |
| <b>07</b> | Acknowledge there is an increasing number of consumers presenting with a dual diagnosis, by further expanding facilities across Victoria and providing sustainable funding for these facilities to have skilled trained staff in this area.   | ▼ |
| <b>08</b> | Collaborate with other relevant government departments to improve access for consumers to suitable and affordable housing and support upon discharge.   | ▼ |
| <b>09</b> | Urgently address the environmental issues at Monash Health's P Ward to ensure the environment is hygienic and comfortable for consumers.  | ▼ |
| <b>10</b> | Commit funding for further roll-out of training and support that ensures the Safewards program continues to make a positive difference.   | ▼ |
| <b>11</b> | Provide adequate funding to ensure that the Community Visitors program has the resources and technology required to effectively fulfill its important safeguarding role in all visitable facilities.  | ▼ |

# Statewide Report

**In 2022–23, 60 active Mental Health Community Visitors and 29 trainees conducted 870 visits across 145 of the 175 eligible mental health units.**

As in previous years, Community Visitors reported that admissions to mental health units have increased. Staff in mental health services told Community Visitors that they are supporting people with greater acuity and more people who are substance affected.

Mental Health Community Visitors visit all bed-based public mental health services across Victoria. They visit acute and rehabilitation units, as well as specialist units such as eating disorder units, forensic units, and Parent Infant units. They visit people across the lifespan – most who stay for a short time but some who live and receive services in mental health units for years.

#### Conventional units visited:

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Accident and Emergency Departments

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Adult Acute In-patient

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Older Persons In-patient

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Extended Care

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Adolescent In-patient beds

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Community Care

---

Adult Prevention and Recovery Care

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Youth Prevention and Recovery Care

#### Specialist units visited:

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Parent Infant

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Dual Diagnosis

---

Dual Disability

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Eating Disorders

---

Psycho-geriatric

---

Trauma recovery

---

Brain disorders

Mental Health Community Visitors make unannounced visits and inquire into the adequacy of services and facilities. This includes the appropriateness and standard of facilities; the physical wellbeing and welfare of people receiving services; the opportunities consumers have for recreation, occupation, education, training and recovery; and whether mental health services are provided in accordance with the objectives of the *Mental Health Act 2014 (Vic)* and its principles. They also assist consumers in resolving issues they raise by seeking support from other bodies or services, and to make complaints.

In 2022–23, Mental Health Community Visitors reported a total of 1136 separate issues during their visits. These issues are classified into the following groups, Figure 7.

**Figure 7: Issues reported by Community Visitors, 22/23**

Treatment		374
Safety		301
Activities/Programs		156
Facility Management		141
Legal/Human Rights & Info. Provision		125
NDIS		39

## The Big Issues

In 2022–2023, as COVID-19 restrictions continued to ease, Community Visitors refocused on persistent systemic issues across the Victorian mental health system including:

- **Consumer-centred services** – including the lack of involvement of consumers in decisions that affect them, particularly in the development of recovery plans
- **Safety** – buildings that are not fit for purpose and require significant upgrades and maintenance
- **Demand** – lack of capacity in both acute and rehabilitation services in line with consumer need including specialist services (e.g., acute services for adolescents)
- **Staffing** – continuing staff shortages and the chronic negative impact on the provision of clinical services
- **Models of support** – the increased adoption of telehealth and digital services which have improved access for some and reduced access to face-to-face services for others
- **Housing** – the serious impact of the lack of affordable and good quality housing on consumer discharge and subsequent readmission
- **COVID-19** – concerns about future pandemic planning to ensure that mental health services are prepared.

**Table 3: Total visits Mental Health stream, 22/23**

Region	Units visited	Community Visitors	Requested visits	Scheduled visits	Total visits
East Division	28	12	5	168	173
North Division	31	15	15	188	203
South Division	42	15	19	249	268
West Division	44	18	3	223	226
<b>Total</b>	<b>145</b>	<b>60</b>	<b>42</b>	<b>828</b>	<b>870</b>

## COVID-19

Even though COVID-19 restrictions eased this year, Community Visitors reported ongoing limitations on consumers taking leave or having visitors. At 1 unit, leave was granted only for medical appointments or for issues related to discharge planning.

Leave and visitor restrictions were particularly hard on consumers who have children. At 1 unit in March 2023, Community Visitors were told COVID-19 restrictions prevented visits from children. In another service, Community Visitors noted staff making arrangements for a child to visit a mother in a separate space in the unit.

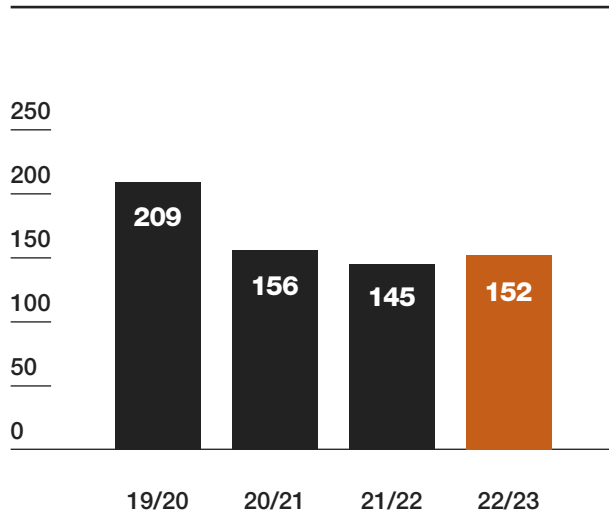
## Legal rights

Consumers are entitled to support to access legal advice and representation while receiving inpatient mental health services. Community Visitors can be a bridge for consumers to ensure they can exercise their legal rights. They support consumers to obtain information or seek clarification from hospital staff and peer workers about their right to a second opinion, resources for Mental Health Tribunal hearings, and for transitional or discharge planning.

This year, most of the matters raised with Community Visitors by consumers about their legal rights related to advice about mental health treatment. Consumers reported finding it difficult to navigate the system alone. One consumer had a lawyer and a mental health advocate but needed more support to keep track of appointment times leading up to a Mental Health Tribunal hearing. Another consumer told Community Visitors he was unclear about his status under the Mental Health Act, and Community Visitors requested assistance for him to access advocacy support from the Independent Mental Health Advocacy service.

Other consumers complained about delays in accessing a second opinion or pressure to take medication despite their status as a voluntary patient. Consumers also complained to Community Visitors about bruising from being physically restrained, and following escalation to a senior manager, 1 consumer was supported to contact the Mental Health Complaints Commissioner, Victoria Legal Aid and the Independent Mental Health Advocacy service.

**Figure 8: Mental Health stream assaults and violence, 19/20–22/23**



Since the COVID-19 pandemic, many legal and advocacy services are provided online which suits some consumers and not others. Community Visitors expect to see a considerable in-person presence by advocates from the Independent Mental Health Advocacy service as the new opt-out advocacy program for consumers subject to compulsory treatment is rolled out.

### JON'S STORY

#### Access to advocacy

Jon told Community Visitors that he should not be in hospital, was not being looked after, and that his rights had been taken away. Jon had no contact with family. Community Visitors observed that Jon appeared to be very unwell.

Community Visitors met with the nurse unit manager who explained Jon's care plan and that they considered him too acutely unwell to receive a second opinion even though he was entitled to one. The Independent Mental Health Advocacy service was also supporting Jon and corresponding with his medical team to address his concerns. At a subsequent visit, Community Visitors noted that Jon was receiving assistance to prepare for a Mental Health Tribunal hearing.

# Self-harm

Staff conducting risk assessments for self-harm in mental health units consider whether a consumer is known to have suicidal ideation and a history of self-harming behaviour. Mental health units are required to strike a balance between consumer safety and consumer rights when considering whether to allow or ban items that could be used for self-harm.

In 2022-2023, Community Visitors reported that consumers used, or were found with, many ordinary everyday items for self-harm.

Community Visitors also reported on the complexity of having consumers with a history of self-harm in the same ward, and how they might reinforce each other's behaviours.

## ANA'S STORY

### Multiple agencies

Ana is a young person with intellectual disability who has a history of extreme child abuse including sexual abuse and subsequent self-harming behaviour. Community Visitors were informed that Ana had at least 10 agencies and professionals involved including child protection, case managers, NDIS-funded workers, and medical specialists. Case meetings were scheduled to agree on plans and strategies that would reduce Ana's self-harming behaviour and ensure she has ongoing access to mental health support suited to her age and disabilities.

## SAMI'S STORY

### Great hope

Community Visitors first met Sami in an Extended Care Unit in 2019. She has a trauma background, a history of self-harm, and has spent long periods in institutional settings. Sami was the subject of many incident reports for self-harm. In 2021, she received approval for NDIS funding to move into a 2-bedroom unit. Sami was anxious about the move and staff focussed on helping her to prepare. Additional funding was provided for a support worker to assist her in the evenings. Sami moved into her unit in mid-2022. In early 2023, Sami returned to a Prevention and Recovery Care service. She received mental health support there and returned home again.

Consumer self-harm can also have a serious and compounding impact on staff. Staff at Austin Health's community recovery program described strategies used at 1 facility to support staff wellbeing including fortnightly group clinical supervision provided by an external agency, individual counselling through employee assistance programs, and debriefing sessions after all serious incidents.

# Suicide

Despite strict risk assessment procedures, room searches, removal of ligature points and supervision, consumers in mental health units remain at high risk of suicide. Services report suicides as sentinel events to Safer Care Victoria and are required to undertake a review. Each year, Safer Care Victoria analyses sentinel events and publishes an annual report. Community Visitors frequently report their frustration about the length of time it takes to fix known design problems and dangerous fixtures in mental health units following a suicide.

In 2022-2023, Community Visitors reported suicides and attempted suicides in Victorian mental health units including:

- a young consumer who was found while attempting suicide
- a consumer who died by overdose on prescription medication
- a young consumer who was planning to use objects they acquired on the unit to suicide
- a consumer who attempted suicide and later died while still an inpatient of the unit
- a consumer found unresponsive after a suicide attempt.

### MANI'S STORY

#### Suicide

Mani was in his 80s when he was admitted to a mental health unit. He was assessed as having low or no clinical risk of suicide on admission. A risk assessment was completed on each shift and Mani was sighted hourly. On this unit, consumers considered at high risk of suicide are supervised in the shower. Mani used a shower apparatus to suicide 3 days after he was admitted.

Community Visitors made inquiries about changes the unit could make to prevent similar events in the future. The service told Community Visitors that new shower heads would be installed which have a fixed spray as well as a fitting which additional shower apparatuses could be attached to. It took 7 months after Mani's death for all showers to be upgraded. Procedures were also reviewed so that all consumers using additional shower apparatuses are supervised.

### SERVICE STORY

#### New beds a risk

A consumer attempted suicide using a new bedframe which had recently been installed across the unit. The suitability of the new beds were quickly reassessed, and modifications were made to remove ligature points. The unit was also in the process of modifying existing ensuite doors while waiting on the installation of new sensor doors.

## Staffing

In 2022-2023, staffing shortages were reported by Community Visitors across the whole state. One unit reported vacancies of 40% with shifts covered by bank and agency staff and a subsequent reduction in available beds for young consumers. Staff shortages create serious concerns about the quality of support offered to consumers as well as the burnout of staff who are covering extra shifts. Community Visitors also reported that activities were cancelled or reduced due to lack of available staff.

Consumers complained to Community Visitors about the response of staff clearly under pressure due to shortages – that staff were 'rude' and unwilling to assist with reasonable requests. Tensions peaked at critical points including during shift changeovers. One regional mental health service told Community Visitors that they were attempting to attract staff with relocation grants of up to \$20,000 as part of the Rural Incentive Program funded by Department of Health.

Peer workers continue to play a positive role in mental health units. This year, Community Visitors reported that peer workers facilitated group and one-on-one sessions with consumers, supported consumers to develop healthy menus and affordable recipes and assisted consumers with practical tasks including banking. Consumers across the state consistently told Community Visitors that they valued the support and expertise of peer workers. Staff told Community Visitors that peer workers were a valuable part of staff teams.

## Restrictive Interventions

From 1 September 2023, the new Mental Health and Wellbeing Act 2022 comes into force requiring that services work towards the elimination of restrictive interventions and must notify the Independent Mental Health Advocacy service of the use of any restrictive interventions. Services will also be required to document the alternatives that were tried and considered before restrictive interventions were applied.

Mental health consumers report that restrictive interventions can delay their recovery, cause lifelong trauma, and can be a disincentive to seek mental health support. The Safewards program in Victoria assists participating services to use trauma-informed support and de-escalation techniques to reduce and avoid the use of restrictive interventions on consumers. Community Visitors reported that at 1 Safewards mental health unit, there had been a spike in the use of restrictive practices due to staff shortages and inexperienced staff.

## Maintenance and Cleaning

In 2022-2023, Community Visitors reported many issues with maintenance and cleanliness in mental health units from leaking roofs to doors that close so loudly they wake consumers up at night, to walls waiting for paint. Community Visitors document both minor and serious issues with the view that a well-kept and clean space is important for treatment and recovery.

Issues reported this year included:

- a mice and subsequent snake problem
- overflowing sanitary bins
- unsightly stains on walls, graffiti and potential mould in a child and adolescent unit
- shower drains that back up sending water across the bathroom floor
- showers that overflow into basins and toilets and sometimes out onto bedroom floors
- unkept gardens and gutters and drains clogged with debris
- problems with heating and cooling
- broken locks and door handles
- damaged furniture
- long delays for TV repairs
- missing or malfunctioning equipment including where one shower chair was shared between consumers across two floors.

## Privacy and Dignity

Privacy and dignity are fundamental rights in the provision of healthcare in Australia. These rights include confidentiality, being treated as an individual, and recognition and respect for culture, identity, beliefs, and choices.

In 2022-2023, Community Visitors spoke to consumers who believed their privacy and dignity were compromised. Community Visitors were able to promptly resolve some, but not all, of these issues with unit staff:

- meetings with clinical staff held in open areas
- further support needed with medical incontinence and access to sanitary products
- a consumer had to sit on the floor while showering because there was no shower chair available
- a female consumer complained that while staff knocked before entering, they didn't wait for a reply before coming in
- a trans woman felt exposed by inappropriate questions from staff
- a staff member shared a consumer's eating disorder diagnosis with other consumers in a shared area while loudly admonishing their choice of dessert.

### HIEN'S STORY

#### Lost in translation

Hien required an interpreter when communicating with staff about their healthcare. An associate nurse unit manager told Community Visitors that the wait time for interpreters was prohibitive to timely communication with Hien and were using another consumer as an interpreter when necessary. Community Visitors were concerned that without a professional interpreter, Hien was not receiving clinically accurate information and denied their right to informed consent about healthcare decisions.

Community Visitors reported the issue to the facility twice before receiving assurances that translation services were readily available through the hospital and via telephone if required.

# Available Beds

Community Visitors continue to report on the lack of available beds for people with acute mental health issues and particularly for young people. This can mean that people who need an admission do not get the treatment they need, or that people are admitted into units that are not suitable. One consumer was transferred from an acute ward to a prevention and recovery care service despite protests from staff that they were too unwell. The consumer was soon returned to the acute ward. This incident led to the implementation of a patient flow allocation process.

As in previous years, Community Visitors hold concerns for children and young people admitted to adult services. The competing demands on staff in adult units can mean that young people do not always receive the services they need. Young people should not be accommodated in mental health units with adult consumers.

## JAY'S STORY

### Children in adult units

Jay is a child and was admitted to an Adult High Dependency Unit in a regional hospital. No adolescent beds were available. The unit was already understaffed. During their admission, Jay was the subject of 24 incident reports. Jay was discharged into the supervision of the Department of Families, Fairness and Housing only to return to the same adult unit numerous times.

# Information

Consumers have the right to clear information about mental health services and to have support to understand information. Given that consumers can be very unwell on admission, services need to ensure consumers have understood the information provided. Community Visitors report that they often speak to consumers who seem unsure why they have been admitted.

This year, Community Visitors documented problems with information provision including:

- 1 consumer who was transported by police to an emergency department and was admitted 6 hours later but said they did not understand why they were in hospital
- consumers who wanted further information about the ward they were being admitted to
- consumers who were relying on other consumers to understand how the unit works
- staff reporting that there were no post admission systems to ensure information provided at time of admission has been understood by the consumer.

Mental health consumers also need access to information that can assist them with understanding their condition, proposed treatment, and steps to manage their mental health. Consumers at one prevention and recovery care service told Community Visitors that they would like to have a folder provided on admission where they can store information from their stay to use during and after discharge (e.g. psycho education worksheets).

# Medical Care

In 2022-2023, Community Visitors received 24 complaints from consumers about access to general health care ranging from needing their nails trimmed to treatment for diabetes. One consumer told Community Visitors that his psychiatrist did not take his concerns about medication-related weight gain seriously. Community Visitors also reported that staff were in short supply to attend health appointments with older consumers who needed support.

## SERVICE STORY

# Not fit for purpose

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

It was not purpose built as a public psychiatry ward and its design poses many challenges for consumers and staff. Unlike other mental health units, the courtyards in P Block are not within direct line of sight of the nurse's station. To minimise the risk of self-harm, the courtyards have been kept virtually barren.

Community Visitors have reported on the sorry state of the courtyards for years. Past issues have included rats, flooding, rubbish and cigarette butts strewn across the ground, and the constant presence of pigeons with their accompanying piles of feathers and droppings.

This year, Community Visitors again documented that the courtyards were filthy, that the entrance flooring was torn, and little shade was available.

They noted that there was a lone basketball but no basketball ring due to safety concerns. Netting has recently been installed which has reduced the amount of pigeon droppings.

Staff told Community Visitors they would like to see improvements to the courtyard gardens and new shade sails.

Everyone agrees that consumers benefit from fresh air and a pleasant outdoor space while they are receiving treatment. Consumers at P Block deserve better.



Everyone agrees that consumers benefit from fresh air and a pleasant outdoor space while they are receiving treatment.



# Activities and Programs

In 2022-2023, Community Visitors observed the return of many activities and programs as COVID-19 restrictions eased. However, they also heard concerns from consumers about boredom and the serious impact it has on their recovery. Community Visitors also observe the reputational damage that can occur when bored consumers act out.

In 1 adolescent unit, Community Visitors were pleased to report that the sensory room and music room had reopened and observed consumers reading, watching television, knitting and drawing and mostly in small groups. Consumers at Latrobe Health told Community Visitors they were enjoying the return of pet therapy. At another unit, a new storage solution for consumer belongings was identified, enabling an exercise area to re-open for consumers under supervised access.

## SERVICE STORY

### Just a table and chairs

Some facilities lack the most basic equipment. Monash Health's prevention and recovery centre does not have a dining table and chairs for meals and activities. In May 2022, staff told Community Visitors that the furniture had been ordered. In April 2023, almost 1 year later, it had not arrived. The nurse unit manager was instead attempting to source second-hand furniture from existing stock. At June 2023, consumers were still without a table and chairs.

Consumers use technology to access telehealth, on-line therapeutic programs, to look for work and housing, to play games and watch videos, and to maintain links with families and friends. This year, as in previous years, Community Visitors received complaints from consumers about problems with access to Wi-Fi and lack of IT equipment.

At 1 rehabilitation service where consumers can stay for long periods of time, a consumer told Community Visitors that they were having trouble accessing the internet. Staff confirmed it has been a problem for years and that the building itself lacks the required infrastructure to provide the internet for all consumers. The Wi-Fi only worked in some rooms. The problem was exacerbated by a lack of computers for consumer use.

This year, Community Visitors noted that mental health services who are part of the Safewards program were able to purchase new equipment for activities and programs. One hospital purchased wireless headphones and equipment for music therapy. Another purchased Smart TVs that consumers could use for telehealth and for video calls with family and friends.

# Drugs and Alcohol

In 2022-2023 Community Visitors again reported on the impact of drug and alcohol use on consumers. Consumers who are drug or alcohol affected often require additional medical care while receiving mental health services. Consumers with a drug dependency are particularly impacted by requirements to abstain while receiving mental health treatment. This year in 1 service, sniffer dogs were deployed to check for illicit drugs.

Community Visitors reported that some consumers continued to use drugs while admitted. One service advised consumers that they could not continue in the program if they continued to use and consumers who did were discharged. One consumer who had been at prevention and recovery centre for less than two weeks was found in possession of marijuana. They were asked to leave.

### DEAN'S STORY

## Opioids

Dean was due for discharge from a mental health unit. He was managing his own medications. Dean left the unit as early as 5:30am some mornings to work for cash to purchase opioids. During his stay, staff had intervened to stop Dean seeing multiple GPs to access multiple prescriptions for opioids.

Dean was offered a place to stay by his family after discharge, but he did not want to take it because he was worried that his substance use would be criticised. Dean has a car and attends all appointment independently. Staff told Community Visitors they were concerned for Dean's health and welfare post-discharge.

### JEZ'S STORY

## Drinking on leave

Jez took leave from a mental health unit with their NDIS-funded support worker and returned intoxicated. The support worker said it was Jez's choice to drink and they would not stop them. On 1 occasion, Jez drank so much that they were still intoxicated the next day. The support worker also failed to communicate to staff that Jez had brought cigarette lighters onto the unit.

The unit staff decided that Jez could see their support worker on the ward only. Jez then refused NDIS-funded support. A team meeting was organised to develop strategies to manage Jez's alcohol use.

# Discharge and Housing

Throughout 2022-2023, Community Visitors again reported on challenges for consumers and mental health staff in finding affordable housing. The lack of housing options for consumers ready for discharge created a flow on impact on the availability of mental health beds across the state. Community Visitors noted that some consumers with complex support needs were discharged to inappropriate places, including motels and Supported Residential Services, and soon landed back in acute settings.

Key challenges identified this year included:

- a lack of decision-making support for consumers
- long waiting lists for good quality housing
- NDIS funding delays
- inappropriate referrals
- an overreliance on crisis accommodation.

Nursing staff in 1 unit advised Community Visitors that approximately 30% of consumers with complex behaviour support needs were being discharged from the extended care unit into crisis accommodation. In another region, Community Visitors reported that 70% of consumers in 1 rehabilitation facility did not have any housing options for discharge because they were waiting on NDIS funding and/or could not afford private rental.

## NDIS

The NDIS represents a significant step towards recognising and addressing the specific challenges faced by Victorians with mental health issues. However, in spite of the objectives of the NDIS in providing an individualised and person-centred approach, Community Visitors continue to report on long waiting times for access requests, the lack of mental health training for NDIS-funded support workers, and NDIS-related discharge delays.

This year as in previous years, Community Visitors reported on problems for consumers whose circumstances had changed before or during their stay on a mental health unit. The NDIA often take longer to make funding decisions than the average stay.

Some consumers have mental health unit staff, NDIS-funded support coordinators and support workers, allied health practitioners, lawyers, advocates, and more. Consumers deserve well-coordinated support that delivers what they need, regardless of where the funding is coming from.

## Conclusion

Mental Health Community Visitors believe that the consumers they visit in mental health units are often subjected to significant limitations on their human rights. This year's report reflects Community Visitors' strong commitment to addressing concerns raised by consumers, while looking forward to the realisation of the vision for better quality services set out in the new Mental Health and Wellbeing Act 2022.

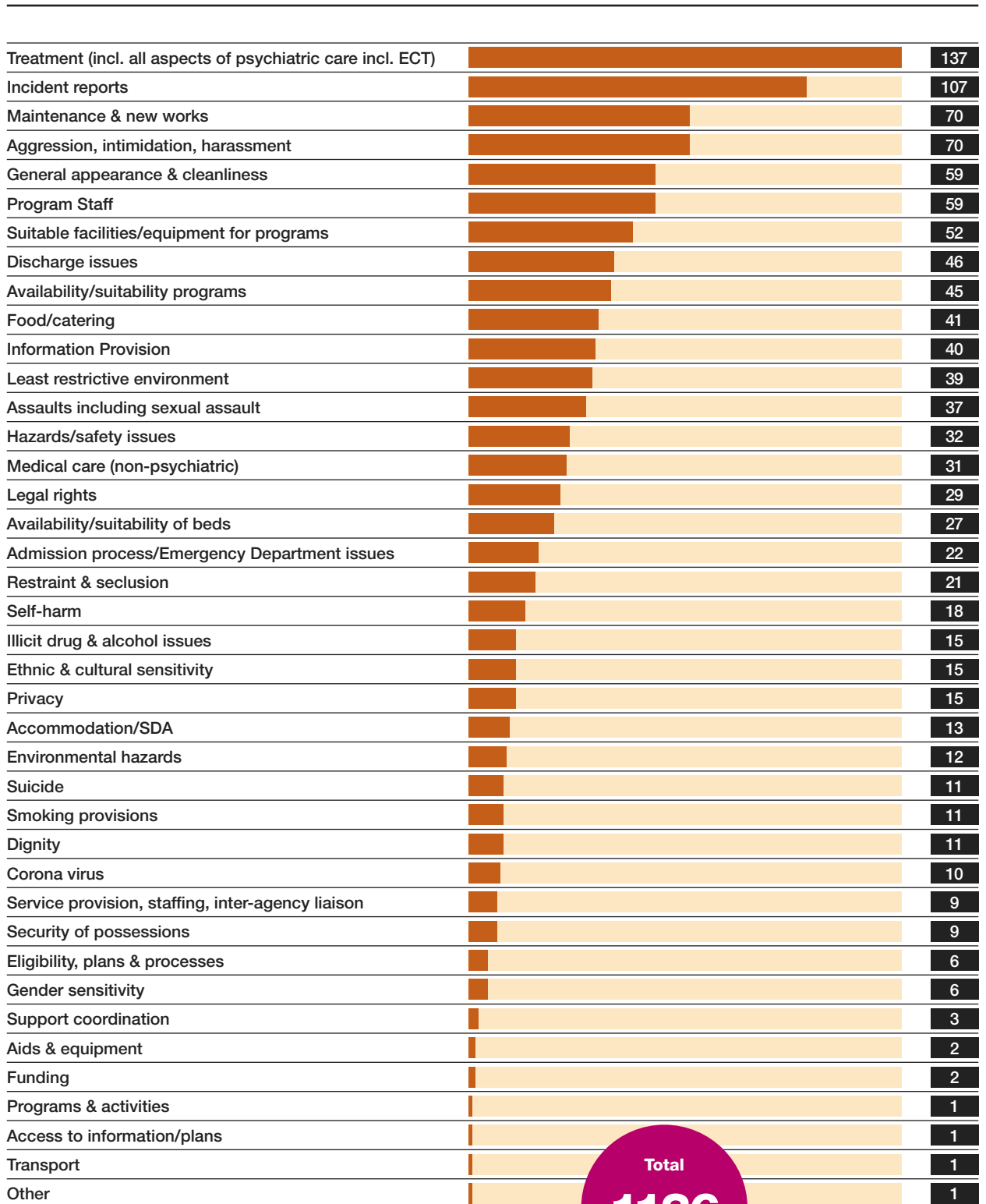
The Victorian public can rightly expect that people with mental health issues who require intensive treatment and support are treated with the utmost dignity and that services are provided in properly resourced environments amenable to recovery. There is still a long way to go.

Community Visitors commend the courage and resilience of consumers they visited this year, and the dedication of many mental health staff who are working in unenviable conditions with extreme staff shortages and many double shifts. The Mental Health Community Visitors Board also appreciates the responsiveness the Office of the Chief Psychiatrist, Safer Care Victoria and the Department of Health to enquiries made this year.

One Community Visitor Regional Convenor summed up the year this way:

“Many people face great disadvantages with challenging mental health conditions. We saw people who took an active role in their own treatment despite setbacks. Many people are grateful for the care they received and understand where there were occasional hiccups.”

**Figure 9: Disaggregation of issues reported by Community Visitors, 22/23**



Residential Services  
volunteers visit fee  
paying residents in  
congregate facilities

# Residential Services

3

# Recommendations

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

- |           |   |   |
|-----------|---|---|
| <b>01</b> | Require all proprietors to complete an annual compliance report on the status of their staff to complete mental health training, which is mandatory for all staff in pension-level SRS.   | ▼ |
| <b>02</b> | Fund staff training in Supported Residential Services to manage the de-escalation of violence and delivery of Mental Health First Aid Training for all staff  | ▼ |
| <b>03</b> | Ensure mental health facilities use key performance indicators to monitor the effectiveness and usage of the mental health referral form for discharge and follow-up of consumers to Supported Residential Services   | ▼ |
| <b>04</b> | Ensure that the Homes Victoria Community of Practice shares good practice in:<br>a. the provision of activities for residents within Supported Residential Services especially for younger men<br>b. the preparation of menus which are cost -effective, have high nutritional value and recognise a variety of cultural traditions | ▼ |
| <b>05</b> | Provide more funding to the Supporting Accommodation for Vulnerable Victorians Initiative Program and the Pension-Level Program to ensure that all existing and any new pension-level SRS are eligible  | ▼ |
| <b>06</b> | Seek legislative reform so that Community Visitors have easy access to required documents including electronic incident reports, are empowered to take photos, and to conduct remote visits where necessary   | ▼ |
| <b>07</b> | Provide adequate funding to ensure that the Community Visitors Program has the technology and resources needed to effectively fulfill its vital safeguarding role.  |   |

# Statewide Report

**Community Visitors in the Residential Services stream of the Community Visitors program made 745 visits to 114 facilities in 2022–2023. Ninety-seven per cent of visits were in-person.**

## What is a Supported Residential Service?

Supported Residential Services (SRS) are private, mostly for-profit businesses. As of 30 June 2023, there were 113 registered SRS in Victoria providing housing and support to more than 3968 Victorians. In 2022–2023, there were 4 not-for-profit SRS operating in Victoria.

SRS provide housing and support services for people who need assistance with everyday tasks. Each SRS determines which support services are offered and the fees that are charged. Many residents pay the SRS for rent and support from their Centrelink payments, usually the Disability Support Pension or Age Pension. Some SRS operate on pension-only fees, charging between 85–95 per cent of the pension for a bed, meals and support. Pension-plus SRS set their own fees at a rate they choose, some more than \$1000 per week.

Most SRS have around 30 residents, though some SRS support up to 80. People who live in pension-level SRS have very few, if any, alternatives, especially in regional areas, and exacerbated by the steep increase in private rentals prices in 2022–2023.

## Who lives in an SRS?

SRS are described in legislation as low care facilities and accordingly are only required to have relatively low staffing ratios – generally requiring only 1 personal care attendant staff member per 30 residents. Yet more than ever, many residents in pension-level SRS have complex support needs.

Over a 3-month period between January and March 2023, there were 18 serious injuries and 11 unexpected deaths reported to the Human Services Regulator (HSR) as Prescribed Reportable Incidents. Some of these deaths are the subject of coronial inquiries.

The 2018 census and resident experience survey conducted by the Department of Health and Human Services (DHHS) found that 79 per cent of SRS residents had a disability. The SRS population includes people with intellectual and cognitive disability, people with mental health issues, people with experience of homelessness, and people recently released from prison. In pension-plus SRS, residents are generally older, and more are affected by the physical and mental health conditions that come with ageing.

## COVID-19

Almost all SRS have had COVID-19 outbreaks during 2022-2023. Some outbreaks have affected just one or two individuals, but many have been widespread amongst the residents of the SRS. COVID-19 outbreaks have taken a significant physical and mental toll on residents, staff, and SRS management this year, and have increased the cost of staffing. The compounding impact of the 3-year pandemic is also seen in the mental tiredness and exhaustion which Community Visitors frequently observe amongst SRS staff.

## Workforce Shortages

Australia-wide skills shortages and low unemployment since the COVID-19 pandemic started have affected SRS. Many SRS managers and proprietors report problems finding staff. The implementation of the NDIS has also drawn experienced staff from the SRS sector to NDIS-funded services where they are likely to find higher pay. A shortage of skilled tradespeople has also led to delays in SRS building repairs.

## Cost of Living

This year, Community Visitors have reported on the impact on SRS of the rising cost of food, utilities and consumables, as well as interest rate increases. SRS proprietors told Community Visitors about the strain of providing sufficient and quality food.

One proprietor said they were relying on charities for food:

“Donations of fruit from [charity organisation] and boxes of vegetables on a fortnightly basis helps somewhat.”

Cost of living pressures have also meant less money available for building maintenance and utilities:

“...hot water is not supplied to the laundry...therefore soiled clothes and linen only get a cold wash.”

This year, residents have also faced fee rises due to the increased cost of staffing. Residents in pension-level SRS – who already pay most of their pension to the SRS – have very little money left over to spend on other necessities.

**Table 4: Total visits Residential Services stream, 22/23**

Region	Units visited	Community Visitors	Requested visits	Scheduled visits	Total visits
East Division	38	14	16	205	221
North Division	20	12	8	181	189
South Division	37	20	21	177	198
West Division	19	23	10	127	137
<b>Total</b>	<b>114</b>	<b>69</b>	<b>55</b>	<b>690</b>	<b>745</b>

**Figure 10: Issues reported by Community Visitors, 22/23**

Safety		242
Abuse		215
Physical Environment & Fabric		198
Health		138
Social Independence & Choice		90
Personal Support		68
Finances		64
Privacy, Dignity & Confidentiality		62
Food		54
NDIS		38

## The 15 Standards

Residents of SRS have the same rights and responsibilities as other members of the community and should be empowered to exercise them.

The *Supported Residential Services (Private Proprietors) Act 2010* (the SRS Act) recognises that residents have a right to:

- Privacy
- Freedom of expression
- Fair and equal treatment
- Dignity and respect
- Freedom from abuse, neglect, or exploitation.

The objective of the SRS Act and the *Supported Residential Services (Private Proprietors) Regulations 2012* (the SRS Regulations) is to protect the safety and wellbeing of SRS residents. Community Visitors have powers under the SRS Act to inquire into whether services are being delivered to residents in accordance with its principles.

Fifteen accommodation and personal support standards are set out in the SRS Regulations which cover 4 key aspects of a resident's life in a SRS: lifestyle, food and nutrition, health and wellbeing, and the physical environment.

The minimum standards required under the Act are monitored by the HSR within the Department of Families, Fairness and Housing (DFFH) and include:

- Standard 01** Privacy, dignity, and confidentiality
- Standard 02** Independence and choice
- Standard 03** Protection from abuse
- Standard 04** Protection of private property
- Standard 05** Choice
- Standard 06** Nutritious food
- Standard 07** Safe food
- Standard 08** Choice of and access to healthcare providers
- Standard 09** 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

Community Visitors make unannounced visits to SRS, they speak to residents and staff, query what services and support are delivered, look at the records required to be kept on the premises and report on their findings. Community Visitors are empowered to raise any other issue or concern if a resident asks them to, regardless of whether it relates to the 15 standards.

Community Visitors endeavour to resolve as many issues as they can during the visit, but escalation pathways on some matters can be unclear. Concerns related to NDIS plans, personal finances and lack of social inclusion may not be within the scope of the HSR to address. Community Visitors often fill critical safeguarding gaps, pursuing resolutions where other state and commonwealth bodies do not or cannot.

In 2022-2023, Community Visitors' main concerns under the 15 standards were about:

- Protection from abuse – Standard 3
- Personal support – Standard 9
- Environment – Standard 13 & 14
- Food and Nutrition – Standard 5 & 6
- Independence and choice – Standard 2.

## Protection from Abuse

### **Standard 3: Residents live in an environment free of verbal, emotional, sexual or physical abuse, harassment, exploitation or neglect.**

The Victorian community can reasonably expect that SRS residents are afforded their human rights such as protection from inhumane or degrading treatment. Community Visitors believe that no resident living in SRS should live in fear.

Last year, Community Visitors reported on 143 issues involving abuse, neglect, and violence in SRS. This year, Community Visitors reported 278 new issues – a 50 per cent increase that can be partially explained by Community Visitors returning to in-person visits as COVID-19 restrictions were fully lifted in SRS.

Many of the incidents of violence, intimidation and aggression reported by Community Visitors can be attributed to the lack of adequate mental health support for SRS residents. There are pressures on mental health units to discharge patients and a shortage of affordable housing. New residents referred to SRS by mental health units sometimes arrive without appropriate discharge or support plans. Subsequently, SRS proprietors accept referrals without adequate information about an individual's support needs.

There is also a financial viability imperative for some SRS proprietors to accept referrals for residents who may not prove suitable to live in an SRS. Some SRS proprietors fail to make proper inquiries about whether the person being referred can reasonably be supported in their SRS, despite receiving information and education on good process.

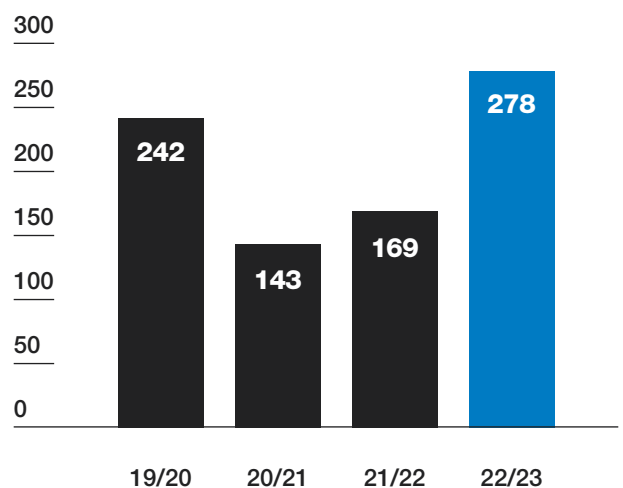
## Abuse, neglect, violence, and exploitation

In 2022-2023, Community Visitors reported many incidents of resident-on-resident assault, resident-to-worker assault, property damage, aggression, and animal cruelty. Visitors to SRS have also been the perpetrators and victims of physical violence.

Examples include:

- a family member who was visiting their mother was attacked by another resident and bitten on the face – they required medical attention
- a resident attacked another resident with a PVC pipe following an altercation about excessive noise
- one resident verbally intimidated other residents and coerced residents to provide them with cigarettes – residents reported living in fear and a long-term staff member resigned due to the continued verbal abuse
- staff called police after a resident smashed a window – staff locked themselves in for their own safety
- one resident's son tried to enter the SRS and physically assaulted 2 residents as well as a member of the public and spat at staff – police were called and an intervention order application was lodged
- violence and aggression between residents and towards staff about access to cigarettes
- a resident with dementia who deliberately pushed a mobility walker into staff
- a resident who threw cutlery at a staff member
- a physical attack with broom handle on a staff member by a resident requiring treatment in hospital.

**Figure 11: Issues of abuse, neglect and violence in the Residential Services stream, 19/20–22/23**



Community Visitors also reported that residents have been subjected to financial abuse by NDIS-funded support workers, family members or other trusted people.

## RESIDENT STORY

### Elder abuse

An older resident, who was well-known to Community Visitors, appeared very distracted, confused and very low in mood. Community Visitors were told that the resident has no family and had recently learned that the person who had their Power of Attorney and managed their money had moved into the resident's home. This was a complete surprise to the resident. Items from the home were also missing. The resident was distraught.

Community Visitors met with a social worker from the Elder Abuse team who was assisting the resident. With their help, the resident was able to regain control of their home and possessions but remained very distressed. Community Visitors phoned the SRS later that month to inquire about the resident's welfare and visited the SRS again two weeks later at the request of the social worker. The resident said they felt supported by the SRS management, the Elder Abuse Team and Community Visitors.

Throughout the year, SRS proprietors told Community Visitors that hiring and retaining staff had been challenging. Community Visitors consider that some staffing problems are likely related to the aggression, violence, and racial vilification they are exposed to in SRS.

Community Visitors reported the following examples:

- a resident who abused the staff member who provides personal hygiene assistance
- a resident who spat at staff and racially vilified them
- residents repeatedly shouting at night, disturbing other residents
- residents repeatedly swearing, screaming, and shouting at other residents and staff
- a resident who refused to pay rent and then verbally abused staff, questioning their immigration status and sexuality – their behaviour left other residents fearful
- repeated racial slurs towards kitchen staff
- residents intimidating or threatening other residents including a threat to kill.

Community Visitors believe that residents benefit when staff are well-trained and properly supported.

### Sexual violence and harassment

In 2022-2023, Community Visitors documented alleged sexual assaults and sexual harassment within SRS. Alleged assaults occurred between residents, SRS staff and NDIS-funded support workers.

Examples include:

- a staff member allegedly sexually assaulting a resident – police investigated and a referral was made to the Centre Against Sexual Assault
- allegations of rape where consent was withdrawn during sex
- inappropriate touching and advances towards staff and NDIS-funded support workers
- alleged sexual assaults by residents entering other resident's private rooms
- indecent exposure by residents.

### Drugs and alcohol

Community Visitors have repeatedly reported on the negative impacts that excessive alcohol consumption and illicit drug use can have on the safety of SRS residents. The misuse of drugs and alcohol in some SRS has led to physical violence, aggression, property damage and created an environment of fear amongst residents and staff.

Under the SRS Act, SRS proprietors can issue a Notice to Vacate to residents who endanger any other resident or staff member. In 2022-2023, the Human Services Regulator was notified of 21 Notices to Vacate in an eight-month period where residents had endangered the safety of another person.

## Personal Support

### **Standard 9: Residents' health and wellbeing is optimised through providing personal support services in a way that takes account of individual residents' needs and preferences**

Standard 9 requires that SRS have documented support plans for each resident which include information about hygiene, toileting, dressing, eating, medication, mobility, health care and emotional support. Community Visitors sight resident support plans to determine whether they adequately document each resident's needs and that they are updated regularly.

### **Health**

Community Visitor reports in 2022-2023 offer critical insights into the range of mental and physical health needs of the SRS residents in Victoria. Staff do not require mental health qualifications but many residents of SRS live with chronic mental health issues. Inadequate mental health support often results in devastating and confronting situations for the person themselves, for other residents, and presents challenges for staff.

This year, Community Visitor reports detailed many instances of self-harm and suicide attempts. Some residents disclosed to Community Visitors that they had suicidal thoughts. Some residents are so affected by the impact of past traumas that they have engaged in socially inappropriate or risky behaviour including public masturbation, public urination or urinating in their rooms.

#### **RESIDENT STORY**

### **Seizures**

During one visit, Community Visitors witnessed what appeared to be a resident having a grand mal seizure. Community Visitors were told that the resident regularly had seizures when stressed and that the resident had been diagnosed with post-traumatic stress disorder. Staff and other residents responded compassionately but it is difficult to view the resident's mental health support needs as 'low care'.

Community Visitor reports also document many examples of residents having acute mental health episodes and needing long admissions to acute mental health facilities. Community Visitors have consistently raised their concerns with government about SRS residents cycling back and forth between SRS and mental health units and receiving inadequate and disjointed support at both ends. In 1 case this year, police dropped a resident off at a SRS from an acute mental health unit without extra clothing, a discharge summary, or medication. The resident later went missing from the SRS.

Throughout 2022-2023, Community Visitors also reported on the chronic physical health issues of SRS residents. A significant number of SRS residents have diabetes. During 1 visit, Community Visitors noted that 10 of the 34 residents had diabetes. This is particularly concerning given the serious impacts of poorly managed diabetes on general health and well-being.

Community Visitors also noted a high number of residents who are morbidly obese and have other health issues and who do not have adequate support to follow medical advice. Community Visitors reported a concerning trend with the number of SRS residents who are undergoing cancer treatment whilst continuing to live in the SRS. Some residents are living with the aftereffects of strokes. Residents with mobility issues can be at risk of falls in SRS that are not purpose-built to be accessible.

### **Medication**

Many residents in SRS require multiple medications for their mental and physical health. Community Visitor reports in 2022-2023 documented examples of errors in the administration of medication in SRS such as:

- medication given to the wrong resident
- a double dose of medication given by mistake
- medication stored unsafely, in one case in the SRS kitchen
- medication hidden and not taken by a resident and discovered later by staff.

The risk to all residents including those who have received incorrect doses of medication are very disturbing.

## SRS, hospitals, and mental health units

The challenge of supporting SRS residents with complex physical and mental health needs is made more complicated by the lack or poor quality of discharge information from hospitals and mental health units. Too often, SRS staff tell Community Visitors that new residents arrive with little or no information about their health support needs.

### GOOD PRACTICE

#### Personal support

Community Visitors were invited to visit a resident in their room. The resident prefers to stay in their room with the blinds shut. The resident has a sign on their door showing when staff can access their room. Community Visitors arranged to visit accordingly. Community Visitors saw a timetable and sign-off sheets accounting for every time SRS staff perform a task in the resident's room. This has been negotiated with the SRS by the resident's own support worker.

Staff work to meet the resident's need for specialist food and to provide meals to the resident in their room at requested times. The resident has a pet which is extremely important to their mental health. Community Visitors were very impressed by the care shown by the SRS to accommodate the personal support needs of the resident

## Environment

### Standard 13 & 14: Ensure that residents live in a safe and stable environment; residents live in a clean and comfortable environment that is well maintained

The Victorian community would reasonably expect that people who live in SRS - private businesses regulated by the State Government - would have a safe, clean, comfortable, and well-maintained environment. Unfortunately, almost 200 reports from Community Visitors in 2022-2023 demonstrate failures in this area.

While Community Visitors recognise that SRS are frequently operating in older buildings where maintenance is difficult and expensive and where most are leased from landlords - some of whom have proved reluctant to undertake repairs - SRS proprietors remain responsible for the safety and welfare of residents under the SRS Act.

### Buildings

In 2022-2023, some SRS residents were living in buildings that were unsafe or not fit for habitation. In one SRS, the entire roof needed to be replaced which took several months and was a significant disruption for residents. Some rooms were unable to be used as water poured down the walls when it rained. Skylights were sending water directly into residents' bedrooms. Electrical wiring in another SRS was so overloaded that staff had to choose which appliances to use at any given time.

### Grounds maintenance

Community Visitors reported that many SRS grounds were so badly maintained that they posed risks to residents and deprived them of the amenity of pleasant outdoor spaces.

Examples include:

- an accumulation of old washers/dryers
- old mattresses left in the grounds
- 30 supermarket trolleys in/around the facility
- gardens and lawns overgrown for months and in 1 case causing a fire hazard
- broken garden furniture
- a slippery back veranda covered in moss
- cracked and broken paving outside the back door creating a tripping hazard.

## Bathrooms and toilets

Most pension-level SRS have shared bathrooms. Community Visitors often reported that these were in urgent need of repair with broken tiles, broken toilets, leaking plumbing and mould on floors and ceilings. In some cases, Community Visitors reported the same problems month after month, and witnessed how slow responses to bathroom maintenance adversely affected the quality of life of residents. Community Visitors were pleased to see many of these issues eventually resolved within the year, albeit after as many as five months of sustained advocacy.

## Cleaning

As part of the Residential and Services Agreement between the SRS proprietor and each resident, fees are charged for the cleaning of bedrooms and communal areas. The quality of cleaning is totally within the control of SRS proprietors and managers, yet in 2022-2023, Community Visitors reported on very poor cleaning:

- the SRS was “dirty and smelly”
- there was a “strong smell of urine in the SRS”
- “no cleaner for two weeks – they just didn’t turn up”
- dirty bathrooms with muddy floors
- mould on ceilings, on floors and in grouting
- extractor fans so dirty they probably couldn’t work
- dining rooms with sticky, dirty tables
- “...chairs so heavily soiled it is clear there has been no cleaning for some time”
- an infestation of cockroaches
- a mouse plague.

Community Visitors recognise that some residents of SRS have hoarding behaviour, and can refuse staff access to their room for cleaning. However, the primary duty of care in the SRS is for the health and well-being of the individual concerned and of other residents. Some residents need tailored support to ensure that they have a healthy environment to live in, however this is not always provided in SRS.

## Government funding

Community Visitors note the significant role government funding from Supporting Accommodation for Vulnerable Victorians Initiative (SAVVI) and the Pension Level Program (PLP) plays in improving the physical environment in SRS. One SRS proprietor reported using SAVVI funding to renovate a bathroom, while another said they were “awaiting SAVVI funding for new bath”. SRS proprietors sometimes delay building works until they receive new SAVVI funding at the beginning of the new financial year. In one SRS, the proprietor told Community Visitors that they were waiting to install new flooring despite the strong “smell of urine due to an incontinent resident”.

The community generally regards poor maintenance as unacceptable in aged care, in social and community housing, and from landlords in the private rental market. Why should SRS residents, many of whom are themselves older people and people with disability, be expected to accept it?

## Food and Nutrition

**Standard 5 & 6: Residents’ health and dietary needs and preferences are considered in the selection of food; Residents are provided with food that is adequate in quality, quantity, variety and nutritional value to meet their daily requirements**

Food is the issue which residents of SRS raise most consistently with Community Visitors. Every SRS resident has a Residential and Services Agreement that includes the provision of meals. In 2022- 2023, residents’ raised concerns about the choice of food, and the quality and quantity of food.

## Choice

Residents reported:

- that they had little or no regular input into the menu choices offered – in one case Community Visitors had to raise the idea of a Suggestion Box
- the “food is boring”
- “[the resident] said they would like more variety and is going to buy their own dinner to have a change”
- the meals provided are different from the menu
- there was no current menu on display.

## Quality and quantity of food

Throughout 2022-2023, SRS residents spoke often to Community Visitors about the quality and quantity of food offered:

- “lunch was spaghetti on toast as the accountant had informed [staff] that there were insufficient funds to provide the menu stated”
- residents wanted “more protein in the form of meat”
- “several residents were unhappy with the quality of evening meal (nutritional content questioned), baked beans! Proprietor said he will add another food item to baked beans, also change frequency of pizza meals”
- the portions are too small and there is not enough food made to have a second serve.

### GOOD PRACTICE

#### Food

SRS staff working across two SRS are encouraged by their proprietor to share tips, advice and photos of their culinary skills via a dedicated WhatsApp group. There is a focus on meal presentation. A key measure of success is a pile of plates with all food eaten.

### GOOD PRACTICE

#### Dietician

A dietician (connected with the SAVVI provider) had been engaged to assist with menu planning and they have provided menu plans that offer better nutrition.

## Independence and Choice

**Standard 2: Residents’ rights to independence and freedom of choice are recognised, provided they do not unreasonably affect the rights of other residents**

Many residents in SRS have very limited social connection and cultural capital, especially people living in pension-level SRS. Identifying activities which residents can both afford and enjoy in their communities is challenging. Some residents use NDIS or My Aged Care funding to go out with a support worker. Not all residents are eligible for these funding packages. Some community activities previously available are no longer running, most likely due to volunteer or staffing shortages in the community sector.

Since the COVID-19 pandemic, Community Visitors have noticed a decrease in the number and variety of activities provided by SRS themselves. At one SRS, Community Visitors were told that:

“Ten Pin Bowling and Swimming groups are continuing however the cooking class is in recess until another person can be engaged to take the class as the previous provider has retired.”

### GOOD PRACTICE

#### Quality of life

The manager of one SRS has developed several break-out and activity rooms for residents. There is an art room, a recreation room and a woodwork room which are used extensively by residents. The woodwork room is open every Thursday and the residents have made chairs out of wooden pallets. The men often stop for a coffee and chat. There is a proposal to develop a ‘sensory room’ for residents to use as a restful space. There is a movie afternoon, and 10 residents also go ten pin bowling weekly.

## Funding for activities

In 2006, the Victorian government introduced funding for SRS to improve viability in the sector and improve resident wellbeing - SAVVI and PLP. Homes Victoria, as part of DFFH, manage SAVVI and PLP funding. Delivery of SAVVI is contracted to specialist organisations as partnership managers. They also deliver SAVVI Supporting Connections services, aimed at improving the social connections of pension-level SRS residents. SRS can use SAVVI funding to fund activities for residents which can be valuable in improving their quality of life.

In 2022-2023, with the support of SAVVI funding, 2 SRS provided:

“...meditation, tai-chi, swimming, and sauna every second weekend and an exercise class... visits to the Circus (9 residents) and [group] trips to Port Fairy provided for a resident so they can see their mother...A High Tea is also being organised for residents in late June.”

“...seven to eight residents engaged very happily in craft activities with a staff member. There are now activities provided by the SRS available on every day except Sunday and a roster of activities for the whole month was on display. Activities include gentle exercise, meditation, cooking, craft, a walking group and music for well-being. Community Visitors are very pleased to see this development.”

However, SRS proprietors and managers often tell Community Visitors about the difficulty they have in arranging or finding activities which will engage younger male residents. Community Visitors would like to see a state-wide project with support from Homes Victoria via SAVVI funding to increase opportunities for residents, to have access to meaningful and interesting activities on a regular basis.

## NDIS and SRS 10 years on

In the year of the 10th anniversary of the launch of NDIS, Community Visitors have seen first-hand the positive impact it has had on the quality of life of many residents of SRS. Many SRS residents are spending more time in their communities doing things they enjoy. Some SRS residents are using NDIS funding to move out of SRS and live more independently.

However, Community Visitors have also reported on concerns about the implementation of the NDIS and the negative impact on at-risk residents of SRS.

### Predatory Practices

This year, Community Visitors have become aware of the predatory practices of some NDIS-funded support workers. Community Visitors became aware of an SRS resident that was moved out of the SRS to NDIS accommodation by his NDIS provider. This process was reported as rushed and the resident was described as confused and crying out ‘no’ when leaving, with other long-term SRS residents unable to say goodbye. Another SRS has become aware of residents being approached by NDIS providers to change services, with the proprietor only becoming aware afterwards.

#### RESIDENT STORY

### Total takeover

One at-risk resident who had been diagnosed with a terminal condition was noticeably drowsy, lethargic, and spending most of their time in bed because their NDIS-funded support worker was administering more medication than their doctor had prescribed. The same support worker quickly exhausted the resident’s funding by providing many additional hours of support and took over the management of their NDIS plan. The support worker employed their own family as support workers for the resident and had a family member appointed as the resident’s Power of Attorney. The SRS raised the alarm with Community Visitors and the issue was escalated to regulators and complaints bodies.

## SERVICE STORY

### Taking advantage

Community Visitors noticed an ex-resident sitting on the front porch of a house near the SRS. She was with a worker and another resident. The manager at the SRS explained that this house is an independent facility funded by NDIS. There are full time staff at the house. The ex-resident eats some meals at the SRS.

Are other residents of the SRS subsidising the meals of the ex-resident? Is NDIS funding being used to pay for food? Community Visitors question the financial arrangements in place between residents and providers and whether they are paying twice for the same service. Are NDIS participants really getting what they are paying for?

## Coordination and Communication

Community Visitors report that, in many cases, there is very little or poor communication between NDIS services and SRS proprietors and managers, resulting in delayed outcomes for residents and confusion about what people want and need.

## RESIDENT STORY

### A new bed

A resident told Community Visitors that they were getting a new adjustable double bed to replace their current king single bed with the assistance of their NDIS-funded worker. There had been no discussion with the SRS proprietors about the bed, with the proprietor later clarifying that the resident already had an adjustable bed. Furthermore, the double bed offered to the resident turned out to not be adjustable, resulting in the resident declining this bed and being unable to utilise NDIS allocated funding for other supports.

Residents are often uncertain of what services they can use with their NDIS plans or how much funding they have and for what. One SRS resident complained to Community Visitors that their NDIS plan did not have the funding they needed for consultations with a dietician, a psychologist, and a physiotherapist. There were also long delays with a review of their NDIS plan.

## Poor Quality

SRS residents regularly tell Community Visitors about the concerning practices of NDIS-funded support workers outside the SRS. Community Visitors find it hard to see that many of the activities participants are doing are fulfilling, meaningful or consistent with the goals of the NDIS:

- One support worker regularly takes a resident to a fast-food outlet and sits in a different area of the outlet
- Residents who refer to their support worker simply as “the driver”
- One resident told Community Visitors their favourite activity with their support worker was the weekly trip through the car wash - the resident does not own a car.

# Advocacy for change

## Funding

In 2022, Homes Victoria commissioned a review of the Supported Residential Services sector to support informed policy decision-making. Community Visitors were pleased to be included in consultations for the review and were briefed by Homes Victoria staff on the outcomes of the review in relation to SAVVI and PLP funding.

Community Visitors have long advocated for the continuation and expansion of SAVVI and PLP funding and understand that funding has been committed by Government in the 2023-2024 financial year. Community Visitors are reassured that the PLP will provide amenity and safety funding and a more streamlined administration process for SRS.

Moving forward, residents of SRS can expect to see strengthened departmental oversight and accountability measures of community organisations providing services to SRS under SAVVI and PLP. A new SRS Community of Practice will be starting soon for all SRS proprietors - SRS who receive SAVVI and/or PLP funding are required to attend. Community Visitors are also pleased that new collaborative plans will consider resident voice and lived experience.

There are still 9 pension-level SRS who are not in receipt of SAVVI and PLP funding. Community Visitors remain committed to advocating for increasing the pool of SAVVI and PLP funding accessible to all pension-level SRS. The focus must be on the benefits to each resident, regardless of which SRS they live in.

## Human Services Regulator

Community Visitors work to solve issues for residents directly with SRS proprietors and managers at the facility level. Sometimes this is not possible. The Community Visitors Program has an agreed escalation process as part of the 'Operational Protocol between the Office of the Public Advocate - Community Visitors Program and the Department of Families, Fairness and Housing - Human Services Regulator' (the Protocol).

In 2022-2023, Community Visitors were pleased to see that the HSR has increased the use of its regulatory powers for the benefit of SRS residents. To highlight this, Community Visitors understand that from January to March 2023, 64 compliance notices and 45 compliance instructions were issued by the HSR to SRS.

The Protocol has been in place since the beginning of 2022, following rigorous negotiations for its design and implementation. One key aspect of the Protocol is the Notification for Investigation procedure. Notifications for Investigation are sent by Community Visitors to the Regulation, Compliance and Enforcement Teams within the HSR's office for investigation. These cover many issues including abuse, neglect, and violence as documented in Community Visitor Records of Visit. A response to the Community Visitors Program is provided for each Notification. Community Visitors issued 39 Notices for Investigation to the HSR over the last 12 months.

### GOOD PRACTICE Rights as adults

Community Visitors were told that two residents were being asked to keep their room doors open while they were in the room together. The SRS was apparently trying to prevent residents engaging in consensual sexual relationships while living in the SRS. SRS are the residents' home, and it is their right to form consensual sexual relationships. Community Visitors reported this limitation on human rights to the HSR Regulation, Compliance and Enforcement Team who acted promptly requiring the SRS manager to call a meeting of all residents informing them of their rights as adults living in an SRS to have consenting sexual relationships with whomever they choose.

This year, the Community Visitors Residential Services Board believed it was important to review the effectiveness of the Notification for Investigation process. The review found that the process has been widely accepted and used by Community Visitors and that the Human Services Regulator had met its obligations under the protocol, even with some delays in responses due to the complexity of an issue or unplanned staff absences. The Protocol has been extended until June 2024 by agreement.

...Community Visitors are there for the individual...Their work is there to be there primarily for the person and to listen to them and hear their stories and then to help tell their stories to anyone who would listen... They know people over the longer term. They are able to go at different times of the day or on the weekend. And they form friendships and relationships in a way that aren't possible with paid employees. They form part of the social capital, of Victoria, I think. You know, they make an enormous contribution.

## Conclusion

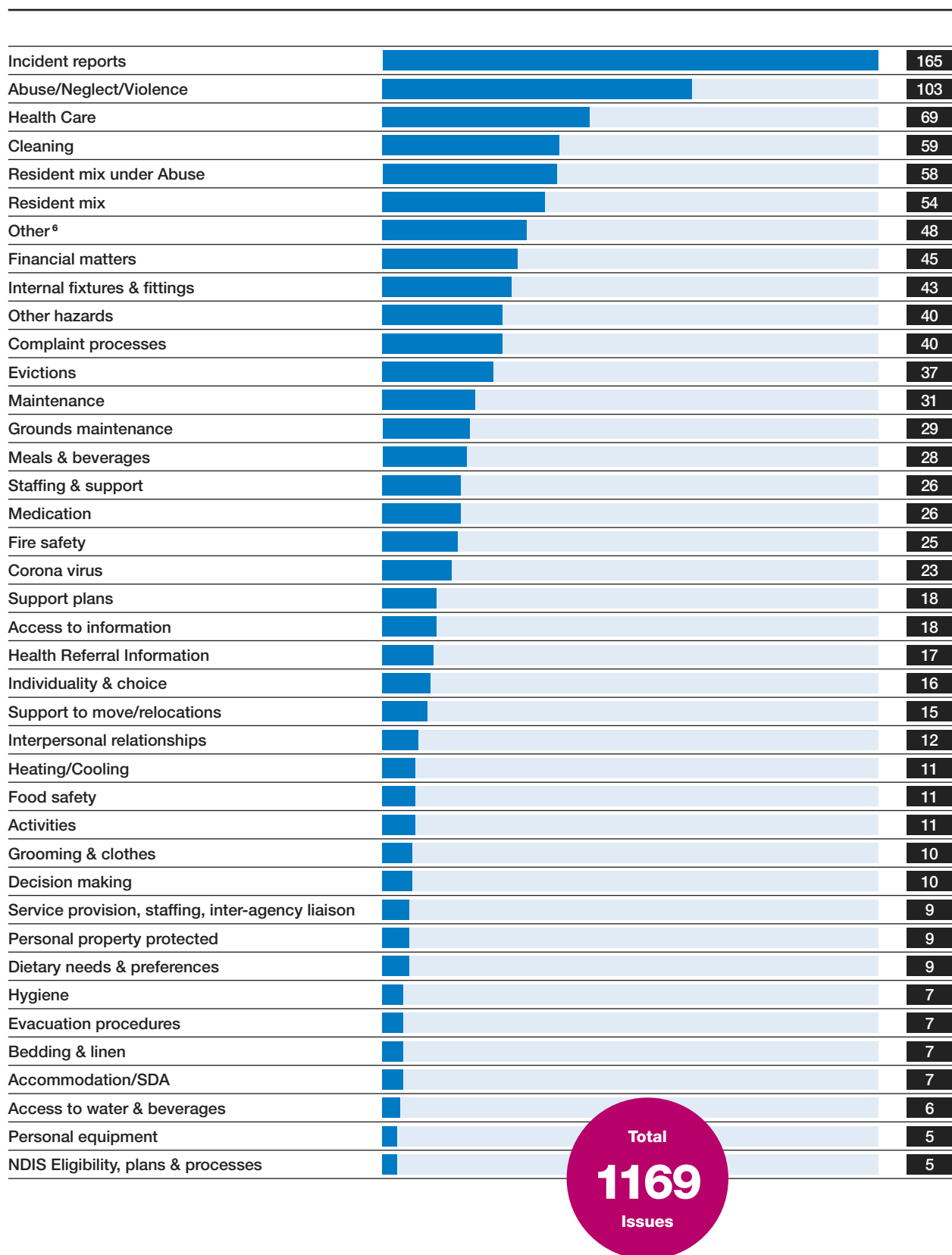
SRS may not be the first choice for most Victorians when they are considering where they would like to live. However, SRS are home to almost 4000 of the state's most marginalised and invisible citizens. This year, Community Visitors have again dedicated significant time and energy into documenting the quality of life of SRS residents and call for more action from governments to improve standards and provide alternative accommodation and support options.

Residential Services Community Visitors rightly expect that the government response to the findings of the Disability Royal Commission and the NDIS Review will go some way to shining a light on SRS, and that people living in SRS will see a better future on the way. Community Visitors will continue to work diligently to support residents to exercise their right to have decent places to live. The Residential Services Board urges the State Government to accept the recommendations of this report and to move quickly to implement them.

Residential Services Community Visitors were pleased to see that information from their Records of Visit and previous annual reports were presented to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability by the Public Advocate and Chair of the Residential Services Board, Dr Colleen Pearce on 1 September 2022. Dr Pearce said:

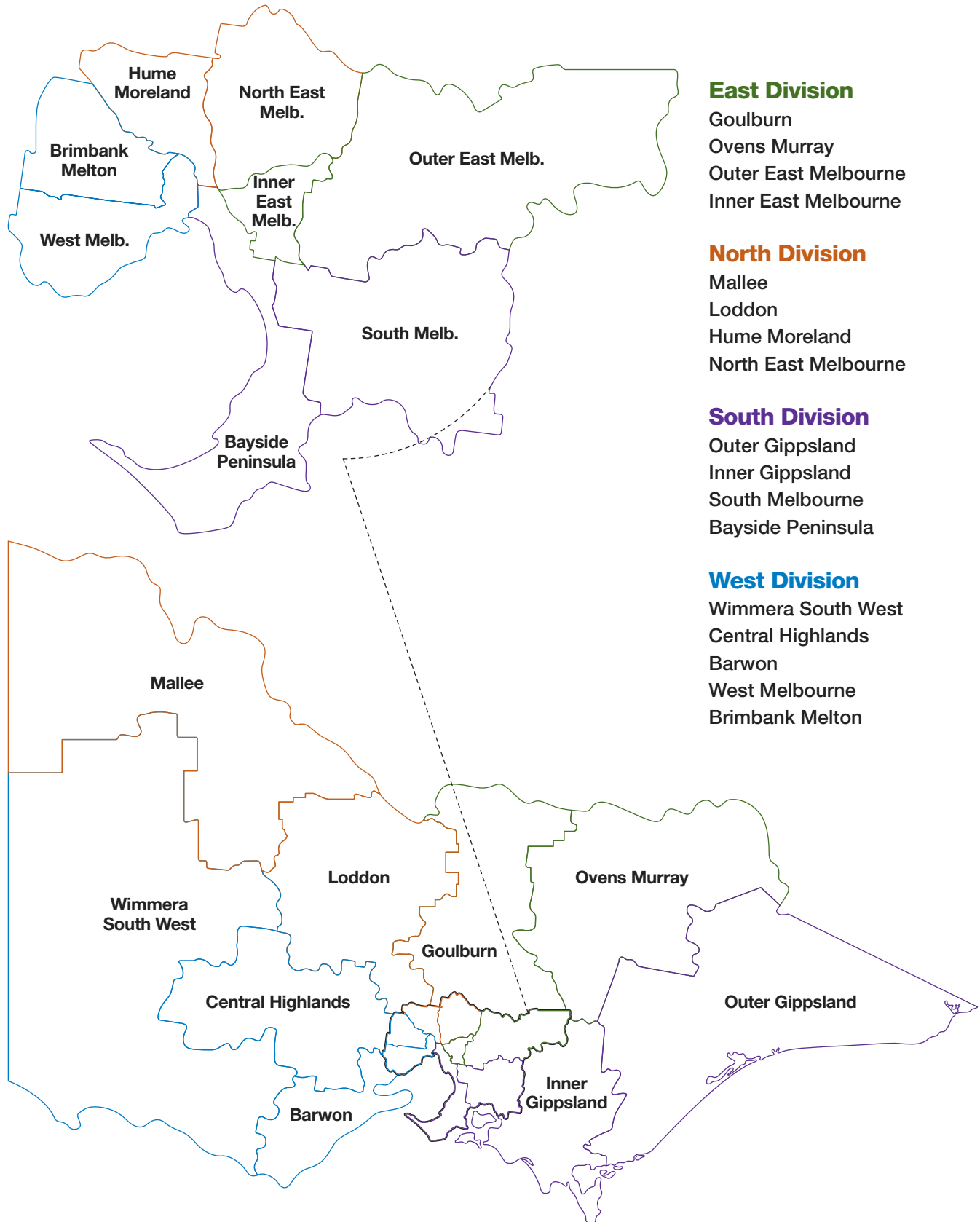
...Community Visitors are very concerned... hence, really, the raising of all of these issues is both in their annual reports, with the Quality and Safeguarding Commission, with the [Human Services] Regulator over a very long period of time. If you look at the Community Visitors' annual reports, that's what they do... [Community Visitors] are desperately telling people, you know, in reports to government, in letters... to the Quality and Safeguarding Commission about what they believe is happening.

**Figure 12: Disaggregation of issues reported by Community Visitors, 22/23**



<sup>6</sup> Consists of nineteen separate issue type categories, each containing fewer than five instances of reporting

# Appendix 1: Reporting Divisions



# Appendix 2: Community Visitor volunteers '22-'23

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

Nanduvi Abeyasinghe	Simon Cochaud	Daisy Ellery	Sally Hargrave
Deanne Ades	Frances Coffey	Dianne Ellis	Lynette Harris OAM
Ian Alexander	Jo Cohen	Elizabeth Elms	Ian Harris
David Allen	Graham Colling	Anne Fahey	Ian Harrison
David Anderson	Terry Collison	Eveline Fallshaw RC	Tanya Hart
Bernard Anglim	Janneane Connelly	Mary Farbrother	Vera Hartelt
Gudrun Argyropoulos	Susan Connor	Isabella Farrugia	Barbara Hayes
Laurie Armstrong	Julian Cooke	Beth Faulkner RC	Lynette Hayes
Sandra Baker	Stefania Cortecchi RC	Gillian Fawcett	Coral Hazlewood
Joyce Ball	Robyn Coughlin	Lynne Featonby	John Heath
Wendy Baneth RC*	Jeanette Coulter RC	Jennifer Fenwick	Robyn Heath
Christine Barbuto RC	Adele Coutts RC	David Ferguson RC	Neil Henderson
Linda Barclay	Erin Cowley	Jeanette Findlay	Jennifer Henry
Cheryl Beatson	Bryan Crebbin RC	Roger Findlay RC	Judy Heron
Joan Beaumont	Fiona Cromarty RC	Judy Fitzgerald	Pradeep Hewavitharana
Efi Bellchambers	Patricia Cross RC	Christy Flanagan	Bill Hickey RC
Manisha Beniwal	Graeme Crutchfield	Christina Florence	Robyn Hickey
Judith Bink	Miguel Da Silva Bernardo	Maureen Fontana RC	Colin Hinckson
Margaret Bird	Phillip Dalliston	Gen Ford	Wendy Holland
Marion Blythman RC	Ian Davies	Christopher Forde	Kris Hopkins RC
Dominic Boland	Wendy Davies	Jan Forsyth	Pat Horan
Jo Bourke (Deceased)	Pat Davison	Natalie Fourie	Mary Howlett OAM
John Bowen	Merryl Dawson	Debbie Fowler	Giordana Ienco
Nadine Bowen	Geraldine de Korte	David Frame	Kim Inglis RC
Ruth Boydell	Bev Devidas RC	Ian Freeman	Dallas Isaacs
Robyn Brewin	L'Shae Dib	Anne Freudenberger Kay	Felicity Jack
Sheena Broughton RC	Graham Dickinson RC	Leonie Fryar	Sue Jacka
Deidre Brown	Christine Dimer	Jayne Gallo	Beverley Jacob
Lorraine Bryant	George Dingli	Felix Geake-Ransome	Maureen Jacobson
Ian Buckles RC	Di Dixon	Sandra George	Thomas Jambrich
Diane Burgess	Alex Dobes	Ken Gibbs	Hibba Jamel
Ron Butler RC	Kerrie Dobrzynski	Mark Goy	Mary James RC
Dorothy Campbell	Aimee Donaldson	Audrey Grace	Lyn Johnson
Heather Campbell	Jenny Donaldson	Eddie Graham	Raymond Johnson
Mary-Rose Cantoni	Diana Donohue RC	Ruth Graham	Valerie Johnson
Gerard Carrasco	Helen Donovan	Shane Graham	Prue Jolley
Debra Cary	Wendy Doran	Brian Granrott	Robyn Jones
Ken Castanelli	Sheila Douglas	Mandy Gray	Debbie Jonker
Pat Cerra RC	Wendy Drony	Kay Gregory	Belinda Jordan
Chris Chapman	Francine Dudfield	Alan Grigson	Lynda Judkins
Cecily Chater	Jan Dunbar RC	Bill Grint	Don Juniper
Carol Chenco	Ian Dunn	Gerard Grogan	Boudie Katamish
Danielle Chiaverini	Jennifer Dunn	Alan Gruner RC	Karamjeet Kaur RC
Shri Chitale	Inez Dussuyer	Wendy Guy	Judy Kelly
Toni Clarke	Anne Eddie	Ghassan Haidar	Julie Kelly
Dawn Clifford	Megan Edwards	Sam Haouchar	Paul Kent

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\*Regional Convenor

Jenny Kerr RC	Janine O'Neill	Rosslyn Thurrowgood RC
Raveena Khan	Rebecca O'Neill RC	John Trevillyan
Sabiha Khan	Jack Ottaway	Helen Tribe
Saima Khan	Robin Parker	Julie Trompf
Brian Kiley	Wendy Patchett	Merrill Tunstall
Debbie King	Cheryl Paxton	David Turnbull
Mary King	Linda Peterson RC	Gary Turner
Julie Klok	Stephen Peterson	Rakhat Ulakova
Alan Kohn	Max Pietruschka	Linda Van Draanen
John Krakowiak	Kevin Pittman	Martha Vanderhoek
Amanda Kunkler	Lesley Plunkett	Carmel Vandersman
Francina (Tineke) Lagerwey	Regina Prakash	Antonia Veneracion
Suzanne Lau Gooley	Nancy Price	Kate Walker
Sandra Lawler RC	Vicki Pridmore	Lynn Wallace-Clancy RC
Jayne Lawrence	Margaret Purves	Daniel Walsh
Susan Lawrence	Margaret Quinn	Sylvia Walton AO
Debra Lee	Rose Randall	Sebastian Waluk
Lee Lee	Helen Rawicki	Betty Waters
Lawrie Leeman OAM RC	Ann Ray	Melinda Watt
Robyn Leeman	Neil Ray	Jennifer Weber
Glynn Lewis	June Rea	Brenda Weisshardt
Lynette Lewis RC	Sue Rewell RC	Senuri Weliwattee
Mark Lewis	Maureen Rhodes RC	Sally Wellard
Rob Lewis RC	Joanne Rice	Wendy Wereta
Beverley Libbis	Dean Richards	Calvin White RC
Nuala Licata	Julie Ritchie	Peter Whitelaw
Eric Lindner	Evelyn Robertson	Peter Whittle
Vashti Lloyd	Kerrie Robertson	Dianne Wilde
Holly Lovell	Hugh Robinson	Jane Williamson
Jennifer Lush	David Roche	Joanna Williamson
Virginia Mack	Greg Rochlin	Ros Williamson
Carole Maher RC	Mark Rogers	Elaine Wilson
Jenny Maiolo	Melinda Ross	Karen Winch
Dinuka Mapa	Pam Roth	Sheila Winter RC
Jessica Marie RC	Suzanne Rothwell	Lyn Wood RC
Linda Markowicz RC	Linda Rubinstein	Megan Wood
Rohan Marlow	Barbara Russell	Tricia Woodcock
Brian Matthews	Ann Scally	Rhonda Woodrow
Julian Maugey	Frances Schepisi	Peter Worland
Wendy Mayne	Axel Scholz	Ping Yu
Ian McBeath	Diane Seren	Annie Zahra
James McCarthy OAM	Rosemary Shaw OAM	Susan Zammit
Patrice McCarthy	Tracey Shawyer	
Rachael McCarthy	Robert Sheehan	
Kaye McClure-Leckie	Daphne Shiek	
Carole McElvaney	Paul Simmons	
Stephen McElwee	Julie Simpson	
Paddy McGennisken	Manmohan Singh	
Catherine McGowan	Kim Singleton	
Irene McGrath	Puvana Sivakumar	
Pamela McGregor	Beverley Smith	
Deborah McLachlan RC	Phillip Smith	
Heather McLeish	Royce Smith	
Judith McPhee	Nicole Smyth	
Louise McPhee RC	David Sonenberg	
Catherine McRobert	Helen Sparrow	
Kristen Mercieca	David Stafford	
Laurie Messenger	Ray Steadman RC	
Wendy Miller	Gideon Stein	
Frank Miraglotta	Suzanne Straney	
Nina Mobach	Sheryl Summons	
Joanne Moore	Robert Swiger	
Marj Munro RC	Anne Tacey	
Alan Murphy RC	Anne Tait RC	
Kerry Murray	Rosemary Tait	
Gerald Mutubuki	Anna Talacko	
Alexander Napolitano	Alan Talkudar	
Craig Ng	Cheryl Thomas	
Lynda Nield	Sue-Anne Thompson	
Sue O'Brien RC	Graeme Thornton	
Kim O'Donoghue	Kerren Thorsen	

# 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 Bells Crofton House (Closed 20 January 2023)
- Blue Willows Residential Aged Care
- Brooklea Lodge
- Brooklyn House
- Brown Lee Home – Ballarat (Closed 10 November 2022)
- Brown Lee Lodge SRS – Brown Hill
- Brunswick Lodge
- Burwood Lodge
- Caulfield House
- Caulfield Manor
- Cause (Registration approved 22 May 2023)
- 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
- Fermont Lodge
- Ferntree Gardens
- Ferntree Manor
- Finchley Court
- Footscray House
- Galilee
- Glenhuntly Terrace
- Glenville Lodge
- Glenwood Assisted Living
- Golden Gate Lodge
- Gracedale Lodge
- Gracevale Grange
- Gracevale Lodge
- Grand Villa Mentone
- Greenhaven
- Greenslopes
- Hamble Court
- Hampton House
- Harrier Manor
- Hawthorn Grange
- Hawthorns Victoria Gardens
- Hazelwood Boronia
- Hillview Lodge
- Hollydale Lodge
- Homebush Hall (Closed 14 September 2022)
- Iris Grange
- Iris Manor
- Jasmine Lodge
- Kallara Care – Bendigo
- Karinya
- Kew Supported Residential Service
- Kilara House
- Kooralbyn Retirement Lodge
- Kyneton Lodge
- L’abri
- Lilydale Lodge
- Manalin House
- Maroondah House Supported Residential Service
- Mayfair Lodge
- Melton Willows
- Merriwa Grove
- Mont Albert Manor
- Mornington House

- Murphy House (Registration approved 12 April 2023)
- 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
- Sydenham Grace (Registration revoked 5 July 2022)
- 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
- Jesuit Social Services Limited
- Jewish Care (Victoria) Inc.
- Jigsaw Blue
- Journey Health Solutions
- Just Better Care
- Kirinari Community Services Inc.
- Kyeema Support Services Inc.
- Life Without Barriers
- Mansfield Autism Statewide Services
- 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
- NEXTT
- Noracom
- Noweyung Limited
- OC Connections
- ONCALL Group Australia
- One Doorway
- PALS
- Pinnacle Inc.
- Possability
- SASI
- Scope
- South Stay Disability Services
- SRS
- St John of God Accord
- Sunrise2Sunrise
- TRIO Support Services
- Uniting (Victoria & Tasmania Ltd)
- VMCH
- Wallara Australia Ltd
- We Are Vivid
- Woodbine Inc.
- Yooralla

### Disability Services

- Ability Assist
- Ability Hut
- Able Australia
- ACSO
- AGAPI Care Inc.
- Alkira Centre - Box Hill Inc.
- Amicus
- Annecto Inc.
- Araluen
- Aruma
- Asteria Inc
- Bayley House
- BJ Care Solutions
- Care Choice
- Carinya Society
- Claro
- Colac Otway Disability Accommodation Inc.
- Community Living and Respite Services Inc.
- ConnectGV
- Cooinda
- Department of Families, Fairness and Housing
- DPV Health
- Encompass (Went into administration 13 January 2023)
- Ermha
- Expression Australia
- Focus ISS
- Gateways Support Services
- Gellibrand Support Services
- genU Karingal St Laurence
- Give A Care
- Golden City Support Services
- Healthscope Independence Services
- Home @ Scope
- IDV Inc
- Independence Australia
- InLife Independent Living

### Mental Health Providers

- Aged Persons Mental Health Program
- Albury Wodonga Health
- Alfred Health
- Austin Health
- Ballarat Health (Grampians Health)
- Barwon Health
- Bendigo Health
- Eastern Health
- Forensicare – Thomas Embling Hospital
- Goulburn Valley Health
- Latrobe Regional Health
- Lyndoch Living
- Melbourne Health
- Mercy Health
- Mildura Base Public Hospital
- Monash Health
- North East Health Wangaratta
- Northern Health
- Orygen Youth Services
- Peninsula Health
- Royal Children's Hospital
- Royal Melbourne Hospital
- South West Health Care
- Mid West Health
- St Vincent's Mental Health Services
- Grampians Health
- Western Health

# Appendix 4:

# Glossary

Alphabetical index explaining abbreviations used in the report.

<b>DFFH</b>	Department of Families, Fairness and Housing
<b>HSR</b>	Human Services Regulator
<b>IMHA</b>	Independent Mental Health Advocacy
<b>NDIA</b>	National Disability Insurance Agency
<b>NDIS</b>	National Disability Insurance Scheme
<b>NFI</b>	Notification for Investigation
<b>OCP</b>	Office of the Chief Psychiatrist
<b>OPA</b>	Office of the Public Advocate
<b>PLP</b>	Pension-Level Program funding
<b>SDA</b>	Specialist Disability Accommodation
<b>SIL</b>	Supported Independent Living
<b>SRS</b>	Supported Residential Services
<b>SAVI</b>	Supporting Accommodation for Vulnerable Victorians Initiative
<b>TAC</b>	Transport Accident Commission

# Now Recruiting

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



Community Visitors are the eyes and ears of the community who safeguard the human rights of people with disability and/or mental health issues by visiting accommodation facilities and monitoring and reporting on the services provided.

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

**I joined to make a difference and give people a voice”**

**Dominic Boland**  
Community Visitor

Contact the  
OPA Volunteer Coordinator:

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

publicadvocate.vic.gov.au

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