

Community Visitors Annual Report 2024–2025



Safeguarding the rights
and interests of people
with disability

Disability Services • Mental Health • Residential Services



About the cover image

Jessica Madden
Mariana Thea
Drawing on paper
Artwork purchased from ArtGusto

About the artist

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

About Art Gusto

ArtGusto is a working studio for disabled and neurodiverse artists, working in the visual arts.

We are based in the Geelong CBD and offer opportunities for artists to practice their art autonomously. The group studio setting is inclusive, supportive and will encourage artists to try new ways of working and develop a wider understanding of compromise within a workspace. The day to day running of the studio is designed to build confidence, responsibility, and ownership for the artists, creating a workplace that fosters positive work practices.

Artists have access to qualified arts practitioners for one-to-one support.

ArtGusto encourages artists to further their arts practice, develop and increase participation in the wider arts and culture community. Artists work toward achieving their creative goals by sharing in collaborative community and commercial projects, exhibiting, and selling their work and expanding their community and professional connections.

www.artgusto.com.au

For further information regarding joining the studio or collaborating with us, contact

Sharon Bromley
Director
artgusto.com.au



About the examples and stories

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

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 for support.

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Letter of Transmission

30 September 2025

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

The Hon. Lizzie Blandthorn MP
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 2024–2025

In accordance with the *Disability Act 2006*, the *Mental Health and Wellbeing Act 2022* and the *Supported Residential Services (Community Visitors) Act 2010*, please find enclosed the *Community Visitors Annual Report 2024–2025*.

In 2024–2025, there were 329 appointed Community Visitors and 90 trainees. These volunteers conducted 3223 visits to 1105 facilities where people with disability and people with mental health issues receive support. This includes:

- Disability Services volunteers conducted 1821 visits to 853 facilities
- Mental Health volunteers conducted 805 visits to 149 facilities
- Residential Services volunteers conducted 597 visits to 103 facilities.

This report is based on their inquiries and observations throughout the year as documented in their visit reports.

The Community Visitors boards thank all Community Visitors who volunteered their time and skills throughout the year. On their behalf, I commend this report to you both and look forward to receiving your response.

Kind regards

Daniel Leighton

Acting Public Advocate and Chair of the Community Visitors boards

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Report from the Public Advocate

Reflecting on progress, acknowledging persistence

For close to 4 decades, Community Visitors have uncovered examples of good practice and highlighted persistent concerns across the disability, residential services and mental health sectors. This year's report once again highlights troubling events—including abuse, neglect, and violence—that continue to arise in closed and semi-closed settings. Community Visitors remain a vital safeguard, advocating for Victorians and shining a light on situations too often left in the shadows.

My heartfelt thanks go to Dr Colleen Pearce AM, whose leadership and resolute commitment to the Community Visitors Program as a critical safeguard leaves a lasting legacy. Dr Pearce often referred to Community Visitors as “human rights warriors”—a powerful recognition of their tireless work on the frontline of inclusion, dignity, and justice. Fittingly, Dr Pearce's final official duty as Public Advocate was at the Volunteer Conference, one of several periodic events held to bring our community of volunteers together to show gratitude for their service, share practice and learn about sector developments.

I was pleased to take part in the Community Visitor Annual Meeting in June 2025 and note the benefit of having the Public Advocate's Strategic Policy, Projects and Communications Program present to highlight examples of Community Visitor activities informing statewide systemic advocacy achievements. To me this connection is crucial, as I am aware that despite consistently reporting issues affecting people and highlighting recurring systemic concerns, Community Visitors can feel their efforts do not lead to meaningful improvements and often express frustration at the slow progress of both individual and systemic change. This presentation highlighted the exceptional collective knowledge held by Community Visitors of supported accommodation sectors and its impact on individuals. I share this view and acknowledge the significant contribution Community Visitors have made to OPA's advocacy over nearly 40 years.

Today, the role of Community Visitors continues to evolve. The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability laid bare the ongoing risks in institutional and supported settings and recommended national consistency within state and territory community visitor schemes, echoed in recommendations made in the Independent Review of the National Disability Insurance Scheme (NDIS). Even as systems grow more complex, the essential functions of Community Visitors remain clear:

- Bringing the community gaze to residences through unannounced visits
- Assessing whether community expectations would be met in that living situation with the support provided
- Fostering wellbeing and community inclusion for residents
- Exposing violence, abuse, neglect and exploitation.

Connection and the quiet power of being present

Importantly, Community Visitors also witness positive environments. They see the small but powerful moments when staff go above and beyond—when a resident is supported to return to a favourite sport or explore creativity through art, when equipment adaptations are made to maximise participation and inclusion, when music sparks joy, or someone finally feels heard. As you'll read in Mina's story, these moments show what's possible when systems and people work with compassion and care, supporting a person to be an individual and explore possibilities.

From my conversations with Community Visitors, I know a highlight of the role is sitting down with residents to catch up. Over time, these simple moments of connection can lay the foundation for what may be the only long-term, unpaid relationship in a resident's life. From this base of trust and continuity, Community Visitors are uniquely placed to notice shifts in mood, behaviour, or communication, and to hear from residents about their changing views and preferences. What might appear to someone

unfamiliar as a bad day, may reveal to Community Visitors deeper concerns about co-resident incompatibility, emotional distress, or ultimately even lead to the detection of abuse, neglect, or exploitation.

Yet, access to critical information—such as incident reports—remains inconsistent across the 3 streams of Disability, Mental Health, and Residential Services. This can limit the ability of Community Visitors to act early or raise concerns effectively. Recognition of the Community Visitor role and better systems for information sharing remain vital if we are to fully realise the value of their work. Securing sustainable funding remains essential to support the critical work of Community Visitors and ensure the program can meet growing demand amid increasing complexity. OPA remains committed to ensuring Community Visitors are recognised and embedded in safeguarding frameworks. They are not just ‘visitors’—they are a vital part of a rights enhancing ecosystem.

The evolving role of Community Visitors in the NDIS environment

The introduction of the NDIS has delivered many benefits to people with disability, increasing access to supports and promoting greater choice and control. However, particularly for people whose lives intersect with multiple service systems, there is now an additional element of complexity in having needs, and rights, met.

More than a decade after the NDIS agreement was signed, questions remain about how the *Charter of Human Rights and Responsibilities Act 2006* (Vic) is upheld for participants in practice. While planning responsibility now sits with the NDIA, the delivery of supports often depends on state based systems—particularly for participants with housing, justice, or health-related needs. In these cases, the lines of responsibility remain opaque.

Across both Mental Health and Residential Services streams, Community Visitors report that a majority of residents report being NDIS participants. There is significant movement of people between state-funded settings and federally funded NDIS supports. As the system evolves, it is vital that safeguarding mechanisms evolve with it.

Community Visitors have a key role to play in complementing provider registration and regulation. In identifying service gaps, elevating resident concerns, and monitoring standards through unannounced visits, Community Visitors bring a person-centred focus providing vital insights to the safeguarding system.

A growing concern is the increasing number of Supported Residential Services (SRS) also operating as NDIS providers. This dual role presents regulatory challenges, as it is often unclear which safeguards apply. While the NDIS Quality and Safeguards Commission has flagged future work around mandatory provider registration, there remains no current policy position where Commonwealth and State service boundaries blur in the case of SRS. This regulatory grey area leaves residents at-risk and vulnerable to exploitation. OPA continues to work with the NDIA, the NDIS Quality and Safeguards Commission, the Social Services Regulator and the Victorian NDIS Community Advisory Council to raise these concerns. As such the role of Community Visitors—as independent, rights-focused, and grounded in real-time experience—remains irreplaceable in identifying and monitoring the impacts on people.

Thank you to our volunteers

I extend my sincere thanks to all Community Visitors. I would especially like to acknowledge our dedicated Board members for the way they warmly welcome the new Visitors bringing fresh energy to guiding the program forward. It’s been a privilege to serve on the Community Visitor Boards and witness your leadership and contribution.

Many volunteers have shared a common feeling: that while the NDIS, the Royal Commission’s into Violence, Abuse and Neglect and Exploitation of People with Disability and Victoria’s Mental Health System brought real hope for change, the daily lives of many residents and consumers have not substantially improved. In some cases, new complexities have made life even more challenging. Yet the guiding question of every visit and report by a Community Visitor is in many ways a simple one: **“Would I—or someone I love—want to live like this?”** The respect afforded to OPA’s voice is in large part due to the Community Visitors’ commitment to answering this question and amplifying the voice of residents, and their observations and advocacy help drive systemic change.

This report reflects their ongoing commitment and critical contribution to a more just and inclusive society.



Daniel Leighton
Acting Public Advocate
and Chair of the Community
Visitors boards

2024–2025 Snapshot

329

Appointed Community Visitors

90

Trainees

3223

Total visits by volunteers

1105

Facilities

People with disability and people with mental health issues receive support. This includes:

Disability Services volunteers

1821

Visits

853

Facilities

3476

Issues

Mental Health Services volunteers

805

Visits

149

Facilities

1336

Issues

Residential Services volunteers

597

Visits

103

Facilities

1208

Issues

Table 1: Public requests for Community Visitors 2024-25

Service Stream	TAS calls
Disability Services	21
Mental Health Services	15
Residential Services	16
Total	52

About Community Visitors

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

Community Visitors are independent statutory appointees formally appointed for 3-year terms by the Governor in Council after completing training with other Community Visitors and the Office of the Public Advocate. They monitor and report on the adequacy of the services provided and, where possible, communicate with residents or consumers to ensure they are being treated with dignity and respect.

In 2024-2025, there were 329 appointed Community Visitors and 90 trainees. Community Visitors have powers under 3 Acts of Parliament:

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

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

Disability Services Community Visitors visit people living in disability supported accommodation, including group homes, Specialist Disability Accommodation, Minister-approved premises and short-term accommodation.

Mental Health Community Visitors visit people in mental health units and services that provide 24-hour care.

Residential Services Community Visitors visit people living in Supported Residential Services that are generally home to between 20-30 residents.

Community Visitors work in groups of 2 or more and make regular unannounced visits. They talk with residents and staff and examine documents about the services people receive. At the end of each visit, they write a report summarising their observations and listing those issues where action is required from services. A copy of the report is provided to a senior staff member at the service. Services are required to respond in writing within a prescribed time frame 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 a response, they will escalate their concerns to senior management, or to the relevant government department or funding agency. Abuse and neglect that is determined to be high-risk by the Community Visitors Program is referred via the Boards to other responsible bodies for action, for example to the NDIS Quality and Safeguards Commission, Office of the Chief Psychiatrist, or the Social Services Regulator.

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

Volunteer Events

Community Visitors annual meeting 2025

On 27 June 2025, Community Visitors came together to review the year at the Community Visitors Annual meeting. The three Boards provided an overview of achievements, highlights and areas for ongoing advocacy gathered through visit reports and feedback from Community Visitors. During the meeting, Community Visitors thanked retiring board member Gerald Mutubuki, Disability Services Stream, and welcomed newly elected board member Fiona Cromarty.

Keynote speakers Tess McCarthy and Lois Bedson from the Office of the Public Advocate's Strategic Policy, Projects and Communications Program presented on the crucial role Community Visitor reports and data play in informing broader systemic advocacy reports, recommendations and actions across the disability and mental health sectors.



Above: Lynn Wallace-Clancy receiving her certificate for 15 years of service from Acting Public Advocate Daniel Leighton.

Below: Keynote speakers Tess McCarthy and Lois Bedson from the Office of the Public Advocate present at the Community Visitors Annual Meeting 2025.





Top left: Jude Harris, Mental Health Services Board.

Top right: (L-R) Linda Peterson, Disability Services Board; Bryan Crebbin, Residential Services Board; Lynne Featonby, Residential Services Board.

Left: Daniel Leighton Acting Public Advocate.

Volunteering Awards

Community Visitor Marion Blythman was named Ballarat senior citizen of the year for 2024.

Marion Blythman Community Visitor and Regional Convenor

Marion Blythman is a Regional Convenor in the Community Visitors Program in the Disability Services Stream for the Ballarat region and surrounding areas. She has held this role for the past 17 years.

Marion's team of 10 volunteers make regular visits to 57 homes for people with disability in and around Ballarat. Many of the residents in these homes have no family or friends advocating for them and rely on other people to raise concerns or make complaints on their behalf.

Marion's leadership not only upholds a vital safeguard for the community, but was recently honoured with the prestigious 2024 Ballarat Senior Volunteer of the Year award—an accolade that speaks volumes about her lasting impact and the deep trust she has fostered across the community.



“After I retired from teaching in the Special Education sector I was so lucky to find a volunteering job where I could continue to support people with a disability.”

“As a Community Visitor in the Disability Services Stream I have had the privilege to enter the homes of many people who live in supported accommodation. My motto has always been to focus on what people with a disability can do and not what they can't. I am passionate about trying to ensure that the individual needs of all residents are met to the highest possible standard in an environment where they are treated with respect. Supported people should also be given every opportunity to enhance their lives and to develop new skills. My nomination was a great surprise and the award an even greater one.”

Community Visitor profile highlights

Alan Murphy **Community Visitor and** **Regional Convenor**



Alan has been with the Community Visitor Program since 2017. Prior to this, Alan worked with the Department of Human Services, now known as Department of Fairness, Families and Housing and was employed in the disability sector for 20 years prior to his retirement.

Tanya Hart **Community Visitor**



Tanya was drawn to volunteering her time as a Community Visitor to connect her to her community. Tanya has been a volunteer in the Disability Services Stream for 4 years.

Outside of her volunteering, Tanya works full time in superannuation with a strong focus on supporting vulnerable members.

Tanya is passionate about advocating for change in the health and community service sectors.

“The majority of my working background focussed on disability accommodation services, hence, my interest in becoming a community visitor. I incrementally worked up to become a panel secretary (now known as Lead Visitor) and have been a Disability Services Stream Regional Convenor in the Geelong and Colac catchment area since 2020.”

“I view my dual roles within the CVP as extremely important, as I persist in raising matters of concern to advocate for better outcomes for residents in a practical approach. As a Regional Convenor, I am responsible for mentoring, advising and supporting fellow Community Visitors. This engenders a great sense of friendship and collegiality. My role also requires having well developed connectedness and engagement with a number of disability based agencies within and across the sector. This requires sound communication and engagement skills in order to bring about change in the service system.”

“I work full time in an industry related to the health and community services sector, and I’m fortunate that my workplace supports volunteering through its corporate social responsibility (CSR) initiatives.”

“I chose to volunteer as a Community Visitor in the Disability Services Stream because it aligns closely with my professional background and values. I visit a small number of homes, and one of the things I appreciate most about the role - aside from speaking with the residents - is the flexibility. I can choose the days and times that suit my schedule.

Being a Community Visitor has given me the opportunity to help people with disabilities be heard and respected, especially when they’re navigating systems that can sometimes feel overwhelming or may be letting them down. It’s a rewarding way to contribute to fairer, more inclusive communities.”

Introducing the Combined Board



Daniel Leighton
Acting Public Advocate and Board Chair

Daniel Leighton has been Victoria's Acting Public Advocate since October 2024. In this role, he is the guardian of last resort for adults with disability in Victoria and the chair of all Community Visitor boards.

Daniel has extensive experience in the disability sector including within the NDIA as Strategic Advisor, Intellectual Disability and overseeing the roll-out of Information, Linkages and Capacity Building.

Daniel has worked with people with disability in operational, policy, and research roles across both government and not-for-profit organisations. His tenure as Chief Executive Officer at Inclusion Melbourne saw him as part of the forces that campaigned for the creation of the National Disability Insurance Scheme.

Daniel has a strong focus on creating inclusive environments. He has served as an expert advisor on the design of the National Disability Insurance Scheme in areas of control and choice, on the inaugural Ministerial Council on Volunteering and led Australia's largest community philanthropic foundation, the Lord Mayor's Charitable Foundation.

Linda Peterson
Disability Services Board



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

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

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

Gerald Mutubuki
Disability Services Board



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

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

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

Jude Harris
Mental Health Board



Jude joined the Mental Health Community Visitor program in the North in 2022 and took on the responsibilities of a lead visitor a few months later.

Jude's academic background and extensive professional career as a qualified social worker provided an ideal foundation for her role as a Community Visitor. Her social work career spanned a range of settings, including mental health, over ten years and was followed by senior roles in policy and program development and implementation in government and non-government organisations for two decades.

Jude has a Masters of Public Health as well as a Bachelor of Social Work and training and experience in writing and contributing to high level business cases and reports.

She is passionate about supporting the rights of mental health consumers and the importance of advocating on their behalf and also providing support to other CVs and new recruits. She was appointed to the Mental Health Board in 2024.

Lynne Featonby
Residential Services Board



Lynne Featonby joined the CVP in 2022 and was appointed as a Community Visitor in 2023. Since then she has become a Regional Convenor and this is her first term on the Residential Services Board.

She completed arts and law degrees and worked for nearly 15 years as a legal practitioner, spending several years at Victoria Legal Aid and then almost 10 as a barrister, practising primarily in criminal law. Lynne believes strongly in the importance of advocacy for people who are disadvantaged or in a position of weakness. She has significant experience as a teacher of debating and public speaking, especially to people who are new to the discipline.

After leaving the legal profession and undertaking studies in interior design Lynne was keen to find a new way to contribute to the protection and advancement of vulnerable people. Being a Community Visitor and a member of the Residential Services Board offers the chance to help those in need and support the volunteers who advocate for them.

Vicki Pridmore
Mental Health Board



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

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

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

Bryan Crebbin
Residential Services Board



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

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

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

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

Community Visitors Stream Reports

Disability Services

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Mental Health

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Residential Services

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1 Disability Services

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



Recommendations

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

1. Advocate to the Commonwealth Government for a participant centric, standardised incident reporting mechanism, which enables consistent data collection and analysis.
2. To promote Part 12 A of the *Residential Tenancies Act 1997 (Vic)* to ensure people who exit Specialist Disability Accommodation access the safeguarding functions they are entitled to receive.
3. Advocate for greater bi-directional information sharing between the Office of the Public Advocate, the NDIS Quality and Safeguards Commission, and the National Disability Insurance Agency.
4. Advocate for the provision of durable decision-making supports for residents with limited or no informal support networks, particularly former residents of institutions.
5. Support the prioritisation of individuals experiencing resident incompatibility for timely assessment, tailored support services, and targeted interventions to promote safety, wellbeing, and sustainable living arrangements.
6. Advocate for people with disability to decide where, how, and with whom they live, with access to funding that reflects individual needs and preferences.
7. Commit to replacing or renewing all Homes Victoria legacy SDA properties within three years. Such a commitment should include commencing engagement with residents at least 24 months prior to housing transition to support informed, person-centred decisions.
8. Continue to work with and promote the insights of Community Visitors in relation to the Commonwealth Government's exploration of national consistency for state and territory led community visitor schemes.
9. Provide adequate and sustained funding to ensure Community Visitors can effectively fulfil their legislative functions. This includes:
 - a. Additional resources to support attendance at the growing number of visitable properties.
 - b. Support for training, data systems, and coordination to strengthen safeguarding outcomes for people with disability.

Statewide Report

A home is more than just a place to live. It's where people feel safe, respected and supported, helping them to reach their goals and live well.

This year Disability Services Community Visitors undertook 1821 unannounced visits to 853 Supported Disability Accommodation (SDA) facilities.

Community Visitors raised 3476 new issues this year, a noticeable increase from 3151 issues raised in 2023-24. The most prevalent issues raised were:

- Upkeep of buildings, internally and externally
- Access to information, including incident reports
- Health care concerns
- Behaviour support needs not met.

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

Supported Independent Living (SIL) refers to providers responsible for managing daily care and overseeing support workers SDA providers manage the physical environment, while SIL providers oversee daily care and support workers.

For simplicity, the terms 'home', 'homes' and 'house' are used throughout this report.

Table 2: Total visits Disability Services stream, 2024-25

Region	Number of facilities	Total visits
West Division	229	534
South Division	188	402
North Division	205	351
East Division	231	534
Total	853	1,821

Table 3: Disability Services by issue type, 2024-25

Issue	Number
Upkeep of buildings and fittings	436
Incident reporting	411
Health care	285
Behaviour support	192
External presentation and outdoor areas	174
Awareness of CV Protocol	152
Staff training and support	114
Aids and equipment	110
Fire and emergency safety	109
Inadequate staffing	108
Environmental safety	103
Funding	96
Individuality	80
Eligibility, Plans and Processes	71
Personal development	58
Compatibility	57
Building design and structure	52
Substitute decision-making	49
Aids and Equipment	49
Emotional wellbeing	46
Heating and cooling	45
Medication administration	42
Restraint	36
Choice and decision making	36
Support Coordination	35
Financial management	34
Planning and completing action plans	34
Programs and Activities	34
Transport	33
Access to Information/Plans	29
Information provision	26
Ageing	26
Nutrition	24

Table 3: Disability Services by issue type, 2024-25 continued

Issue	Number
Abuse and neglect	23
Accommodation/SDA	23
Weight management	21
Appropriate staff communication	19
Resident outcomes focus	18
Communication	17
Congregate care and institutions	16
Social networks	14
Unmet need in accommodation	13
Positive family contact	13
Privacy	13
Service Provision, Staffing, Inter-agency Liaison	13
Social inclusion	10
Provision of services in accordance with principles specified in the Act	9
Dignity and respect	9
Other provisions of the Act	8
Key worker reports	8
Continuity of Support (CoS)	8
Resident complaint	7
Other	7
Physical activity	5
Seclusion	4
Service system gaps (e.g. lack of eligibility, lack of culturally appropriate services)	4
Person-centred planning	3
Respite	2
Building unsuitable	1
Civic responsibility	1
Transport	1

**Total
3476
issues**

During their visits, Community Visitors speak with residents, observe the living environment, and assess how support workers interact with and support residents. They also consider whether people’s human rights are being upheld and promoted. Under the *Disability Act 2006* (Vic), the Community Visitors Disability Services Board, has the authority to refer matters to relevant agencies or Minister as needed.

Community Visitors are expertly trained for their significant role, but the lens they use is simple: *“Would I, or someone I care about, want to live like this?”*

These visits occur at homes for people with disability, supported by a Supported Independent Living (SIL) provider. Community Visitors identified 3476 issues during 1821 visits in 2024-25. Of these issues, a response was requested from SIL providers more than 1000 times.

Disability Services volunteers

1821

Visits

853

Facilities

3476

Total issues raised

1000+

Requests for response from the SIL providers

Advocacy in action

Community Visitors play a vital role in advocating for residents’ wellbeing and rights. While most SIL providers respond to their written reports, Community Visitors do not stop there. They go beyond reporting issues, so when service providers don’t fully resolve concerns, Community Visitors persistently follow up during subsequent visits to help ensure positive outcomes.

If issues remain unresolved, they escalate them by discussing them with SIL managers through liaison meetings with program coordinators. For more serious or enduring matters that cannot be resolved internally, Community Visitors refer them to appropriate regulatory and complaint bodies via the Community Visitors Disability Services Board—ultimately safeguarding residents’ rights every step of the way.

GOOD PRACTICE

When Community Visitors are heard: Real Impacts

Community Visitors often see the results of their advocacy in small but meaningful changes.

For example, in regional Victoria, a service provider manager responded to feedback from Community Visitors who had observed support workers appearing disengaged with residents. Following the feedback, the service took action to improve engagement. At the next visit, Community Visitors were pleased to observe workers actively interacting with residents—watching and discussing a television program with one resident and playing cards that had been specially adapted to the needs of another resident.

This small but significant change reinforced the feeling of home for residents and demonstrated how Community Visitors provide insights that lead to tangible improvements in the lives of people supported by disability services.

Requested attendance of Community Visitors

Community Visitors typically conduct unannounced visits. However, Community Visitors also respond to requests for their attendance at homes. Requests come to the OPA Advice Service from residents, support workers and other professionals providing support services, family members and community members.

This year there were 21 requests for Community Visitors (Disability Services Stream) to make an unannounced visit. The reasons for these requests included:

- Resident incompatibility
- Violence and alleged assaults
- Poor support worker practice
- Unaddressed maintenance issues
- Unreported incidents, including medication administration errors
- Concern about restrictive practices.

Requests for Community Visitor attendance often involves intertwined complex issues. Community Visitors primarily liaise with the SIL provider, which can delay advocacy efforts when issues fall outside that provider's scope. For example, delays in receiving mobility aids often depend on the Support Coordinator and an occupational therapist to undertake assessments and source quotes. While Community Visitors encourage SIL providers to coordinate with these parties, they cannot directly follow up with external services. This limitation can create challenges when essential items are not delivered promptly. This impacts the resident waiting on the aid, and also causes impacts across the household.

Issues typically have heightened urgency for a requested visit due to serious emerging or existing concerns. These callouts require the Community Visitors to expertly identify the issues they can report on and address. However, challenges arise when key information or cooperation is limited.

In the following example - Nate's story, Community Visitors were concerned because the information they were provided was only from the SIL provider. There was no opportunity to receive a response from the service provider, nor the chance to build ongoing relationships or to advocate effectively for the person before they moved to a new living arrangement.

Nate's story

Community Visitors were called to attend a home in metropolitan Melbourne where a long-term resident, Nate was relocating after many years. His move was prompted by a relative. The relative had decided that it would be better for Nate to live closer to them, on the other side of the city.

Nate's support workers were extremely concerned for him, as it had been established that routine was important to Nate, and he was best supported when he was given time to understand changes in his life. Similarly, Nate responded well to familiarity with support workers, as it made him calm and safe. The provider had worked to ensure that Nate had workers who knew him, his routine and preferred support activities. When Community Visitors were requested to visit, it was discovered that Nate was due to be moved in less than 10 days, without an opportunity to visit his new home or meet his new fellow residents. Nate's current housemate was also devastated to lose a long-term friend so abruptly.

Community Visitors urgently sought information from the SIL provider about Nate's rights to choice, clear communication, and safety while he still lived with them. Workers reported that the Community Visitors added a stronger voice for Nate, as previously no one had asked him what he would like to do. The service provider continued to explore other advocacy options; while the move went ahead, Community Visitors remain concerned for Nate, and the arrangement that enabled his relocation in a way that did not place his needs as central to the process.

Abuse, neglect and violence

Community Visitors reported 23 instances of abuse and neglect this year, including:

- Verbal and physical abuse by support workers towards residents
- Resident to resident assaults
- Resident to support worker assaults.

Through the act of visiting, suspected cases of abuse, neglect, violence or exploitation are able to be formally reported for investigation by the appropriate authority. When discovered, these instances are formally reported through referrals or complaints by the Community Visitors Disability Services Board. Depending on the assessed level of risk, these reports are directed to service providers, regulators, or emergency services. Key regulators include:

- NDIS Quality and Safeguards Commission
- Office of the Disability Services Commissioner (ODSC)
- Victorian Disability Worker Commission (VDWC)
- Social Services Regulator.

Referrals to the regulators are submitted to initiate corrective action and are made after attempts to resolve issues directly with the service provider have been exhausted. Under the Act, service providers include individuals or organisations delivering funded disability services such as accommodation, personal support, or behavioural services.

Referrals seek prompt action from regulators and service providers to address and prevent violence, abuse, neglect, or exploitation of residents in disability accommodation. These referrals play a crucial role in upholding the rights and safety of residents in disability accommodations—particularly for individuals who may face barriers to self-advocacy or lack adequate support to raise concerns independently.

While referrals to regulators do not prescribe specific courses of action for service providers, they are made to ensure identified risks are escalated to the appropriate oversight body for remedy. Community Visitors expect that appropriate measures will be implemented to alleviate the risk, and improve residents' quality of life and ensure they can live free from abuse and neglect.

This year, the Community Visitors Disability Services Board continued to raise concerns with external oversight and regulatory bodies where appropriate. Referrals and complaints related to:

- Concerns about support coordination and conflict of interest
- Withdrawal of a SIL provider in a regional area where no new SIL provider had been established
- Serious issues of incompatibility between residents with complex support needs.

Compatibility

Every person, regardless of their status, cultural background or ability has the fundamental right to live in a home where they feel safe, respected, and free to express themselves. This right is enshrined in the United Nations *Convention on the Rights of Persons with Disabilities* and is reflected in the *National Disability Insurance Scheme Act 2013* (Cth). These protections affirm that people with disability must be supported to decide where and with whom they live, and to enjoy their home without fear, restriction, or distress.

Despite these protections, Community Visitors reported 57 issues relating to resident incompatibility this year. Additionally, the 2023-24 Community Visitors Annual Report—and many before it—outlined incompatibility as a persistent and serious barrier to people with disability accessing safe and appropriate housing.

This year several Disability Services Community Visitors participated in the preparation of OPA's submission to the public consultation on the DFFH Draft Tenancy Matching Policy, and were able to present their observations on existing practice at some specialist disability accommodation services.

Despite their work, this issue has not subsided with Community Visitors continuing to observe and raise concerns about people living in environments that are not only inappropriate, but also unsafe, distressing and in clear breach of their basic human rights as described by Community Visitors in Eli's story.

Eli's story: The impact of insufficient planning

Community Visitors had been visiting a shared home for many years, where a group of older residents cohabitated peacefully in a stable and supportive environment. The residents were well cared for by a dedicated and experienced team of support workers who understood their needs and worked cohesively to maintain a harmonious home.

However, this balance was disrupted when a new resident, Eli, was moved into the home. Eli had higher and more complex support needs than the existing residents, including frequent incidents of self-harm and property destruction. Unfortunately, the decision to place Eli in this home was made without sufficient planning, a proper introduction, or a comprehensive understanding of how their behaviours might affect other residents. This lack of preparation left support workers and residents to navigate the situation without the resources or information they needed.

The impact on the household was significant. Support workers, now required to be constantly alert to prevent harm and manage the escalating dynamics, experienced high levels of stress. Burnout became common, leading to frequent stress-related leave and turnover within the support team. The continuity of care that residents had relied on for years was disrupted as new workers struggled to adapt to the changed environment.

The effects on the existing residents were even more profound. One resident became fearful in his own home, avoiding shared spaces and relinquishing use of their designated bathroom. Their disrupted sleep patterns led to a decline in their emotional and physical wellbeing. Another resident, overwhelmed by the changes, confined herself to her bedroom for most of the day, feeling too anxious to move about the house freely.

What should have been a supportive and secure home became a source of fear and emotional harm. This contradicts the NDIS Code of Conduct. The NDIS Code of Conduct requires key personnel and providers delivering NDIS supports and services to take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability.

Community Visitors were extremely concerned for all involved during this period of disruption and increased the frequency of their visiting to ensure everyone coming into the home was aware of how they could call on them at any time.

It was a relief for all when Eli was able to be transferred to a different, more suitable home where their needs could better be met. After this, the home environment improved significantly. The male resident began participating in household activities again, moving confidently through shared spaces. The female resident became more relaxed and comfortable in her surroundings. This transformation clearly demonstrates the powerful impact that appropriate placement and compatibility can have on residents' wellbeing and sense of safety.

This example underscores the critical importance of thorough planning and understanding when introducing a person with complex behavioural needs into a shared home. It also highlights the significant consequences of poor planning and a lack of consideration for compatibility among residents.

In response to these issues, Community Visitors worked diligently over a series of visits to gather detailed information and ultimately form a referral which created impetus for Eli's relocation to a home where they could receive the required supports.

Community Visitors frequently observe that the family of the prospective resident or the Support Coordinator make the decision of the housing choice with no inclusion of the person proposed to live there. In their general experience, Community Visitors reflected that it can take more than one ‘meet and greet’ for prospective and current residents to be able to make an assessment about their compatibility, and this step can also contribute to a smoother transition for the successful applicant. These observations are made in light of the challenges providers face in maintaining a sustainable operating model—one that enables the placement of any individual, including those who may be incompatible with existing residents. This can lead to poor outcomes, driven by the need to secure sufficient funding to sustain appropriate levels of rostered support for current residents.

At a home in suburban Melbourne, Community Visitors enquired about strategies and plans in place to create a harmonious home where all residents can feel happy, safe, and comfortable. This was prompted by one resident telling the Community Visitors that they did not feel welcome in the shared areas of their home and there was an underlying tension that made them feel like they should not be there. Community Visitors raised this issue with the SIL provider at their visit after speaking with the resident and they continue to check in with this resident at every visit. At each visit, Community Visitors observe the atmosphere of the home and discuss this with the support workers and then note it in their report. Through this monitoring, they continue to challenge the SIL provider to review how all residents are experiencing life in their home. While minimum regulatory standards focus on reporting incidents of violence, abuse or neglect, the approach of Community Visitors offers a constructive and rights-based counterpoint—one that actively promotes a living environment where residents are heard, respected, and supported in fostering a culture of harmony and inclusion.

This pattern highlights a critical and urgent concern. It serves as a reminder that for many people with disability, the right to feel safe and secure in their own home remains unmet.

Compatibility should never be a secondary consideration to availability. A shared home should not be a place of distress or isolation, it should be a space where individuals feel respected, supported and genuinely at home. When personal preferences and needs are valued, shared living can foster positive, lasting relationships.

Community Visitor Annual Reports consistently underscore the importance of keeping the issue visible, ensuring it receives sustained and meaningful attention from all stakeholders within the disability sector.

GOOD PRACTICE

Responding to resident complaints

During a visit, Community Visitors were told of the dismissal of a support worker after long-term verbal abuse towards a resident. Community Visitors enquired about this serious matter and its impact on the household, and were informed that the worker was dismissed, the incidents were reported, and the resident provided with additional support. Community Visitors followed up on their subsequent visit and were pleased to see all the residents in good spirits.

This example demonstrates how the conduct of a single staff member can erode the household environment and jeopardise residents’ well-being. It also shows how decisive intervention — including dismissal, reporting, and tailored support — can help rebuild trust and uplift morale. Most importantly, it underscores the importance of oversight and follow-up: staff actions carry real consequences, and responsive leadership makes a tangible difference in residents’ daily lives.

Supported decision making

The Disability Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability exposed systemic failures in the treatment of people with disability particularly concerning their autonomy, choice, and inclusion. One of its most significant findings was that many people with disability are forced to live in homes or environments where they experience abuse, neglect, and a lack of control over their own lives.

Despite the Disability Royal Commission findings, people with disability are often denied basic choices - choices that most others take for granted. Community Visitors have consistently reported that individuals are not consulted on decisions ranging from everyday decisions such as meal choices to major decisions such as where they live. These reports reveal a stark contrast between the NDIS Act principle of choice and control and the lived experiences of people with disability.

The United Nations *Convention on the rights of Persons with Disabilities* affirms that people with disabilities have the right to recognition everywhere as person before the laws, and enjoy legal capacity on an equal basis with others in all aspects of life. The NDIS Act also includes this principle. It assumes that, where possible, people with disability are able to understand what's best for themselves and make their own decisions.

June's story: Advocacy for dignity, choice, and wellbeing

June has no family support in her life, and like many people her support needs have changed over time. Community Visitors have visited June for many years, including at 3 different houses. Each of these moves has occurred to ensure her increasing support needs are met.

Earlier this year, June faced a major setback when she broke her hip. Following complications, multiple hospital admissions, and major surgery, she now requires a wheelchair for her mobility. While a new wheelchair has been applied for, the application has not yet been approved. This means June is reliant on a borrowed wheelchair that could be reclaimed at any time, leaving her in an extremely vulnerable position.

With no family or informal support network to help guide decision-making in her life, applications for guardianship have been made to VCAT (Victorian Civil and Administrative Tribunal) to assist with decisions about her future. These applications were rejected by VCAT on the basis that June has several people in her life—such as support workers, care providers, and Community Visitors—who are available to help her communicate her will and preferences. These individuals know June well and support her to make decisions that align with her values and human rights.

Community Visitors have consistently highlighted the need for greater clarity and accountability around decision-making processes to ensure June's rights and wellbeing are protected. Their advocacy has focused on identifying who can formally or informally support June with critical decisions and ensuring her dignity, choices, and wellbeing remain at the forefront of planning for her future.

Hugo's choice: Choice and capacity

Community Visitors became concerned when they learned that Hugo, who had expressed a desire to move to an independent unit, was discouraged from pursuing this option due to potential increased costs. They raised the concern that this decision may have been made without fully exploring viable alternatives. Community Visitors requested detailed information from the SIL provider if they had taken steps to support Hugo in achieving his preference to move.

Following the Community Visitors' intervention, additional details were shared about the support provided to Hugo, which had not been initially communicated. These details highlighted that:

- Hugo was supported to explore his options in meetings with an independent advocate, alongside a trusted support worker from the SIL provider
- During these sessions, Hugo received tailored information about the potential financial impact and different options available to him
- The discussions were presented at a level aligned with Hugo's understanding, ensuring he could make an informed decision.

After reflecting on the information and his preferences, Hugo ultimately decided to remain in his current accommodation. Since making this decision, Hugo has not expressed a desire to move and appears happy and content with his choice to stay.

This example underscores the importance of enabling an informed decision and ensuring Community Visitors receive accurate information.

Initially, Community Visitors were told Hugo was discouraged from pursuing independent living due to cost concerns; only after an inquiry did it emerge that he had been supported with independent advocacy, tailored financial information, and decision-making sessions suited to his understanding.

Ultimately, Hugo chose to remain in his current accommodation, and, based on the records now provided, Community Visitors are confident he made an informed decision free from external influence.

In October 2024, Community Visitors attended a seminar presented by Dr Michelle Browning exploring supported decision making and how Community Visitors can identify and encourage it to occur in all aspects of people's lives. Dr Browning provided Community Visitors with concrete examples and resources.

Community Visitors reported about a man whose support coordinator was assisting him to make an application to have his funds managed by an independent administrator because a family member appeared to be mismanaging his funds. After some time, the man decided that he did not want to continue with the application. His support coordinator and the SIL manager assisted the man to understand what this decision meant and offered to assist him to find an independent advocate. When Community Visitors heard about this, they spoke to the man who explained that he understood what was happening and the options available to him. Community Visitors felt satisfied that the people supporting this man had managed to explain the situation and provide the opportunity for him to make his own decision.

Importance of choice and empowerment

To create safe, stable, and inclusive shared living environments, people with disability must be empowered to make informed choices about where and with whom they live. Active participation in the co-residency selection process is essential. Government settings and providers should ensure that individuals have access to, and are supported to use decision-making tools and advocacy services. Supports like these enable maximum participation and involvement in decisions involving a resident or their living situation.

While activities undertaken outside the home are out of the scope of Community Visitors, they often hear about the interesting opportunities people find in their local communities. These activities not only foster engagement but also build confidence, independence, and a sense of belonging. This year, Community Visitors noted a range of opportunities that residents expressed interest in:

- A man applying for a volunteer position at a local office supplies business
- A man being asked if he would like to try out for a job at a local supermarket
- A female who enjoys all sporting activities got a job in a sporting shop sorting deliveries, pricing, hanging up stock and returning coat hangers
- A female resident enjoys her job greatly at an early learning service in her local community.

Lily's story: Choice and control of support workers

Lily is someone who embraces challenges with energy and enthusiasm, demonstrating that barriers can be overcome with determination and hard work. Last year, she discovered the thrill of cricket, quickly earning awards and experiencing the joy of being part of a team. More recently, she took on an entirely different challenge by joining the interview panel for new support workers at her home. True to form, Lily brought her determination and insight to the process, helping to ensure that residents had a voice when selecting the people who would support them.

Traditionally, hiring processes in care settings prioritise qualifications and previous experience to meet professional standards. While these criteria are undeniably important, they can sometimes fail to capture the vital qualities that matter most to residents—such as empathy, communication, and genuine connection. By involving residents like Lily in the interview process for new staff, the service provider shifted the focus beyond credentials to develop a deeper understanding of what makes someone the right fit for the residents and their home.

Community Visitors see the inclusion of residents in interviews as positive practice. In embracing this collaborative approach, services can develop better, more connected teams, and provide environments where everyone thrives. It also ensures that hiring decisions reflect the real needs and priorities of those living in the home.

Empowerment through community inclusion

Community Visitors actively promote the social inclusion of people with disability by advocating for their meaningful participation in community life and seeking to ensure their voices are heard and respected.

During a train journey, a group of residents noticed a sporting venue near their home. One resident, who is very athletic, expressed interest in joining a team, and the other residents accompanied the support workers to watch the first sports session.

At the venue, a support worker noticed sports wheelchairs and encouraged the watching residents to try a wheelchair version of the sport. After two trial sessions, all interested residents joined in and now regularly play the sport with support workers.

Community Visitors celebrate these activities as it provides residents with opportunities to develop skills, form meaningful relationships, and explore their unique talents and passions. Examples like these also highlight the need to remove barriers that hold people back—whether it be through better planning, increased community awareness, or improved access to opportunities. Moving toward social inclusivity for all requires collaboration between residents, support workers, policymakers, employers, and the broader community.

Mina's story: The importance of individualised support and encouraging interests

Mina has lived most of her life in Specialist Disability Accommodation (SDA). Over the years, Community Visitors observed that Mina rarely left her bedroom. Occasionally, she would spend time at the dining room table with some of her personal belongings—CDs, intricate colouring books, artwork, and cards—but she typically preferred to sit quietly, avoiding the company of others.

On rare occasions, Mina would agree to go for a drive or a walk with a trusted support workers, but she avoided interacting with others, including health professionals and even Community Visitors, despite having known some of them for many years.

One visit, however, marked an unexpected and uplifting change. A long-term support worker shared some exciting news: Mina wanted to show the Community Visitors something.

This transformation began when her Support Coordinator noticed Mina's interest in art and craft. They suggested visiting a shop where Mina could create her own craftwork. With encouragement, Mina's support workers helped her explore an online catalogue to choose crafting items. They also supported her in visiting the shop, allowing her to engage in an activity that inspired her creativity and sparked her enthusiasm.

Mina proudly shared her craftwork with the Community Visitors during their next visit, explaining her projects and newfound passion. For the first time, the Visitors were able to connect with Mina, gaining insight into her personality and interests.

The Community Visitors were delighted to witness this change and began wondering what other opportunities might bring her further joy and engagement.

Since then, Mina's support workers have continued to nurture her interests and independence. They supported her in exploring online shopping, giving Mina the freedom to choose new clothes, bed linen, and even a bedroom suite that reflected her tastes and preferences. These meaningful steps have provided Mina with a greater sense of control over her environment and have fostered deeper self-expression and confidence.

This case highlights how crucial it is for support workers to take the time to truly understand and encourage the interests of the people they support. By fostering opportunities based on Mina's individual strengths, passions, and needs, her support team transformed her engagement with the world around her. Community Visitors play an important role in these scenarios, not only by observing and reporting but also by celebrating and encouraging the positive changes that arise when a person receives thoughtful, individualised care.

Physical upkeep of homes

Community Visitors continue to report on the physical state of some homes they visit. Not only should people feel safe and happy in their homes but also feel comfortable that their home is meeting their needs.

In one home, Community Visitors have been advocating for a second bathroom since February 2022. Initially, Community Visitors were told that the home was scheduled for upgrades by the SDA provider in mid to late 2023, and as part of these upgrades an additional accessible bathroom was to be added to accommodate the increasing physical needs of the ageing residents. Community Visitors have enquired about the upgrades during each of the 3 visits to this home this year. Unfortunately, there have been no further movement on the upgrades.

Community Visitors are keen to see the renovations progressed faster so the residents can benefit from the use of these facilities more comfortably and safely. An example such as this provides an

opportunity to reflect on the poor operational state that is the 'SDA marketplace' for residents and the lack of options. In a well functioning rental residential marketplace, one that is utilised by millions of Australians, the renter would either break the lease and move elsewhere, or utilise a range of tribunal protections in order to obtain the functionality they seek for the housing to meet their needs.

While Community Visitors look to communicate with the people they visit about the things that matter most to them, often the physical state of the home is what strikes the Community Visitors when they first arrive. Some of the common issues that Community Visitors report relate to the physical upkeep of the home they are visiting include:

- External presentation – including the garden and the need for external painting and a freshen up
- Carpets and floor coverings that are inappropriate, old and beyond cleaning
- Bathrooms, kitchens and laundries that are aged and showing the years of use
- Inadequate heating and cooling systems
- Internal walls showing signs of excessive wear and tear.

No longer fit for purpose

Six residents currently live in an older home that does not provide suitable accommodation. Although they have been advised of the need to relocate, no timeframe for the move has been provided. This lack of certainty has created significant anxiety among the residents, who remain in unsuitable housing while unsure of what the future holds.

The situation is further complicated by varying levels of support for the residents. While some have families or decision-makers to advocate for them, others rely entirely on the Supported Independent Living (SIL) provider to coordinate with their Support Coordinators to navigate the housing process.

Community Visitors have actively advocated with the SIL provider to ensure that all residents are given opportunities to build their capacity in exploring future housing options. This includes enabling the residents to express their needs and preferences for where and with whom they would like to live. However, the responsibility for seeking funding and supporting residents in exploring their housing options lies with the support coordinators—individuals over whom Community Visitors have no direct influence.

Community Visitors observed a scenario where a Support Coordinator arranged a house viewing for a resident without first discussing the resident's interests, preferences, or safety concerns. The resident expressed fear about potentially living with another individual in that house, citing a previously alleged assault. Despite this, the house viewing proceeded.

Community Visitors have also noted that many residents appear to passively accept the services provided by Support Coordinators, lacking the awareness or voice to advocate for more person-centred and suitable support. Despite these challenges, the current SIL provider has been supportive in helping residents work toward the best possible housing outcomes. However, a coordinated, person-centred service planning approach to facilitate individual decision-making does not appear to be in place.

Community Visitors are committed to continuing their visits to the home. They will remain engaged, asking about upcoming plans and advocating for the residents' right to be involved in decision-making processes that uphold their dignity, preferences, and human rights.

Insufficient coverage

At present, there are over 200 volunteers who commit their time visiting homes in the disability stream across Victoria. However, the effectiveness of the Community Visitor Program is under threat with ever increasing registered SDA properties opening and even more under construction.

Without reform, Community Visitors are concerned that the burgeoning numbers of houses eligible to be visited mean that some individuals may not be visited, removing the valuable independent safeguarding and advocacy work Community Visitors provide. Community Visitors are also deeply concerned that service quality may decline and comprehensive oversight may be compromised. In response to a recommendation in the Community Visitors Annual Report 2023-24 Annual Report the Victorian Government stated:

The Victorian Government acknowledges that the Office of the Public Advocate does not currently have a list of all visitable properties, and that risk assessments and prioritising visits can only be based on available evidence or known or predictable factors.

As housing options for people with disability continue to expand and diversify, the Community Visitors Program sees an opportunity to evolve and enhance how it delivers its safeguarding role.

As a short-term measure, the Community Visitors Program may consider the use of available program resources and assess the risk of visitable properties to determine if, and when properties are visited. This would include the refinement of a prioritisation framework to determine which properties should be selected for an initial visit. Such a tool would also be required to determine the frequency of visits, as the number of Victorians requiring safeguarding exceeds program capacity.

While this approach represents a shift from how Community Visitors have worked in the past, it opens doors for innovation and improvement in the way we locate and support people living in new and dynamic housing arrangements.

Through embracing change, the Community Visitors Program aims to strengthen its capacity to protect the dignity, wellbeing, and rights of residents, ensuring that no one is left without access to vital safeguarding mechanisms. This commitment reflects our dedication to continually improving how we respond to the needs of Victorians with disability.

Access to information

An ongoing concern facing many Community Visitors is the difficulty accessing incident reports and other documents at the time of a visit. Whilst Community Visitors can meet with and talk to residents firsthand, documents can provide useful chronological information about residents and enable Community Visitors to be more closely attuned to situations impacting their safety and wellbeing. Community Visitors are concerned when incident reports are inaccessible, particularly when rostered workers, including casual employees, are unaware of critical incidents such as missed medications, physical injuries, or behavioural issues. This lack of awareness increases risks and undermines both the quality of care and the duty of care owed to residents.

Proper documentation and communication of incidents is essential to ensure continued safety and effective support. When workers overlook important resident information—especially when residents may struggle to express their own needs and preferences—it demonstrates a lack of professionalism from service providers. This is especially worrying given the length of time—usually many years— that residents have relied on services funded by their NDIS plans. This situation also highlights the power imbalance in the NDIS marketplace. It raises concerns about whether the current system truly gives people with disability the control and choice it promises.

Community Visitors share their concerns:

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- The now almost universal digitisation of residents' documentation affects and reduces Community Visitors' access to information. This also greatly increases the length of a visit, especially in homes where the residents have communication challenges. Such information is vital in ascertaining the long-term wellbeing of a person.
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- Without access to written information it is not possible to be aware of a resident's goals, nor speak with the person or workers to determine if they are being met; it is also not possible to determine if there are any restrictive practices in use; the timeliness in meeting health concerns, or social and economic participation within the neighbourhood.
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- Support workers are typically helpful in locating and providing relevant information but frequently they can only access progress reports and are not privy to information such as NDIS plans and their suitability, Positive Behaviour Support plans or incident reports. Support Workers typically only see incident reports they have personally written.
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- Sometimes the only current information available to Community Visitors is the shift handover information and brief notes in the office diary.

Community Visitors are further impacted through technological access:

- › Onsite computer access varies significantly— from no access at all, where support workers rely on their personal devices to view progress files (which Community Visitors do not request to access), to shared onsite devices that require a worker or supervisor to be present and logged in to access a resident’s progress reports.
- › Increasingly, if a supervisor is not present Community Visitors cannot access the computer. Such actions severely curtail the times that a visit can meaningfully occur, or require multiple visits as the supervisor may not be onsite at times when residents are home. This limits the reach of the Community Visitors.
- › Some service providers have sought to implement individual logins for Community Visitors. While such efforts are appreciated, these actions do not support the operation of the Community Visitor role, as increasingly visitors are expected to comply with multi-factor authentication systems coupled with regularly renewing passwords for multiple providers. Upon gaining access to electronic records, Community Visitors often find permissions and delegations are incorrectly established, leaving most data fields blank.
- › There are multiple client relationship management systems in use by providers, and even across common platforms, many are customised to meet the needs of each provider, thus creating the need for bespoke training for Community Visitors in multiple systems providers where access has been granted.

Collectively these technological changes serve to frustrate the intent of a Community Visitor Scheme, and Community Visitors, impacting on motivation and retention.

Community Visitors report that their ability to fully do their safeguarding work is often limited during visits because they can’t access crucial incident reports and documents. The Community Visitors Program continues to work with DFFH and various service providers to seek solutions to these barriers which will enable Community Visitors to undertake their work to the fullest of their ability.

DFFH has noted that the issue links to several Disability Royal Commission and NDIS Review recommendations relating to Community Visitor Programs. The Victorian Government will continue to advocate for these recommendations to be progressed as part of the joint Commonwealth, state and territory collaboration on implementation. In particular, the importance of ensuring there are systems in place to support Community Visitors to perform their role.

Working to find a way

Community Visitors have access to information as mandated in legislation however, how this access occurs varies between organisations. After years of difficulty accessing incident reports, monthly incident report summaries are now provided by all service providers in one region— thanks to arrangements made through the Liaison Meetings.

Challenges in resourcing

The demand for resources to recruit, train, and support volunteer Community Visitors now significantly exceeds the funding allocated to operate the Community Visitors Program — inhibiting capacity for sufficient, frequent visits and meaningful oversight. This is not a new challenge; the need for adequate program funding has been a longstanding issue. Ten years ago in 2015, the Victorian Ombudsman noted:

In 2013-14, the Community Visitors scheme cost \$1,614,115 to run, more than double the funds provided by the department.

Rising costs associated with running the Community Visitors and fewer people volunteering makes it increasingly difficult to meet the demand to visit all the residential settings at a minimum frequency.¹

Compounding these challenges is the increasing complexity of the disability sector itself. The program must now engage with a wider range of service providers, regulators, and funding bodies. In many cases, the lines of responsibility between these entities are unclear, creating gaps in accountability and roadblocks to effective advocacy. This limitation adds to the complexity of the Community Visitor Program's ability to fulfil its critical safeguarding role effectively.

Since the COVID-19 pandemic, the Community Visitors Program has seen a decrease in the number of volunteers alongside a decrease in the hours people are available to volunteer at the times which align with the rhythms and routines of the homes to be visited. This trend is reflected more broadly across all volunteering activities as discussed in a 2023 report collaboratively commissioned by all State and Territory Volunteering peak bodies in Australia.²

1. Victorian Ombudsman, *Reporting and investigation of allegations of abuse in the disability sector: Phase 1 – the effectiveness of statutory oversight* (June 2015) 79.

2. volunteering.com.au/snapshot-of-volunteering-in-australia/

Conclusion

The Community Visitors undertake their essential role with unwavering dedication, often contending with frustrations over the length of time required for significant changes to occur, or the prospect of incremental progress happening only slowly. Despite these challenges, Community Visitors remain steadfast, demonstrating an enduring commitment to listening, learning, and contributing towards fostering safe, engaged, and flourishing lives for people with disability.

While the Disability Services Community Visitors face evolving challenges—such as restrictions on the places they can visit, ongoing and unacceptable incompatibility issues, and shifts in record-keeping practices—the core purpose remains as powerful and impactful as ever.

As the environments where Community Visitors meet people continue to adapt and change, Community Visitors remain focused, observing, reporting, and asking critical questions about how people with disability can live their best lives.

Community Visitors are tenacious in reporting on issues that are unacceptable and asking service providers *“How are you going to do better?”*. When these challenges are not sufficiently addressed, Community Visitors escalate concerns with determination, persistence, and a steadfast commitment to advocacy.

Importantly, Community Visitors see not only the challenges but push for the solutions that will make a meaningful difference. Recent feedback from a service provider summarises that:

“We acknowledge and appreciate the visit by Community Visitors. We are pleased to confirm that we have shared with the team their feedback. Thank you for taking the time to visit and for your ongoing commitment to ensuring quality support and services for our residents. Your role is invaluable, and we appreciated your insights and supports.”

Thank you to Community Visitors

The Disability Services Board would like to thank the Disability Services Stream Community Visitors for their tireless efforts over the past year. We deeply appreciate your unwavering commitment to your role—the time you dedicate to planning visits, supporting one another, and tirelessly advocating for meaningful improvements in the lives of people with disability. Your ongoing energy and determination ensures that the important issues affecting the people you meet remain central in the minds of service providers. The Disability Services Board is profoundly grateful for your resilience, compassion, and resolve.

2 Mental Health

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



Recommendations

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

- 1.** Provide annual data on the cumulative impact of bed closures due to renovations, upgrades, or service relocations. This reporting should follow a consistent format and include:
 - a. The total number of beds affected each year
 - b. The reason for closure
 - c. The net impact on service availability.
- 2.** Further promote the implementation of Safewards practice change, including funding to attract and retain skilled professionals.
- 3.** Identify clear processes to support consistent, best-practice implementation of the Intensive Care Framework across services.
- 4.** Provide annual data on consumer readmissions within 90 days to enable greater awareness of system flow and demand.
- 5.** Implement training and systems to overcome barriers to Community Visitor access to incident reports. This should include:
 - a. Protocols aligned with the intent of the *Mental Health and Wellbeing Act 2022 (Vic)* and privacy legislation;
 - b. Mandatory, co-designed training for health service staff to ensure consistent application of access rights;
 - c. A formal mechanism to document and escalate instances of non-compliance, including guidance for Community Visitors on raising concerns and tracking resolution; and
 - d. Integration with existing departmental guidance and safeguarding reforms to reinforce the oversight role of Community Visitors.
- 6.** Ensure resourcing of the Community Visitors Program aligns with the expansion of mental health services following the Royal Commission into Victoria's Mental Health System. This includes the provision of an interim funding boost ahead of the next Memorandum of Understanding to maintain safeguarding coverage and program effectiveness.

Glossary

Throughout this report the following terms are used:

- 'consumer' means any individual receiving mental health treatment
- 'health service' refers to a mental health service such as: Adult Acute Unit, Adult in-patient unit, Critical Care Unit, Low Dependency Unit, High Dependency Unit, Mental Health Service, Older Persons Unit, Secure Extended Care Unit, or Youth Prevention and Recovery Care Unit.

Six years in review

The following analysis reflects on all the recommendations made by Community Visitors in the Mental Health Stream over the past 6 annual reports. Looking at these recommendations – alongside those issues contained in this year’s report below – provides ample evidence of the continued relevance of Community Visitor oversight.

The table below categorises the 58 recommendations made by the Mental Health Board in the Community Visitor Annual Report for the last 6 years.

Table 4: Community Visitor recommendations by topic, 2018-19 to 2023-24

Recommendation	Number of recommendations
Service capacity	17
Patient experience	13
Community Visitor Program resourcing and access to information	9
Discharge issues	5
Data for service improvements	4
NDIS related	4
Restrictive practices related	4
Policy suggestions	3
Acting on Royal Commission recommendations	1
Totals	58*

*Note that two recommendations are represented in two topics.

More than two thirds of Community Visitor recommendations concerned three broad topics:

- Building service capacity
- Improving consumer experience
- Enabling Community Visitors to undertake their legislated functions.

The remaining third of recommendations concerned:

- Improved discharge practices
- Enhanced data usage to promote service improvements
- Improving interactions between NDIS funded and state mental health services (and ensuring service coverage)
- Eliminating restrictive practices
- Improving government policy
- Promoting accountability in relation to the implementation of the Royal Commission recommendations.

Longitudinal review of the recommendations demonstrate the program’s focus on consumer wellbeing, including a focus on better access to services and enhanced treatment settings.

Service capacity, consumer experience and Community Visitors

Recommendations to boost service capacity highlight ongoing workforce challenges, the unmet needs of specific consumer groups, and the lack of step-down services for consumers requiring additional support following the acute phase of their mental health episodes. These concerns closely align with recommendations from the Victorian Royal Commission into the Mental Health System, which echo many issues raised in previous Community Visitors annual reports. Additionally, recommendations have been made to improve consumer experiences in mental health services, particularly around strengthening consumer rights and enhancing service delivery.

Community Visitors have sought increased funding to enable them to undertake their legislated role multiple times over the last 6 years. Regular recommendations in relation to consumer incident reports speak to the practical challenges experienced in accessing information – another hurdle to effective oversight of consumer experience.

Government responses

The Victorian Government were more likely to accept the Community Visitors recommendation when it concerned developing service capacity. Almost three out of every ten recommendations in the last six years were ‘Accepted in full’ with dedicated funding and policy work being undertaken. More than half, 59 per cent, of these recommendations were accepted in full. Community Visitors are pleased that the government is acting to improve access to mental health supports.

While acknowledging the continued efforts of the Victorian Government to address the issues raised in Community Visitor recommendations, this annual report highlights that there continues to be room for improvement across these areas.

Table 5: Government response to Community Visitor recommendations, 2018-19 to 2023-24

Government response	Recommendation (n=58)	%
Accepted in full	16	28%
Supported in principle	39	67%
Not supported	3	5%

Recommendation	Number of recommendations	Accepted in full	Supported in principle	Not supported
Service capacity	17	10	7	-
Patient experience	13	4	8	1
Enabling Community Visitors	9	1	6	2
Discharge issues	5	2	3	-
Data for service improvements	4	-	4	-
NDIS related	4	-	4	-
Restrictive practices related	4	1	3	-
Policy suggestions	3	-	3	-
Acting on Royal Commission recommendations	1	-	1	-
Totals	58*	16*	39	3

*Note that 2 recommendations are represented in 2 topics. The totals reflect the true number of recommendations made and accepted.

Statewide Report

Community Visitors in the Mental Health Stream continue to visit and report on their observations in prescribed mental health services. These may include: adult mental health units, child and adolescent mental health units, mother and baby units, eating disorder units, aged mental health units, community care units, forensic mental health units, and prevention and recovery centres.

Community Visitors visit these health services unannounced where they observe, monitor and report on matters affecting consumers involving their treatment and the conditions under which treatment can occur. Community Visitors visit health services throughout Victoria in groups of two or more.

Many of the issues identified in prior years are still live and valid. A key issue has been the availability of accommodation to support discharge and community integration is limited, which in turn delays intake for people needing admission.

Community Visitors frequently visit facilities and see the same consumers, often having conversations about delays with discharge due to issues accessing accommodation.

The Mental Health Board view continued rotation through the mental health services as undesirable and indicative of a system under pressure, potentially exacerbated by the longer-term stays, without appropriate accommodation and supports available to enable discharge. This issue is similarly reported in the Residential Services Community Visitors Stream.

While the restrictive impact of COVID-19 practices has significantly reduced in this past year, and the dedication and expertise of mental health staff continues to provide instances of creativity and best practice, 2 new issues have emerged and are having a material impact on Community Visitor visits, monitoring and reports.

- Firstly, the availability of trained, experienced Community Visitors and Regional Conveners across regions has declined, through resignation of longstanding Community Visitors - leading to a reduction in the overall number of visits. Recruitment is not keeping pace with this reduction in Community Visitors and represents a considerable challenge to the Community Visitors program. In each quarterly report throughout 2024-25 Regional Conveners identified that insufficient Community Visitors coverage has reduced capacity to complete regular visits to all health services. A 2023-24 recommendation sought 'adequate funding to ensure Community Visitors can fulfill their functions under legislation, including additional funding to enable attendance at the increased number of visitable properties and to conduct informed assessments of visit frequency and risk.' While this was accepted in principle, without determined action this safeguard will falter.
- Secondly, Community Visitors continue to experience difficulty in routinely accessing incident reports related to current consumers. Mental health staff may be unaware of the requirements regarding access to information or may lack the authority to grant this access.

For completeness the Principles from the Act and relevant data on Community Visitor Program are included on the following pages.

Mental health and wellbeing principles

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

Table 6: Mental Health Services by issue type, 2024-25

Issue	Number
Maintenance and new works	262
General appearance and cleanliness	205
Treatment (incl. all aspects of psychiatric care incl. ECT)	100
Program Staff	79
Availability/suitability programs	76
Hazards/safety issues	70
Incident reports	63
Food/catering	51
Suitable facilities/equipment for programs	49
Discharge issues	48
Availability/suitability of beds	41
Environmental hazards	41
Information Provision	40
Least restrictive environment	33
Legal rights	31
Assaults including sexual assault	25
Restraint and seclusion	21
Aggression, intimidation, harassment	19
Admission process/Emergency Department issues	18
Medical care (non-psychiatric)	15
Smoking provisions	13
Security of possessions	7
Illicit drug and alcohol issues	7
Dignity	5
Suicide	5
Other	3
Eligibility, plans and processes	2
Treatment	2
Accommodation/SDA	2
Privacy	1
Gender sensitivity	1
Ethnic and cultural sensitivity	1

**Total
1336
issues**

Table 7: Total visits Mental Health Stream, 2024-25

Region	Number of facilities	Total visits
West Division	46	233
South Division	46	280
North Division	31	158
East Division	26	134
Total	149	805

Mental Health Services volunteers

805

Visits

149

Facilities

1336

Total issues raised



Restrictive practices

The need to reduce restrictive interventions within mental health services was identified in the Royal Commission into Victoria's Mental Health System.

Following the introduction of the *Mental Health and Wellbeing Act 2022* (Vic), the Community Visitors Mental Health Board has observed inconsistency in data and reporting on restrictive practices, particularly rates of seclusion. Restrictive practices including seclusion and restraint are reported by services via the Client Management Interface/Operational Data Store (CMI/ODS).

Reporting had been publicly available up until financial year 2020-21 via the Victorian Mental Illness Awareness Council (VMIAC). Data on restrictive practices are now published by the Mental Health and Wellbeing Commission (MHWC), the Chief Psychiatrist's Annual Report and the Chief Officer for Mental Health and Wellbeing Annual Report. However, these data sets have different metrics, making it difficult for observers to monitor the effectiveness of the reduction in restrictive practices.

Seclusion

The Mental Health and Wellbeing Commission reports on rates of seclusion; their 2023-24 Annual report shows:

- Use of seclusion has decreased, from 9.8 episodes per 1,000 days in 2021-22 to 6.3 episodes per 1,000 occupied bed days in 2023-24
 - This is below the target for adult and forensic services (8 episodes per 1,000 days), but above the target for child, youth, and aged care services (5 episodes per 1,000 days).
- Seclusion is being used for longer on average per episode, rising from 18.6 hours in 2021-22 to 21.8 hours in 2023-24.

There are positive signs of improvement with changes to targets set by government. The target for seclusion has been revised downwards for 2024-25:

- 6 per 1,000 days for adult and forensic
- 3 per 1,000 days for other services.

Where the capacity for seclusion is available and appropriate, the practice is often constrained by other issues. Some existing seclusion facilities require staff to leave the nurses' station to monitor consumers and ensure they are safe as there is no line of sight (or surveillance capacity) from the main work area. This may limit support for other consumers.

Feedback from Community Visitors indicates that reduced use of seclusion may inadvertently increase tension in the unit. Some consumers have reported feeling hypervigilant and unsafe when other consumers are returned from seclusion quickly or are not isolated at all in situations where they believe it would be warranted.

Bodily restraint

The average duration of restraint is at the lowest it has been over the past 5 years, lasting 0.1 hours per episode on average.

Bodily restraint is down from 19.8 episodes per 1,000 occupied bed days in 2021-22 to 15.2 episodes in 2023-24. Although the data is tracking in a positive direction to restore the health and dignity of our community experiencing this practice, the low average duration and variability in duration from previous reporting means it is unclear whether this constitutes a trend.

Suicide

A small number of Community Visitor reports refer to suicide. Community Visitors are concerned that processes for providing additional or appropriate support for other consumers during such times are unclear or inconsistently applied.

Moving forward with caution

The Department of Health regulates the use of restrictive practices within designated health services, and current performance data indicates that seclusion rates are trending downward across the state. While this reduction in the use of restraint and seclusion represents a significant and positive step forward, it is equally important to acknowledge and address the ongoing perceptions of reduced levels of safety reported by some consumers within these environments.

The Mental Health Board remains concerned that the reduction or elimination of seclusion must be accompanied by approaches that uphold the rights of all consumers and promote a sense of safety and trust within units. It is essential that strategies to reduce restrictive practices coexist alongside approaches that promote a sense of personal safety and instil trust within units.

In one example, a regional service utilised police to transfer a consumer to another unit with seclusion facilities as the behaviour was viewed as being unpredictable, other consumers on the ward reported feeling unsafe.

Similarly, the lack of high dependency unit beds for vulnerable consumers can see services and their staff acting as system gatekeepers, particularly in small or specialist stand-alone services. For example, at one specialist service, Community Visitors were advised that intake for consumers with behaviours of concern is not possible as they cannot provide the level of support required on the unit with the current staffing profile.

The *Mental Health and Wellbeing Act 2022 (Vic)*, sets an ambitious objective to eliminate the use of restrictive interventions within 10 years. Community Visitors look forward to observing how services progress towards the new targets set by the Victorian Government in the future.

GOOD PRACTICE

Opening the door

A challenge for people with long-term mental health issues is the extended use of seclusion within secure specialist units. This issue has drawn increasing attention and been the subject of extensive discussions with the Mental Health Tribunal.

In an early case that brought this issue to light, a facility responded by establishing a dedicated expert team and implementing a specialised program aimed at gradually transitioning the consumer out of seclusion and supporting their reintegration into the community.

Community Visitors welcomed the highly individualised and consistent support provided through this program. The approach was based on a consumer-centred model that has demonstrated success in other jurisdictions, offering a structured pathway for people in similar circumstances.

The sector's response to this complex issue—focusing on positive outcomes for consumers—demonstrates the value of person-centred care, collaborative planning, and innovative practice in fostering meaningful recovery and systemic change.

Maintenance and new works, general appearance and cleanliness

Community Visitors reported 262 issues under maintenance and new works, general appearance and cleanliness in 2024-25.

In previous annual reports, recommendations regarding amenities—excluding access to outdoor areas—were accepted in full. A case study from the Latrobe region illustrates issues specific to that region, which are also echoed in the observations of Community Visitors across the state.

Community Visitors have reported several persistent issues, including:

- Unsafe decking and a lack of hot water that remained unrectified for over 12 months.
- Outdoor areas consisting solely of bare concrete seating and flooring.
- Other outdoor spaces in disrepair, with cobwebs and bird droppings covering the entire area in some facilities.

These conditions are contrasted by other health services that have created welcoming green spaces for consumers. This disparity raises an important question: *why is best practice not consistently applied across all state mental health services?*

The following 2 case studies highlight the poor conditions experienced by both staff and consumers in some health facilities.

Maintenance and physical state of facilities

Community Visitors have made multiple reports regarding Latrobe Health facility maintenance, in particular The Macalister Flynn, Secure Extended Care Unit Child and Adolescent and High Dependency Adult Units. These units have rotting fascia, rusty leaking guttering, lichen covered laserlite and broken toilet roll holders. Rust running down the walls from shower heads and holes in plaster are boarded over rather than replastered. Reported issues are not addressed over lengthy time frames and action is often limited.

Community Visitors have raised concerns with potential ligature points which in their view appear to remain unaddressed. In considering the condition of these units, Community Visitors reflect on how a facility's setting may support or impede a consumer's treatment and recovery.

Lack of security in a critical care unit exposes consumers and staff to risk

A regional Community Care Unit has historically been subjected to incidents such as break-ins, vandalism, and other disruptive behaviours that pose risks to staff and consumers. These safety concerns have led to enhanced security measures, including the deployment of security personnel and the installation of surveillance cameras in the facility.

Despite existing security measures, some consumers continue to report feeling unsafe to Community Visitors. The Board acknowledges the importance of consumer perspectives of safety as a foundation for effective therapeutic support and looks forward to the implementation of additional measures to improve the environment.

Achieving the ideal balance between supply and demand in health services is unlikely given the unpredictable nature of mental health needs, which are often influenced by factors beyond the control of the system. Positively, there has been significant investment by the Victorian Government following the Royal Commission into Victoria's Mental Health System.

Unfortunately, the critical need for additional capacity, upgrading of facilities and improved mental health service delivery across the whole system is occurring slowly. Noting the repeated recommendations by Community Visitors, community organisations and the Royal Commission into Victoria's Mental Health System, the State Government is yet to deliver change at the pace required to meet the needs of Victorians.

An added complexity is the work mental health staff perform to ensure the system works as well as possible, and decisions are made that best suit consumer care needs. At times, the lack of specialist high dependency unit beds for consumers with complex needs requires services and their staff to make difficult triage decisions on managing access to care, particularly in small regional or specialist stand-alone services. Community Visitors want to particularly acknowledge the dedication of staff across the sector, in what can be trying circumstances.

Alice's story:

Alice, a woman with chronic physical and complex mental health issues, was initially admitted to the Older Persons Unit (OPU) in a mental health facility due to bed shortages in the adult in-patient unit (AIU). Although Alice is not over the age of 65, the OPU was deemed to be the most appropriate option available at the time.

During her stay in the OPU, Alice responded well to treatment, benefiting from an environment that catered to both her mental and physical health needs. However, she became extremely distressed when informed she would be transferred to the Adult In-patient Unit when there was an older person needing to be admitted to the OPU. The prospect of the move caused significant anxiety for Alice, prompting her to request a visit from Community Visitors to raise her concerns.

Following the visit, it was agreed that, despite not meeting the standard age criteria of 65+, Alice's care would be best provided in the OPU and alternate arrangements were made so both consumers could receive the best treatment for their needs.

Alice's experience highlights the systemic challenges many people face when navigating the boundaries between older persons and adult mental health care, as well as the intersecting complexities of physical and mental health services. It underscores the importance of person-centred care that prioritises individual needs over rigid systemic classifications.

Several commitments from the State Government have been made to address these issues. However, a key condition has been that any upgrades, whether through transfers or renovations, must not reduce service capacity during the implementation period.

Recommendation 5 from the Community Visitors Annual Report 2023-24 proposed *that any upgrades and renovations to existing facilities are undertaken while maintaining bed capacity and access to mental health services*. This recommendation was accepted in full within the Victorian Government response to the annual report.

Victorian Government response to the Community Visitors Annual report 2023-24

Recommendation 5

Ensure that any identified upgrades and renovations to existing facilities are undertaken while maintaining bed capacity and access to mental health services.

Accepted in full

It should be noted that it is generally not appropriate to provide care to mental health consumers in general medical beds due to the risk of self-harm and harm to other consumers and staff.

The Department of Health works closely with the Victorian Health Building Authority (VHBA) and health services to centrally coordinate state funded capital works to minimise disruption to mental health service delivery.

As part of Project ICA, the Department of Health developed a policy and process of reviewing and approving planned bed closures at health services so that there are no concurrent bed closures in same regions across the state. The Department of Health will look to implement this planned bed closure policy for all capital works at health services.

Community Visitors understood the Government's response to indicate a commitment to maintaining bed capacity and access without diminution. Over the past year, however, Community Visitors have observed variability in how this commitment is upheld across the state. This is particularly concerning where delays in infrastructure upgrades affect regional areas. The flow-on effects in these regions can be significant, potentially resulting in the displacement of individuals from their communities, support networks, and traditional lands—factors that are vital to recovery.

In most (if not all) mental health service upgrades, admittance to facilities is halted or markedly reduced ahead of renovations. Community Visitors have made the following observations throughout the year:

- The adult acute unit is undergoing renovations to reduce incidents and improve sightline to the nurses station; however, the renovation has resulted in the closure of 5 beds
- The aged care unit is being relocated and have had a dramatic decrease with only 2 residents residing in the unit
- The youth prevention and recovery care unit renovations continue with 1/3 of their beds closed.

A reduction of intake and increased discharges to support the planned transfer of units from one location to another is a practical and reasonable response if proposed timelines are met. However, substantial delays to the actual transfer are routine and have significantly reduced the availability of specialized aged beds for two catchments. The cumulative impact on available beds in a system that is already under stress is undeniable. These impacts are experienced by the staff, consumers unable to access services, and the family, friends and community of those consumers. Aggregate data on the statewide mental health bed reductions is unavailable at this time.

Community Visitors have noted that in one location, as part of a renovation to include individual ensuites in each room of an intensive care unit, the overall bed capacity will be reduced.

Treatment issues

Treatment issues were identified in 100 Community Visitors reports across the state.

The issues raised included a variety of issues, including:

- Availability of clinical staff at the point of admission
- Discussion of consumer treatment plans.
- Specialist mental health services for eating disorders
- Children and dementia services
- Availability of necessary equipment
- Consumer confusion about why they were taking a particular medication
- Incorrect administration of medication.

Additional funding for increased bed-based services to support people with eating disorders was identified in the Victorian State budget 2023-24. Community Visitors are concerned that existing and proposed services should be provided in a setting that maximises consumer capacity to focus on their recovery.

Access to specialist beds

Whilst Community Visitors applaud the move to create dedicated beds within the adult in-patient unit, Community Visitors have observed that when consumers with eating disorders are in the general unit, they tend to isolate in their rooms, avoiding the communal settings that foster connection and recovery.

Consumers with eating disorders are often physically frail and experiencing emotional vulnerability. The acute unit is designed for consumers experiencing severe mental health crises, and its utilisation for people with eating disorders can create challenges due to the unpredictable and sometimes intense activity that may occur.

Although no serious incidents have been reported, Community Visitors have documented concerns regarding the lack of a specialised and supportive environment that may be compromising recovery.

Treating consumers with such complex needs in an environment ill-suited to them underscores the importance of providing care in spaces designed for their unique physical and mental health challenges. Community Visitors are concerned that existing and proposed services should be provided in a setting that maximises consumer capacity to focus on their recovery.

Health services staff

Staff issues were raised in 79 Community Visitors reports. Issues raised are a repetition of those raised in the 2 prior Community Visitors Annual Reports. The need for experienced and expert staff is an ongoing issue.

Lack of staff or low staffing levels often has a direct impact on the availability of daily activities. In one regional area, a Unit Manager had developed a new well-received activity program across several mental health service sites, but activities have routinely been cancelled or postponed when staff are not available.

Forensic Leave Panels at Thomas Embling Hospital were interrupted due to the lack of available panel members, consumers across all sites were affected for several months while they waited for a review or upgrade to their leave status. These cancellations impacted the mental health and wellbeing of many consumers, with several reporting feelings of boredom as they were unable to go into the community as expected. This issue was raised by Community Visitors to service management on several occasions, and by the end of the financial year, nearly all patient leave applications were up to date.

In 2019, the Department of Health published the Mental Health Intensive Care Framework ([Framework for reducing restrictive interventions | Safer Care Victoria](#)) to provide clinicians, services, consumers and carers with a best practice model for mental health intensive care and this is supported by performance indicators for restrictive interventions.

Safer Care Victoria and the Office of the Chief Psychiatrist monitor seclusion and restraint rates as a guide to indicate areas of improvement, however, it's unclear if data from services will be collected by the Department of Health to inform a statewide picture for change or need.

The additional requirement for upgrading professional skills in line with government initiatives such as the [Safer Care and Safewards](#) programs places additional stress on the system without additional resources. Implementation of the Safewards program, introduced to help provide a therapeutic response to manage conflict within in-patient settings, has been impacted by staff recruitment issues, lack of experienced staff, or staff sufficiently skilled in Safewards.

Community Visitors believe that a skilled and adequately supported mental health and wellbeing workforce is critical to achieving the vision for reform outlined by the Royal Commission into Victoria's Mental Health System. In the Community Visitors Annual Report 2022–23, a recommendation was made to ensure adequate funding to attract and retain skilled professionals, expand Safewards training, and provide specialised mental health staff training. This recommendation was assessed as accepted in principle. However, the Government has yet to commit to updating the lapsed *Mental Health and Wellbeing Workforce Strategy 2021–2024*. Community Visitors are concerned that without a clear and updated strategy, progress toward meaningful and sustainable reform may be hindered.

There are examples of consumers with challenging needs or behaviours may require a unique approach to care, often involving pulling staff in from other areas. In one instance, a consumer needed additional staff support to prevent them self-harming. This took staff from their usual stations or roles. This has subsequent or concurrent effects for staff and other consumers.

That said, these efforts and learnings are not always consistent or shared across the state. Community Visitors believe it is essential to ensure that successful practices and improvements are systematically captured, reviewed, and implemented statewide. This would help create a more equitable and consistent standard of care for all Victorians, regardless of where they access mental health services.

Hazard and safety issues

Hazard and safety issues were identified in 72 Community Visitors reports. This issue includes restrictive practises, physical and psychosocial hazards that can occur in facilities - even in newly built ones.

Issues surrounding older facilities that have been adapted from their original purpose are common throughout the state. Mental health service staff and government work around these shortcomings to provide a clinical service facilitated in a safe setting. Therefore, it is frustrating and disappointing to visit a new purpose-built facility and discover that the known vulnerabilities and risks for the intended consumer group have not been incorporated into the design. During the past year, Community Visitors identified several hazards when visiting a new facility. For example, unsafe power points, a lack of running water in a kitchenette, a TV surround with a potential ligature risk and no closure on the lounge-office door which enables consumers to access the staff area. Staff advised that they had not been consulted during the design phase and were now seeking resolution of issues following completion of the building.

In contrast a metropolitan aged care unit has recently transferred to an existing unit with a new fit out for the consumer group. Clinical staff were consulted extensively regarding potential hazards and feedback used to help create a design that wouldn't compromise safety and care for staff, consumers and visitors to the unit. All previously raised concerns were addressed ahead of the transfer. This process has been very positive for staff as their expertise has been recognised, and resolutions actioned.

Incident reports

A key function of Community Visitors is to monitor whether services are being delivered in accordance with the *Mental Health and Wellbeing Act 2022* (Vic) and the Mental Health and Wellbeing Principles. Access to documents such as incident reports enables Community Visitors to better understand consumers' experiences while receiving mental health services, and to assess whether the care provided aligns with the objectives of the Act.

Under the legislation, Community Visitors are empowered to inspect any incident report that relates to a person receiving mental health and wellbeing services at the prescribed premises. They are also bound by strict confidentiality provisions of the Act, which ensures any personal, sensitive, or confidential information obtained during visits is protected and treated with respect for the privacy of all.

Despite this legislated authority, Community Visitors report that access to incident reports is inconsistent or, in some cases, entirely unavailable. Where access does occur, there are a variety of local systems in place to get the information requested. One region has developed a process with their local service to receive a hard copy one-line summary of any reports that relate to current consumers. Other services provide a verbal update on incidents.

Ensuring consistent access to incident reports and related documentation was a recommendation in the 2023–24 Community Visitors Annual Report and was accepted in full by the Victorian Government in its response. The Board now urges the Government to take meaningful action to ensure that consistent and reliable access is implemented across all designated health services.

Each year the Victorian Government produces a statewide report in instances of grievous bodily harm or death also known as a Sentinel Events by Safer Care Victoria. For example, the most recent report identifies increased reporting of events related to mental health occurring in emergency departments.

Sexual assault

Community Visitors learned of a sexual assault at a metropolitan in-patient unit which was reported to Victoria Police's Sexual Offences and Child Abuse Investigation Team.

Despite being provided access to an incident report, the redactions made it impossible for Community Visitors to understand the outcome without discussing it with the consumer, a conversation that could have been damaging to the treatment and recovery of the consumer.

GOOD PRACTICE

Oliver: The power of an apology

Oliver, a consumer in a specialist in-patient unit experienced distress after being subjected to unwanted physical contact by another consumer. The incident was raised by Community Visitors; the unit manager acknowledged the consumer's experience and took appropriate action.

During a follow-up visit, the consumer appeared more at ease and reported that the unit manager had offered a personal apology and confirmed action had been taken. Additionally, the consumer was given specific responsibilities within the unit, which helped foster a sense of purpose and improved his wellbeing.

This case illustrates how small, thoughtful actions—such as a sincere apology and meaningful engagement—can significantly contribute to a consumer's emotional recovery and sense of empowerment. It underscores the importance of listening to consumers, responding appropriately, and creating a supportive environment.

Conclusion

The Community Visitors Program has documented significant changes in the mental health system over the past four decades. While examples of good practice are regularly observed, this year's report highlights persistent concerns, including reports of abuse, neglect, and violence experienced by consumers in settings where they are entitled to high-quality treatment, safety, and comfort.

The Royal Commission into Victoria's Mental Health System identified numerous opportunities for transformational change, yet many of its recommendations remain unimplemented. Barriers to delivering a well-funded and comprehensive service system continue to impede progress, leaving gaps in care and service quality.

This year's report reflects Community Visitors' ongoing commitment to advocating for mental health consumers and addressing the issues they raise with us. As volunteers operating independently of the service delivery system, we bring a unique perspective that is typically welcomed by the people we visit.

Community Visitors applaud the resilience of the consumers who courageously engage with us and navigate significant personal and systemic challenges. Equally, we commend the dedication of mental health staff, who work under often challenging conditions, including severe staffing shortages and disruptions caused by system upgrades, new developments, and transitions.

The Community Visitors Mental Health Board also acknowledges the constructive input and responsiveness of key stakeholders, including the Office of the Chief Psychiatrist, Safer Care Victoria, and the Department of Health, in responding to the inquiries made throughout the year.

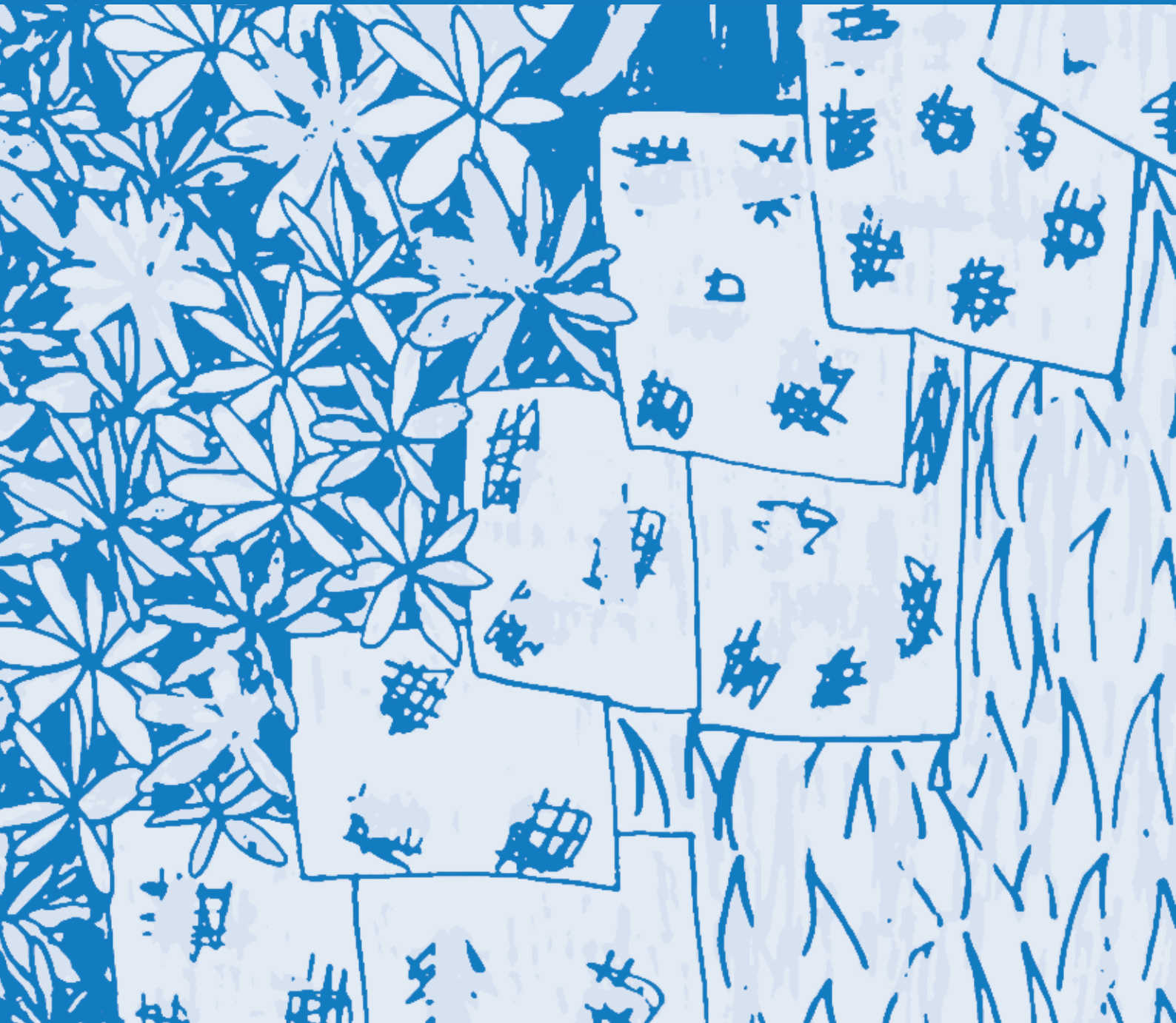
Thank you to Community Visitors

On behalf of the Community Visitors Mental Health Board, we thank you for your dedication and persistence in advocating for mental health consumers. As volunteers, your tireless efforts amplify the voices of consumers and ensure their concerns are heard and addressed.

Your compassion, resilience, and professionalism in navigating a complex system undergoing significant change is deeply appreciated. The work you do makes a lasting impact on the safety, dignity, and rights of mental health consumers, and we are profoundly grateful for your commitment.

3 Residential Services

Residential Services volunteers visit fee paying residents in congregate facilities



Recommendations

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

- 1.** Amend the *Supported Residential Services (Community Visitors) Act 2010 (Vic)* to include a power of referral to the Secretary of the Department of Families, Fairness and Housing, the Social Services Regulator, and the NDIS Quality and Safeguards Commission.
- 2.** Support the formalisation of clear protocols or Memoranda of Understanding between the Social Services Regulator and the Office of the Public Advocate to establish information sharing arrangements and avenues to prioritise, escalate and maximise learnings from complaints.
- 3.** Pursue the formal recognition of Community Visitor safeguards in the NDIS Act and related policy frameworks to enable effective information sharing with the NDIS Quality and Safeguards Commission and the National Disability Insurance Agency.
- 4.** Support the establishment of a dedicated pathway for the Residential Services Board to report concerns regarding NDIS providers and support workers directly to the NDIS Quality and Safeguards Commission.
- 5.** Extend the funding and scope of Community Visitor Abuse Referrals to incorporate referrals from the Residential Services Stream.
- 6.** Develop a clear policy position on Supported Residential Service (SRS) providers delivering both accommodation and NDIS-funded services (particularly Supported Independent Living and/or Support Coordination). This policy position should address risks of funds misuse, ensure residents receive meaningful support, and manage potential conflicts of interest, with coordination across existing oversight mechanisms.
- 7.** Build capability across the Supported Residential Services (SRS) sector by:
 - a.** Requiring SRS providers, managers, and staff to undertake industry-specific training and ongoing professional development.
 - b.** Exploring the role of a peak body to promote best practice, support workforce development, and drive continuous improvement across the sector.
- 8.** Review the potential role of Homes Victoria in supporting SRS residents to access social and community housing options.
- 9.** Undertake a comprehensive review of the key performance indicators for the Supported Residential Services Outreach and Assistance Program to promote the wellbeing of residents.
- 10.** Resource the Community Visitors Program to fully deliver its vital safeguarding role, including investment in technological innovation and operational capacity.
- 11.** Implement adult safeguarding legislation, as recommended by the State Coroner.

Statewide Report

What does a community visit to a residential service look like?

Community Visitors can attend any Supported Residential Service (SRS) without notice or advance warning. Community Visitors conduct their visits in pairs. Upon entering a property, Community Visitors will introduce themselves to staff and residents to explain their role and the purpose of visiting.

Just as each SRS is unique, so is each visit undertaken by Community Visitors. The specific circumstances of the SRS, the needs of its residents and the management of the facility can all impact the approach taken on any given day.

Community Visitors provide a crucial service to some of the most marginalised people in society. Community Visitors are volunteers and require ongoing support and training to be effective. Therefore, the Community Visitors Program needs to be adequately resourced to support these volunteers who advocate for those marginalised people.

Generally speaking, a visit will incorporate some (or all) of the following:

- Check in with the manager or senior staff to let them know we're there, and get an update about what's been happening since the last visit
- Follow up about any issues that were identified last time to verify if they've been resolved
- Find out if there are any residents we should talk to about a concern or recent difficulties
- Walk through the facility to observe whether it is in good condition, if it is clean, including, with permission, looking in a resident bedroom and bathroom
- Talk with the residents to learn and get updates from them, discover if they feel that they are being looked after, find out what they think of the place, explain the role of Community Visitors and invite them to let us know if they are having problems at the SRS that they would like some help solving
- Visit the kitchen to make sure it is clean, the food is being stored properly and enquire about the menu, including ensuring the quantity of food and any special arrangements for residents who have particular dietary requirements
- Check the dates on fire safety equipment to ensure it is being maintained
- View the incident records
- Inspect a sample of the residents' Ongoing Support Plans to inform the Community Visitors' understanding of the specific services and supports being sought and if these are being appropriately delivered to the residents.

The Community Visitors may have further discussions with staff regarding their observations, including provision of feedback about the documentation or raise an enquiry on behalf of a resident. The visit report is then prepared and forwarded to the facility if it is not completed on site.

About Supported Residential Services

Supported Residential Services (SRS) are non-government operated accommodation facilities that provide housing and support to residents who require assistance with daily living activities. They typically accommodate a diverse range of individuals, including older people, people with disability and people with mental health conditions. Residents pay for accommodation and care from their own resources, and providers must be registered and comply with the Social Services Standards under the *Social Services Regulation Act 2021*.

The majority of SRS have between 20 and 30 residents, though a small number of SRS support up to 80 people. As of 15 May 2025, there were 110 registered SRS in Victoria.

There are two categories of SRS in Victoria; Pension-Level SRS and Pension-Plus SRS. The distinction, driven by the financial capacity of residents, impacts affordability and therefore the level of support services.

- A Pension-Level SRS caters to residents with limited financial means, with providers usually charging 85–95% of a resident’s pension, leaving a small portion for personal expenses and provide basic levels of accommodation and support. While facilities may meet regulatory standards, they are unlikely to offer any amenities nor additional services.
- A Pension-Plus SRS caters to residents who can afford to pay above basic pension rates (over \$1,000/week in some cases). These facilities seek to offer an enhanced level of care, quality, or amenities.

Each resident must sign a Residential Services Agreement. This Agreement outlines the supports offered and the fees charged (determined by the individual SRS).

An SRS is a low care facility, with legislative requirements specifying that between 7am and 7pm at least one staff member is to be on duty per 30 residents to provide personal supports to those residents. That staff member may, at times, be responsible for other tasks within the SRS, such as the preparation and cooking of meals.

Due to rising costs, proprietors are often under pressure to maximise occupancy rates, resulting in the placement of people with more complex needs which the SRS cannot adequately support within their current staffing ratio.

SRS costs and funding

With a few exceptions, SRS are privately operated commercial enterprises. The ongoing viability of an SRS is affected by the rising cost of living, including food and staffing together with the increasing cost of gas, electricity and other utilities. Any changes to these costs impact on the quality of the accommodation, care and support provided to the residents.

Additionally, while residents in pension-level SRS largely depend on government pensions, SRS businesses are not eligible for rebates typically offered to pensioners, leaving them financially stretched.

The Outreach and Assistance Program (OAP) was developed and implemented by Homes Victoria to provide and manage financial supports of SRS and their residents. The OAP provides various types of funding to 72 SRS, covering 2360 beds, via community partnership managers.

The community organisations develop relationships with the SRS in their region in order to respond to the specific needs of the residents and SRS in their area. Eligible SRS can obtain financial support for a variety of purposes, including a viability supplement (a targeted state-funded grant). Community Visitors see this as evidence that the privately funded business model of pension level SRS is inadequate and requires government subsidisation for its continued effective operation.

Who lives in an SRS?

There are increasing numbers of residents in both pension-level and pension-plus SRS who have complex medical and psycho-social support needs.

The SRS population includes people with intellectual and cognitive disabilities, people who experience mental health issues, people who have experienced homelessness, and people recently released from prison. The 2023 SRS census found that:

- 92% live in SRS permanently
- 91% have one or more diagnosed disabilities, with high rates of mental illness (67%) and intellectual disability (20%)
- Residents with psychotic disorders increased by 25% between 2018 and 2023
- 78% of residents with a mental health illness/psychiatric disability had been diagnosed with a psychotic disorder.

The lack of affordable and accessible accommodation options leaves SRS as the 'accommodation of last resort' for people with support needs. Often an SRS is a person's only alternative to primary homelessness. Continued private rental cost pressures limit the accommodation options for people who live on low incomes and require support. This pressure is exacerbated by SRS closures.

Many residents move into an SRS via a hospital visit. In many cases this is after being discharged from a mental health facility, due to being at risk of homelessness or experiencing a decline in their capacity to care for themselves, and the vast majority of SRS residents never leave SRS accommodation.

In pension-plus SRS, residents are generally older and are affected by the physical and mental health conditions that accompany ageing. There is a notable number of pension-plus SRS that are effectively aged care facilities. In these SRS the age range of residents is often 70 years and older, and the in-house supports and physical amenities are designed to support healthier and safer ageing.

Given residents receiving the Disability Support Pension or the Age Pension typically pay 85–95% of their pension to the SRS it leaves the residents with little money to meet their other needs such as medications, public transport, clothing, toiletries and other personal items they require (such as a phone in order to be able to engage with the NDIS or other government agency). Residents of SRS often have limited or no family or other supports to call upon and are therefore even more susceptible to the rising costs of living.

Amir's story

In 2025, Community Visitors met Amir, a young man without family or kinship support who faces complex health and psychosocial challenges. English is not Amir's primary language, and he relies on tools like Google Translate to communicate effectively.

Amir has significant physical health concerns, uses a wheelchair, and has a mental health diagnosis requiring long-acting injectable antipsychotic medication administered at regular intervals. In addition to receiving a home care package, Amir relies on a JobSeeker allowance, which was about to expire when Community Visitors first met him.

Recognising his vulnerability, the SRS proprietor proposed a reduced residential agreement to help Amir retain his accommodation. However, SRS staff noted that as his antipsychotic medication begins to wear off, Amir can become unsettled, increasing the complexity of his needs. On one occasion, this resulted in Amir being referred to a psychiatric ward to ensure he received appropriate care.

Since this incident, a tailored support framework has been established for Amir. He now has regular access to a local psychiatric clinic, and all services assisting him participate in regular case management meetings. This coordinated effort ensures Amir receives the comprehensive and stable care he needs to maintain his wellbeing and live in a supportive environment.

Life in Supported Residential Services

How SRS are managed and how they assess and address risk has a big impact on the quality of life for the residents. Whilst SRS are subject to the social services regulatory scheme, and required to comply with the Social Services Standards, there is no single blueprint for ensuring the smooth running of an SRS. Each facility has its own approach and way of operating, which is a result of legislative requirements, the owners, managers, staff requirements and allocations (e.g. ratios) and the particular resident mix.

Typically though, the days and weeks of an SRS are quite structured. Breakfast is usually around 7am, lunch is served between 11.30am and 12.30pm and dinner can be as early as 5pm. Depending on the facility and the needs of individuals some or all of these meals may be served to the resident in their bedroom, but all SRS have a dining room to encourage residents to engage with each other and share communal experiences.

Residents who live in pension-plus SRS, especially those with an older population of residents, can expect to have a range of activities organised by the SRS throughout the week. Where an SRS has an in-house activities coordinator, residents might spend their mornings doing some gentle physical exercise followed by a creative task. Afternoons may be spent engaged in games such as indoor bowls, bingo, quizzes or cards. Some SRS arrange for entertainers to perform for the residents or involve them in sing-alongs. Most SRS will have several occasions during the year when they arrange outings for residents to a restaurant, a local RSL club, or to community entertainment events.

The regular activities of daily living also need to be managed. For residents who need assistance with showering, getting dressed or even just moving around, staff must ensure those residents are safely bathed, dressed and supported around the facility, or prepared to go out. Staff need to assist residents who have continence challenges, people who need supervision or support when they eat, and residents who need regular encouragement and motivation to get prepared for their day.

There are many SRS where most of the residents are on NDIS plans. For those residents there may be multiple days of the week when NDIS support workers will come to the SRS to help them with specific tasks or take them out to attend programs, go shopping or attend appointments. In these circumstances the SRS managers need to maintain regular communication with the resident and their external support team to ensure that meals, medications and other supports are delivered reliably and with the needs of the resident as the priority.

There are multiple pension-level SRS where residents share bedrooms with people to whom they are not related. Such rooms lack privacy and security. For the residents who live in such circumstances, unless they have the capacity to undertake outings from the SRS on their own, they spend their lives in shared spaces, surrounded by unrelated housemates, often not of their choosing. With the continuing shortage of affordable public housing, resident mix remains an overarching concern noting the vulnerability of many SRS residents, coexisting alongside people with a range of complex support needs.

The lack of influence and control residents have over the communal spaces, their meals and other personal matters highlights the power imbalances in these institution-like settings where residents have minimal control over the factors that play out in their lives.

The role of the Social Services Regulator

The Social Services Regulator (SSR) was established under the *Social Services Regulation Act 2021 (Vic)* to oversee compliance and ensure resident safety. As of 1 July 2024, the SSR replaced the Human Services Regulator, introducing 6 streamlined Social Services Standards:

Standard 1:

Safe service delivery – Social services are safely provided based on assessed needs.

Standard 2:

Service user agency and dignity – Social services are person-centred, and respect and uphold service user rights and agency.

Standard 3:

Safe service environments – Social services are provided in a safe, secure and fit-for-purpose environment.

Standard 4:

Feedback and complaints – Service users are supported to share feedback, complaints or concerns about service safety.

Standard 5:

Accountable organisational governance – Effective governance and organisational systems support safe social service delivery.

Standard 6:

Safe workforce – Social services are delivered by a workforce with the knowledge, capability and support to provide safe social services with care and skill.

Community visiting under the new standards and legislative framework

As well as the 6 social services standards, the SSR also monitors against other provisions of the *Social Services Regulation Act 2021* including registration requirements, providing training and information to providers as well as overseeing the new SSR Regulations.

SRS residents have the same rights as other community members and should be empowered to understand and exert their rights. With the transition to the Social Services Regulator, there are 6 standards that are monitored. These are intended to achieve the aims of the *Social Services Regulation Act 2021 (Vic)* (the Act) and the *Social Services Regulations 2023 (Vic)* (the Regulations).

These Social Services Standards are a consistent set of obligations that social service providers in Victoria must meet.

Service providers, including SRS are required to demonstrate they provide safe social services through meeting the service requirements of the 6 standards.

The reduction from 15 SRS specific to 6 sector-wide standards have meant there are many aspects of the SRS service provision which are no longer directly referenced. These include things like nutritious and safe food, clean and appropriate bedding, linen, and clean and appropriate clothing. As these are important to the dignity of residents Community Visitors continue to report and comment on these issues.

Although Community Visitors are focussed on assessing whether the residents' accommodation and support needs are being met in accordance with the standards, they typically identify many other issues of concern related to NDIS plans, finances and matters of dignity and social inclusion. Community Visitors endeavour to resolve these issues at the time of the visit but pathways for escalating some of these matters of concern can be complex. Without the support of Community Visitors to fill in these gaps, SRS residents' rights are compromised.

Ongoing concerns

Community Visitors continue to identify systemic challenges in SRS facilities, such as inadequate building maintenance, neglect, violence, and poor nutrition. These issues persist despite regulatory updates, raising concerns about the scope of current oversight systems.

The Community Visitors Residential Services Board has also experienced challenges relating to information sharing and delays in follow up and responses to Notifications for Investigation (NFI). Noting the vulnerability of SRS residents and the rapid implementation of the Social Services Regulator, with a growing remit across further areas of social assistance, Community Visitors are concerned that the SSR has been established with insufficient resources and or regulatory specificity to ensure that all Victorians receive social supports to the standards expected by the Victorian public.

What we saw in 2024-25

In 2024-25, Residential Services Community Visitors issued 37 notifications to the Social Services Regulator for investigation.

Community Visitors continue to raise urgent concerns about persistent issues affecting SRS residents, such as poor building maintenance, neglect, abuse, violence, food safety, and nutrition. These matters feel familiar; despite regular reporting, updates to regulatory frameworks and a new regulator – these issues remain. Community Visitors believe that more must be done to ensure the safety, dignity, and wellbeing of this vulnerable population.

To address some of these issues, Community Visitors highlight the need for clear protocols or Memoranda of Understanding (MoU) with the Social Services Regulator (SSR). These should set out how information is shared and how concerns or complaints can be escalated quickly. Noting the high correlation between SRS residents and

NDIS access, as well as a growing cohort of SRS proprietors who also operate or have preferred partnership arrangements with NDIS providers, Community Visitors also highlight the need to examine participant and provider rules to ensure that SRS residents are not being short-changed. Expected outcomes of this work would include timely and regular feedback to Community Visitors from the NDIS Quality and Safeguards Commission and SSR regarding investigation progress or learning outcomes, which would assist Community Visitors improve the focus of their visits and follow up on key issues.

Better training and guidance for SRS providers and managers are also essential to improve care and processes. While the SSR is to be recognised for informing the sector regarding changes to the standards, such as ensuring SRS providers are aware of their responsibility to share relevant documents with Community Visitors, Victorian Government should consider proactive steps to encourage the sector to ensure residents receive the safety, dignity, and quality of care they deserve.

Table 8: Total visits Residential Services stream, 2024-25

Region	Number of facilities	Total visits
West Division	17	127
South Division	31	204
North Division	20	156
East Division	35	110
Total	103	597

Social Services Regulator and notifications for investigation

The Community Visitors Program plays a critical role in addressing issues identified during visits to SRS. While Community Visitors aim to resolve concerns directly with SRS proprietors and managers, unresolved issues can be formally escalated to the SSR through Notifications for Investigation (NFI).

The SSR provides a formal response to each NFI, outlining outcomes such as improvement notices, counselling of the SRS provider, or, in some cases, finding matters beyond the scope of the regulator. This year the Community Visitors Program referred 37 Notifications for Investigation to the SSR, contributing to evidence that resulted in compliance notices being issued by the SSR. Notifications may also be made by members of the public, family and friends of residents or workers who interact with residents.

The notification process

A NFI provides a structured pathway for escalation of issues. Community Visitors submit the NFI along with relevant visit reports to the SSR, specifying how the issue relates to the Social Services Standards. The SSR assigns the matter to a regional team, where an Authorised Officer investigates the concern. Outcomes are communicated back to the Community Visitors Program, offering valuable insight into enforcement actions or other measures taken.

Example of an NFI

On one visit, Community Visitors found that an SRS manager was on leave, leaving the facility in the hands of a cook and a student on placement. Neither appeared qualified to manage resident care or access necessary documentation. This prompted the submission of an NFI, highlighting concerns about staffing qualifications and operational oversight. The SSR investigated and reported back, stating that “appropriate enforcement action” would be taken to address the identified non-compliance.

Challenges for the Social Services Regulator

The SSR commenced operation on 1 July 2024. Unfortunately, several aspects of the SSR were not finalised until close to its commencement. Community Visitors are concerned that this created challenges in establishing the office and onboarding staff, alongside preparing the SRS providers and their staff for the transition to a new regulatory framework.

Community Visitors have observed gaps in provider understanding of requirements and changes in relation to the new standards and incident reporting. SRS providers and staff had to rely heavily on website updates and emails to keep them informed about changes as they were implemented. Online training materials and sessions were offered by the regulator to the registered SRS providers. It was then the responsibility of the providers to ensure that their managers and staff were familiar with the changes and requirements.

The website for the SSR includes downloadable documents covering a variety of subjects, including an overview of the 6 standards and information sheets providing guidance for how to meet each standard. In total these particular documents amount to more than 70 pages of material.

Oversight and compliance

Registered SRS providers are legally obligated to comply with legislative requirements, including ensuring their staff understand these obligations and fulfil the necessary tasks to support residents in accordance with the law. It is also apparent that in many respects, an SRS that was meeting its support and administration responsibilities prior to the existence of the SSR is likely to still be doing so with few changes to day-to-day activities.

Funding for SRS staff to access training, including Mental Health First Aid, was made available by Homes Victoria in February 2024 and again in May 2025. However, the delivery of training remains inconsistent. Some SRS providers report that staff have accessed online training resources over the past year, but it is unclear to what extent managers and staff are consistently informed about the availability and use of these resources.

The SSR is to be commended for its attendance at a majority of Supported Residential Services. However, one year into the commencement of the SSR's operations, the Community Visitors Residential Services Board has ongoing concerns regarding the sector's understanding and adoption of the new regulatory framework.

In line with the Ministerial **Statement of Expectations for the Social Services Regulator**, Community Visitors understand that the SSR had a focus on the provision of education and guidance materials for the sector.

Community Visitors applaud this approach of information dissemination and education, however this appears to have resulted in increased demand on providers to interpret, understand and implement the materials within their existing resources and operational constraints. This occurred in the absence of broader, state-wide industry transition support.

This has created the situation whereby some providers have had ready access to information resources and visits, while others (for various reasons) have found themselves struggling to manage the transition to a new regulatory framework.

Community Visitors have noted a difference between providers who chose to read online materials, versus those who have received guidance from the SSR, which enabled having specific questions pertaining to their facility resolved.

Barriers to collaboration and information sharing

The lack of a renewed Operating Protocol between the SSR and the Community Visitors Program has created barriers to information sharing and escalations. Despite both entities being aware of the regulatory reform, and that the previous Operating Protocol (the document that governs the information-sharing arrangements and procedures to escalate matters of concern identified by the Community Visitors Program) would expire on 30 June 2024, no new protocol was drafted, meaning previous arrangements could not continue.

As a result of this avoidable and disappointing failure, the Community Visitors Program has struggled to elicit meaningful responses to the Notifications for Investigation it has lodged. Despite this, Regional Convenors and Community Visitors have continued to meet with their local Regulation, Compliance and Enforcement Teams, however meetings involving senior managers at the SSR and OPA have been much less frequent, so opportunities to discuss these concerns have been limited.

Adding to the complexity, the Community Visitors Program currently has no formal mechanism to share concerns with the NDIS Quality and Safeguards Commission, further limiting its capacity to advocate for residents whose needs overlap these regulatory regimes. This gap in collaboration and communication impacts the safety and dignity of all SRS residents.

Table 9: Issues reported by Community Visitors, 2024-25

Issue	Number
Incident reports	153
Grounds maintenance	118
Cleaning	116
Internal fixtures and fittings	109
Health Care	102
Maintenance	79
Support plans	55
Other hazards	49
Evictions	36
Fire safety	34
Financial matters	29
Staffing and support	21
Activities	20
Medication	19
Meals and beverages	16
Food safety	16
Abuse/Neglect/Violence	15
Individuality and choice	15
Complaint processes	14
Interpersonal relationships	14
Resident mix under Abuse	13
Evacuation procedures	13
Other	10
Storage facilities	10
Resident mix	7
NDIS Eligibility, plans and processes	7
Personal equipment	7
Building fabric	7
Lighting	7
Residential statements	7
Funding	6
Health Referral Information	6
Privacy	6
Decision making	6

Table 9: Issues reported by Community Visitors, 2024-25 continued

Issue	Number
Personal property protected	6
Call system	6
Service provision, staffing, inter-agency liaison	5
Heating/Cooling	5
Dietary needs and preferences	5
Accommodation/SDA	4
First Aid	4
Hygiene	4
Support to move/relocations	4
Programs and activities	3
Covid-19	3
Access to information	3
Disability access	3
Confidentiality	2
Grooming and clothes	2
Bedding and linen	2
Access to water and beverages	2
Transport	1
Support coordination	1
Communication	1

**Total
1208
issues**

Residential Services volunteers

597

Visits

103

Facilities

1208

Issues

NDIS

Provision of NDIS services to SRS residents

Community Visitors continue to report on the uncertainty and lack of transparency regarding the provision of NDIS funded services in some SRS. This is further complicated by the increasing number of SRS owners who establish businesses that also provide NDIS services. Homes Victoria's 2023 Census found that 27% of operators were current NDIS providers and 21% were considering becoming registered but were not currently registered.

Community Visitors often ask how the division of services is managed to ensure residents are receiving the personal support they pay for at the SRS and to prevent their NDIS plan from being accessed or drained to pay for services that they should already be receiving as an SRS resident.

Community Visitors identify that this lack of transparency creates a significant risk of residents being double charged for their personal supports.

Community Visitors continue to hear stories of abuse and exploitation by NDIS providers towards SRS residents and continue to be frustrated by their inability to escalate such matters directly to the NDIA.

> A resident whose medication regime is controlled by an NDIS support worker. This medication is kept in a locked box for which the support worker holds the key. The resident's package is charged each time the support worker administers their medication.

> According to a supervisor of an SRS, an NDIS support worker told a resident that they must move from the SRS into a SIL house, otherwise they would lose all their NDIS services. The SRS supervisor told Community Visitors that the person's mental health workers were not happy about this proposed move.

> Community Visitors reported an issue on behalf of an SRS resident whose NDIS plan had been charged for services and assistive items, none of which were actually delivered. The SRS was threatened for supporting the resident in their efforts to change to a new NDIS service provider. The Community Visitors Program reported the matter to the SSR who advised that it was "outside the scope" of their authority.

> The NDIS support worker for another SRS resident attempted to change the resident's bank account details. Police were notified and action was taken against the worker, but the SRS otherwise had no further response from the NDIS authorities.

> Community Visitors reported a resident being enticed away from an SRS. The resident was approached by someone who promised to arrange a weekly cash payment from the NDIS allocation in addition to 24 hour care if the resident moved to this person's facility. The resident moved and later spoke with the original SRS manager to advise he was scared and was not having his meals organised or medication managed properly. The SRS owner later advised that multiple residents had been approached by a "scout" from a support service agency with offers of inducements to move to their accommodation. When this situation was reported to the SSR they advised that because the allegations did not relate to the care of the man during his time at the SRS, it was outside the scope of their authority.

Provision of NDIS services by SRS

Targeted manipulation for financial gain

Community Visitors regularly raised issues of manipulation in their reports and at Regional Convenor meetings. Such issues have also been escalated and discussed at joint Community Visitors Combined Board Meetings.

Some examples of manipulation noted by Community Visitors include:

- Enticing residents to switch NDIS providers with offers of cash and cigarettes
- Assisting a resident to leave an SRS to move in with their NDIS support worker
- A resident with an acquired brain injury invoiced for thousands of dollars' worth of assistive technology that he did not receive.

As evidenced, there are many examples demonstrating that NDIS recipients living in SRS are vulnerable to many forms of exploitation and financial abuse. At present there are no legislated information protocols between the Community Visitors Program and the NDIS Quality and Safeguarding Commission nor any legislated protocols enabling information sharing between the Social Service Regulator and the NDIS Quality and Safeguarding Commission.

Community Visitors feel strongly that current efforts are hampered without formalised protocols embedded in legislation. Such legislation would provide an avenue for information about these inappropriate behaviours by NDIS providers and support workers to be shared with the NDIS Quality and Safeguards Commission. While Community Visitors continue to record evidence such as this they have limited opportunities to escalate these issues.

In its response to the Community Visitor Annual Report 2023-24 the Victorian Government committed to continuing to “advocate for the independent role of Community Visitor schemes to be recognised in the NDIS Quality and Safeguarding Framework and other regulatory legislation and subsequent rules.” The response went on to say “The Victorian Government continues to advocate for appropriate information sharing between the National Disability Insurance Agency, the NDIS Quality and Safeguards Commission, and persons and bodies with statutory powers under Victorian legislation, including Community Visitors.”

While the Residential Services Community Visitors Program appreciates the stated efforts of the state government, the NDIS has been in operation for well over a decade and despite repeated calls for Community Visitors Program recognition and information sharing protocols, there is no evidence that such arrangements are imminent. The Residential Services Board calls on the State Government to work with the NDIS Quality and Safeguard Commission to address this as a matter of urgency.

The issues of manipulation and exploitation of NDIS plan of vulnerable Victorian SRS residents is real. This gap between federal and state-based legislation means Community Visitors do not have a referral pathway for dual referrals to be lodged when the nature of a Residential Services Agreement is broad and personalised (as with an NDIS plan), and SRS providing NDIS support to residents within Victoria. In these situations, it is unclear if the matter resides with the state or with the Commonwealth oversight body.

Safeguarding roundtable and Community Visitor insights

In September 2024, OPA convened a roundtable led by former Public Advocate, Dr Colleen Pearce, bringing together safeguarding bodies, legal experts, service providers, and academics to examine systemic gaps and explore rights-based responses to the growing issue of targeted manipulation affecting people with disability—particularly those under guardianship and receiving NDIS-funded services.

To support this dialogue and promote sector-wide learning, OPA developed and released the discussion paper [Manipulation and Personal Autonomy](#). The paper was informed by OPA's guardianship practice and the long-standing observations of Residential Services Community Visitors.

Board members contributed insights from Community Visitors who have, for many years, raised concerns about the financial exploitation of SRS residents by NDIS service providers. These concerns include:

- Commodification of vulnerable residents, with reports of coercion, abuse, and restricted access to NDIS services
- Undue influence and 'resident capture', including pressure to remain in SRS, limited access to independent support workers, and unclear service agreements

- Conflicts of interest, where SRS proprietors operate NDIS businesses, resulting in:
 - Double billing for services already covered by room and board
 - Lack of transparency in NDIS fund usage, with reports of missing funds
 - Charging separately for services previously included in SRS fees, such as showering assistance, cleaning, and laundry
 - Billing for services not provided, including psychological support.

These practices expose serious safeguarding gaps and highlight the urgent need for stronger oversight, transparency, and accountability at the intersection of SRS and NDIS service provision. The experiences and advocacy of Community Visitors continue to be central to OPA's efforts to uphold the rights and wellbeing of residents in these settings.

Building maintenance

While an SRS provider is legally responsible under the standards to ensure the physical safety and security of the residents, addressing the physical maintenance issues in an SRS can be complicated and is almost always slow.

Some SRS providers own the buildings in which they operate. This makes it clear that the provider is responsible for repairs to equipment, appliances and the building's structure. However, many SRS business owners are tenants. Lease arrangements may mean they are not allowed to make changes or conduct repairs without consultation with the landlord. In some cases it might be unclear whether a service, appliance or utility is the responsibility of the SRS provider, because it directly affects the safety and wellbeing of the residents, or the building owner, because it forms part of the structure and essential services connected to the property.

Getting an SRS provider to undertake repairs or improvements can be difficult because of the expense, especially for pension-level facilities where financial margins can be very tight. A proprietor may be equally reluctant to pay for repairs or routine maintenance. This situation almost inevitably results in the residents living for extended periods of time with broken fittings and inappropriate furnishings.

As the following scenarios demonstrate, the existing legislation appears incapable of addressing dodgy bathrooms, leaky toilets and emergency exits, leaving residents exposed to risk rather than protecting them from it.

The broken toilet

At a visit in October 2024, Community Visitors noted that the unisex toilet cubicle had tiles missing off the wall, the toilet bowl seemed to be leaking and the floor around the toilet bowl was stained. This was mentioned to the on-duty supervisor who told Community Visitors that this had been reported to the owners of the property. As of June 2025, no repairs had been undertaken.

The dangerous balcony

There is an SRS fortunate enough to have a large balcony overlooking an established garden. For months Community Visitors reported the dangerous state of the decking and its stairs, expressing concern for the safety of anyone who might use it. This would be especially dangerous for smokers who may use the decking alone. The community partner organisation discussed repairs with the landlord on behalf of the SRS and the SSR was alerted to the problem and engaged with the provider to monitor repairs. The SRS provider and staff were concerned enough to instruct the residents to not use the deck despite some rudimentary efforts by the landlord to make it safe. The local council became involved and while they agreed that the decking and stairs were not safe and the repairs inadequate, they ordered the door be left unlocked because it remains an emergency exit in the event of a fire or other crisis.

The situation remains that SRS provider, the SRS and the council all want the problem area repaired so it is safe for residents to use, however none of them, nor the landlord, seem willing or able (or have the relevant regulatory powers) to achieve this outcome.

Resident health

Physical health

Reports of Community Visitors provide critical insights into the range of mental and physical health needs of the SRS residents in Victoria. SRS have 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. A significant number of SRS residents have diabetes. This is particularly concerning given the serious impacts of poorly managed diabetes on general health and well-being. There are residents in SRS that have specific dietary requirements due to diabetes or other medical conditions.

Food and nutrition

Aside from the physical accommodation provided by an SRS the next most fundamental service which must be provided by the SRS is meals. This is specified in the Residential Services Agreement. Whilst there are residents who go to cafes for coffee or lunch, buy snacks or arrange meal deliveries, this is not possible for all residents. For example, in a pension-level SRS, residents pay most of their pension to the SRS for accommodation, food, and personal support services.

Food quality, nutritional value, variety and choice are important for all residents' physical health and emotional wellbeing.

There are some good examples of meal provision, with some SRS in both pension-level and pension-plus categories offering good options for all residents, including those who are vegetarian or who prefer cuisines that reflect their cultural backgrounds. Many pension-plus SRS with high numbers of elderly or ageing residents have developed expertise in preparing and serving tasty and balanced meals for residents who need soft, pureed or even liquid meals.

However, Community Visitors continue to question the nutritional value of the meals offered to some residents. Baked beans on toast, sandwiches, party pies, sausage rolls and instant noodles are offered as frequent alternatives and regularly served as meals in many SRS. Community Visitors report that residents also continue to complain about small portions, little variety in menus, or simply no menus to view. Residents frequently tell Community Visitors they would like more fruit and vegetables.

The lack of nutritional meals is particularly concerning when considering the mental and physical health needs of SRS residents. For people who are diabetic, struggling with weight-related health issues, or have dental or swallowing issues, the meal options at an SRS can be even further limited.

Chronic health conditions can be difficult to manage under the best of circumstances and there can be serious impacts on the health of SRS residents when their diet and nutrition are poorly managed.

Mental health

The 2023 SRS census found that 67% of residents in SRS received psychiatric care from their general practitioner, whilst 52% received care through a public mental health service compared to 41% in 2018. 17% of residents received care through a private psychiatrist compared to 8% in 2018. Poor mental health or poorly-managed psychological issues are constant concerns for everyone who lives and works in an SRS.

Community Visitors have noted in previous Annual Reports the many instances of violence and abuse that result from the lack of mental health support for SRS residents who have chronic and complicated mental health needs. SRS staff are not required to have mental health qualifications, but are required to undertake mental health training under the social services regulations. However, Community Visitors have observed that many staff are not adequately trained to support residents who live with 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. The impacts on other residents can be disturbing when violence and abuse occurs. SRS providers and managers face having to choose between maintaining accommodation and support for a difficult and troubled resident or the safety and security of all their other residents and staff. Knowing that someone has nowhere else to go because of their behaviour or illness makes this a near impossible decision for many SRS managers.

The funding arrangements overseen by Homes Victoria now includes training for SRS staff across a variety of special skills, including mental health first aid. Community Visitors are hopeful that SRS will ensure their staff obtain this training to improve the levels of support they can provide to residents.

Community Visitors continue to document many examples of residents having acute mental health episodes and needing admissions to mental health facilities. Community Visitors have consistently raised their concerns with government about SRS residents cycling between SRS and mental health facilities, receiving inadequate and disjointed support at both ends. Community Visitor reports continue to document that staff from mental health services do not have a realistic understanding of what level of support that can be provided by SRS staff on a day-to-day basis to a person with chronic mental health needs.

SRS providers are not always provided with information and support from the broader health system to make decisions about which residents could be appropriately supported within their premises, or how best to support these residents. As has been stated in previous annual reports, SRS often receive referrals from mental health facilities with inadequate discharge notes. This makes it difficult for proprietors to effectively support such residents. Sometimes discharge information is misleading, resulting in SRS providers accepting someone as a resident without all, or with incorrect information about their needs. SRS providers need clear and accurate information about the physical, emotional and psychological state of prospective residents in order to make responsible and safe decisions about who they should accept. Introducing a newcomer to a delicate environment without appropriate supports is dangerous for all concerned and should be avoided wherever possible.

This remains an issue despite the state government's stated efforts to address it. In its response to the Community Visitors Annual Report 2023–24, the parliament outlined various measures aimed at ensuring that patients with mental illness—whether acute or chronic—are appropriately accommodated and supported when referred to SRS. Community Visitors look forward to seeing those efforts lead to better discharge information, medication details and psycho-social supports accompanying referrals of patients to SRS.

Alcohol and drugs

Community Visitors continue to highlight the profound challenges posed by impactful substance use (alcohol and other drug, AOD) among SRS residents. When an individual's mental health deteriorates or emotional control is lost due to excessive AOD use, the consequences can be severe—not only for the individual but also for other residents and staff.

These situations can result in incidents of physical violence, property damage, and the financial burden of repair costs. Residents and staff are placed at significant risk when they are unprepared to manage these volatile circumstances. Without appropriate training and strategies, staff may feel ill-equipped to respond safely or effectively.

Community Visitors emphasise that no one—whether a resident or a staff member—should have to live or work in fear.

To address this, SRS facilities need additional support, including robust policies, training, and resources to manage AOD-related incidents. Proprietors also have a responsibility to implement more thorough screening procedures to identify potential residents with AOD-related behaviours, and ensure that every resident is receiving the support required so that every resident and staff member can experience a safe and supportive environment.

Emerging issue: SRS are not actually 'low care' any more

Vera's story

Vera has lived at an SRS for over a decade and has become increasingly bed-bound and has limited communication skills. The SRS initially assessed that her needs were too acute to remain at the SRS but she wanted to stay, her family wanted her to stay and the SRS was willing to make whatever adjustments they could to facilitate her staying. The SRS worked with her NDIS team to secure more funding to pay for more 1:1 staffing for her, especially overnight, because the SRS staff alone would not have been able to manage her needs. She's been able to remain in her home because the SRS was willing to do whatever they could to keep her while facilitating external staff to ensure the resident is properly and meaningfully supported.

It is difficult to imagine where else Vera could have gone had her SRS been unwilling to make efforts to provide extra supports around her accommodation, or if funding had prevented additional staff being provided.

Conclusion

The Community Visitors Residential Services Board extends its heartfelt thanks to all Residential Services Community Visitors for your unwavering dedication and tireless efforts in advocating for the rights, safety, and wellbeing of some of Victoria's most vulnerable residents.

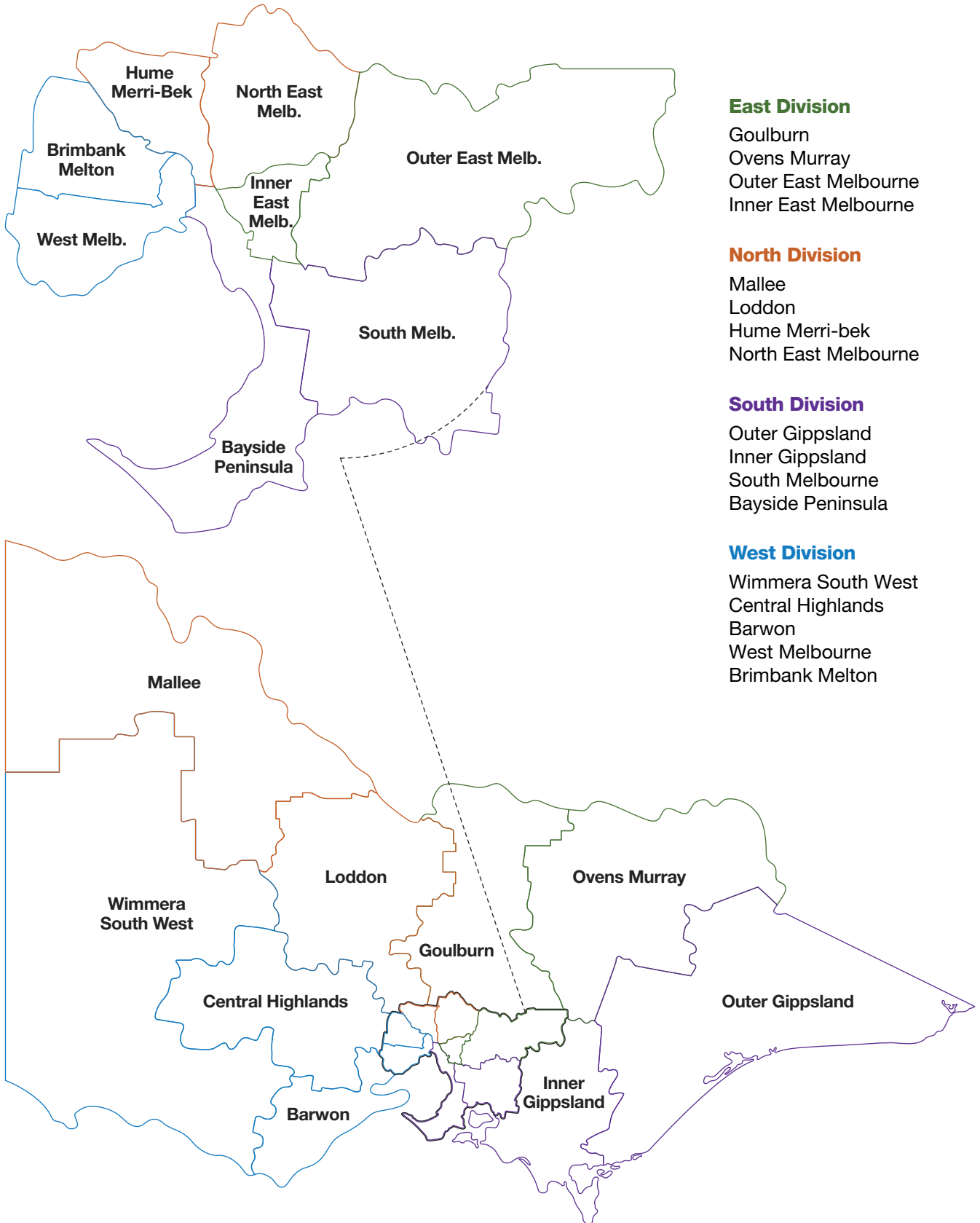
Your commitment to conducting thorough visits, raising concerns, and seeking meaningful change demonstrates the profound impact of the Community Visitors Program. Despite the challenges of navigating a complex and evolving system, your compassion, resilience, and sense of justice continue to make a tangible difference in the lives of residents across all Victorian Supported Residential Services.

Thank you to Community Visitors

Thank you for your dedication and for championing the voices of those who rely on your care and advocacy.



Appendix 1: Reporting Divisions



Appendix 2:

Community Visitor Volunteers 2024–25

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

Abeyasinghe, Nanduvi	Carrasco, Gerard	Donohue, Diana RC	Geake-Ransome, Felix
Ades, Deanne	Casey, Sabrina	Donovan, Helen	Giffard, Leigh
Albert, Elaine	Castanelli, Ken	Doran, Wendy	Goy, Mark
Alexander, Ian	Cerra, Pat RC	Douglas, Angus	Graham, Eddie
Allen, David	Chapman, Chris	Douglas, Sheila	Graham, Ruth Graham,
Allwood, Robert	Chen, Yufan	Doyle, Therese	Shane Granrott, Brian
Anderson, David	Chenco, Carol	Droney, Wendy	Gray, Mandy
Anglim, Bernard	Chitale, Shri	Dudfield, Francine	Greenfield, Veronica
Argyropoulos, Gudrun	Clarke, Toni	Dunbar, Jan RC	Gregory, Kay
Armstrong, Laurie	Clifford, Dawn	Dunn, Ian	Grigson, Alan
Baker, Sandra	Coffey, Frances	Dunn, Jennifer	Grint, Bill
Ball, Joyce	Coldham, John	Eddie, Anne	Grogan, Gerard
Baneth, Wendy RC*	Colling, Graham	Edwards, Linda	Gruner, Alan RC
Barbutto, Christine	Collison, Terry	Edwards, Megan	Guy, Wendy
Barrand, Pamela	Connelly, Janneane	Ellis, Dianne	Haidar, Ghassan
Beatson, Cheryl	Connor Susan	Elms, Elizabeth	Hall, Janet
Beaumont, Joan	Cooke, Julian	Enticott, Greg	Hall, Julie RC
Becket, Anne-Marie	Corro, Diane	Fahey, Anne	Hamid, Nura
Bellchambers, Efi	Coughlin, Robyn	Farbrother, Mary	Haouchar, Sam
Beniwal, Manisha	Coutts, Adele RC	Farquhar, Helen	Hargrave, Sally RC
Bennett, Roselyn	Cowley, Erin	Faulkner, Beth RC	Harris OAM, Lynette
Bevear, Antoinette	Crebbin, Bryan RC	Fawcett, Gillian	Harris, Ian
Bird, Margaret	Cromarty, Fiona RC	Featonby, Lynne RC	Harris, Jude
Bird, Marie	Cross, Patricia RC	Fenwick, Jennifer	Harrison, Ian
Blythman, Marion RC	Cullen, Narelle	Ferguson, David RC	Hart, Tanya
Boland, Dominic	Damonze, Gillian	Findlay, Jeanette	Hartelt, Vera
Bowen, Nadine	Darbyshire, Joel	Findlay, Roger RC	Heath, John
Boydell, Ruth	Davies, Ian	Fitzgerald, Judy	Heath, Robyn
Brain, Mark	Davies, Wendy	Flanagan, Christy	Hewavitharana, Pradeep
Brewin, Robyn	Davison, Pat	Foat, Janean	Hickey, Bill RC
Brook, Ned	de Korte, Geraldine	Fontana, Maureen RC	Hickey, Robyn
Brown Deidre	Devidas, Bev	Forde, Christopher	Holland, Wendy
Browne, Francis	Dickinson, Graham RC	Forsyth, Jan	Hopkins, Kris RC
Bryant, Lorraine	Dimer, Christine	Fowler, Debbie	Horan, Pat
Buckles, Ian RC	Dingli, George	Freeman, Ian	Howlett OAM, Mary
Burgess, Diane	Dobes, Alex	Fryar, Leonie RC	Hyndman, Leanne
Campbell, Heather	Donaldson, Aimee	Gallo, Jayne	Inglis, Kim RC
Cantoni, Mary-Rose	Donnell, Liz	Gamser, Alex	Isaacs, Dallas

* Regional Convenor

Jack, Felicity	McGrath, Irene	Roche, David RC	Whitmore, Micheal RC
Jacka, Sue	McLeish, Heather	Rogers, Mark	Wilde, Dianne
Jambrich, Thomas	McNena, Margaret (Meg)	Rosolini, Andreina	Williamson, Jane
Johnson, Lyn	McPhee, Louise RC	Roth, Pam	Williamson, Ros
Johnson, Raymond	McRobert, Catherine	Rothstadt, David	Wilson, Elaine
Jolley, Prue	Meredith, Greg	Rothwell, Suzanne	Winter, Sheila RC
Jonker, Debbie	Messenger, Laurie	Rozario, Ash	Wood, Lyn RC
Jordan, Belinda	Miller, Michelle	Sachak, Alifia	Woodrow, Rhonda
Juniper, Don	Miller, Wendy	Schepisi, Frances	Yandell, Helen
Kelly, Judy	Mobach, Nina	Scholz, Axel	Zucchet, Luigi
Kerr, Jenny RC	Moore, Joanne	Seskis, Virginia	
Khan, Raveena	Munro, Marj RC	Seymour, Natalie	
Khan, Sabiha	Murphy, Alan RC	Shaw OAM, Rosemary	
Khan, Saima	Murray, Kerry	Shawyer, Tracey	
Kiley, Brian	Mutubuki, Gerald	Sheehan, Rob	
Kimberley, Helen	Nesci, Ursula	Shiek, Daphne	
Korus-Domagala, Irena	Nield, Lynda	Simpson, Julie	
Krakowiak, John	Nilsen, Susan	Sivakumar, Puvana	
Larking, Emma	Nind, Ashley	Smith, Beverley	
Lau Gooley, Suzanne	O'Connor, Shaunie	Smith, Phillip	
Lawler, Sandra RC	O'Donoghue, Kim	Smith, Renee	
Lawrence, Jayne	Odunlami, Margaret	Smith, Royce	
Lee, Debra	O'Dwyer, Kathleen	Soemardjo, Nita	
Leeman OAM, Lawrie RC	O'Neill, Janine	Sonenberg, David	
Leeman, Robyn	Osborne, Jenny	Spallotta, Rita	
Lepp, Jennifer	Ottaway, Jack	Sparrow, Helen	
L'Estrange, Patrick	Ould, Brett	Stafford, David	
Lewis, Glynn	Pace, Violet	Steadman, Ray RC	
Lewis, Jessica	Parker, Andrew	Stein, Gideon	
Lewis, Lynette RC	Parker, Nicole	Stonehouse, Robyn	
Lewis, Naomi	Parker, Robin	Summons, Sheryl	
Lewis, Rob	Parker, Suzanne	Swiger, Robert	
Libbis, Beverley	Passos, Cristina	Tacey, Anne	
Licata, Nuala	Peace, Craig	Tait, Rosemary	
Lloyd, Vashti	Peachey, Carolyn	Thomas, Cheryl	
Lovell, Holly	Peterson, Linda RC	Thompson, Sue-Anne	
Lush, Jennifer	Peterson, Stephen	Thomson, Gail	
Maher, Carole	Pickthall, Linda	Thorsen, Kerren	
Mapa, Dinuka	Pittman, Kevin RC	Thurrowgood, Rosslyn RC	
Marie, Jessica RC	Prakash, Regina	Tomas, Natalie	
Mark, Jayne	Price, Nancy	Trevillyan, John	
Marlow, Rohan	Pridmore, Vicki	Tribe, Helen	
Marnell, Heather	Quinn, Margaret	Trompf, Julie	
Marquez, Natasha	Rawicki, Helen	Tunstall, Merrill	
Matthews, Brian	Ray, Ann	Turss, Mary	
Maugey, Julian	Reardon, Jenny	Turton, Amy	
Mayne, Wendy	Reid, Jill	Vaitkus, Darryl	
McBeath, Ian	Rewell, Sue RC	Vanderhoek, Martha	
McCallum, Valerie	Rhodes, Maureen RC	Veneracion, Antonia	
McCarthy OAM, James	Reynolds, Sabina	Walker, Kate	
McCarthy, Patrice	Rice, Joanne	Walker, Kay	
McCarthy, Rachael	Richards, Barbara	Wallace-Clancy, Lynn RC	
McCormack, Margaret	Richards, Dean	Waluk, Sebastian	
McDermott, Fiona	Ritchie, Julie	Waters, Betty	
McElwee, Stephen	Roberts, Rhonda	Watt, Melinda	
McGennissen, Paddy	Robertson, Evelyn	Wellard, Sally	
McGowan, Catherine	Robertson, Kerrie	Whitelaw, Peter	



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