

COMMUNITY VISITOR SCHEME

Level 3, 182 Victoria Square
Adelaide SA 5000

GPO Box 292
Adelaide SA 5001
DX 550

T 1800 606 302
E cvs@sa.gov.au
ABN [11 525 031 744](https://www.abn.gov.au/11525031744)
W www.sa.gov.au/cvs

committees/commsen/a5572d7d-84fe-4050-ba8b-8e58aa083528/0001

Senator Rachel Siewert
Chairperson
Community Affairs References Committee
EM: community.affairs.sen@aph.gov.au

Dear Senator Siewert

SOUTH AUSTRALIAN COMMUNITY VISITOR SCHEME RESPONSE TO QUESTIONS ON NOTICE – SENATE INQUIRY INTO VIOLENCE, ABUSE AND NEGLECT AGAINST PEOPLE WITH DISABILITY IN INSTITUTIONAL AND RESIDENTIAL SETTINGS.

Q 1: Could the committee be provided with extracts of examples of abuse that had been disclosed to the CVS

Below are extracts from various reports from visits to mental health units and disability houses.

1. There is an expressed and acknowledged concern regarding the inappropriate placement of people with intellectual disability within the ward. Of considerable concern to the staff and the Community Visitor Scheme (CVS) was the placement of a female within the ward through the court system. She was the only female in an all-male and at times volatile environment placing her in a highly vulnerable position. She herself was confused and anxious at her placement and future planning.
2. A patient spent time with a Community Visitor (CV) concerned that her room had a window that was potentially accessible at night and she was concerned that her husband would break in and harm her. She also reported that she had been raped while an inpatient and on further discussion was happy for it to be brought to the attention of the team leader. It must be said that it was difficult to ascertain how much her psychosis was affecting her recall, but the matters were discussed with staff. The staff member was unaware of her concerns about the room allocation and would try to ensure that she is moved to one of the more 'internal rooms' nearer the nurses station. In relation to the rape allegations, he was concerned having not heard about it before and would follow up immediately with her and her doctor.
3. A patient raised the issue of gender safety suggesting the segregation of male and female patients. He has observed a fair amount of sexual harassment between males and females and reported that it can become uncomfortable for some patients.
4. There were a number of issues that had occurred in the old unit around gender safety. Often, women were unsafe in their bedrooms and in shared bathrooms. We felt that both of these problems were solved in the new building. Not only do patients have a private bathroom, but also a bracelet that swipes access to their bedroom which no other patient can use.
5. A patient reported feeling unsafe in the unit particularly as one of the patients had repeated and very angry episodes where he needed to be isolated. She felt very threatened and at risk during these episodes and at times when he had outbursts, he was between her and the nurses station. She expressed to the CV's and her nurse that she would like a safe 'women only' space that she could go to. This was organised with her nurse at the time of the visit.

6. The mother of a man who was at a Supported Residential Facility (SRF) said that her son had told her that one of the female residents had left the facility recently claiming she was sexually abused. The mother also stated that her son had told her that some people had bedroom keys and let themselves into bedrooms at night and that he had witnessed them having sex with his roommate but he had not been a victim himself.
7. The Principal Community Visitor (PCV) raised the issue with Senior Staff of the Department immediately and also wrote to the Sexual Crimes Investigation Unit at SAPOL outlining the issue. A response was eventually received after a number of follow-ups. The investigating officer advised that they had spoken with the resident (his mother was too unwell to be interviewed) who told him that he was no longer at the SRF, but his complaints were as follows:
 - » No hot water in the men's showers during winter and therefore some residents did not shower for months while he was there;
 - » The food was often cold and always inadequate amounts and that he lost 20 kilograms whilst there;
 - » They were only given water to drink;
 - » The rooms were always dirty;
 - » If there was an inspection, the menus would be changed and things tidied quickly;
 - » Drug use was common although only marijuana; and
 - » In relation to sexual activity, he said it was common but between residents. He gave the example of a 30 year old resident who performed fellatio on a 60 year old resident in return for three cigarettes.

SAPOL determined that they would not conduct any further enquiries as there did not appear to be any criminal offences being committed.

The Principal Community Visitor relayed all the above information to the relevant government department and also wrote to the Local Government Health Authority who had responsibility to inspect this SRF and asked them to investigate all of the above concerns. When the CVS attempted to follow up on these matters, the Health Authority stated that they were not able to discuss the outcome due to confidentiality.

8. At a visit to a house with five residents (two male, three female), one of the female residents in a wheelchair spilt liquid and needed to change out of her wet jeans. The two carers at the residence (one male, one female) took her to her bedroom to change her. The CVs raised the question of what safeguards were in place where male staff provide personal support to female residents.

The PCV contacted a Senior Manager within Disability Services to seek clarification on policies and training in place for these situations. A response was received setting out the numerous policies and training that are in place. The PCV was satisfied that the policies and training were appropriate to deal with the issue raised.

9. At another visit where there were two male and three female residents but only male staff on duty at the time of the visit. One of the male staff was explaining how he bathed one of the women and he personally looked after another who required personal support for all her self-care including toileting and other intimate care and management.

The PCV contacted a Senior Manager within the service and an internal investigation occurred into the situation and assurances were given that it was a very unusual situation to only have male staff on duty at the house. In this instance, it was due to illness of the female who was due to work that shift. In the future, every effort would be made to have female staff present on all shifts.

10. During a visit, CVs were advised that a female resident with an intellectual disability goes out twice a week with a man who used to work in the house as a support worker. CVs enquired into the safeguards of this and the coordinator of the house was adamant that the resident would be safe with this person and that the resident was very good at communicating when anxious or distressed.

The PCV sought clarification as to the policies and training in place for these situations and the safeguards and incidents that are monitored.

11. The PCV participated in meetings initiated by the Public Advocate and involved a range of statutory officers to discuss children with disabilities and specifically where young girls are in overnight care. This work culminated in a letter to Minister Piccolo regarding sexual safety of young girls with disabilities in overnight care where there may be male staff. This has been added to recently with further correspondence relating to child-safe guidelines and ensuring they address children with disabilities' needs.

Related Report comments:

- » There are obviously occasions where male staff are providing personal support to female residents for such things as toileting and changing clothes. What safeguards are in place?
- » I was concerned about the older woman (at the residence) and the reason as to her transfer to the house and potential compatibility given her age and gender. I have a concern/query as to whether her 'aged care' needs are best served in a house of much younger people.
- » The support worker I talked to was the key worker for a female who is in a wheelchair. He described how he would run a bath for her every night and that she really relaxed in her bath so much so that sometimes she went to sleep.
- » When I asked him how he assisted the women with menstruation he commented that only one of the women menstruated and he managed her pads as he would any incontinence issue by changing pads etc.
- » The CVs were assured that the resident who used to go out twice a week with a man who used to work in the house as a carer, was deemed to be safe.

Q 2: What rights are presented to clients/residents by the supporting Organisation?

- » In South Australia, when admitted to a mental health unit, patients are provided with a package with detailed information on their rights under the Mental Health Act and documentation regarding external services such as the Ombudsman, Health and Community Complaints Commissioner, CVS and other advocacy services. This Rights package is available in 17 different languages. We have experiences where the CVS has been contacted by patients who have referenced our pamphlet during calls for assistance.
- » On acceptance to a Supported Residential Facility (SRF), residents must be provided with a prospectus that covers a range of issues pertinent to the rights and responsibilities of residents. It provides detail on charges such as rent, meal provision, what other support is available such as assistance with showers, dressing, medication dispensing. It also talks of respectful behaviours, drugs and alcohol and what residents can and cannot do.
- » In disability accommodation, all residents should have an individual support plan that is reviewed at least once a year. The plan should include short, medium and long term goals. It should also include a range of activities and interests that the resident has and how they can be supported to reach their full potential. The CVS is not aware of a consistent or system-wide 'residents rights' document but has been suggesting that one is needed. The CVS has been informed by the department that one is being developed. *"Protecting children and young people with disabilities: A booklet for parents and carers"* was first produced in 2005 to highlight child protection issues for children with disability. Over time, the booklet has empowered parents and carers and increased knowledge in the care and protection of

children with disability. A second edition booklet has been created to raise awareness of protecting children and young people with disability and outline where you can go for advice.

Q 3: How do the States share information between the different schemes?

- » Managers of the States Community Visitor Scheme have previously met in alignment with the New South Wales CVS annual forum. There is a national discussion group between the various schemes and an annual meeting. Maurice Corcoran will regularly have phone discussions with his interstate counterparts regarding topical issues ie. response to the NDIS Quality and Safeguarding Framework consultation paper

Q 4: The committee would like Maurice's view on the payment of visitors

- » While it is difficult to predict what impact payment would have on the recruitment and retention of Community Visitors in South Australia, Maurice feels that the current system of voluntary with a payment of an honorarium and expenses works and he would see value in its retention. The status of CVs being appointed as Statutory Officers is equally as important and many of the people we meet with and advocate for, appreciate and value the fact that our CVs are volunteers. At times it makes it difficult to roster and coordinate our visits and inspections due to the nature of a volunteer workforce and that we need to respect when they are available. I suspect that it may be different if you had paid staff that you could then direct to do certain visits.
- » In responding to this question the CVS internally explored the following questions and interestingly found the answers affirmed success of the current voluntary model.

Is the SA CVS experiencing difficulty in recruiting volunteer Community Visitors (CV's)?

The South Australia CVS scheme does not currently and never has had difficulty in attracting visitors other than in the more regional centers.

Is the SA CVS experiencing difficulty in attracting high quality Community Visitors (CV's)?

The SA CVS has a strong history of attracting very competent visitors from a wide variety of background and with a diverse range of ages. Visitors have included people from the community with senior legal, health and management experience, lived experience (either as a client or carer – 70%), diverse cultural backgrounds and in ages ranging from mid 20s to 60+.

What is the assessed level of commitment, reliability, energy of the SA CVS Community Visitors (CV's)?

The SA experience is that when volunteers commit to the scheme then in most cases they engage, make themselves available, respond to requests including filling gaps when there are late withdrawals due to sickness. They demonstrate great enthusiasm on visits and in attending regular 'get togethers'. Reports are on the whole, completed thoroughly and on time.

Some of the potential risks with payment include:

- » Requirement to comply with more extensive human resource industrial processes if poor performance is encountered.
- » Individuals treat as an occupation rather than an activity they undertake as a community service.
- » Individuals become in some way dependent on the income and continue in role due to financial dependence well after their love of the role expires.
- » Anticipate a number would use it as an employment introduction/stepping stone resulting in ever changing workforce. Part time and temporary nature would also result in drift of workforce to permanent full time work.

Q 5: In discussing the key strategic issues (issues register) being discussed by the CVS Advisory Committee, it was questioned as to why violence, abuse and neglect was not a major heading. This was asked in the context of NSW advising that complaints to the Ombudsman had risen tenfold since mandatory reporting was introduced. While the chair was hopeful that this was not prevalent in SA, she had doubts given the weight of evidence presented so far in the inquiry.

- » It is the SA experience that there are not a significant number of this nature of incidents being disclosed to CVs or highlighted through visitor reports. Such incidents would normally be placed in the issues register and we are genuinely concerned that in comparison to other States there has been very few reported cases of violence, abuse and neglect. We do think that there has been considerable attention to screening of staff who work with vulnerable people, protective behaviour training of staff and promotion of safe practices within disability housing.
- » As this is the first round of visits to SA disability accommodation, the CVS visitors are still establishing relationships and therefore the confidence of the residents and the service providers. It is anticipated that demonstration over a period of time of both capacity and professionalism in progressing issues raised will provide further confidence and safety to disclose issues of this nature.
- » It is assessed that while individuals have moved out of institutional care they remain accepting, burdened and fearful by years of experience in such controlling and coercive environments. Disclosure against that backdrop remains extremely challenging. Institutionalised staff suffer similar fears and it is hoped that new environments with new staff create safer environments where there is no tolerance of such behaviour and confidence in whistle blowing. A recent example of failure to convict by the courts of a staff member reported by other staff would however significantly dent this confidence. These staff reported confidence in the new Chief Executive Officer which highlights that culture within an organisation will be a significant influencer over confidence in residents and staff to disclose.
- » While it is impossible to draw conclusions in respect to what is reported to be occurring in NSW in relation to the increase in the registration of complaints and the experience of the SA CVS, following are some hypotheses which may have individually or collectively contributed:
 - » The more recent transition from institutional care in NSW has generated sudden environment/opportunity for individuals, family or staff to report issues.
 - » Mandatory requirement has been affective in forcing people who may otherwise have been apprehensive/undecided.
 - » Base reporting may have been historically low resulting in the significant increase.

Yours sincerely

John Alderdice
Office Manager
SA Community Visitor Scheme

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CC: Maurice Corcoran, Principal Community Visitor
SA Community Visitor Scheme