Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10-year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

• Mental Health Act 2014

• Supported Residential Services (Private Proprietors) Act 2010

• Disability Act 2006.

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care

• supported residential services

• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the *Mental Health Act 2014* to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:

Under the *Mental Health Act 2014*, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   - Reduce waiting times in emergency departments and minimise aggression
   - Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   - Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   - Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   - Improve access to suitable accommodation upon discharge

Response:

Reduce waiting times in emergency departments and minimise aggression

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

Improve access to suitable accommodation upon discharge

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such safety and security or utility connections.

3. Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act

Response:

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning

Response:
Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists

Response:
Consistent with the Mental Health Act 2014, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery

Response:
Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients

Response:
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

9. Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients

Response:
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. Finalise and distribute the SRS and mental health service protocol by 31 December 2015 (note this is the same as Recommendation 8 in Mental Health Section)

Response:

The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
- *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services*. This guideline will be finalised by December 2016.

2. Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues

Response:

As noted in the response to Recommendation 1, the department will develop *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services*.

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents

Response:

The *Supported Residential Services (Private Proprietors) Act 2010* requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the *Supported Residential Services (Private Proprietors) Act 2010* to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide Client Incident Management System Review will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. Ensure proprietors and staff receive mandatory training in:
   • dealing with residents diagnosed with a mental illness
   • incident reporting

**Response:**
During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents

**Response:**
Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence

**Response:**
Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector
Response:
There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:
The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:
The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:
The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

1. **Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations**

Response:

A revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was agreed and implemented in September 2015.

A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:

- all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
- all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
- all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.

2. **Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility**

Response:

Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

The department’s *Responding to allegations of physical or sexual assault instruction* articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. **Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings**
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department’s Responding to allegations of physical or sexual assault instruction outlines the requirements for service provider responses to abuse.

4. Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister

Response:
This has been completed and, in September 2015, a revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services was formalised.

5. Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the *Disability Act 2006* (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

7. **As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities**

**Response:**
As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

8. **Provide new accommodation options to address the unmet need for disability accommodations**

**Response:**
The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

**9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work**

**Response:**

At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department's Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS. The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

**10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents**

**Response:**

The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

**11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met**
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

### 12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

### 13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

### 14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

**Response:**

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

**Conclusion**

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the *Community Visitors Annual Report 2014–2015*, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focused on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the *Community Visitors Annual Report 2014–2015*.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including *Victoria’s 10 year mental health plan*. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement *Victoria’s 10-year mental health plan* which is guiding Victorian Government priorities and investment.

*Victoria’s 10 year mental health plan* commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the *Victorian Budget 2016-17*, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million *Health Service Violence Prevention Fund*. 
• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

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

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care
• supported residential services
• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

<table>
<thead>
<tr>
<th>1. Amend the <em>Mental Health Act 2014</em> to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients</th>
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Response:

Under the *Mental Health Act 2014*, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

<table>
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<tr>
<th>2. Expand treatment and support options to:</th>
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<tr>
<td>• Reduce waiting times in emergency departments and minimise aggression</td>
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<tr>
<td>• Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities</td>
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<tr>
<td>• Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues</td>
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<tr>
<td>• Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services</td>
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<tr>
<td>• Improve access to suitable accommodation upon discharge</td>
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Response:

**Reduce waiting times in emergency departments and minimise aggression**

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children's Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

**Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services**

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

**Improve access to suitable accommodation upon discharge**

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such as safety and security or utility connections.

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<th>3. Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act</th>
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**Response:**

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning

Response:
Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists

Response:
Consistent with the Mental Health Act 2014, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery

Response:
Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients

Response:
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
- *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services*. This guideline will be finalised by December 2016.

9. Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients

Response:
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. Finalise and distribute the SRS and mental health service protocol by 31 December 2015 (note this is the same as Recommendation 8 in Mental Health Section)

Response:

The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

2. Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues

Response:

As noted in the response to Recommendation 1, the department will develop A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents

Response:

The Supported Residential Services (Private Proprietors) Act 2010 requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the Supported Residential Services (Private Proprietors) Act 2010 to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide *Client Incident Management System Review* will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. **Ensure proprietors and staff receive mandatory training in:**
   - dealing with residents diagnosed with a mental illness
   - incident reporting

**Response:**
During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. **Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents**

**Response:**
Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. **Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence**

**Response:**
Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. **Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector**
Response:

There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:

The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:

The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:

The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
### Community Visitors Disability Services Board recommendations

1. **Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations**

**Response:**

A revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was agreed and implemented in September 2015.

A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:

- all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
- all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
- all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.

2. **Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility**

**Response:**

Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

The department’s *Responding to allegations of physical or sexual assault instruction* articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. **Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings**
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department's *Responding to allegations of physical or sexual assault instruction* outlines the requirements for service provider responses to abuse.

4. **Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister**

Response:
This has been completed and, in September 2015, a revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was formalised.

5. **Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved**

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. **Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings**

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

7. **As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities**

**Response:**
As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

8. **Provide new accommodation options to address the unmet need for disability accommodations**

**Response:**
The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work

Response:
At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department’s Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS. The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents

Response:
The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

Conclusion

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10-year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

• Mental Health Act 2014

• Supported Residential Services (Private Proprietors) Act 2010

• Disability Act 2006.

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care

• supported residential services

• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the *Mental Health Act 2014* to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:

Under the *Mental Health Act 2014*, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   - Reduce waiting times in emergency departments and minimise aggression
   - Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   - Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   - Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   - Improve access to suitable accommodation upon discharge

Response:

**Reduce waiting times in emergency departments and minimise aggression**

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police...
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government's commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

Improve access to suitable accommodation upon discharge

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such as safety and security or utility connections.

3. Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act

Response:

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. **Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning**

**Response:**

Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. **Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists**

**Response:**

Consistent with the *Mental Health Act 2014*, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. **Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery**

**Response:**

Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. **Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients**

**Response:**

All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. **Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities**

**Response:**

The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
- *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.* This guideline will be finalised by December 2016.

9. **Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients**

**Response:**

The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. **Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits**

**Response:**

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. Finalise and distribute the SRS and mental health service protocol by 31 December 2015 (note this is the same as Recommendation 8 in Mental Health Section)

Response:

The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
- *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.* This guideline will be finalised by December 2016.

2. Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues

Response:

As noted in the response to Recommendation 1, the department will develop *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.*

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents

Response:

The *Supported Residential Services (Private Proprietors) Act 2010* requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the *Supported Residential Services (Private Proprietors) Act 2010* to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide *Client Incident Management System Review* will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. Ensure proprietors and staff receive mandatory training in:
   - dealing with residents diagnosed with a mental illness
   - incident reporting

**Response:**

During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents

**Response:**

Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence

**Response:**

Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector
Response:

There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:

The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:

The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:

The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

1. **Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations**

   **Response:**
   A revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was agreed and implemented in September 2015.

   A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:
   - all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
   - all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
   - all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

   The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

   The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.

2. **Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility**

   **Response:**
   Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

   The department's *Responding to allegations of physical or sexual assault instruction* articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

   Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. **Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings**
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department's *Responding to allegations of physical or sexual assault instruction* outlines the requirements for service provider responses to abuse.

4. **Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister**

Response:
This has been completed and, in September 2015, a revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was formalised.

5. **Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved**

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. **Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings**

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notifications may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

7. As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities

Response:

As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

8. Provide new accommodation options to address the unmet need for disability accommodations

Response:

The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work

Response:
At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department’s Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS. The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents

Response:
The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

• all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
• any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls for handling residents’ funds, including controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

Conclusion

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the *Community Visitors Annual Report 2014–2015*, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the *Community Visitors Annual Report 2014–2015*.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including *Victoria’s 10 year mental health plan*. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement *Victoria’s 10-year mental health plan* which is guiding Victorian Government priorities and investment.

*Victoria’s 10 year mental health plan* commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the *Victorian Budget 2016-17*, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million *Health Service Violence Prevention Fund*. 

- a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

- $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

- $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

- Mental Health Act 2014

- Supported Residential Services (Private Proprietors) Act 2010

- Disability Act 2006.

In accordance with these Acts, Community Visitors have a mandate to visit:

- bed-based public mental health services with 24-hour nursing care

- supported residential services

- residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the Mental Health Act 2014 to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:

Under the Mental Health Act 2014, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   • Reduce waiting times in emergency departments and minimise aggression
   • Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   • Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   • Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   • Improve access to suitable accommodation upon discharge

Response:

Reduce waiting times in emergency departments and minimise aggression

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

• thirty-eight new beds as a part of the new Bendigo Hospital development
• twenty-five new beds at the Werribee Mercy Hospital
• a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
• a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
• a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

• $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
• $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
• $8.4 million for a new Women’s Prevention and Recovery Care Service
• $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

Improve access to suitable accommodation upon discharge

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such safety and security or utility connections.

3. Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act

Response:

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning

Response:

Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists

Response:

Consistent with the Mental Health Act 2014, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery

Response:

Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients

Response:
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:
- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

9. Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients

Response:
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. Finalise and distribute the SRS and mental health service protocol by 31 December 2015 (note this is the same as Recommendation 8 in Mental Health Section)

Response:

The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
- *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.* This guideline will be finalised by December 2016.

2. Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues

Response:

As noted in the response to Recommendation 1, the department will develop *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.*

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents

Response:

The *Supported Residential Services (Private Proprietors) Act 2010* requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the *Supported Residential Services (Private Proprietors) Act 2010* to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide *Client Incident Management System Review* will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. **Ensure proprietors and staff receive mandatory training in:**
   - dealing with residents diagnosed with a mental illness
   - incident reporting

**Response:**

During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. **Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents**

**Response:**

Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. **Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence**

**Response:**

Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. **Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector**
Response:

There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:

The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:

The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:

The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

1. **Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations**

**Response:**
A revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was agreed and implemented in September 2015.

A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:

- all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
- all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
- all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.

2. **Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility**

**Response:**
Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

The department’s *Responding to allegations of physical or sexual assault instruction* articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. **Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings**
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department’s *Responding to allegations of physical or sexual assault instruction* outlines the requirements for service provider responses to abuse.

### 4. Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister

Response:
This has been completed and, in September 2015, a revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was formalised.

### 5. Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

### 6. Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

7. **As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities**

**Response:**

As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

8. **Provide new accommodation options to address the unmet need for disability accommodations**

**Response:**

The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. **Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work**

**Response:**

At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department’s Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS. The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. **Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents**

**Response:**

The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. **Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met**
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

| 14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits |

Response:

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

Conclusion

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10-year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

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

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care
• supported residential services
• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the Mental Health Act 2014 to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:

Under the Mental Health Act 2014, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   • Reduce waiting times in emergency departments and minimise aggression
   • Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   • Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   • Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   • Improve access to suitable accommodation upon discharge

Response:

Reduce waiting times in emergency departments and minimise aggression

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police...
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

**Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services**

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

**Improve access to suitable accommodation upon discharge**

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients.

Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such as safety and security or utility connections.

3. **Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act**

**Response:**

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. **Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning**

**Response:**

Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. **Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists**

**Response:**

Consistent with the *Mental Health Act 2014*, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. **Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery**

**Response:**

Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. **Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients**

**Response:**

All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

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8. **Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities**

**Response:**

The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
- *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.* This guideline will be finalised by December 2016.

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9. **Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients**

**Response:**

The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

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10. **Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits**

**Response:**

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. Finalise and distribute the SRS and mental health service protocol by 31 December 2015 (note this is the same as Recommendation 8 in Mental Health Section)

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

2. Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues

Response:
As noted in the response to Recommendation 1, the department will develop A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents

Response:
The Supported Residential Services (Private Proprietors) Act 2010 requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the Supported Residential Services (Private Proprietors) Act 2010 to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide *Client Incident Management System Review* will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. **Ensure proprietors and staff receive mandatory training in:**
   - dealing with residents diagnosed with a mental illness
   - incident reporting

**Response:**

During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. **Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents**

**Response:**

Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. **Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence**

**Response:**

Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. **Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector**
Response:

There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the *Supported Residential Services (Private Proprietors) Act 2010* (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:

The department considers changes are not required to the *Supported Residential Services (Private Proprietors) Act 2010* to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:

The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:

The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

1. **Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations**

   **Response:**
   A revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services was agreed and implemented in September 2015.
   
   A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:
   
   - all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
   - all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
   - all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.
   
   The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.
   
   The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.

2. **Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility**

   **Response:**
   Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.
   
   The department's Responding to allegations of physical or sexual assault instruction articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.
   
   Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. **Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings**
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department’s Responding to allegations of physical or sexual assault instruction outlines the requirements for service provider responses to abuse.

4. Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister

Response:
This has been completed and, in September 2015, a revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services was formalised.

5. Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the *Disability Act 2006* (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

### 7. As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities

**Response:**

As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

### 8. Provide new accommodation options to address the unmet need for disability accommodations

**Response:**

The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work

Response:

At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department's Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS. The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents

Response:

The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

Conclusion
The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the *Community Visitors Annual Report 2014–2015*, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the *Community Visitors Annual Report 2014–2015*.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including *Victoria’s 10 year mental health plan*. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement *Victoria’s 10-year mental health plan* which is guiding Victorian Government priorities and investment.

*Victoria’s 10 year mental health plan* commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the *Victorian Budget 2016-17*, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.

- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.

- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million *Health Service Violence Prevention Fund*. 

• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

• Mental Health Act 2014

• Supported Residential Services (Private Proprietors) Act 2010

• Disability Act 2006.

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care

• supported residential services

• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the Mental Health Act 2014 to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:

Under the Mental Health Act 2014, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   • Reduce waiting times in emergency departments and minimise aggression
   • Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   • Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   • Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   • Improve access to suitable accommodation upon discharge

Response:

Reduce waiting times in emergency departments and minimise aggression

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

**Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services**

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

**Improve access to suitable accommodation upon discharge**

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such safety and security or utility connections.

3. **Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act**

**Response:**

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning

Response:

Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists

Response:

Consistent with the Mental Health Act 2014, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery

Response:

Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients

Response:
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

9. Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients

Response:
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

<table>
<thead>
<tr>
<th>1.</th>
<th>Finalise and distribute the SRS and mental health service protocol by 31 December 2015 (note this is the same as Recommendation 8 in Mental Health Section)</th>
</tr>
</thead>
</table>

**Response:**

The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
- *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services*. This guideline will be finalised by December 2016.

<table>
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<th>2.</th>
<th>Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues</th>
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**Response:**

As noted in the response to Recommendation 1, the department will develop *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services*.

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

<table>
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<tr>
<th>3.</th>
<th>Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents</th>
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**Response:**

The *Supported Residential Services (Private Proprietors) Act 2010* requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the *Supported Residential Services (Private Proprietors) Act 2010* to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide Client Incident Management System Review will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. **Ensure proprietors and staff receive mandatory training in:**
   - dealing with residents diagnosed with a mental illness
   - incident reporting

**Response:**
During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. **Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents**

**Response:**
Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. **Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence**

**Response:**
Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. **Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector**
Response:

There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:

The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:

The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:

The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

1. Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations

Response:
A revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services was agreed and implemented in September 2015.

A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:

- all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
- all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
- all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.

2. Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility

Response:
Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

The department’s Responding to allegations of physical or sexual assault instruction articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department's *Responding to allegations of physical or sexual assault instruction* outlines the requirements for service provider responses to abuse.

4. **Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister**

Response:

This has been completed and, in September 2015, a revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was formalised.

5. **Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved**

Response:

The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. **Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings**

Response:

The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

7. As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities

Response:
As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

8. Provide new accommodation options to address the unmet need for disability accommodations

Response:
The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:
- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work

Response:
At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department's Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS. The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents

Response:
The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls for handling residents’ funds, including controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

### 14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

**Response:**

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

**Conclusion**

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10-year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

• Mental Health Act 2014

• Supported Residential Services (Private Proprietors) Act 2010

• Disability Act 2006.

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care

• supported residential services

• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the Mental Health Act 2014 to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:
Under the Mental Health Act 2014, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example, facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incident reports.

2. Expand treatment and support options to:
   • Reduce waiting times in emergency departments and minimise aggression
   • Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   • Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   • Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   • Improve access to suitable accommodation upon discharge

Response:

Reduce waiting times in emergency departments and minimise aggression

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a
timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will
be supported to continue to reduce their use of restrictive practices, including through a broader uptake
of Safewards, the evidence-based approach for preventing and managing conflict in mental health
services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a
standardised technique for physical restraint. This will enable the safest use of restraint when this is
necessary as a last resort in circumstances where all other prevention and de-escalation interventions
have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective
surgery and emergency department access and performance. Twenty-five million dollars of this funding
has been allocated to mental health services to increase access to community support. This will help
prevent the need for people to attend emergency departments and reduce waiting times for those who do
attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance
systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-
17, there is an opportunity for health services to receive further funding to enhance systems and
responses to clients affected by ice. This will involve an invited submission process for up to $200,000
one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or
neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing
intellectual disability and acquired brain injury. In response to this need, the government will open the
first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second
service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to
people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically
intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of
clinical support from a secure extended care unit or acute mental health inpatient unit and offers an
alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual
Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve
assessment and treatment outcomes for young people, adults and older people with a mental illness and
co-occurring intellectual disability and other complex needs. This service will also improve coordination of
care for clients and their families across relevant health, disability and social support services. The
initiative will also have a focus on capacity building for general practitioners, front-end mental health
services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health
services in assessing mental illness in people with an intellectual disability and autism spectrum
disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the
Northern Division and the metropolitan area of the Western Division for both specialist clinical mental
health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health
Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services
for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

**Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services**

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

**Improve access to suitable accommodation upon discharge**

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such safety and security or utility connections.

**3. Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act**

**Response:**

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning

Response:

Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists

Response:

Consistent with the Mental Health Act 2014, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery

Response:

Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients

Response:
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:
- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
- A *service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services*. This guideline will be finalised by December 2016.

9. Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients

Response:
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. Finalise and distribute the SRS and mental health service protocol by 31 December 2015 (note this is the same as Recommendation 8 in Mental Health Section)

Response:

The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

2. Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues

Response:

As noted in the response to Recommendation 1, the department will develop A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents

Response:

The Supported Residential Services (Private Proprietors) Act 2010 requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the Supported Residential Services (Private Proprietors) Act 2010 to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide Client Incident Management System Review will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. Ensure proprietors and staff receive mandatory training in:
   
   • dealing with residents diagnosed with a mental illness
   • incident reporting

Response:

During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents

Response:

Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence

Response:

Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector
Response:

There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the *Supported Residential Services (Private Proprietors) Act 2010* (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

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**8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record**

Response:

The department considers changes are not required to the *Supported Residential Services (Private Proprietors) Act 2010* to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

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**9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need**

Response:

The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

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**10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits**

Response:

The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

1. Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations

Response:

A revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services was agreed and implemented in September 2015.

A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:

- all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
- all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
- all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.

2. Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility

Response:

Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

The department’s Responding to allegations of physical or sexual assault instruction articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department's *Responding to allegations of physical or sexual assault instruction* outlines the requirements for service provider responses to abuse.

4. **Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister**

Response:
This has been completed and, in September 2015, a revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was formalised.

5. **Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved**

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. **Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings**

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the *Disability Act 2006* (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

### 7. As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities

**Response:**

As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

### 8. Provide new accommodation options to address the unmet need for disability accommodations

**Response:**

The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work

Response:
At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department's Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS. The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents

Response:
The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

Conclusion

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10-year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

• a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
• $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
• funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

• Mental Health Act 2014

• Supported Residential Services (Private Proprietors) Act 2010

• Disability Act 2006.

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care

• supported residential services

• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the Mental Health Act 2014 to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:

Under the Mental Health Act 2014, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   • Reduce waiting times in emergency departments and minimise aggression
   • Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   • Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   • Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   • Improve access to suitable accommodation upon discharge

Response:

Reduce waiting times in emergency departments and minimise aggression

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

Improve access to suitable accommodation upon discharge

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such safety and security or utility connections.

3. Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act

Response:

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. **Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning**

**Response:**
Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. **Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists**

**Response:**
Consistent with the *Mental Health Act 2014*, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. **Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery**

**Response:**
Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients

Response:
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and informed the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

9. Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients

Response:
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. Finalise and distribute the SRS and mental health service protocol by 31 December 2015 (note this is the same as Recommendation 8 in Mental Health Section)

Response:

The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

2. Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues

Response:

As noted in the response to Recommendation 1, the department will develop A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents

Response:

The Supported Residential Services (Private Proprietors) Act 2010 requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the Supported Residential Services (Private Proprietors) Act 2010 to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide *Client Incident Management System Review* will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. **Ensure proprietors and staff receive mandatory training in:**
   - dealing with residents diagnosed with a mental illness
   - incident reporting

**Response:**
During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. **Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents**

**Response:**
Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. **Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence**

**Response:**
Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. **Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector**
Response:
There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:
The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:
The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:
The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

1. **Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations**

**Response:**

A revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was agreed and implemented in September 2015.

A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:

- all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
- all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
- all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.

2. **Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility**

**Response:**

Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

The department’s *Responding to allegations of physical or sexual assault instruction* articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. **Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings**
Response:

The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department's *Responding to allegations of physical or sexual assault instruction* outlines the requirements for service provider responses to abuse.

### 4. Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister

Response:

This has been completed and, in September 2015, a revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was formalised.

### 5. Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved

Response:

The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

### 6. Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings

Response:

The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

7. As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities

Response:
As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

8. Provide new accommodation options to address the unmet need for disability accommodations

Response:
The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. **Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work**

**Response:**

At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department’s Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS.

The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. **Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents**

**Response:**

The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. **Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met**
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls for handling residents’ funds, including controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

Conclusion

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10-year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
- a mandatory mental health training program for pension-level supported residential services' staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

- $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

- $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

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

In accordance with these Acts, Community Visitors have a mandate to visit:

- bed-based public mental health services with 24-hour nursing care
- supported residential services
- residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the Mental Health Act 2014 to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:

Under the Mental Health Act 2014, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   - Reduce waiting times in emergency departments and minimise aggression
   - Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   - Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   - Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   - Improve access to suitable accommodation upon discharge

Response:

Reduce waiting times in emergency departments and minimise aggression

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

**Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services**

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

**Improve access to suitable accommodation upon discharge**

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such safety and security or utility connections.

3. Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act

**Response:**

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning

Response:
Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists

Response:
Consistent with the Mental Health Act 2014, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery

Response:
Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients

Response:
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
- *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services*. This guideline will be finalised by December 2016.

9. Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients

Response:
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
# Community Visitors Residential Services Board recommendations

<table>
<thead>
<tr>
<th>1.</th>
<th>Finalise and distribute the SRS and mental health service protocol by 31 December 2015 (note this is the same as Recommendation 8 in Mental Health Section)</th>
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</table>

**Response:**

The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
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<th>2.</th>
<th>Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues</th>
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**Response:**

As noted in the response to Recommendation 1, the department will develop *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.*

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

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<th>3.</th>
<th>Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents</th>
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**Response:**

The *Supported Residential Services (Private Proprietors) Act 2010* requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the *Supported Residential Services (Private Proprietors) Act 2010* to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide Client Incident Management System Review will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. Ensure proprietors and staff receive mandatory training in:
   - dealing with residents diagnosed with a mental illness
   - incident reporting

Response:
During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents

Response:
Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence

Response:
Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector
Response:

There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:

The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:

The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:

The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

1. Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations

Response:
A revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services was agreed and implemented in September 2015.

A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:

- all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
- all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
- all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.

2. Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility

Response:
Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

The department’s Responding to allegations of physical or sexual assault instruction articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department’s *Responding to allegations of physical or sexual assault instruction* outlines the requirements for service provider responses to abuse.

4. **Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister**

Response:
This has been completed and, in September 2015, a revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was formalised.

5. **Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved**

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. **Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings**

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

7. As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities

Response:
As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

8. Provide new accommodation options to address the unmet need for disability accommodations

Response:
The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work

Response:
At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department’s Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS.

The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents

Response:
The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

Conclusion

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10 year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

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

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care
• supported residential services
• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

• the Community Visitors Mental Health Board makes 10 recommendations
• the Community Visitors Residential Services Board makes 10 recommendations
• the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

• monitoring and reporting issues related to abuse, neglect and assault.
• accommodation issues, in particular following discharge from mental health inpatient care.
• supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the *Mental Health Act 2014* to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:

Under the *Mental Health Act 2014*, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   - Reduce waiting times in emergency departments and minimise aggression
   - Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   - Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   - Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   - Improve access to suitable accommodation upon discharge

Response:

Reduce waiting times in emergency departments and minimise aggression

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

Improve access to suitable accommodation upon discharge

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such safety and security or utility connections.

3. Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act

Response:

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning

Response:

Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists

Response:

Consistent with the Mental Health Act 2014, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery

Response:

Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients

Response:
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

9. Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients

Response:
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. Finalise and distribute the SRS and mental health service protocol by 31 December 2015 (note this is the same as Recommendation 8 in Mental Health Section)

Response:

The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

2. Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues

Response:

As noted in the response to Recommendation 1, the department will develop A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents

Response:

The Supported Residential Services (Private Proprietors) Act 2010 requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the Supported Residential Services (Private Proprietors) Act 2010 to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide Client Incident Management System Review will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. Ensure proprietors and staff receive mandatory training in:
   • dealing with residents diagnosed with a mental illness
   • incident reporting

Response:
During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents

Response:
Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence

Response:
Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector
Response:

There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:

The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:

The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:

The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

1. Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations

Response:
A revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services was agreed and implemented in September 2015.

A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:

- all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
- all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
- all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department's annual report.

2. Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility

Response:
Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

The department's Responding to allegations of physical or sexual assault instruction articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department’s *Responding to allegations of physical or sexual assault instruction* outlines the requirements for service provider responses to abuse.

4. **Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister**

Response:
This has been completed and, in September 2015, a revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was formalised.

5. **Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved**

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. **Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings**

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

7. As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities

Response:
As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

8. Provide new accommodation options to address the unmet need for disability accommodations

Response:
The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work

Response:
At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department's Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS. The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents

Response:
The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

Conclusion

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10-year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

• Mental Health Act 2014

• Supported Residential Services (Private Proprietors) Act 2010

• Disability Act 2006.

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care

• supported residential services

• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the Mental Health Act 2014 to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:

Under the Mental Health Act 2014, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   - Reduce waiting times in emergency departments and minimise aggression
   - Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   - Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   - Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   - Improve access to suitable accommodation upon discharge

Response:

Reduce waiting times in emergency departments and minimise aggression

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,

co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

Improve access to suitable accommodation upon discharge

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such as safety and security or utility connections.

3. Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act

Response:

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. **Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning**

Response:

Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. **Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists**

Response:

Consistent with the *Mental Health Act 2014*, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. **Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery**

Response:

Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. **Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients**

Response:
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. **Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities**

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:
- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
- A *service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services*. This guideline will be finalised by December 2016.

9. **Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients**

Response:
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. **Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits**

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. Finalise and distribute the SRS and mental health service protocol by 31 December 2015 (note this is the same as Recommendation 8 in Mental Health Section)

Response:

The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
- A service guideline for mental health services and supported residential services: *improving the experience of people with a mental illness living in supported residential services*. This guideline will be finalised by December 2016.

2. Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues

Response:

As noted in the response to Recommendation 1, the department will develop *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services*.

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents

Response:

The *Supported Residential Services (Private Proprietors) Act 2010* requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the *Supported Residential Services (Private Proprietors) Act 2010* to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide Client Incident Management System Review will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. Ensure proprietors and staff receive mandatory training in:
   - dealing with residents diagnosed with a mental illness
   - incident reporting

Response:
During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents

Response:
Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence

Response:
Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector
Response:
There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:
The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:
The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:
The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

1. Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations

Response:
A revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services was agreed and implemented in September 2015.

A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:

- all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
- all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
- all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department's annual report.

2. Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility

Response:
Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

The department's Responding to allegations of physical or sexual assault instruction articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department’s Responding to allegations of physical or sexual assault instruction outlines the requirements for service provider responses to abuse.

4. **Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister**

Response:
This has been completed and, in September 2015, a revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services was formalised.

5. **Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved**

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. **Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings**

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

7. **As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities**

**Response:**

As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

8. **Provide new accommodation options to address the unmet need for disability accommodations**

**Response:**

The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work

Response:
At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department's Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS. The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents

Response:
The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

| 14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits |

Response:

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

Conclusion

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10-year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

• Mental Health Act 2014

• Supported Residential Services (Private Proprietors) Act 2010

• Disability Act 2006.

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care

• supported residential services

• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.

The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the Mental Health Act 2014 to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:

Under the Mental Health Act 2014, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   - Reduce waiting times in emergency departments and minimise aggression
   - Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   - Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   - Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   - Improve access to suitable accommodation upon discharge

Response:

Reduce waiting times in emergency departments and minimise aggression

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police...
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government's commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

Improve access to suitable accommodation upon discharge

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such safety and security or utility connections.

3. Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act

Response:

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. **Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning**

Response:

Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. **Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists**

Response:

Consistent with the *Mental Health Act 2014*, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. **Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery**

Response:

Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients

Response:
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:
- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
- *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.* This guideline will be finalised by December 2016.

9. Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients

Response:
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. **Finalise and distribute the SRS and mental health service protocol by 31 December 2015** (note this is the same as Recommendation 8 in Mental Health Section)

   **Response:**

   The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

   The protocol developed by the department consists of:
   - Referral guides distributed in November 2015; *Prospective resident referral from a mental health service* and *Referring consumers to supported residential services*
   - *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services*. This guideline will be finalised by December 2016.

2. **Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues**

   **Response:**

   As noted in the response to Recommendation 1, the department will develop *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services*.

   The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. **Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents**

   **Response:**

   The *Supported Residential Services (Private Proprietors) Act 2010* requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

   The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

   Ongoing guidance and education about proprietors’ responsibilities under the *Supported Residential Services (Private Proprietors) Act 2010* to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide Client Incident Management System Review will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. Ensure proprietors and staff receive mandatory training in:
   • dealing with residents diagnosed with a mental illness
   • incident reporting

Response:
During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents

Response:
Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence

Response:
Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector
Response:
There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. **Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record**

Response:
The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. **Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need**

Response:
The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. **Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits**

Response:
The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

1. Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations

Response:

A revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services was agreed and implemented in September 2015.

A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:

- all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
- all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
- all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.

2. Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility

Response:

Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

The department’s Responding to allegations of physical or sexual assault instruction articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department’s *Responding to allegations of physical or sexual assault instruction* outlines the requirements for service provider responses to abuse.

4. **Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister**

Response:
This has been completed and, in September 2015, a revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services was formalised.

5. **Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved**

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. **Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings**

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

7. As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities

Response:

As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

8. Provide new accommodation options to address the unmet need for disability accommodations

Response:

The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work

Response:
At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department's Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS. The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents

Response:
The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met
Response:

The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:

The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:

The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

Conclusion

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focused on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10-year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery-oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

**The Community Visitors Program**

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

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

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care

• supported residential services

• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the Mental Health Act 2014 to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:

Under the Mental Health Act 2014, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   - Reduce waiting times in emergency departments and minimise aggression
   - Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   - Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   - Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   - Improve access to suitable accommodation upon discharge

Response:

Reduce waiting times in emergency departments and minimise aggression

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

**Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services**

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

**Improve access to suitable accommodation upon discharge**

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such as safety and security or utility connections.

3. **Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act**

**Response:**

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning

Response:
Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists

Response:
Consistent with the Mental Health Act 2014, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery

Response:
Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients

Response:
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:
- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
- *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.* This guideline will be finalised by December 2016.

9. Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients

Response:
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. Finalise and distribute the SRS and mental health service protocol by 31 December 2015 (note this is the same as Recommendation 8 in Mental Health Section)

Response:

The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

2. Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues

Response:

As noted in the response to Recommendation 1, the department will develop A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents

Response:

The Supported Residential Services (Private Proprietors) Act 2010 requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the Supported Residential Services (Private Proprietors) Act 2010 to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide *Client Incident Management System Review* will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. **Ensure proprietors and staff receive mandatory training in:**
   - dealing with residents diagnosed with a mental illness
   - incident reporting

**Response:**
During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. **Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents**

**Response:**
Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. **Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence**

**Response:**
Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. **Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector**
Response:

There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the **Supported Residential Services (Private Proprietors) Act 2010** (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. **Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record**

Response:

The department considers changes are not required to the **Supported Residential Services (Private Proprietors) Act 2010** to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. **Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need**

Response:

The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. **Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits**

Response:

The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

1. **Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations**

Response:
A revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was agreed and implemented in September 2015.

A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:

- all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
- all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
- all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.

2. **Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility**

Response:
Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

The department’s *Responding to allegations of physical or sexual assault instruction* articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. **Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings**
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department’s *Responding to allegations of physical or sexual assault instruction* outlines the requirements for service provider responses to abuse.

4. **Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister**

Response:
This has been completed and, in September 2015, a revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was formalised.

5. **Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved**

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. **Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings**

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

7. **As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities**

**Response:**

As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

8. **Provide new accommodation options to address the unmet need for disability accommodations**

**Response:**

The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work

Response:

At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department's Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS. The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents

Response:

The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

Conclusion

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10-year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

• Mental Health Act 2014

• Supported Residential Services (Private Proprietors) Act 2010

• Disability Act 2006.

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care

• supported residential services

• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the Mental Health Act 2014 to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:

Under the Mental Health Act 2014, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   - Reduce waiting times in emergency departments and minimise aggression
   - Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   - Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   - Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   - Improve access to suitable accommodation upon discharge

Response:

Reduce waiting times in emergency departments and minimise aggression

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

Improve access to suitable accommodation upon discharge

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such safety and security or utility connections.

3. Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act

Response:

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning

Response:
Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists

Response:
Consistent with the Mental Health Act 2014, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery

Response:
Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients

Response:
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

9. Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients

Response:
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. Finalise and distribute the SRS and mental health service protocol by 31 December 2015 (note this is the same as Recommendation 8 in Mental Health Section)

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

2. Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues

Response:
As noted in the response to Recommendation 1, the department will develop A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents

Response:
The Supported Residential Services (Private Proprietors) Act 2010 requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the Supported Residential Services (Private Proprietors) Act 2010 to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide *Client Incident Management System Review* will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

### 4. Ensure proprietors and staff receive mandatory training in:
- dealing with residents diagnosed with a mental illness
- incident reporting

**Response:**
During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

### 5. Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents

**Response:**
Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

### 6. Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence

**Response:**
Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

### 7. Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector
Response:

There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:

The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:

The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:

The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

<table>
<thead>
<tr>
<th>1. Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations</th>
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<tbody>
<tr>
<td><strong>Response:</strong></td>
</tr>
<tr>
<td>A revised <em>Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health &amp; Human Services</em> was agreed and implemented in September 2015.</td>
</tr>
<tr>
<td>A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:</td>
</tr>
<tr>
<td>• all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy</td>
</tr>
<tr>
<td>• all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department</td>
</tr>
<tr>
<td>• all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.</td>
</tr>
<tr>
<td>The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.</td>
</tr>
<tr>
<td>The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.</td>
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<table>
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<tr>
<th>2. Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility</th>
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<tbody>
<tr>
<td><strong>Response:</strong></td>
</tr>
<tr>
<td>Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.</td>
</tr>
<tr>
<td>The department’s <em>Responding to allegations of physical or sexual assault instruction</em> articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.</td>
</tr>
<tr>
<td>Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.</td>
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<table>
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<tr>
<th>3. Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings</th>
</tr>
</thead>
</table>
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department’s *Responding to allegations of physical or sexual assault instruction* outlines the requirements for service provider responses to abuse.

4. Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister

Response:
This has been completed and, in September 2015, a revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was formalised.

5. Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the *Disability Act 2006* (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

### 7. As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities

**Response:**

As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

### 8. Provide new accommodation options to address the unmet need for disability accommodations

**Response:**

The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work

Response:
At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department's Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS.

The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents

Response:
The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls for handling residents’ funds, including controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

Conclusion

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10-year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan.

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

**The Community Visitors Program**

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

• Mental Health Act 2014

• Supported Residential Services (Private Proprietors) Act 2010

• Disability Act 2006.

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care

• supported residential services

• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the Mental Health Act 2014 to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:
Under the Mental Health Act 2014, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   - Reduce waiting times in emergency departments and minimise aggression
   - Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   - Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   - Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   - Improve access to suitable accommodation upon discharge

Response:

Reduce waiting times in emergency departments and minimise aggression

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

Improve access to suitable accommodation upon discharge

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such safety and security or utility connections.

3. Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act

Response:

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning

Response:
Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists

Response:
Consistent with the Mental Health Act 2014, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery

Response:
Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. **Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients**

**Response:**
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. **Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities**

**Response:**
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:
- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
- *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services*.
  This guideline will be finalised by December 2016.

9. **Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients**

**Response:**
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. **Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits**

**Response:**
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. Finalise and distribute the SRS and mental health service protocol by 31 December 2015
   (note this is the same as Recommendation 8 in Mental Health Section)

Response:

The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

2. Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues

Response:

As noted in the response to Recommendation 1, the department will develop A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents

Response:

The Supported Residential Services (Private Proprietors) Act 2010 requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the Supported Residential Services (Private Proprietors) Act 2010 to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide Client Incident Management System Review will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. Ensure proprietors and staff receive mandatory training in:
   - dealing with residents diagnosed with a mental illness
   - incident reporting

Response:
During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents

Response:
Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence

Response:
Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector
Response:

There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:

The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:

The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:

The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
# Community Visitors Disability Services Board recommendations

1. **Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations**

**Response:**

A revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was agreed and implemented in September 2015.

A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:

- all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
- all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
- all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.

2. **Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility**

**Response:**

Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

The department’s *Responding to allegations of physical or sexual assault instruction* articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. **Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings**
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department’s Responding to allegations of physical or sexual assault instruction outlines the requirements for service provider responses to abuse.

4. Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister

Response:
This has been completed and, in September 2015, a revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services was formalised.

5. Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

7. As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities

Response:
As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

8. Provide new accommodation options to address the unmet need for disability accommodations

Response:
The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work

Response:
At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department's Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS.

The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents

Response:
The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

Conclusion

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10-year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

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

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care
• supported residential services
• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

• the Community Visitors Mental Health Board makes 10 recommendations
• the Community Visitors Residential Services Board makes 10 recommendations
• the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

• monitoring and reporting issues related to abuse, neglect and assault.
• accommodation issues, in particular following discharge from mental health inpatient care.
• supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the *Mental Health Act 2014* to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

**Response:**

Under the *Mental Health Act 2014*, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   - Reduce waiting times in emergency departments and minimise aggression
   - Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   - Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   - Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   - Improve access to suitable accommodation upon discharge

**Response:**

**Reduce waiting times in emergency departments and minimise aggression**

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children's Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

**Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services**

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

**Improve access to suitable accommodation upon discharge**

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such safety and security or utility connections.

3. **Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act**

**Response:**

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning

Response:
Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists

Response:
Consistent with the Mental Health Act 2014, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery

Response:
Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. **Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients**

Response:
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. **Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities**

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
- *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.* This guideline will be finalised by December 2016.

9. **Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients**

Response:
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. **Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits**

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
### Community Visitors Residential Services Board recommendations

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>Finalise and distribute the SRS and mental health service protocol by 31 December 2015 (note this is the same as Recommendation 8 in Mental Health Section)</td>
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<tr>
<td>2.</td>
<td>Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues</td>
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<td>Response:</td>
<td>As noted in the response to Recommendation 1, the department will develop A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.</td>
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<td>3.</td>
<td>Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents</td>
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<tr>
<td>Response:</td>
<td>The Supported Residential Services (Private Proprietors) Act 2010 requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates. The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations. Ongoing guidance and education about proprietors’ responsibilities under the Supported Residential Services (Private Proprietors) Act 2010 to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.</td>
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The department-wide *Client Incident Management System Review* will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

### 4. Ensure proprietors and staff receive mandatory training in:
- dealing with residents diagnosed with a mental illness
- incident reporting

**Response:**
During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

### 5. Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents

**Response:**
Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

### 6. Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence

**Response:**
Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

### 7. Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector
Response:

There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:

The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:

The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:

The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

1. Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations

Response:
A revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services was agreed and implemented in September 2015.

A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:

- all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
- all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
- all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.

2. Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility

Response:
Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

The department’s Responding to allegations of physical or sexual assault instruction articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department’s *Responding to allegations of physical or sexual assault instruction* outlines the requirements for service provider responses to abuse.

4. **Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister**

Response:
This has been completed and, in September 2015, a revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was formalised.

5. **Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved**

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. **Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings**

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the *Disability Act 2006* (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

### 7. As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities

**Response:**

As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

### 8. Provide new accommodation options to address the unmet need for disability accommodations

**Response:**

The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

**9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work**

**Response:**

At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department’s Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS. The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

**10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents**

**Response:**

The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

**11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met**
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

• all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
• any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

### 14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

**Response:**

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

**Conclusion**

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
The Victorian Government response
to the Community Visitors Annual Report 2014–2015
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10-year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

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

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care
• supported residential services
• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the Mental Health Act 2014 to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:

Under the Mental Health Act 2014, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   • Reduce waiting times in emergency departments and minimise aggression
   • Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   • Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   • Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   • Improve access to suitable accommodation upon discharge

Response:

Reduce waiting times in emergency departments and minimise aggression

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

**Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services**

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

**Improve access to suitable accommodation upon discharge**

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such safety and security or utility connections.

### 3. Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act

**Response:**

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. **Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning**

**Response:**

Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. **Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists**

**Response:**

Consistent with the *Mental Health Act 2014*, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. **Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery**

**Response:**

Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. **Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients**

Response:
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. **Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities**

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:
- Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
- *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.* This guideline will be finalised by December 2016.

9. **Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients**

Response:
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. **Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits**

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. **Finalise and distribute the SRS and mental health service protocol by 31 December 2015**  
   (note this is the same as Recommendation 8 in Mental Health Section)

   **Response:**

   The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

   The protocol developed by the department consists of:
   - Referral guides distributed in November 2015; *Prospective resident referral from a mental health service and Referring consumers to supported residential services*
   - *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.* This guideline will be finalised by December 2016.

2. **Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues**

   **Response:**

   As noted in the response to Recommendation 1, the department will develop *A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.*

   The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. **Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents**

   **Response:**

   The *Supported Residential Services (Private Proprietors) Act 2010* requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

   The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

   Ongoing guidance and education about proprietors’ responsibilities under the *Supported Residential Services (Private Proprietors) Act 2010* to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide *Client Incident Management System Review* will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

### 4. Ensure proprietors and staff receive mandatory training in:
- dealing with residents diagnosed with a mental illness
- incident reporting

**Response:**

During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

### 5. Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents

**Response:**

Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

### 6. Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence

**Response:**

Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

### 7. Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector
Response:

There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:

The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:

The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:

The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

1. **Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations**

**Response:**
A revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was agreed and implemented in September 2015.

A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:

- all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
- all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
- all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.

2. **Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility**

**Response:**
Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

The department’s *Responding to allegations of physical or sexual assault instruction* articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. **Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings**
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department’s *Responding to allegations of physical or sexual assault instruction* outlines the requirements for service provider responses to abuse.

4. **Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister**

Response:
This has been completed and, in September 2015, a revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was formalised.

5. **Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved**

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. **Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings**

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

7. As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities

Response:
As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

8. Provide new accommodation options to address the unmet need for disability accommodations

Response:
The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work

Response:
At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department's Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS. The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents

Response:
The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

### 14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

**Response:**

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

**Conclusion**

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10-year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

• Mental Health Act 2014

• Supported Residential Services (Private Proprietors) Act 2010

• Disability Act 2006.

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care

• supported residential services

• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the *Mental Health Act 2014* to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

**Response:**

Under the *Mental Health Act 2014*, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   - Reduce waiting times in emergency departments and minimise aggression
   - Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   - Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   - Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   - Improve access to suitable accommodation upon discharge

**Response:**

**Reduce waiting times in emergency departments and minimise aggression**

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

Improve access to suitable accommodation upon discharge

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such safety and security or utility connections.

3. Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act

Response:

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning

Response:
Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists

Response:
Consistent with the Mental Health Act 2014, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery

Response:
Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients

Response:
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

9. Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients

Response:
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. Finalise and distribute the SRS and mental health service protocol by 31 December 2015 (note this is the same as Recommendation 8 in Mental Health Section)

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:
- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

2. Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues

Response:
As noted in the response to Recommendation 1, the department will develop A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents

Response:
The Supported Residential Services (Private Proprietors) Act 2010 requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the Supported Residential Services (Private Proprietors) Act 2010 to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide Client Incident Management System Review will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. Ensure proprietors and staff receive mandatory training in:
   - dealing with residents diagnosed with a mental illness
   - incident reporting

**Response:**

During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents

**Response:**

Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence

**Response:**

Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector
Response:
There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:
The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:
The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:
The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

1. **Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations**

Response:
A revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services was agreed and implemented in September 2015.

A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:

- all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
- all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
- all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.

2. **Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility**

Response:
Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

The department’s Responding to allegations of physical or sexual assault instruction articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. **Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings**
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department’s *Responding to allegations of physical or sexual assault instruction* outlines the requirements for service provider responses to abuse.

4. Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister

Response:
This has been completed and, in September 2015, a revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was formalised.

5. Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

7. As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities

Response:
As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

8. Provide new accommodation options to address the unmet need for disability accommodations

Response:
The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work

Response:
At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department's Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS. The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents

Response:
The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

Conclusion

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
The Victorian Government response
to the Community Visitors Annual Report 2014–2015
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10-year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

- a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.
- $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.
- funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
• a mandatory mental health training program for pension-level supported residential services’ staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

• Mental Health Act 2014

• Supported Residential Services (Private Proprietors) Act 2010

• Disability Act 2006.

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care

• supported residential services

• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the Mental Health Act 2014 to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:

Under the Mental Health Act 2014, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   - Reduce waiting times in emergency departments and minimise aggression
   - Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   - Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   - Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   - Improve access to suitable accommodation upon discharge

Response:

Reduce waiting times in emergency departments and minimise aggression

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

Improve access to suitable accommodation upon discharge

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such as safety and security or utility connections.

3. Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act

Response:

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning

Response:
Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists

Response:
Consistent with the Mental Health Act 2014, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery

Response:
Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients

Response:

All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities

Response:

The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

9. Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients

Response:

The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. Finalise and distribute the SRS and mental health service protocol by 31 December 2015
(note this is the same as Recommendation 8 in Mental Health Section)

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:
- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

2. Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues

Response:
As noted in the response to Recommendation 1, the department will develop A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents

Response:
The Supported Residential Services (Private Proprietors) Act 2010 requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the Supported Residential Services (Private Proprietors) Act 2010 to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide *Client Incident Management System Review* will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. **Ensure proprietors and staff receive mandatory training in:**
   - dealing with residents diagnosed with a mental illness
   - incident reporting

**Response:**
During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. **Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents**

**Response:**
Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. **Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence**

**Response:**
Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. **Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector**
Response:

There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:

The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:

The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:

The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
Community Visitors Disability Services Board recommendations

1. Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations

Response:
A revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services was agreed and implemented in September 2015.

A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:
- all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy
- all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department
- all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.

The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.

The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.

2. Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility

Response:
Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.

The department’s Responding to allegations of physical or sexual assault instruction articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.

Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.

3. Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings
Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department's *Responding to allegations of physical or sexual assault instruction* outlines the requirements for service provider responses to abuse.

4. Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister

Response:
This has been completed and, in September 2015, a revised *Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services* was formalised.

5. Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

7. As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities

Response:
As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

8. Provide new accommodation options to address the unmet need for disability accommodations

Response:
The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work

Response:

At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department's Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS. The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents

Response:

The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria’s current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits.

Response:

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

Conclusion

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.
Introduction

The Victorian Government is committed to strengthening and safeguarding the rights of vulnerable Victorians. Community Visitors work with the most marginalised people in our community to voice their concerns and safeguard their rights. In responding to the recommendations of the Community Visitors Annual Report 2014–2015, the government acknowledges Community Visitors’ vital role and the independent volunteers who contribute their own time and effort to the community. Last year, Community Visitors conducted more than 5,300 service visits. Their recommendations provide valuable opportunities to make positive and sustainable service improvements.

In fulfilling their role, Community Visitors have focussed on quality and safety issues in mental health and supported residential services and in accommodation services for people with a disability. While they respond to the specific concerns of people accessing services, they also raise systemic issues and the broader needs of the mental health, supported residential and community-based disability services sectors. The learnings and issues arising from the Community Visitors work across these three sectors, together with opportunities for change, are highlighted in the Community Visitors Annual Report 2014–2015.

Key themes raised in the report include a shortage of accommodation options, lack of recovery-oriented practice in mental health services, and the need for coordinated training across the three sectors to support staff attraction and retention. Community Visitors have since 2009–2010 focused their service visits on the issues of abuse, neglect and assault of patients and residents. While there is a decrease in the reports of abuse and neglect in disability services, there has been an increase in reports from mental health services and supported residential services.

The government’s response to the Community Visitors’ recommendations is outlined below. It reflects government’s strong commitment to protecting the rights of vulnerable Victorians who rely on the services under review. This commitment is reflected in key recent policies including Victoria’s 10 year mental health plan. The plan identifies four focus areas with the aim of ensuring that Victorians with mental illness live fulfilling lives of their choosing and that the service system is accessible, flexible and responsive to their needs and those of their families and carers. Work is underway to implement Victoria’s 10-year mental health plan which is guiding Victorian Government priorities and investment.

Victoria’s 10 year mental health plan commits to the development of a mental health workforce strategy. The workforce strategy will focus on initiatives that build workplaces, support pathways into mental health careers and drive professional development in order to attract and retain a consumer-centred, recovery oriented and integrated mental health workforce in Victoria. The workforce strategy will be released mid-2016.

The government commitment is also evidenced by a range of current and future initiatives to improve service quality and safety. These include:

• a $356 million investment in mental health, from the Victorian Budget 2016-17, to deliver Victoria’s 10-year mental health plan and drive better mental health outcomes for Victorians. An extra $132 million will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need.

• $15.1 million over four years to improve responses to ice-affected service presentations, including better collaboration between mental health services and Victoria Police.

• funding of $1.48m to eight metropolitan and six rural mental health services to help make mental health facilities and units safer for staff, patients and visitors. This funding is part of the first round of the Government’s $20 million Health Service Violence Prevention Fund.
• a mandatory mental health training program for pension-level supported residential services' staff and proprietors to support the prevention and early identification of abuse in supported residential services. This includes ongoing training and resources. In addition, training on family violence and sexual abuse in a supported residential services setting is now part of annual supported residential services training.

• $151 million over four years to provide up to an additional 830 new individual support packages to support people with disabilities, including children at risk of entering out of home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian and Commonwealth governments signed an historic bilateral agreement for the roll out of the National Disability Insurance Scheme in Victoria in September 2015. The Victorian government announced in the State Budget 2016-17:

• $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.

• $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

• $3.3 million to support the work of the 2017-2020 State Disability Plan

By 2019, Victoria will be investing $2.5 billion per year in the NDIS.

The Royal Commission into Family Violence disability-specific recommendations aim to improve the identification of people with a disability experiencing violence, increase the accessibility of the family violence response system and improve the quality of disability supports provided to people with disability escaping and recovering from family violence. The Victorian Government’s $572 million investment over two years, from the 2016-17 State Budget, responding to the Royal Commission’s recommendations, will benefit many vulnerable and at risk women and children including those with a disability.

The Community Visitors Program

The Community Visitors Program is part of the Office of the Public Advocate. The appointments and functions of Community Visitors and their elected Boards are described in the:

• Mental Health Act 2014

• Supported Residential Services (Private Proprietors) Act 2010

• Disability Act 2006.

In accordance with these Acts, Community Visitors have a mandate to visit:

• bed-based public mental health services with 24-hour nursing care

• supported residential services

• residential services for people with a disability.

In accordance with their governing Acts and mandate, the three Boards are required to report their findings each year. Each Board submits its findings which are then combined, with oversight from the Office of the Public Advocate, into a single report. This report is submitted to the Minister and tabled in Parliament.
The Victorian Government Response to the Community Visitors Annual Report 2014–15


The Community Visitors Annual Report 2014–15 makes 34 recommendations in total:

- the Community Visitors Mental Health Board makes 10 recommendations
- the Community Visitors Residential Services Board makes 10 recommendations
- the Community Visitors Disability Services Board makes 14 recommendations.

The report brings together issues discussed between the Boards and the department, and observations made by Community Visitors during the reporting period.

Key themes include:

- monitoring and reporting issues related to abuse, neglect and assault.
- accommodation issues, in particular following discharge from mental health inpatient care.
- supporting staff to deliver quality care, particularly in the context of pressures on the disability workforce with the rollout of National Disability Insurance Scheme.

The following provides responses to all 34 recommendations. The department is committed to working with the representatives of the three Community Visitor Boards to implement responses to the recommendations through regular program liaison meetings. These meetings provide an ongoing mechanism to raise systemic issues, monitor progress against recommendations and identify opportunities for service improvement.
Response to recommendations

Community Visitors Mental Health Board recommendations

1. Amend the Mental Health Act 2014 to ensure that Community Visitors have unfettered access to read and take copies of incident reports relating to the treatment and care of patients

Response:

Under the Mental Health Act 2014, Community Visitors have access to incident reports concerning consumers receiving mental health services in designated mental health services. Viewing incident reports helps them understand a person’s experiences while receiving mental health services and determine whether services are adequate. Their role is to help consumers take action if required; for example facilitating resolution of concerns with the service or helping to make a complaint to the Mental Health Complaints Commissioner. Viewing incident reports also allows Community Visitors to identify systemic issues and bring these to the attention of the service provider, the Community Visitors Mental Health Board, the Chief Psychiatrist, the Mental Health Complaints Commissioner, the Secretary or the Minister.

In view of the facilitative role of Community Visitors and the existing extensive statutory powers of the Mental Health Complaints Commissioner and Chief Psychiatrist, it is not considered necessary that Community Visitors be provided with expanded powers to take copies of incidents reports.

2. Expand treatment and support options to:
   - Reduce waiting times in emergency departments and minimise aggression
   - Manage people with substance abuse issues and prevent the circulation of illicit drugs in mental health facilities
   - Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues
   - Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services
   - Improve access to suitable accommodation upon discharge

Response:

Reduce waiting times in emergency departments and minimise aggression

It is acknowledged that people with serious mental health issues are increasingly presenting at emergency departments, resulting in increased pressure on those services to deliver timely and appropriate assessment. A program of work is being coordinated through the Office of the Chief Psychiatrist to ensure that appropriate care is being provided to people with mental health issues who present to emergency departments.

In response to the increased likelihood of interventions involving police and ambulance, $15.1 million has been committed over four years to fund more effective collaborative responses at the interface between mental health services and police. This will ensure people affected by mental illness receive more timely and coordinated care when in crisis. As well as reducing pressure on emergency departments, police
and ambulance services, this initiative will help deliver more appropriate and less restrictive care in a timely manner.

Ensuring the safety of people who work in and use our mental health services is a priority. Services will be supported to continue to reduce their use of restrictive practices, including through a broader uptake of Safewards, the evidence-based approach for preventing and managing conflict in mental health services. This has been successfully trialled in Victoria.

Staff and consumer safety will be further supported through the government’s commitment to develop a standardised technique for physical restraint. This will enable the safest use of restraint when this is necessary as a last resort in circumstances where all other prevention and de-escalation interventions have been tried.

The 2016-17 Victorian State Budget includes an additional one off investment to focus on elective surgery and emergency department access and performance. Twenty-five million dollars of this funding has been allocated to mental health services to increase access to community support. This will help prevent the need for people to attend emergency departments and reduce waiting times for those who do attend.

In 2014-15, all health services with a mental health program were provided with $55,500 to enhance systems and responses to clients affected by ice in public mental health services. In 2015-16 and 2016-17, there is an opportunity for health services to receive further funding to enhance systems and responses to clients affected by ice. This will involve an invited submission process for up to $200,000 one-off funding per year. A minimum of five services will receive funding.

**Better support people who have both a mental illness and an intellectual disability or neurodegenerative disorder as well as behavioural issues**

There is growing demand for tailored services for people with severe mental illness and co-existing intellectual disability and acquired brain injury. In response to this need, the government will open the first of two new 10-bed Mental Health Transition Support Services in 2016 at Austin Health. The second service is expected to be operational in early 2017 and will be auspiced by Monash Health.

This state-wide service will provide long-term specialist clinical treatment and psychosocial support to people aged 18-64 years with a dual disability in a more appropriate recovery-focused and less clinically intensive residential environment. The Mental Health Transition Support Service is a ‘step down’ of clinical support from a secure extended care unit or acute mental health inpatient unit and offers an alternative to a community care unit.

Two new community-based specialist mental health clinical services (the Mental Health and Intellectual Disability Initiative) will be established in metropolitan Melbourne over the next two years to improve assessment and treatment outcomes for young people, adults and older people with a mental illness and co-occurring intellectual disability and other complex needs. This service will also improve coordination of care for clients and their families across relevant health, disability and social support services. The initiative will also have a focus on capacity building for general practitioners, front-end mental health services and disability support workers.

The government funds the Victorian Dual Disability Service to support specialist clinical mental health services in assessing mental illness in people with an intellectual disability and autism spectrum disorders. The Victorian Dual Disability Service also undertakes clinical and training activities in the Northern Division and the metropolitan area of the Western Division for both specialist clinical mental health services and disability services workforces.

The government funds 13 Child and Adolescent Mental Health Services and the Orygen Youth Health Clinical Program. Each service is funded to deliver assessment, diagnosis and early intervention services for children and young people with complex presentations of Autism Spectrum Disorders with, or without,
co-morbid mental illness. Each of these services appoints an Autism Spectrum Disorder coordinator to oversee this activity.

The new Children’s Hospital is being constructed at the Monash Medical Centre, Clayton. The hospital will consist of 230 beds including an eight bed statewide neurodevelopmental child (0-12 year old) inpatient unit. It will provide care for children with complex neurodevelopmental problems like autism or intellectual disability or developmental disorders combined with social and relational challenges which result in extreme behavioural problems.

Reduce inappropriate patient placements by adding to the capacity of acute, youth, and aged mental health services

As of October 2015, 79 inpatient mental health beds are in planning and development. These are:

- thirty-eight new beds as a part of the new Bendigo Hospital development
- twenty-five new beds at the Werribee Mercy Hospital
- a new eight bed child Neurodevelopment Unit as a part of the Monash Children’s Hospital
- a new four bed adult Psychiatric Assessment and Planning Unit at Austin Health
- a new four bed adult Psychiatric Assessment and Planning Unit at Eastern Health’s Maroondah Hospital campus.

Additionally, 28 sub-acute beds are in development, including two new 10 bed Mental Health Support Transition Units. These will assist in easing demand pressures on mental health acute services.

As noted previously, the Mental Health Transition Support Units are state-wide 10-bed facilities for the benefit of people with complex mental illness combined with an intellectual disability or an acquired brain injury.

The 2016-17 Victorian Budget funding package for mental health includes:

- $59 million to rebuild Orygen Youth Mental Health clinical and research facility in Parkville
- $14.6 million to establish a new Early in Life Mental Health Service in conjunction with Monash Medical Centre
- $8.4 million for a new Women’s Prevention and Recovery Care Service
- $7.3 million for a new State-wide Child and Family Mental Health Intensive Treatment Centre

Improve access to suitable accommodation upon discharge

The Inpatient Unit Planning for Priority Discharge initiative, aimed at addressing barriers to discharge, will provide brokerage funding to enable area mental health services to assertively discharge patients. Providing up to $5,000 per client, per annum, these resources will be used strategically by mental health services to address socioeconomic drivers and assist with accommodation requirements, and home amenity issues such safety and security or utility connections.

3. Remove the impediments to patients accessing independent psychiatrists for second opinions in accordance with the changes and funding provided under the new Mental Health Act

Response:

Patients of publicly funded mental health services have a right to seek a second psychiatric opinion, and these are already provided as part of the existing services. Monash Health and Melbourne Health have received funding to coordinate access to second opinions for consumers across all mental health services.
4. Provide funding to engage social workers and welfare workers to meet the high demand for patient support during treatment and discharge planning

Response:

Improved treatment and care, including improved discharge planning, is a priority of this government. The department will continue to work closely with services on these issues, noting however that the staffing mix and profile for mental health services is determined at the health service level. A number of the initiatives described above will enable services to provide additional support during treatment and discharge planning.

The Expanding Post Discharge Support Initiative is aimed at reducing unplanned re-admissions by utilising trained peer support workers to provide tailored support in the immediate post-discharge period, to minimise the risk of re-admission to an inpatient unit. The Victorian State budget 2016-17 has allocated $6.4 million to this initiative.

5. Ensure meaningful therapeutic activities are available in all facilities through minimum standards related to activities and increased funding for occupational therapists

Response:

Consistent with the Mental Health Act 2014, all mental health services provide recovery-oriented practice. However, as noted above, the mental health service staffing mix, profile and approach to therapeutic programs is determined at the individual health service level.

As part of the 10 Year Mental health Plan, a mental health workforce strategy is being developed to guide actions to attract, develop and retain staff with the right mix of skills to support better mental health outcomes.

6. Publish minimum response times for the repair of facilities and equipment that are a danger to patient health, safety or recovery

Response:

Health services are responsible for maintaining their mental health services. Their responsibilities include providing effective maintenance for assets under their stewardship or control to ensure adequate maintenance is sustained over the life of the asset. This is aimed at:

- keeping facilities in an appropriate condition for the services they support
- preventing service delivery interruptions or service quality risks
- minimising risks to patient/customer safety, and occupational health and safety and recovery.

The government is committed to improving services and will allocate $10 million (2015-2019) from the Health Service Violence Prevention Fund to acute mental health services over four years. These grants are complemented by an additional $5.5 million (2015-16) investment that will support improvements to community-based mental health facilities, and alcohol and other drug treatment facilities, making them safer for staff, consumers and visitors.

The Victorian Government State Budget 2016-17 has allocated an additional $5 million for facilities improvements.
7. Publish guidelines to ensure open air access for a minimum of 2 hours daily is available to all patients

Response:
All mental health services have access to outdoor or open air spaces. The amount of time a patient spends in open air spaces is determined as part of the assessment and treatment plan for each patient, taking into consideration the particular service environment.

8. Finalise and distribute the Supported Residential Services and mental health service protocol to improve the support of people discharged from mental health facilities

Response:
The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:
- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

9. Lobby the Commonwealth Government to maintain the Disability Support Pension to all forensic patients

Response:
The Victorian Government is most concerned at the proposed changes to the Disability Support Pension, and has written to the Commonwealth government expressing this concern.

10. Increase the recurrent funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:
The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitors Program would be managed through the Department and the government budget process.
Community Visitors Residential Services Board recommendations

1. Finalise and distribute the SRS and mental health service protocol by 31 December 2015 (note this is the same as Recommendation 8 in Mental Health Section)

Response:

The department recognises the need for a more coordinated, consistent approach to the provision of support. The current priority is to ensure that individuals discharged from inpatient mental health services to supported residential services receive quality supports that are individualised, timely and inform the resident’s support plan.

The protocol developed by the department consists of:

- Referral guides distributed in November 2015; Prospective resident referral from a mental health service and Referring consumers to supported residential services
- A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services. This guideline will be finalised by December 2016.

2. Monitor the protocol to assess whether it translates into effective local supports for SRS residents with mental health issues

Response:

As noted in the response to Recommendation 1, the department will develop A service guideline for mental health services and supported residential services: improving the experience of people with a mental illness living in supported residential services.

The implementation of the referral guides and complementary service guidelines will be monitored to assess their impact on the provision of services and local supports to residents of supported residential services with a mental illness.

3. Clarify and simplify the SRS incident reporting requirements so that staff and proprietors clearly understand the difference between recordable and reportable incidents

Response:

The Supported Residential Services (Private Proprietors) Act 2010 requires that any event that threatens the safety of a resident or staff is recorded at the supported residential service. In addition, prescribed incidents of a serious nature are required to be reported to the department. During 2014 the department worked collaboratively with Community Visitors and supported residential services proprietors to review the use of the incident record book and associated templates.

The revised incident record book clarifies and simplifies incident recording and reporting requirements for proprietors and has been re-issued with explanatory notes to assist proprietors better understand and fulfil their obligations.

Ongoing guidance and education about proprietors’ responsibilities under the Supported Residential Services (Private Proprietors) Act 2010 to report prescribed serious incidents will continue through Leading Age Services Australia (Victoria) training, newsletters to proprietors, regional supported residential services proprietor forums and authorised officer monitoring activities.
The department-wide *Client Incident Management System Review* will address ways of streamlining incident reporting processes and will further define how the department receives, records and manages notification of incidents.

4. Ensure proprietors and staff receive mandatory training in:
   - dealing with residents diagnosed with a mental illness
   - incident reporting

**Response:**

During 2015-16 the department has implemented mandatory training in mental health awareness for pension-level supported residential staff and proprietors. The training enables staff to understand mental illness, recognise and interpret threats and take appropriate action.

In addition, ongoing education and guidance will be provided to staff and proprietors on managing and reporting incidents.

5. Finalise a notification protocol with the Public Advocate of incidents or allegations of violence and abuse in order to reduce the risk for SRS residents

**Response:**

Implemented in 2012, a notification protocol for serious and unresolved issues was developed in collaboration with the Office of the Public Advocate. This is regularly reviewed. Through the Community Visitors Residential Services Board (the Board) liaison meetings, arrangements are in place to share information and discuss systemic issues. The existing notification protocol was tabled for review in October 2015 and is currently being consulted on with the Board.

6. Expand the ‘Supporting Connections Program’ to provide additional support to proprietors to maintain a safe home-like environment to minimise abuse, neglect and violence

**Response:**

Preventing and minimising abuse, neglect and violence is a priority of the department, which will undertake training and resource development for supported residential staff and proprietors in 2016 and beyond.

Supporting Connections workers are engaged to work with proprietors to identify the unmet health and social needs of residents with the most complex needs living in pension-level supported residential services. These workers also assist residents to access appropriate services and facilitate the social participation of residents in the community. They also support proprietors and staff to better manage behaviours of concern and strengthen links between pension-level supported residential services and local services. In 2016-17, the effectiveness of Supporting Connections will be considered as part of the evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative.

7. Institute an effective prosecution regime of proprietors that fail to meet their legislative obligations and publicise the issues involved in any such prosecutions to the sector
Response:

There are a number of enforcement mechanisms available to the department. Prosecution is considered a last resort and is based on the severity of the non-compliance being considered. New enforcement provisions were introduced in the Supported Residential Services (Private Proprietors) Act 2010 (the Act) to provide a fair and proportionate range of responses to non-compliance with the Act. The key objective of the department’s regulatory approach is to educate proprietors at the time of identified non-compliance and support them to make positive changes to the services offered to vulnerable residents.

The department is also revising the regulatory practice framework to monitor and enforce supported residential services’ proprietor obligations under the Act. The department has engaged an external agency to support the review of the existing departmental risk-based regulatory practice framework. The revised framework, which will be completed this financial year, will guide the application of risk-based approaches for key regulatory activities undertaken by the department and ensure consistent application. This includes registration, monitoring compliance, enforcement actions and the methodology for determining risk and subsequent enforcement options.

8. Amend the SRS regulations to the 2010 Act to allow Community Visitors to inspect any document pertaining to their role, unless it is a medical record

Response:

The department considers changes are not required to the Supported Residential Services (Private Proprietors) Act 2010 to enable Community Visitors to access documents pertaining to their role unless it is a medical record. The department will work with proprietors and Community Visitors to address access to documents that are required to be kept by the proprietor under the Act.

9. Ensure Pension Level Project funding is incorporated into SAVVI funding on an ongoing basis to enable all residents in pension level SRS to receive the supports they need

Response:

The evaluation of the Supporting Accommodation for Vulnerable Victorians Initiative will consider the associated Pension Level Project, in particular its role in providing assistance to proprietors to improve accommodation and personal support standards and establish better service coordination for residents with complex needs.

10. Increase recurrent funding to the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers and to recruit and train the numbers of Community Visitors required to visit all SRS on a regular basis and liaise effectively to address the issues identified on visits

Response:

The Government recognises and values the role of the Community Visitor Program in improving the lives of vulnerable people. The funding commitment for the Community Visitor Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Any changes to the future recurrent funding of the Community Visitor Program would be managed through the Department and the government budget process.
## Community Visitors Disability Services Board recommendations

<table>
<thead>
<tr>
<th></th>
<th>Provide full public reporting on all incidents and allegations of abuse and neglect, as well as the outcomes of these reports and any investigations</th>
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<tbody>
<tr>
<td>Response:</td>
<td>A revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health &amp; Human Services was agreed and implemented in September 2015.</td>
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<tr>
<td>A number of accountability requirements are also in place regarding how the department and service providers manage and respond to allegations of abuse and assault. These include:</td>
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<td>• all allegations of staff-to-client assault are required to be reported to the police, consistent with departmental policy</td>
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<td></td>
<td>• all allegations of abuse and assault are required to be reported to the department via the incident reporting system. Actions are reviewed by senior managers from within the service provider organisation and the department</td>
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<td>• all incident reports relating to allegations of staff-to-client abuse and assault and unexplained injuries are provided to the Disability Services Commissioner for independent review.</td>
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<td>The department has a Quality of Support Review process independent of the program area to assess and monitor the outcomes of investigations and management action.</td>
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<td>The department publishes information about its core services and operations, including incident reporting data, on its website as additional data to the department’s annual report.</td>
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<th>Formally recognise resident to resident aggression and assaults in disability residential settings as violence, rather than the minimisation of it as resident incompatibility</th>
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<tr>
<td>Response:</td>
<td>Behaviour that jeopardises the health and safety of vulnerable people is unacceptable and the department recognises this in all relevant policies and procedures.</td>
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<tr>
<td>The department’s Responding to allegations of physical or sexual assault instruction articulates the compulsory response to abuse by service providers in all settings, including disability residential services. This requires that all allegations of assault of clients in disability residential settings be reported to police.</td>
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<td>Work has commenced to develop and implement a new client incident management system. The new system will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. The new system will underpin a consistent approach to incident management, embed transparency and accountability throughout the system and ensure client safety and wellbeing.</td>
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<th>Develop applicable needs assessment tools, a compulsory code of practice for responding to violence, and professional development for staff managing violence in residential settings</th>
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Response:
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse. These include projects to:

- develop communication tools and resources for people with complex communication needs to assist them to identify and report abuse
- work with advocacy and self-advocacy services to deliver targeted resources and training to assist people with identification and reporting abuse
- strengthen learning and development, and practice instructions, for residential services workers to recognise abuse and neglect and provide appropriate responses
- work in partnership with National Disability Services Victoria to deliver an e-learning resource for workers based on the National Disability Services zero tolerance framework
- review policies and procedures related to investigation and review of incidents.

The department's Responding to allegations of physical or sexual assault instruction outlines the requirements for service provider responses to abuse.

4. Review the Notification Protocol for serious and/or unresolved issues between OPA and DHHS to speed up the resolution of issues, and provide all notifications and responses to the Minister

Response:
This has been completed and, in September 2015, a revised Notification protocol for serious and/or unresolved issues between the Office of the Public Advocate and the Department of Health & Human Services was formalised.

5. Review all of the case studies, notifications and referrals set out in this report to ensure that it is completely satisfied that all have been dealt with appropriately and are resolved

Response:
The department, in conjunction with the Community Visitors Program, is undertaking a process to identify the individual residents referred to in the notifications and case studies, and will re-examine the actions taken by the department on these matters.

6. Fund the provision of counselling support for victims of abuse and emergency accommodation with intensive support and behavioural support for alleged perpetrators of violence who are evicted or need to be moved from disability residential settings

Response:
The department currently provides a range of supports to people with a disability in supported accommodation who have been subject to abuse. This includes ensuring that appropriate counselling supports are available to victims of abuse.
The department is undertaking a program of work to strengthen safeguards for people with a disability. As part of this program of work, a range of projects are being undertaken to strengthen the capacity of people with a disability and the workforce to identify, report and respond to abuse.

In addition, the Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the duties of residential service providers and residents. The Act requires notices to be provided to residents who are required to relocate temporarily or to vacate the premises permanently.

Notices may be provided for a variety of reasons, including endangering the safety of other residents/staff, causing serious disruption, or for the resident’s safety or well-being. Notices are issued only if agreement cannot be reached between the service provider and resident/family regarding relocation. During a period of temporary relocation, if a person is relocated due to the risk caused by their behaviour, the Act requires that the resident has a behaviour support plan developed or an existing behaviour support plan reviewed (if this has not occurred in the previous three months).

The Secretary of the department and Public Advocate must be advised if a notice is issued. This is to ensure that the resident is provided with appropriate support and accommodation. Notices to vacate are reviewable by the Victorian Civil and Administrative Tribunal.

7. As a matter of urgency, address the needs of people with a disability living long-term in facility based respite and those that are unable to access these respite facilities

Response:
As part of the transition to NDIS, support planning will be undertaken for eligible participants including those who live in respite facilities on a long term basis. Funding will then be allocated for innovative and flexible housing and support options based on their choices. The department will work closely with the NDIS participants, their families and NDIA to identify and access appropriate long term accommodation for clients who are currently living in respite on a long term basis.

8. Provide new accommodation options to address the unmet need for disability accommodations

Response:
The 2015-16 State Budget includes an additional $151 million over four years to provide up to 830 individual support packages. These will support children at risk of entering out-of-home care, young people at risk of entering residential aged care and young people with high ongoing disability support needs transitioning from school.

The Victorian government announced in the State Budget 2016-17:

- $60.9 million over four years for the first stage of the NDIS rollout, including funding to close Colanda and improve the condition of supported accommodation facilities.
- $45.3 million over three years to provide up to 400 support packages for young people under the Futures for Young Adults program. These packages will support school leavers in areas not transitioning to the NDIS in the first or second year of full scheme roll out. This funding ensures there is no gap in the supports they receive as they transition into adult life.

Victoria’s bilateral agreement with the Commonwealth for the roll out of the National Disability Insurance Scheme includes the commitment that eligible people who have the most urgent need for support and who are on the Victorian Disability Support Register will enter the National Disability Insurance Scheme over the first two years of Victoria’s transition to the scheme.
People currently on waiting lists will have funding for housing, through the Use Cost of Capital, (UCC) and support allocated as part of their individualised packages. The department will assist these NDIS participants to access appropriate long term accommodation options as part of their transition to NDIS.

The Victorian government is working with the Commonwealth government to progress new investment options in specialist disability housing through the use of UCC, including housing pilots for innovative specialist disability housing in the Barwon trial site.

9. Mandate that all disability residential staff are trained to a minimum of Certificate IV standard, receive annual professional development relevant to their role and regular supervision support, not only to provide the necessary support to residents but also to make the sector an attractive place to work

Response:

At December 2015, 94 per cent of ongoing staff in department-managed homes were qualified at the level of a Certificate IV in Disability or higher.

Of the remaining 6%, these staff are either currently working towards the Certificate IV qualification as part of the department's Traineeship program or, due to staff turnover, waiting to commence the next Traineeship Program intake. Traineeship intakes occur annually in each of the four operational divisions or more often as numbers permit.

An estimated 80 per cent of staff employed by funded community service organisations have a variety of qualifications ranging from Certificate III and IV to degree level.

The Commonwealth Government has commenced the development of a workforce strategy to support the implementation of the National Disability Insurance Scheme.

Education standards for people working in the disability field are being considered as part of the development of a national quality and safeguards framework for the NDIS.

The Victorian government is actively engaged in this national process. The Government is also working with stakeholders to understand how the training system can best meet the needs of the changing sector. Following the establishment of the Victorian Skills Commissioner (VSC), the Commissioner has set up an NDIS Skills Forum to advise government on training and skills requirements under the NDIS. The Government is also working with stakeholders through the NDIS Implementation Taskforce and its Workforce Development and Transition Working Group.

10. Ensure that residents with complex communication needs have a communications assessment conducted by a speech pathologist and develop a detailed implementation plan to guide staff providing this support to residents

Response:

The department has policies and procedures to support residents with complex communication needs in department-managed group homes and residential institutions. These services are surveyed monthly to ensure that communication strategies for residents with complex communication needs are in place and that all staff are aware of the strategies and their location. Results of the monthly surveys are monitored by senior departmental executives.

11. Finalise the audit of housing fabric in order to develop a priority list for replacement or major refurbishment and provide sufficient funding to enable these priority needs to be met
Response:
The Government is working to address the recommendations related to the housing fabric audit and in the 2016-17 budget allocated $1 million to continue this work.

12. Request the Auditor-General to review the disability resident financial management systems in both DAS and CSOs to ensure effective processes are in place to protect residents’ money and assets

Response:
The Victorian Auditor-General is an independent officer of parliament who may independently determine to review disability resident financial systems if appropriate.

The Disability Act 2006 (the Act) protects the rights of people living in residential services and provides clarity regarding the role and responsibilities of residential services. This includes the management of residents’ funds.

Under the Act, a disability service provider cannot manage the money of a person with a disability using their service. However, a residential service may manage a limited amount of money for a resident in specific circumstances. In addition, all residential services are required to maintain records of all funds held on behalf of residents. These requirements apply to all disability supported accommodation services.

The department has a comprehensive system in place to protect the money and assets of residents in the disability accommodation services it directly manages. That is:

- all residents’ money is to be paid into and disbursed through a Residents’ Trust Fund, established and administered consistent with section 91 of the Disability Act 2006, and according to each resident’s signed financial plan
- any handling of residents’ money by departmental staff is recorded in a Client Expenditure Recording System (CERS) to ensure the protection of any individuals’ funds, monitor and record the funds that departmental staff handle for residents, and to fulfil the department’s legislative obligations to funds held on behalf of residents receiving department-managed accommodation services.

The department also conducts internal practice reviews in randomly selected group homes, including review of whether every resident has a current financial plan and whether any loss or theft of funds has been reported through incident reporting.

Disability accommodation services are periodically audited by departmental staff who are independent of the program. The most recent audit in 2013 assessed the adequacy of, and compliance with, controls for handling residents’ funds, including controls applicable to CERS. The audit found that adequate controls are in place to facilitate compliance with CERS, and that monitoring of CERS documentation is effective and consistent.

13. Continue its commitment to ensuring the strengths of Victoria’s current system of quality and safeguards, of which the Community Visitors program is a fundamental protection, is retained in the NDIS

Response:
The National Disability Insurance Scheme (NDIS) quality and safeguards framework is currently under development. The department continues to work with the Commonwealth and other states/territories to
ensure that the strengths of Victoria's current system of quality and safeguards are retained in the NDIS. Disability Reform Council Ministers will consider a Decision Regulatory Impact Statement for quality and safeguards in the NDIS in the second quarter of 2016.

The Minister for Housing, Disability and Ageing has provided the recommendations of Stage 1 of the Parliamentary Inquiry into abuse in disability services (the Inquiry) to the Disability Reform Council. Stage 2 of the Inquiry is currently underway and will make recommendations about Victorian investigation and oversight bodies and their ongoing role under the NDIS.

14. Increase the current funding for the Community Visitors Program to engage sufficient numbers of specialist and administrative staff to support the work of the volunteers, and to recruit and train the number of Community Visitors required to visit all designated facilities on a regular basis and liaise effectively to address the issues identified on visits

Response:

The government recognises and values the role of the Community Visitors Program in improving the lives of vulnerable people. The funding commitment for the Community Visitors Program between the department and the Office of the Public Advocate has been established through a Memorandum of Understanding for 2014-17. Stage 2 of the Parliamentary Inquiry will make recommendations about Victorian investigation and oversight bodies. Any changes to future recurrent funding would be informed by the Inquiry findings and would be managed through the Department and the government budget process.

Conclusion

The government acknowledges the importance of the work of the community visitors as reflected in their annual report. The response above reflects the ongoing work of government, the Department of Health and Human Services and Community Visitors Program in strengthening and safeguarding the rights of vulnerable Victorians.