



**ACT  
Official  
Visitors**

Annual Report  
2024/25

# Contacting ACT Official Visitors

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# Message from the Chair, Official Visitors Board

I am pleased to present this report from the Official Visitors Board (the Board) for ACT Official Visitors for the 2024-25 financial year.

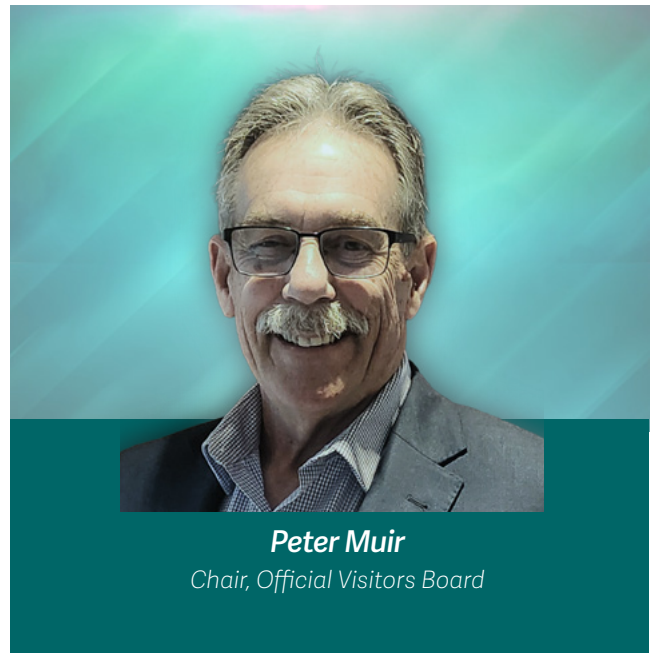
As required by section 23DA of the *Official Visitor Act 2012* (the Act), the report covers –

- (a) the number of—
  - (i) visits by Official Visitors to visitable places
  - (ii) complaints received by Official Visitors in relation to visitable places
  - (iii) referrals of complaints to investigative entities
- (b) the action taken on the complaints received
- (c) systemic issues in relation to the operation of the Act identified by the Board
- (d) the number and kinds of matters referred by an Official Visitor to an investigative entity
- (e) the number of times an Official Visitor inspected records in accordance with section 15(2)(b) of the Act.

This is my second annual report for ACT Official Visitors. The Board has continued to strengthen its governance and compliance responsibilities, while also looking at ways for the scheme to have better traction on longstanding and key systemic issues. We have had success in amending the legislation allowing for sharing of information between Official Visitors, identifying the scheme's service delivery aspirations, execution of the visitable places protocol and a more comprehensive training and induction program. The scheme has matured significantly since the 2020 amendments with clear strengths and weaknesses, and the Board has commenced discussions about the potential for another comprehensive review of the *Official Visitor Act 2012* and supporting legislation similar to the 2017 review.

This reporting period has seen a number of personnel changes, and I would like to thank Ms Pam Jenkins, Mr Matt Hingston, Mr Paul Wyles, Mr Chris Redmond and Mr Rob Woolley for their service as Official Visitors in the community. I look forward to seeing Ms Zoe O'Dwyer and Mr Dwayne Cranfield pick up the mantle in servicing the community's needs.

The Board composition has also seen some changes, and I thank Mr Aaron Hughes, Ms Deborah Bowden and Ms Pam Jenkins for their valuable contributions.



I welcome Mr Geoff Dulhunty and Ms Robyn Hakelis onto the Board.

Additionally, we have also seen a shift in Ministerial responsibilities. I thank Minister Tara Cheyne for her support of the scheme, and I congratulate and look forward to working with Minister Suzanne Orr as Minister for Disability, Carers and Community Services.

Mr Stefan Dzwonnik, ACT Human Rights Commission, continues as Executive Officer, and I thank Ms Dee Buchanan for providing administrative support for both the Board and Official Visitors during Mr Dzwonnik's absence.

I would like to express my pride in being part of the scheme and I commend the skill, respect and unwavering dedication our Official Visitors bring to their roles.

**Peter Muir**

CHAIR, OFFICIAL VISITORS BOARD

# Part 1: Board identified systemic issues

Under Section 23DA(1)(c) of the *Official Visitor Act 2012* (the Act), the Annual Report must report on any systemic issues in relation to the operation of the Act as identified by the Official Visitors Board (the Board).

The Board has examined the issues highlighted by Official Visitors and in previous annual reports. This year's Annual Report addresses the following significant systemic issues:

- Traction of longstanding and key systemic issues
- Budget
- The need to review the scheme's legislation as a matter of priority.

## Traction of longstanding and key systemic issues

Over the last three consecutive Annual Reports, there have been cross-cutting and key systemic issues that have been raised by both the Official Visitors and the Board that have had little, if any, traction from operational Ministers and directorates.

In 2021-22, the Official Visitors raised concerns with respect to difficulties in transitioning from facilities such as the Alexander Maconochie Centre (AMC), Adult Mental Health Unit (AMHU) or Bimberi Youth Justice Centre (Bimberi) due to a lack of housing options. Official Visitors identified that Aboriginal and Torres Strait Islander cultural competence could be improved across service systems. They also noted the need for better cross-government integration as entitled persons can have complex needs that do not fit neatly within the remit of a single government agency.

In 2022-23, the Official Visitors again noted difficulties transitioning into housing after leaving facilities, where entitled persons are vulnerable and at risk of homelessness. They also stressed numerous properties were of a poor standard or requiring significant maintenance as a housing quality issue.

In 2023-24, the Board highlighted key and previously reported systemic issues including availability of housing and maintenance of housing. The Board highlighted the need for a death in disability care review function, which Disability Official Visitors have been raising since the 2020-21 annual report.

The Board noted that the Corrections discipline has continued to receive the highest proportion of complaints since at least 2020-21. These constitute over 80% of all complaints to the scheme. Detainees have been frustrated with, and do not trust, the existing Corrections systems to respond to complaints,

concerns and grievances. There have been continued complaints regarding health services in corrections and youth detention, as not being comparable to the standards of care received in the community.

Now, for the fourth consecutive year, many of these issues continue to be raised as concerns by Official Visitors. The Board's discussions with Official Visitors in 2024-25 identified the following common and key systemic issues as being key issues to highlight:

- transition to accommodation from the Alexander Maconochie Centre, Bimberi and residential inpatient care,
- the value that would be gained from having a death review panel to examine deaths in disability care,
- the standard of maintenance and availability of housing to entitled persons,
- support for Aboriginal and Torres Strait Islander detainees,
- Corrections complaints mechanisms, and
- inadequate focus on rehabilitation and reintegration for detainees.

Most of these issues have been highlighted and explored multiple times at both individual and systemic levels in quarterly discipline reporting processes and through the Board in previous annual reports.

These issues continue to be reported with minimal progress and longstanding Official Visitors are questioning the degree to which directorates and operational Ministers are acting on issues raised. This is despite ongoing efforts by Official Visitors as well as increased proactivity by the Board, including the Chair having engaged with multiple stakeholders in pursuit of change.

## Budgetary restraint

The Board continues to oversee the funding of Official Visitor activities. Like any entity using public funds, the Board is mindful of its responsibility to utilise these funds effectively and efficiently.

The Board initiated a budget strategy at the end of 2022-23, allocating notional budgets for each discipline with consideration for historical visiting, visitor and visitable places numbers, risks and existing oversight mechanisms. This has been largely successful in keeping disciplines from engaging in activities beyond budgetary remit, however, Official Visitors have advised that they have had to limit some activities and are not able to fulfill the full range of their statutory functions.

Official Visitors have maintained a focus on visiting, engaging with entitled persons, and complaint handling, however, Official Visitors have had to reduce or cease meetings with high level executives and key stakeholders and participating in any consultancy or submission requests. This directly impacts their ability to advocate for change in relation to the issues that they are seeing and to assist directorates in formulating policies and practices that better support vulnerable people in the ACT.

Official Visitor functions under s 14 of the *Official Visitor Act 2012* are as follows:

- (1) An official visitor for a visitable place has the following functions:
  - (a) to visit the place and meet entitled people at the place;
  - (b) to monitor conditions, services and practices in the place;
  - (c) to investigate and seek to resolve complaints from, or on behalf of, entitled people at the place;
  - (d) to identify and report on systemic issues adversely affecting entitled people at the place;
  - (e) if appropriate, to refer complaints or issues from, or on behalf of, entitled people at the place to relevant investigative entities;
  - (f) to report to the Minister and operational Minister for the place as required under this Act;
  - (g) to exercise any other function given to an official visitor under this Act, an operational Act or another territory law.

Official Visitors have primarily been focusing on:

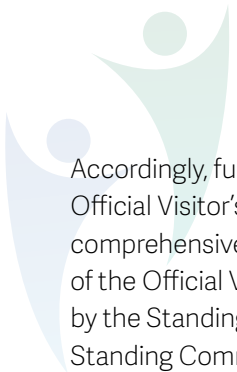
- Meeting with entitled individuals.
- Monitoring the conditions, services, and practices of visitable places.
- Investigating and resolving complaints.

They have been limited in their ability to fulfil other functions listed. These other activities help uncover and report broader systemic issues that affect individuals. Limiting engagement with stakeholders and restricting input to important policy documents reduces the effectiveness of the scheme—making it harder to create meaningful change. Greater involvement and access to accurate information could lead to better solutions and reduce risks for people, organisations, and government.

The resourcing of the scheme remains strained by demand for Official Visitor services. Disability Official Visitors have noted difficulty in visiting all places on the visitable places register in view of the increasing number of visitable places in some disciplines. While there have been efforts to drive efficiency by using alternate referral pathways to resolve complaints, some entitled persons (such as detainees in the AMC) do not trust existing complaints systems and prefer to raise matters with Official Visitors, despite many being matters of limited complexity that can and should otherwise be handled by organisational staff. The Standing Committee on Legal Affairs, in their *Inquiry into Annual and Financial Reports 2023-24*, recommended “that ACT Corrective Services clarify the complaints process in a way that is easily understandable for detainees and staff and ensure that the clarified process is communicated to all detainees and staff in an easily accessible way.”

Another issue impacting the scheme’s efficiency is the lack of education and awareness of the scheme, particularly by residential service providers. Attempting to explain the role and confirm authority to enter a property reduces the number of places that can be visited in a given period. Disability Official Visitors have observed that organising visits can be time-consuming, but that they do so as entitled persons may not otherwise be at the property when they visit. Disability Official Visitors have observed that it would be useful to have visits organised on their behalf.





Accordingly, further funding would help increase Official Visitor's ability to exercise the full and comprehensive range of their functions. An increase of the Official Visitor budget was also supported by the Standing Committee on Social Policy (the Standing Committee) in their *Inquiry into Annual and Financial Reports 2023-24* published in April 2025. The Standing Committee acknowledged the importance of the Official Visitor role in protecting and giving a voice to vulnerable people and recommended "that the ACT Government provide sufficient funding to ensure Official Visitors are able to make as many visits as necessary to fulfill their functions effectively and reliably."

The Board has been working with Official Visitors on ways to better measure Official Visitor outcomes through service delivery aspirations in support of the ACT Government's Wellbeing Framework. The Board is looking at Ministerial commitments made before and after the ACT Government election to help distil key focuses. Achievement or progress towards identified service delivery aspirations would support any bids for further funding.

## Substantive review of the *Official Visitor Act 2012*

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The Board has initiated discussions seeking comprehensive review of ACT Official Visitors. The *Official Visitor Act 2012* was effective from 1 September 2013 resulting in a centralised scheme. Prior to centralisation, there were disparate Official Visitors who were managed, employed and funded by their respective directorates. The Official Visitors Board was established with administrative functions, and this ensured administrative independence from directorates.

In March 2017, the then Minister for Justice, Mr Shane Rattenbury MLA, asked the JACS Directorate to undertake a review of the then Official Visitor Scheme. The review was conducted between May 2017 and November 2017. Most of the recommendations from this review were implemented in 2019-20, with legislative amendments becoming effective by 2 April 2020.

Main changes based on the 2017 review focused on increased oversight and functionality of the Official Visitors Board in supporting the scheme and Official Visitors, as well as establishment of the Executive Officer to support the Board in day-to-day operations of the scheme. Official Visitors can also now be authorised to work in an Official Visitor space they are otherwise not appointed in. The administration of the scheme also transferred from ACT Public Trustee and Guardian to the ACT Human Rights Commission on 1

July 2021.

There have been recent consultations to drive national consistent approaches by Official / Community Visitor Schemes / Programs across states and territories. The *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* (Disability Royal Commission), published in September 2023, recommended that Official / Community Visitor Schemes / Programs be nationally consistent regarding people with disability in relation to:

- the scope of the scheme (who should be visited),
- powers to visit people with disability, inspect records and provide information to other relevant bodies,
- common monitoring standards, and
- the type of data that should be captured and reported on.

The Disability Royal Commission further recommended defining 'visitable services' and mechanisms for identifying factors that may place a person with disability at increased risk of violence, abuse, neglect or exploitation.

Discussions with stakeholders in differing states and territories have identified the importance of scheme and program independence and this may result in consistency at higher policy levels, while allowing for each state's or territory's scheme / program

to continue navigating within their existing and established legislative frameworks. ACT Official Visitors has a wider scope compared to other schemes and programs allowing Official Visitors to visit disability, mental health, corrections, children and young people, and homelessness visitable places and entitled persons. Legislative changes as an outcome of the Disability Royal Commission should not negatively impact operation of the other Official Visitor disciplines spaces, so, we anticipate policy and legislative changes to be in the context of the *Disability Services Act 1991* only.

The scheme has also been impacted by legislative changes in 2024-25. Section 25A was included in the Act to allow for information sharing between Official Visitors, providing other Official Visitors with context and history to a visitable place or entitled person, and allows for meaningful systemic issue discussion in preparation of reporting. Section 24A grants civil and criminal protection to entitled persons making a complaint to an Official Visitor provided the complaint is made honestly and without recklessness. Amendment to the *Civil Law (Wrongs) Act 2002* commenced on 1 July 2024 allowing for defence of absolute privilege so that victim-survivors (or witnesses) cannot be sued for defamation for making a report or complaint to prescribed bodies, which includes Official Visitors.

The Board believes that, in addition to recent and historical changes, further substantive changes could be made to the scheme. A comprehensive review would be better than incremental changes as is occurring presently. The Board is currently seeking changes to the scope of the 'public employee' definition preventing appointment of persons who may be statutory, appointed board members unrelated to Official Visitor work. The Board is discussing whether Official Visitors should be bound by a two three-year term limit under the Principles of Refresh in the *Governance Principles – Appointments, Boards and Committees*, whether full and summary quarterly reporting should be consolidated, and who should receipt and manage Official Visitor records at the end of an Official Visitor's term. The Board has considered Official Visitor and Board functions and powers that could encourage key stakeholders in order to gain traction on matters.

The scheme has matured, with better governance and improved operations by Official Visitors in servicing and reporting on the issues at visitable places and entitled persons. However, there is an opportunity to take a holistic snapshot of the scheme's current position and trajectory, look at the current threats and issues affecting the scheme, and make recommendations to further adjust course. The Board believes there are significant elements that can be explored in a comprehensive review of the scheme.

## Part 2: Systemic issues identified by Official Visitors

### Mental Health

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#### **Transfer of young people from the Child & Adolescent Unit (CAU) to the Adult Mental Health Unit (AMHU)**

This practice has been an ongoing problem for at least the past two years. The primary reason for the transfers is the unsafe design of the existing seclusion / safe room in the CAU resulting in the need to transfer unsettled young people into the AMHU for immediate management. The minor works required for the room has been an ongoing issue and to date has not been completed. The practice of placing young people into adult units has been the subject of much research and policy guidance elsewhere, indicating that this practice can result in further trauma and the worsening of young people's conditions.

This issue had been reported in quarterly reporting in March 2022, October 2023, June 2024, September 2024 and March 2025. There has been no formal response from the Minister for Health, the Health Directorate or Canberra Health Services.

#### **Bathrooms, bedrooms and the general living environment within the Adult Mental Health Unit**

This issue has been the most complained about matter for the Mental Health Official Visitors. Consumers, carers and staff have all raised complaints about the poor state of repair of the bathrooms and bedrooms within the unit. Mould, leaking water, peeling paint and poor hygiene are common in nearly all consumer rooms. There were further concerns expressed about the lack of soft furnishings in the unit, the lack of décor and the general institutional feel of the whole environment within the unit. These issues have been raised with the General Manager of Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS) and flagged with the Minister for Mental Health at the

last meeting. To date there has been no mention of any funding being allocated for repairs, maintenance and replacement to address this matter. This unit is by far the least pleasant of all Inpatient Mental Health Units in the ACT. This issue has been raised with MHJHADS since 2023 and has been reported frequently in quarterly reports.

Local management is responsive wherever possible but with the bigger issues MHJHADS and Canberra Health Services have not provided any formal 'responses' in writing except once by the previous Executive Director MHJHADS.

#### **Rehabilitation and secure community-based accommodation for forensic consumers**

It appears since the closure of Gawanggal Mental Health Unit (GMHU) and the passing of time, the services available for rehabilitation and secure community-based accommodation of forensic consumers is lacking. The long-term detention of consumers in the most restrictive environment is not in keeping with the intent of the least restrictive environment principles of the *Mental Health Act 2015*. It is felt that MHJHADS should undertake a mapping exercise of all services to identify where service gaps appear and plan, in particular for forensic consumers' future needs outside of the most restrictive care models.

Community accommodation providers have been responsive to issues, except relating to maintenance in residences owned by Housing ACT - a systemic issue across all community services. This is reported extensively with the Disability Official Visitors (below).

# Disability



## **Access to and treatment in Health Services – treatment of people with disabilities in the hospital setting**

Official Visitors for Disability Services (OVDS) continued to receive a number of complaints relating to the treatment and management of people with disabilities in hospital settings, particularly people with complex co-morbidities. OVDS have heard varying issues raised including inadequate adjustments for people with disabilities, particularly in the Emergency Department (ED); lack of equipment and accommodation options in the hospital system for people with obesity as a result of their disability, extended hospital stays without clear pathways for returning home, and not developing safe discharge plans of people with disabilities who have been identified as having complex needs and are presenting to hospital frequently. It has been reported that providers and investigative agencies have had great difficulty in facilitating communication and change with North Canberra Hospital.

The complaints OVDS have received indicate that people with complex disabilities are still experiencing long wait times when presenting to ED, often causing agitation and distress, while having an adverse impact on other patients around them. In 2022, Canberra Health Services launched its Disability Action and Inclusion Plan 2022–2025, aimed at improving health services for people living with a disability. Additionally, the ACT Disability Health Strategy 2024–2033 provides the necessary policy framework for implementation of measures to address these issues. OVDS have discussed these issues with the operational Minister and OVDS are observing that, in many cases, these improvements and provisions are not translating into practice. OVDS recommend collaboration between the Minister for Disability, Carers and Community Services and Minister for Health and their key stakeholders to develop pathways and protocols regarding planned support upon presentation to ED and safe discharge for people with complex disabilities that present frequently to hospital.


## **Housing – quality and maintenance**

While there have been fewer reported complaints to OVDS regarding housing maintenance over 2024-25, it remains an ongoing issue with continued inadequate

communication to service providers and residents, and no visibility regarding maintenance status, progress and timeframes. OVDS often identify several issues when attending visitable places, including accessibility of housing (particularly for people with physical disabilities); safety concerns; mould in bathrooms; kitchen appliances that present a fire hazard; security issues; unfinished or poor quality of repairs; and leaking premises. OVDS observations indicate individuals and providers are less likely to raise these issues unless explicitly asked. OVDS have welcomed the opportunity to meet with several Community Services Directorate (CSD) stakeholders and the Director-General to discuss the role of ACT Official Visitors, the relationship with CSD and various systemic issues. In relation to individual matters raised by OVDS, regular meetings with senior Housing ACT staff appear to have resulted in some improved outcomes in several cases. It is important for participants / occupants or their guardians / providers to be given realistic timeframes once a request for repair / maintenance is lodged. This would include information on how and where to escalate matters if repairs are not completed within the stated timeframe.

## **Deaths of people with disability in supported accommodation**

OVDS continue to anecdotally hear about deaths of people in visitable places. This information is often received many months after the person has died, usually when the OVDS contact a service provider to arrange a visit or through conversations with other providers. Discussions are continuing with the National Disability Insurance Scheme Quality and Safeguards Commission (NDISQSC) about information the Commission might be able to provide about deaths of people with disabilities in visitable places. OVDS first made a formal recommendation for a Disability Death Review Panel function in late 2020, in a quarterly report to the then Minister for Disability. While the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* (the Disability Royal Commission) recommendations included this proposal amongst many others, OVDS recommends that ACT Government progresses recommendations 11.14, 11.15 and 11.16 as a priority to address this significant gap in current safeguarding provisions.



The ACT Government has accepted in principle the recommendation of the Disability Royal Commission that 'States and territories should establish and appropriately resource disability death review schemes' (Recommendation 11.14). The OVDS continue to strongly support the establishment of a disability death review function in the ACT to monitor deaths in disability accommodation in the ACT. Access to information about deaths of people with disabilities in care would allow OVDS to highlight systemic issues that impact the safety and well-being of people with disability.

### **Guardianship**

OVDS have identified an increasing trend over several quarters concerning cases regarding private guardianship and financial management. This includes guardians exerting excessive and coercive control over a vulnerable person's life, which is not in line with the powers given under a guardianship order or the *Guardianship and Management of Property Act 1991*. OVDS have also identified a lack of knowledge of guardianship amongst National Disability Insurance Scheme (NDIS) providers, who often appear to believe they must comply with all requests made by the guardian even when it involves unauthorised restrictive practices and coercive control. Examples of this include participants not being allowed to leave their residence without supervision, chemical restraint, not allowing the purchase or consumption of alcohol, restrictions on access to food (including the restriction of purchasing perceived unhealthy foods) and refusing to allow the participant to visit friends or have friends visit them at their home. Furthermore, it raises questions regarding the external oversight of private guardians.

OVDS identified a case where the Director of a service provider was appointed as both private guardian and financial manager for a person with a disability who was accessing 24/7 support from the provider. Identifying a clear conflict of interest, OVDS escalated this matter to the ACT Civil and Administrative Tribunal (ACAT) for review and attended the hearing, supporting the decision to revoke both orders and have a family friend alternatively appointed. OVDS believe there is a need for further investigation into a number of guardianship orders granted to service providers and other parties with a clear conflict of interest, and consideration of further training for ACAT Sitting Members in the risks of abuse / neglect. This may also involve the development of an additional oversight system. OVDS have raised

these concerns with the Public Advocate, Office of the Senior Practitioner, Regulation, Assurance & Quality (CSD) and Public Trustee and Guardian and will continue to progress the matter for a more systemic solution. OVDS recommends further education to NDIS providers, by organisations such as the ACT Public Trustee and Guardian, regarding the role of guardianship and the possible risks of abuse, coercive control and the denial of dignity of risk. OVDS are in early discussions with Public Trustee and Guardian regarding this and the possibility of community education forums.

### **NDIS funding**

The inadequacy of NDIS funding has been raised as an ongoing systemic issue and OVDS have seen an increased number of people whose NDIS packages fall short of meeting their needs. In some cases, people who live on their own (including a number of people who own their own property) have seen their funding reduced to a level of 1:2 or 1:3 (one worker to two or three participants). This is particularly problematic where participants have significant difficulties finding another person to share / cohabitate with. There was a reported case where one person was being forced to sell their house and move into shared accommodation as they require 24/7 support but were funded at a higher ratio of care. This raises serious concerns regarding choice and control, independence and safeguarding. OVDS see many cases where NDIS participants are put into housing together to meet plan funding, rather than choice or compatibility. OVDS have noticed that even when escalation pathways like Members and Senators Contact Officer (MaSCO) or Integrated Service Response Program (ISRP) are involved in escalating these issues at plan reviews, they are rarely successful in positive outcomes (and occasionally the person will end up with a worse Plan Review outcome).

OVDS are also receiving reports about service providers not being paid for what they deliver; reduced community access; incompatible placements causing distress and behaviours of concern; and older people feeling threatened about being moved to residential aged care. Where these issues become significant threats to the health and wellbeing of the entitled persons, referrals are made to relevant local channels, but there appears to be more cases of the NDIS refusing to fund 1:1 Home and Living supports or funding 1:2 or 1:3 supports as a matter of course. OVDS continue to refer cases to MaSCO and ISRP for assistance when identified as necessary.

The inadequacy of NDIS funding and supports has been raised in nearly all quarterly reporting to the operational Minister since the 2021-22 financial period. At a ministerial level, then Minister Emma Davidson as Minister for Disability had committed to approach the then Commonwealth Minister Bill Shorten, Minister for the NDIS and Government Services, with examples as provided by the OVDS, however no formal response has been received. The OVDS approached CSD on various occasions to support their contact with

National Disability Services (Australia's leading peak body for disability service organisations) by providing examples. Some cases have been referred to the ISRP where there is significant risk to an individual. Formal responses have only been received with respect to individual cases, and this is to be expected as the systemic issue relating to adequacy of NDIS funding is not really within the scope of ACT Government ministers.

## Corrections

The prevalence of complaints in certain areas, as well as the fact that many of these have been reported consistently over the years indicate systemic issues. Official Visitors see common threads underlying many of these, many relating to culture and approaches as well as systems. While some action is being taken on aspects, this is not at the scale or depth that is required to respond to the challenges. With a new Corrections Commissioner recently in place, Official Visitors hope to see real leadership and momentum in many areas.

Some common and interlinked underlying threads include:

### Staff shortages

Staff shortages have a significant impact on detainees and staff at Alexander Maconochie Centre (AMC).

Shortages are often accommodated by:

- implementing rolling lock-ins where detainees are locked in cells for additional hours rather than having access to programs, the yard and common areas
- closing the AMC activities area, oval, library, programs and education
- cutting / postponing escorts for health services resulting in delayed access to treatment.

Dynamics in accommodation areas can become harder as detainees' routines, activities and supports are interrupted, impacting staff that are on duty and carrying a heavier load.

### Case management

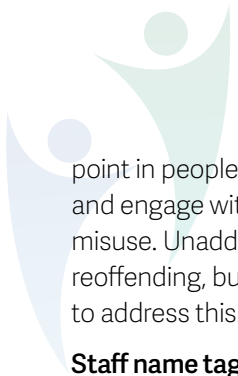
Official Visitors have regularly raised concerns around the lack of access to case managers. Such concerns have been raised in relation to individual detainees

but also in meetings with AMC management. Case managers play a key role in follow-up on issues with housing, court requirements, parole planning, and establishment of contacts etc. Case manager positions have been unfilled during the period due to staff leave and delays in recruitment. With a smaller number of case managers there is a greater reliance on email (rather than face-to-face) contact with detainees. This is a source of frustration for the significant numbers of detainees who do not have reliable access to a computer and / or who have difficulties with literacy. Use of pooled case management (where detainees are not allocated a specific case manager) also limits nuanced understanding of individual detainees' needs and missed opportunities for rehabilitation and reintegration support.

The case management issue has been raised multiple times at senior management meetings at the AMC, including with the Corrections Commissioner and, separately, the Assistant Commissioner. The issue has also been raised in oversight meetings with the Inspector of Correctional Services, the Ombudsman, and the ACT Human Rights Commission.

### Drug use at AMC

Many detainees are at AMC for drug related offences and despite a range of security measures, drugs remain accessible to detainees at AMC. The lack of a structured day and sufficient activities and programs as a way of reducing day to day boredom remains a driver of demand for drugs. While the Therapeutic Community Program run by Solaris remains a positive example of the kind of programs that can be offered, there remains a lack of adequate and diverse Alcohol and Other Drugs (AOD) supports. Being in custody can be a turning



point in people's lives, an opportunity to get clean and engage with the causes of individual's substance misuse. Unaddressed substance misuse often leads to reoffending, but there is inadequate support available to address this.

### **Staff name tags**

Many AMC Corrections officers continue to breach the uniform policy by not wearing a name tag. Detainees often do not know the names of staff they are dealing with, undermining transparency and accountability.

### **Lack of access to computers, coupled with increased reliance on computer systems**

Many detainees do not have access to either a shared computer in a common area or their own computer in their cell. Coupled with this there is increased reliance on computers for communications with case managers, education, AMC complaints and other services, placing those without reliable computer access at a disadvantage. Email is also relied on as a preferred means of communication of messages to the detainee population. Voting arrangements at the recent federal election for example were primarily communicated with detainees via email. Detainees in a number of areas advised they were not aware of arrangements until it was too late, meaning they did not have the opportunity to vote.

Official Visitors have raised lack of access and complaints (whether it is a lack of computers, broken computers, switched off computers, password locked computers or missing computer peripherals preventing access) in every single quarterly report to the operational Minister since 2021-22 and in other forums as well. While still scarce, it does appear that computers have been spread more evenly across areas in AMC in recent months resulting in some improvement. ACT Corrective Services (ACTCS) have argued that current computers aren't a priority as they will be replaced with tablets, however this process has been delayed by some years and Official Visitors understand that these will not be in place for at least another year or two.

The voting issue has been raised with senior management on two occasions in writing. Official Visitors received a response back from senior management advising they will do better next time, with decreased reliance on notices through the computer system and a greater number of written and printed notifications about upcoming elections. The Assistant Commissioner also provided a verbal response confirming this.

### **Inadequate focus on rehabilitation and reintegration**

The ACT has a high rate of recidivism. While there are likely many factors contributing to this, Official Visitors continue to be concerned about the role played by the AMC. This includes the high levels of boredom with not enough activities, programs, education and employment opportunities to ensure that detainees have a busy, meaningfully-structured day. Programs and activities need to be budgeted for, and forward planning undertaken so that reliable, accessible, appropriate and good quality programs and activities are a feature of time spent at the centre. The Transitional Release Centre remains under-utilised with many detainees not able to access the facility and its related resources before leaving custody. Support for detainee community-based employment is minimal. Links to such employment could play a pivotal role for successful reintegration for many detainees but is currently largely absent. Not embedding rehabilitation and reintegration throughout leads to missed opportunities to build on detainees' strengths and work together to build a viable pathway to change.

### **Not taking action or resolving issues**

Difficulty organising low level administrative and practical matters (for example, a tax file number, a dietary need, a special purchase or a phone call with a service) can often be a source of frustration for detainees. After trying to sort out the issue themselves or seeking help from staff, detainees often seek assistance from Official Visitors. As noted in previous reports, such issues should be resolved by custodial staff or by supervisors if need be and not need to come to Official Visitors. This is exacerbated when Official Visitors may then need to follow up multiple times to ensure that action is taken.

While the AMC does have a formal complaints system, limitations include confusion over how to make a complaint, not trusting that it will be taken seriously and the time taken to get a response. Responses to complaints are also sometimes unclear or do not address the core issues raised by the detainee. This means that when issues are not resolved, they are often raised with Official Visitors rather than the AMC complaints system.

### **Options for people with complex needs**

As a smaller facility with a wide mix of detainees, options for accommodating people with more complex needs remain limited. This in turn limits access to programs, exercise, and social interaction etc when

people are accommodated in areas with more restrictive regimes.

### **Court transport unit**

There remains an issue with the court transport unit not having access to nursing staff to supply medication as needed to detained persons. This is particularly problematic for persons who have been transferred from the police watch house. Additionally, the court transport unit is often short on officers which creates a safety and security issue.

### **Elderly detainees**

The increasing numbers of elderly detainees provides a range of challenges for AMC which is not set up as an aged care facility. Cells, bunk beds and other facilities are not necessarily suitable for people with limited mobility. Older people can be more vulnerable making it more difficult to place them in some areas and shared cells. Health and personal care needs can be hard to

meet in some areas of AMC where bringing in outside care providers is not practical or feasible. These factors impact on care delivered to elderly people themselves and on other detainees and cellmates who sometimes end up needing to provide levels of care.

### **High numbers of detainees**

There are regularly times when increased numbers of detainees places pressure on the systems at the AMC and impacts on detainee outcomes and wellbeing. As detainee numbers get higher, options for accommodating individual's needs are reduced. This results in increased sharing of cells, more situations where poor combinations of people are placed in shared accommodation (for example, where there is conflict or other concerns), and less access to activities and programs if access cannot be managed safely. It can also result in more lock-ins when detainees in the same area are restricted from contact with one another where they need to be out at different times.

## **Children and Young People**

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Whilst there has been some improvement in some care services provided by Out of Home Care (OOHC) providers, many issues for young people remain ongoing. These are as follows:

### **Aftercare support**

Aftercare support for young people exiting an OOHC provider does not appear to be prioritised even with an increase in aftercare support funding.

The lack of options for after care support is concerning, with Barnardos' Community Adolescent Program (CAP) being the largest provider of aftercare support.

Unfortunately, the Barnardos program often declines new participants exiting residential care with regularity and they do not engage with Official Visitors regularly.

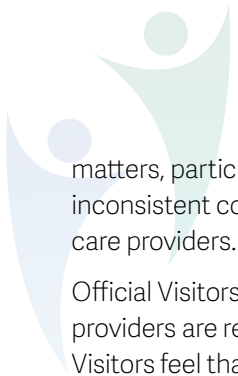
Care provided by CAP, which includes case management, is often insufficient due to lacking safe housing options, with young people housed in areas where there is high drug use and high crime, along with inadequate step-down model implementation by CAP. This has been raised consistently with Children, Youth and Families (CYF), ministers and providers as well as in quarterly reporting.

As an example, there was one young person without a working refrigerator for a period of eleven weeks. When the Official Visitor spoke with Barnardos there was initial resistance with engagement of Official Visitors as they were not aware of the Official Visitor legislation and that Official Visitors can engage with young persons over 18 years of age with their individual permission. The young person being spoken about was over 18 years old.

Barnardos denied knowing that the young person did not have a working refrigerator, which Official Visitors believe could be due to a lack of case management and engagement with the young person. Barnardos did action the Official Visitor's request to replace the fridge quickly, however this also highlights the need for Official Visitors to be engaged with young persons in CAP placements.

### **Point of contact**

Official Visitors struggle to know who the point of contact is for a young person when their case management is through CYF and residential care provided through residential care providers such as MacKillop Family Services (MFS) and Capability Support. This results in difficulty with follow-up on



matters, particularly when there is sporadic and inconsistent communication from CYF and residential care providers.

Official Visitors acknowledge that most OOHC providers are responsive to follow up, however, Official Visitors feel that the onus for updating a young person's movements should be on providers as they are aware when and where young people transition to different properties.

### **Lack of communication**

As mentioned, there is a lack of communication with Official Visitors about contracting and procurement processes, making oversight by Official Visitors difficult. Official Visitors often find out about new providers from current providers rather than through formal government channels.

It would also be useful to review contracts prior to visits to ensure Official Visitors are aware of the contractual arrangements that are to be provided by individual providers. This would assist in providing more accurate oversight by Official Visitors.

### **Quality of information**

The quality of information in referrals provided from CYF to care providers is lacking.

Often young persons who have been with CYF for some time do not have a care plan to provide to service providers such as MFS and Capability Support.

Other information missing can include potential non associations for legal matters or health including mental health information and developmental capabilities. This information is fundamental in matching with other young persons in residential properties.

This means that matching young people with an appropriate OOHC residence is not always successful, which can result in greater instability and further moves to alternate properties until a suitable match is found. This not only disrupts the one young person being placed but others within each property used.

### **Larger homes**

Larger homes with 3 to 5 bedrooms have had incidences of not working as well as anticipated due to the complexities of young people being housed in groups, particularly when the matching of young people's needs is not aligned. This matching is often difficult due to the lack of information provided to

services providers about young people as mentioned above.

This results in instability and greater rotation between housing properties or the young person self-placing within the community. Currently the two large residences held by MFS have matched all the young people who are remaining in the supported accommodation well, helping to mitigate self-placement.

### **Transition after exiting care**

Transitions directly to Housing ACT (HACT) are rarely happening for young people when exiting care from residential service providers. Many referrals have been refused by Barnardos' CAP program, albeit that this would eliminate the need for transition directly to HACT.

Housing ACT often advise that there is no rental history available and therefore the young person does not meet the criteria for a housing property. This is an unrealistic expectation for a young person, especially those who have lived in OOHC.

However, this is also the purpose of CAP and transition planning to upskill young people to independent living so there should be sufficient evidence of a young person's ability to live independently and manage a household, provided CAP or transition planning was delivered consistently and successfully with acceptance of referrals.

Official Visitors are not aware of the contractual obligation for Barnardos to accept young people from OOHC providers. This concern has been raised consistently with CYF and the Minister for Children, Youth and Families with no response on how to adequately proceed with this problem.

As an example, one 18-year-old person exited residential care to Toora Women Inc's refuge as she was refused access to the CAP program. Without the step-down care model provided by the CAP program with Barnardos, MFS were left with no options than Toora Women Inc's refuge as an accommodation option for this young person exiting care.

Official Visitors noted that Toora Women Inc's case management support was not equipped to deal with the heightened needs of this young person, even with the ongoing support of MFS who were not funded for the ongoing assistance they gave Toora Women Inc's staff over this period.

This subsequently resulted in this young person being evicted from Toora Women Inc into true homelessness.

The transition arrangements for young people have been consistently raised with both CYF and ministers throughout the year with no clear response on management of these issues.

### **Support in time of critical decision making**

One young person in Bimberi Youth Justice Centre (Bimberi) stated that they needed support at the time of deciding to resort to criminal activities within the community to either get money or food.

They stated that they wanted to change their criminal behaviour, get stable accommodation and work, however they needed immediate contacts to provide for their basic needs and support improved decision-making at times when they might otherwise break the law and end up being incarcerated.

This example highlights the issue young people stepping out of the OOHC system face without supports available to assist them in those critical moments. As mentioned above this can be in a step-down model of care including after-hours support or this may be from a young person still residing in their family home.

### **Increase in visitable places and new providers**

The increase in the number of visitable places with the introduction of new providers has required Official Visitors to focus on those OOHC homes and CAP residents requiring specific assistance.

This has resulted in some houses not being visited as regularly as they may have in the past. There has also been limited engagement with young people in CAP housing as some are not known to Official Visitors due to limited information provided by stakeholders at Barnardos' CAP. Official Visitor focus has been on assisting young people transitioning to CAP rather than those young people over 18 who have moved to CAP without transitioning from OOHC.

### **Budget**

Official Visitors have noted an increase in providers and young persons across the sector, however, the scheme's budget has not kept up with the increase in visitable places and entitled persons. This has resulted in lowering the number of visits and oversight to some properties and residences. This concerns Official Visitors due to many ongoing systemic issues as outlined within this report.

### **Other**

Official Visitors have noted a more homely version of OOHC accommodation for young people with upgrades being planned and completed by MFS and Capability Support.

Official Visitors would like to thank MFS and Capability Support for providing after care support to some young people whom they were not funded to support, however felt a moral obligation to ensure that these young people did not "go backwards" when leaving the OOHC residences.

### **Bimberi bookings and visiting hours**

There are concerns around visiting hours for Official Visitors at Bimberi, as Official Visitors have been asked to limit visitation to out of school hours so as to not disrupt schooling though noting that not all young people are schooled at the same time due to security issues and non-associations. Additionally, Official Visitors are required to have an approved booking to attend Bimberi, which is contrary to section 15 of the *Official Visitor Act 2012* which specifies that an Official Visitor can visit at any reasonable time following a complaint or at the Official Visitor's own initiative. These time frames and approved booking requirements have limited Official Visitor oversight at Bimberi.

# Homelessness

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## Housing ACT

The wait time for social housing properties towards the end of 2024-25 seems to have steadied after a pleasing downward trend in 2023-24, with priority housing allocations under 12 months.

However, the out-of-reach private rental market continued to impact adversely on both residents of homelessness services, and the services themselves.

Nominally 'crisis' services have, in many cases, been forced to operate as medium-term accommodation, with residential periods extending beyond the usual arrangement after an assessment on most visits.

Housing ACT's service reform measures are resulting in steadily improving experiences for potential tenants at both application and allocation stages.

## Specialist homelessness sector

It was very pleasing to see case worker's ongoing assistance to residents across service providers with Housing ACT applications and the general feedback from residents was of appreciation and relief. The strain on case workers seems to be palpable in some areas of homelessness and this has seen an issue with retention which was more noticeable in this reporting period. That said, there are still many dedicated service professionals caring for the needs of the homeless.

From the resident's perspective, the quality of services and supports continues to be seen as very good and is a tribute to the skill and dedication of homelessness services staff.

The Homelessness Official Visitor continues to be amazed by the generosity of providers in retaining those awaiting housing allocation and catering for their needs more broadly. It is informative to the health of the sector and the genuine dedication of all case workers and providers.

## Service gaps

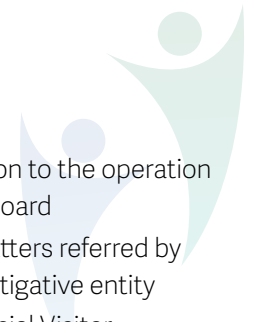
There continues to be some concerns raised by young women who had escaped family violence, and issues have been raised by women with children in services like Toora Women Inc, noting an imminent release of abusive partners from incarceration.

There were some initial concerns by one service provider as to the youth foyer program in Braddon but that seems to have dissipated with ongoing contractual discussions.

## Systemic issues

A very real concern is the lack of responsiveness from the Minister for Homes and New Suburbs despite several special interim reports being sent to their office. This is disheartening for the Official Visitor for Homelessness as the lack of higher authority input implies that these concerns are not being heard or addressed.

## Part 3: Other section 23DA reporting



Section 23DA of the Act provides that the Board must give the Minister a written report for the financial year about:

- a) The number of -
  - i. Visits by Official Visitors to visitable places
  - ii. Complaints received by Official Visitors in relation to visitable places
  - iii. Referrals of complaints to investigative entities
- b) Actions taken on the complaints received

- c) Any systemic issues in relation to the operation of the Act identified by the Board
- d) The number and kinds of matters referred by an Official Visitor to an investigative entity
- e) The number of times an Official Visitor inspected records in accordance with section 15(2)(b).

The following information has been drawn from Official Visitor quarterly summary reports and from consultation with Official Visitors.

### Visits, complaints, referrals and inspection of records

Jurisdiction	Visits s. 23DA(1)(a)(i)	Complaints Received s. 23DA(1)(a)(ii)	Complaints referred to investigative entities s. 23DA(1)(a)(iii)	Inspected client records under s. 15(2)(b) s. 23DA(1)(e)
Mental Health	224	68	12	0
Disability	136*	94	20	29
Corrections	111	1,412	8	0
Children and Young People	243	81	10	0
Homelessness	21	8	2	0
Total	735	1,663	52	29

\*Decreased number of visits by Disability Official Visitors compared to previous years can be attributed to the exit of three Disability Official Visitors, with only two of the vacancies having been filled.



## Actions taken on complaints received

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### Mental Health

During the 2024-25 financial year, Mental Health Official Visitors received a number of complaints concerning matters such as –

- The physical environment and access to facilities
- Clinical treatment and service provision issues
- Application of, or understanding of, the *Mental Health Act 2015* or other legal issues
- The need for advocacy within the mental health service and / or access to advocacy in supporting consumers
- Staff and / or provider behaviour towards consumers
- Issues related to service policy or procedures
- Aggression from consumers of the services
- Involuntary treatment and psychiatric treatment orders
- Access to telecommunications within the mental health units
- The inappropriate management of young people in the Adult Mental Health Unit
- The complexity and equity of leave provisions within mental health units
- Lack of adequate secure community-based facilities for forensic consumers
- The need for a community-based rehabilitation program for forensic consumers returning to community living
- The state of disrepair or dysfunction of building and services housing mental health consumers.

Action taken on complaints included –

- Directly liaised, consulted clinical staff, managers, senior staff and specialists
- Contacted and liaised with other Official Visitors
- Monitored and regularly reported on concerns raised by consumers, carers and staff
- Regularly met with the Public Advocate's Mental Health Advocates, the Human Rights Commission and the Health Care Complaints Commissioner to raise and resolve concerns and enhance better inter-disciplinary communication
- Regularly met with the Office of the Chief Psychiatrist to share information and concerns and to monitor the accuracy of the Mental Health

Services Register

- Regularly met with the General Manager of Mental Health, Justice Health, Alcohol and Drug Services Canberra Health Services (CHS)
- Attended the Restraint & Seclusion Committee Monthly (CHS)
- Regularly met with the Minister for Mental Health to raise and discuss issues of concern
- Referred to other investigative bodies any complaints that required further investigation or management.

Positive outcomes from the systemic issues described above are happening now - but they did not occur in the timeframe of this Annual Report.

### Disability

During the 2024-25 financial year, Official Visitors for Disability Services (OVDS) received a number of complaints concerning matters such as –

- Maintenance and quality of housing
- Accessing disability appropriate health care and interactions between service types within the health system, including mental health services
- Provider service quality and conduct of support workers. Complaints about conduct of support workers including lack of engagement with the participant, assault, inappropriate use of restrictive practice, coercive control and failure to implement positive behaviour support strategies
- Behaviour of co-residents
- Incompatible housemate matches, with people not being consulted prior to new people moving in
- Inappropriate and / or unauthorised restrictive practices
- Inability to access housing modification funding unless the entitled person is a homeowner
- Access to services and advocacy. Some advocacy services are reporting waiting lists of up to 12 months
- Community access and activities
- Guardianship decisions that impact on participants and service provision, particularly in cases of privately appointed guardians

- Plans being exhausted or underfunded, leaving people with inadequate funds to provide supports for the entire plan
- Impacts of NDIS funding decisions
- Equipment, including access to suitable equipment and equipment repairs
- Access to transport services
- Child protection concerns for people with disabilities who are under 18 and placed in care under private agreement.

Action taken on complaints included –

- Raising the issues with staff or a senior manager on the day or immediately after the visit. OVDS has observed most providers are responsive in these circumstances and implement changes, including re-training of staff, reviewing care plans and unauthorised restrictive practices. In many cases, issues relating to unauthorised restrictive practices are referred to the Office of the Senior Practitioner, who generally reply promptly
- Monitoring concerns raised and ensuring that agreed actions were implemented
- Raising concerns about housing with the relevant housing provider, such as Housing ACT or community housing providers. OVDS have observed that repairs and / or maintenance requests are more likely to progress once raised by the Official Visitor. However, providers have reported they are not seeing positive outcomes when they attempt to escalate such requests
- Liaising with support coordinators about actions already underway to address issues and to provide information to inform future actions or decisions
- Providing advice about other complaint resolution options, such as mediation or formal complaints processes, and possible outcomes
- Referrals to other bodies, including investigative or decision-making authorities such as the ACT Human Rights Commission Vulnerable Persons Team, ACT Public Advocate, Public Trustee and Guardian, the Office of the Senior Practitioner or NDIS Quality and Safeguards Commission. Unfortunately, OVDS are often not provided with outcomes following these referrals. The ACT Human Rights Commission has previously advised they are unable to provide outcomes due to privacy issues. OVDS has also observed there are generally no responses provided when making referrals or complaints to the NDIS Quality and Safeguards Commission.

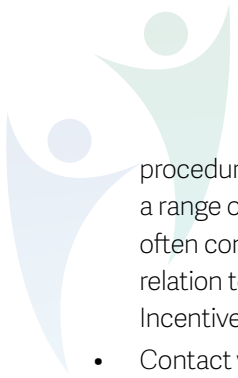
## Corrections

There were 1,412 complaints received in relation to ACT adult correctional facilities across the year.

Official Visitors acknowledge that a number of detainees have died in custody during the period, which has had a heavy impact on detainees and staff alike. Official Visitors hope coroner's reports into the deaths will provide an opportunity to better understand factors leading to the deaths and potential prevention strategies.

Issues raised with Official Visitors cover most areas of operations at the Alexander Maconochie Centre (AMC). However, there are some topics where Official Visitors received a high number of complaints and / or the implications are particularly significant, including:

- Health – medication (particularly recommencement of regular medications on entry into custody, which in some cases has taken weeks), access to health staff including at the court cells and in terms of referrals to allied practitioners or specialists, and inadequate response to detainees with complex needs. Access to mental health support, especially for those who are below the threshold for support from the Custodial Mental Health team, continues to be a concern. Diagnosis and appropriate management of ADHD remains an area where there is significant opportunity for attention and improvement with benefits potentially flowing back into the community as detainees leave AMC with correct management in place
- Programs / activities / employment / education – individual complaints often relate to access, but an underlying concern is the inadequate amount on offer, which means that detainees do not have a busy, meaningfully structured day. Fewer program options for detainees on remand is an issue noting the higher numbers of remanded detainees and the extended times that many are at the AMC. There continue to be limitations on program access for women on protection due to challenges managing the different cohorts
- Property – such as confusion over what can be purchased and what can be delivered by family
- Consistency of policies and procedures – inconsistent application of policies and



procedures is a factor in many complaints across a range of areas. The issues around this most often come to the attention of Official Visitors in relation to case notes, discipline measures and the Incentives and Earned Privileges Program

- Contact with family and friends – visit arrangements and delays in having contacts added to call or email lists, as well as limited and inequitable access to computers. Issues were particularly acute earlier in the period with quarantined emails sometimes taking months to be reviewed and cleared and new phone and email contacts also taking up to 6 weeks to add in some cases
- Management of cohorts in the women’s area – with a small number of detainees and limited space there have been challenges in how different cohorts are managed, particularly those on protection, limiting access to programs and activities as well as outside space
- Cultural support – while cultural support is not often the main focus of a complaint, it is often an aspect of concern about how another issue is dealt with, including for Indigenous detainees and inadequate translation for detainees who speak limited English
- AMC complaints process – supporting detainees to use the AMC complaints system to follow up on an issue. Assisting to clarify where the language used in response to a complaint does not provide a clear answer for a complainant. Following up on lost hard copy complaints or complaints where no response has been provided.

Action taken depends on the specific nature of each complaint, however, usually includes a combination of:

- Looking into each matter, including discussion with staff and reviewing footage or other records where relevant
- Seeking issue to be resolved at the lowest level possible – by staff on the ground, or escalated where needed with management, or external referrals
- Follow up and checking in with the complainant to confirm if agreed action has been taken
- Engaging with relevant management or teams where there is a pattern of complaints in relation to a particular issue or area.

Official Visitors noted some positive changes during the year including:

- The introduction of an evening medications round allowing for sleep medications to be administered closer to usual sleeping times
- Improved arrangements to make bleach sachets available for the purpose of cleaning injecting equipment as a blood borne virus prevention measure
- Improvements to the delegates meeting process, meetings have been more regular and reliable with better numbers of delegates at most meetings
- Minister Paterson’s Office, as Minister for Corrections, has implemented a response tracking process to document follow up on issues raised by Corrections Official Visitors in quarterly reporting.

## Children and Young People

During the 2024-25 financial year, Children and Young People Official Visitors received a number of complaints concerning matters such as –

### Out of Home Care complaints

- Accommodation and placement – moving out due to property renovations, single / shared placement concerns, requirement to leave residential care with limited accommodation options on turning 18 years, placement in high-risk high drug use areas, constant relocation to different properties, feeling unsafe in property alone, move to independent living without supports, young person wishes to stay in current property
- Case management / services provider – poor support, lack of engagement in resolving issues, representations not fulfilled including transition of support worker to young person’s alternate accommodation, pocket money concerns, lack of support to access services such as General Practitioner (GP) and trauma informed therapist, detrimentally changing existing services that were working well, case manager is unknown and does not visit
- Dietary – adherence to Ramadan food requirements, insufficient and undesirable / unpreferred food options
- Staff – verbal and physical assault concerns, unequal treatment, inappropriate comments about appearance, neglectful treatment, disengaged and uncommunicative

- Maintenance – broken, infestation or malfunctioning utilities such as phone, air conditioner, couch, and sewerage
- Other – visa concerns, compensation request, house chores, lack of activities.

### Action taken on OOHC complaints

Matters raised directly with residential staff within the houses to alleviate concerns at the lowest possible level. If this was not possible, matters were raised with appropriate service provider’s management staff such as MacKillop Family Services, Capability Support, Strive, Quest Management, and ACT Together.

Most issues were also discussed with the Minister for Children, Youth and Families, the Children, Youth and Families unit, the Public Advocate and Children and Young People Commissioner, the ACT Ombudsman, and ACT Human Rights Commission.

Some issues remain ongoing with Official Visitors providing ongoing monitoring.

### Bimberi complaints

- Services – removal or delay in including contacts on young people’s phone accounts, lack of activities resulting in boredom, frequent lock-ins, no assessment or treatment for anxiety outside of Audio Visual Link (AVL) to Custodial Mental Health, lack of gaming console in one area, health waiting area only has three chairs forcing young people to sit on floor or rail, directives interfering with activity enjoyment, calling code frustrations, inability to hug family, gym restrictions
- Punishment – classification prevents mixing with other young people and engaging with programmed activities, unjustly punishment affecting privileges or bail
- Leave – limiting attendance of family events such as funerals
- Diet – dissatisfaction with, lack of, and lacking variety of food
- Accommodation – post Bimberi accommodation concerns (i.e. Throughcare options)
- Maintenance – insufficient flooring, broken television, lack of shower curtain or bathmat in one cell, insufficient water pressure in bathroom
- Health – medication not provided when requested
- Staff – not respecting young person’s privacy with Official Visitor, targeted harassment by staff member, negative interaction with a staff member.

### Actions taken on Bimberi complaints

Matters raised either directly with Bimberi staff present or escalated to Bimberi management for comment and possible rectification. Most issues also raised with the Minister for Children, Youth and Families.

Some issues also referred to the Public Advocate and Children and Young People Commissioner, ACT Ombudsman, ACT Human Rights Commission or ACT Inspector of Custodial Services.

Official Visitors continue to oversight some issues including:

- Menus and diet – whilst Bimberi management assure Official Visitors that the menu has been designed around adolescent dietary needs, there are still complaints about the amount of curry and takeaway type meals
- Staffing and staff training – most staff have not completed a Cert IV in Youth Work
- Increasing programs for young people – there is significant separation of young people due to high numbers and non-associations resulting in boredom
- Cultural focus – Official Visitors would also like to see a greater focus on cultural awareness and interaction for Aboriginal and Torres Strait Islander children and young people.

### Homelessness

During the 2024-25 financial year, the Homelessness Official Visitor received a number of complaints concerning matters such as –

- Exposure to asbestos during construction at one of the service provider’s complexes
- Expense of being in a refuge.

Action taken on complaints included –

- Follow up with the resident for the relocation noting that the resident further escalated to the Official Visitors Board, Housing ACT, Minister for Homes and New Suburbs and to the provider
- Visit service provider to inquire into cost noting that the response was satisfactory given the circumstances and didn’t appear excessive.

## Number and kinds of matters referred by an Official Visitor to an investigative entity

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Official Visitors will refer complaints or issues from, or on behalf of, entitled persons at the place to relevant investigative entities.

### Mental Health

During the 2024-25 financial year, the following kinds of matters were referred to investigative entities -

- 9 referrals to the ACT Public Advocate for consumers requesting / requiring advocacy
- 3 referrals to the ACT Human Rights Commission (HRC) for consideration.

Mental Health Official Visitors also referred matters to non-investigative entities such as Advocacy for Inclusion and ACT Disability, Aged and Carer Advocacy Services (ADACAS).

### Disability

During the 2024-25 financial year, the following kinds of matters were referred to investigative entities -

- 2 referrals to the Office of the Senior Practitioner in relation to restrictive practices
- 3 referrals to the ACT Public Advocate for advocacy
- 3 referrals to the NDIS Quality and Safeguards Commission for formal investigation
- 1 referral to the ACT Public Trustee and Guardian in relation to guardianship concerns
- 10 referrals to the ACT Human Rights Commission (HRC) for consideration as complaints
- 1 referral to Canberra Community Law for provision of legal services.

Disability Official Visitors also referred matters to non-investigative entities such as the Mental Health Official Visitors, Corrections Official Visitors, ACT Civil and Administrative Tribunal, Housing ACT and Integrated Service Response Program.

### Corrections

During the 2024-25 financial year, the following kinds of matters were referred to investigative entities -

- 3 referrals to the HRC for consideration of issues
- 4 referrals to the ACT / Commonwealth Ombudsman to investigate issues raised
- 1 referral to the ACT Public Advocate for advocacy.

Corrections Official Visitors also referred matters to non-investigative entities such as Prisoners Aid, ADACAS and Care Financial.

### Children and Young People

During the 2024-25 financial year, the following kinds of matters were referred to investigative entities -

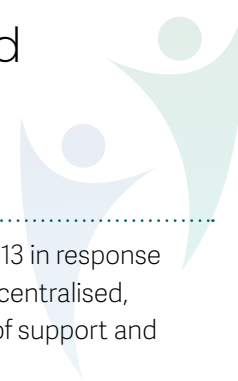
- 10 referrals to the ACT Public Advocate seeking advocacy for young people due to physical / psychological incidents or issues.

### Homelessness

During the 2024-25 financial year, the following kinds of matters were referred to investigative entities -

- 2 referrals to the ACT Police relating to criminal activity.

# Part 4: Information about ACT Official Visitors and 2024-25 activities



## ACT Official Visitors

ACT Official Visitors play an important role in safeguarding the rights and wellbeing of people who reside in various government and non-government facilities, accommodation, housing, centres, and refuges. These places are known as “visitable places” and the people visited by Official Visitors are known as “entitled persons”.

Official Visitors are independent statutory officeholders. They meet with and talk to entitled persons in visitable places to hear their concerns and resolve any complaints. They prepare and send reports to the operational Ministers responsible for the visitable places, including about any systemic issues or concerns that they have. They also prepare summary reports to the Minister with over-arching responsibility for ACT Official Visitors.

Official Visitors seek to identify, monitor and resolve service issues, using early intervention and resolution practices, with a view to improving service quality. They observe the environment and interactions between staff and entitled persons, make enquiries, inspect documents, communicate with entitled persons to ensure they are being supported with dignity and respect, and identify any issues of concern.

ACT Official Visitors cover five jurisdictions under each of the following Operational Acts:

- Children and Young People under the *Children and Young People Act 2008*
- Corrections under the *Corrections Management Act 2007*
- Disability under the *Disability Services Act 1991*
- Housing and Homelessness under the *Housing Assistance Act 2007*
- Mental Health under the *Mental Health Act 2015*.

## The Board

The Board was first established in 2013 in response to concerns about the absence of a centralised, consistent and professional source of support and guidance for Official Visitors.

The Board is a governance board, overseeing and supporting the work of Official Visitors rather than directing or controlling that work. Under section 23C of the *Official Visitor Act 2012* (the Act), its functions are to:

- Oversee the exercise of functions by Official Visitors
- Arrange for the recruitment, induction, training and support of Official Visitors
- Provide support for, and manage, the exercise of functions by Official Visitors
- Consider and try to resolve any complaints about Official Visitors
- Exercise any other function given to the Board under legislation.

## Board Membership

The Board is established under section 23A of the Act and comprises –

- The Chair as appointed by the Minister
- The Public Trustee and Guardian
- At least one Commissioner under the *Human Rights Commission Act 2005*; nominated by the Commissioners under that Act
- Two Official Visitors elected by the Official Visitors
- Any other member/s appointed by the Minister.

Election of the representatives of Official Visitors is undertaken every three years or when the term of an elected Official Visitor representative comes to an end.

Board Members at the end of the reported period were

- Mr Peter Muir, Chair, Official Visitors Board
- Ms Robyn Hakelis, Public Trustee and Guardian
- Ms Jodie Griffiths-Cook, Public Advocate and Children and Young People Commissioner and representative of the ACT Human Rights Commission
- Ms Clare Doube, Official Visitor for Corrections and Official Visitor representative



- Mr Geoff Dulhunty, Official Visitor for Mental Health and Official Visitor representative.

Ms Pam Jenkins, Official Visitor for Disability, served as Official Visitor representative from 1 September 2023 until her resignation as Official Visitor after 31 January 2025. She was succeeded by Mr Geoff Dulhunty, Official Visitor for Mental Health, on 1 February 2025.

Mr Aaron Hughes' last day as Public Trustee and Guardian was 31 January 2025. Ms Robyn Hakelis has served as Public Trustee and Guardian from 28 January to 2 June 2025, and from 19 June 2025 onwards.

Ms Deborah Bowden served as Public Trustee and Guardian from 3 June to 18 June 2025.

The Board thanks Ms Pam Jenkins, Mr Aaron Hughes and Ms Deborah Bowden for their contributions.

## Meetings

A requirement for the Board to meet quarterly was introduced in April 2020.

The Board met four times during the reported year on 9 September 2024, 26 November 2024, 11 March 2025 and 12 June 2025.

Attendance at meetings is as follows:

Meeting	9 September 2024	26 November 2024	11 March 2025	12 June 2025
Peter Muir	Yes	Yes	Yes	Yes
Jodie Griffiths-Cook	Yes	N/A	Yes	Yes
Aaron Hughes	Yes	Yes		
Pam Jenkins	Yes	Yes		
Clare Doube	Yes	Yes	Yes	N/A*
Geoff Dulhunty			Yes	Yes
Robyn Hakelis			Yes	
Deborah Bowden				Yes

\* Ms Clare Doube did not operate as an Official Visitor from 16 April 2025 to 22 August 2025 due to an administrative error relating to her appointment. Accordingly, Ms Doube was unable to attend the Board meeting on 12 June 2025.

Mental Health Official Visitors, Mr Geoff Dulhunty and Mr Paul Wyles, attended the 9 September 2024 Board meeting, the Disability Official Visitor, Mr Rob Woolley, attended the 26 November 2024 Board meeting, and the Homelessness Official Visitor, Mr David Healey, attended the 12 June 2025 Board meeting to highlight points of interest and issues in their respective space. Minister Suzanne Orr, in her capacity as Minister for Disability, Carers and Community Services, attended the Board meeting on 11 March 2025 to discuss her role as the scheme's Minister and current concerns of the Board.

Prior to meetings, Board members are required to disclose any material interest to be considered at the meeting. No disclosures were made by Board members during the 2024-25 financial year.

Key items discussed in the 2024-25 Board meetings included:

- Official Visitor absences and recruitment
- The scheme's budget and financial position
- Official Visitor induction, training and development
- Proposed legislative amendments
- Diversity within the scheme
- Development and finalisation of visitable places protocol
- Work Health and Safety Risk Register adjustments
- Official Visitor activity and reporting
- Service delivery aspirations
- Complaint investigation and feedback
- Development of annual reporting
- Ensuring legislative compliance.

## Complaints received by the Board

The Board is required to consider and try to resolve any complaints about Official Visitors as per section 23C(1) (d) of the *Official Visitor Act 2012*. The Board received one informal complaint regarding an Official Visitor during the reporting period. The Board identified the importance of Official Visitors initiating contact with entitled persons, if reasonable and possible, as contact primarily with services providers may conceal issues. Official Visitors need to ensure entitled persons are heard and that they feel heard as well.

## Official Visitors

Official Visitors are appointed under section 10 of the Act by the Minister responsible for the Act, for the purposes of each of the Operational Acts.

Two of the jurisdictions, Corrections and Children and Young People, have a requirement that at least one of the appointed Official Visitors must be an Aboriginal or Torres Strait Islander person.

## Current Appointments

As at the end of the reporting period the following Official Visitors were in place:



**Dwayne Cranfield**

*Disability Services Act  
1991*

25.4.2025 to 24.4.2028



**Clare Doube**

*Corrections Management  
Act 2007*

1.9.2023 to 31.8.2026



**Geoff Dulhunty**

*Mental Health Act 2015*

29.6.2024 to 28.6.2027



**David Healey**

*Housing Assistance Act  
2007*

14.5.2024 to 13.5.2027



**Zoe O'Dwyer**

*Disability Services Act  
1991*

25.4.2025 to 24.4.2028



**Vickie Quinn**

*Corrections Management  
Act 2007*

11.1.2023 to 10.1.2026

*Children and Young  
People Act 2008*

5.10.2024 to 4.10.2027



**Tristan Ray**

*Corrections Management  
Act 2007*

16.12.2023 to 15.12.2026



**Kim Webster**

*Disability Services Act  
1991*

7.5.2024 to 6.5.2027

(NB: Commencement date does not necessarily represent the full term of service, rather the term as provided in the most recent disallowable instrument)

## Expiry of term or resignation of appointment

The following Official Visitors' terms expired during the reporting period –

Name	Jurisdiction	Commencement	Expiry / resignation date
Pam Jenkins	<i>Disability Services Act 1991</i>	23 August 2022	31 January 2025
Matt Hingston	<i>Disability Services Act 1991</i>	25 March 2022	24 March 2025
Paul Wyles	<i>Mental Health Act 2015</i>	2 July 2022	1 June 2025
Chris Redmond	<i>Children and Young People Act 2008</i>	12 June 2022	11 June 2025
Rob Woolley	<i>Disability Services Act 1991</i>	31 July 2023	30 June 2025

## Training / Professional Development

Official Visitor Professional Development Days (PDDs) were held on 9 August 2024, 18 November 2024, 7 February 2025 and 8 May 2025.



### *Professional Development Day on 18 November 2024*

*Left to right: Jodie Griffiths-Cook, Peter Muir, Tristan Ray, Pam Jenkins, Clare Doube, Minister Suzanne Orr, Chris Redmond, Paul Wyles, Geoff Dulhunty, Matt Hingston and Kim Webster.*

## Financial – 2024-25 End of Financial Year Summary



The 2024-25 budget comprised \$668,000 for territorial expenses (remuneration and ACT Official Visitors related expenses).

Remuneration and expenses funding	\$668,000.00*
<b>Total Budget</b>	<b>\$668,000.00</b>
Less Remuneration and Allowances	\$649,626.94
Less Operational Expenses	\$11,076.63
Total Expenses	\$660,703.57
Operating Result	\$7,296.43

\*Figure includes base remuneration of \$649,000 and \$19,000 from section 16B *Financial Management Act 1996* rollover.

The allocation of \$179,000 in departmental funding to the Human Rights Commission is not included in the financial summary. Departmental funding contributes to the Executive Officer's and the Chair's salary and on-costs.



## Executive Officer / Administrative Support

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**Mr Stefan Dzwonnik**

*is the Executive Officer of ACT Official Visitors.*



**Ms Dee Buchanan**

*served as Executive Officer of ACT Official Visitors from  
25 November 2024 to 23 February 2025.*





## Glossary of Abbreviations and Acronyms

ACAT	ACT Civil and Administrative Tribunal
ACTCS	ACT Corrective Services
Act, the	<i>Official Visitor Act 2012</i>
ADACAS	ACT Disability, Aged and Carer Advocacy Services
AMHU	Adult Mental Health Unit
AMC	Alexander Maconochie Centre
AOD	Alcohol and Other Drugs
AVL	Audio Visual Link
Bimberi	Bimberi Youth Justice Centre
Board, the	Official Visitors Board
CAP	Community Adolescent Program
CAU	Child & Adolescent Unit
CHS	Canberra Health Services
Cohort, the	The Official Visitor cohort
CSD	Community Services Directorate
CYF	Children, Youth and Families
Disability Royal Commission, the	Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
ED	Emergency Department
GMHU	Gawanggal Mental Health Unit
GP	General Practitioner
HACT	Housing ACT
HRC	ACT Human Rights Commission
ISRP	Integrated Service Response Program
MaSCO	Members and Senators Contact Officer
MFS	MacKillop Family Services
MHJHADS	Mental Health, Justice Health, Alcohol and Drug Services
NDIS	National Disability Insurance Scheme
NDISQSC	NDIS Quality and Safeguards Commission
OOHC	Out of Home Care
OV	Official Visitor
OVDS	Official Visitor(s) for Disability Services
PDD	Professional Development Day
Standing Committee, the	Standing Committee on Social Policy



**ACT  
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Visitors**

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