

Commissioners
Royal Commission into Violence, Abuse, Neglect and
Exploitation of people with Disability

LMB 22 GPO Darwin NT 0801
PHONE 08 8999 1451
FREECALL 1800 021 919
FAX 08 8981 3812
EMAIL CVPPProgramADC@nt.gov.au

www.cvp.nt.gov.au

Via email DRcenquiries@royalcommission.gov.au

Dear Commissioners

Overview of the Northern Territory Community Visitor Program.

I refer to the attached Submission, which sets out an overview of the NT Community Visitor Program.

As set out in the submission we are aiming to provide an analysis of our Annual Reports, case studies etc. in early 2020.

We are a very small team however are committed to providing material to assist the Commission

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Sally Sievers', is written over the 'Yours sincerely,' text.

Sally Sievers
Principal Community Visitor
Northern Territory Community Visitor Program

16 December 2019

TOP END
Level 5 69 Smith St
Darwin NT 0800

CENTRAL AUSTRALIA
55 North Stuart Highway
Alice Springs NT 0870



PUBLIC SUBMISSION TO THE ROYAL COMMISSION INTO VIOLENCE, ABUSE, NEGLECT AND EXPLOITATION OF PEOPLE WITH DISABILITY

Executive Summary

This submission to the Royal Commission into violence, abuse, neglect and exploitation of people with disability ('Royal Commission') provides relevant information about the operation of independent visiting service in the Northern Territory to mental health facilities and services and also to Forensic disability residential facilities and houses by the Community Visitor Program (CVP). The CVP performs a vital prevention and early detection mechanism as well as low level resolution before neglect and abuse escalates.

This short submission is a sign post submission, setting out the scope of current NT CVP. Also the human rights focus we operate under including feedback from those who use and are involved in the CVP. The submission notes National & Territory reports and Inquiries calling for the ongoing operation of CVPs in the NDIS environment. This is essential as CVPs are not currently included in the NDIS Quality and Safeguarding Framework.

This submission details;

- CVP model & role in the prevention of violence, abuse and neglect
- Number of complaints and enquires over the years
- Multiple Reports that support the model and recommendations from Senate Inquiries, National and local reports
- Quotes and examples of how the CVP is regarded

A more extensive submission will be provided in 2020 including;

- Analysis of Annual Report issues and recommendations for 10 years of Mental Health reporting and 6 years of Forensic Disability reporting for systemic issues, and case studies.
- Open and closed recommendations and success or otherwise of the systemic advocacy of the NT CVP.

Recommendation:

1. Each State and Territory in Australia to have a CVP that is formally recognised in the NDIS Quality and Safeguarding Framework.
 - a. Each CVP to be provided and adequately funded by State and Territory governments and to have clear guidelines around the people to be visited and places to be monitored, for consistency across Australia.
 - b. The CVP is primarily for people who are detained in a closed environment, potentially vulnerable to violence, abuse and neglect, such as those with only paid carers involved in their life or whose care and treatment include restrictive practices.
2. Release of the federally commissioned Westwood Spicer report into CVPs.

Background

The Community Visitor Programs (CVP) in the disability and mental health space vary across Australia. All states and Territories have a Community Visitor programs in the Mental health space, however numerous schemes cover people with a disability to some extent. The NT scheme is limited in its coverage of Disability as it provides visiting, monitoring and advocacy only to Forensic Disability residential services.

The NT Community Visitor program is created and operates under two pieces of legislation, the *Mental Health and Related Service Act 1998* and the *Disability Services Act 1993*. It also previously operated under the *Alcohol Mandatory Treatment Act 2016* from March 2015 until September 2017.

The CVP was established in 2001 and has run continuously since this time. It is currently the only legislative mechanism in the NT to protect the legal and human rights of people receiving mental health treatment or disability services in the Northern Territory.

The CVP sits on the continuum of prevention and early detection between the staff registration, accreditation, training and residence and facilities standards and code of conduct and at the other end, the Quality and Safety guarding complaint process. A key protective feature of CVP is the regular visiting function with a remit to provide advocacy to people and the low level resolution of matters combined with the identification and monitoring of systemic issues to primarily keep people safe.

Other key features include

- statutory Independence,
- unlimited access to people and records,
- statutory requirement of co-operation and
- the reporting both to the services, but also on an annual basis to the public via an Annual Report.

The CVP is a professional service, operating according to established values, procedures and protocols between the services monitored. The CVP ensures that its service is provided by skilled professionals, who are culturally safe and focused on the needs of clients. Permanent CVP staff enable consistent review of a client's quality of care more broadly and the ability to build relationships with the client,

family and key stakeholders. The service is responsive to the needs of clients in facilities and ensures, as much as possible, interpreters are used in its work.

Overview of NTCVP

The CVP is one of the systemic 'checks and balances' for mental health and disability services, including in facilities providing involuntary treatment. The CVP works individually and systemically to ensure that the standard of the services provided under the relevant Acts is of a high quality and that people's rights are protected. The monitoring and inspection role of the CVP is one way in which the services are accountable to a third party.

The Principal Community Visitor has overall responsibility for the CVP. The Principal Community Visitor role is established under each of the relevant Acts. In practice, the Principal Community Visitor is a function assigned to the Anti-Discrimination Commissioner. This brings the work of the CVP under the auspices of the Anti-Discrimination Commission (ADC), an independent statutory body.

The work of the CVP is enabled in the following ways:

- Community Visitors – who visit relevant facilities on a regular (usually weekly in Mental Health and monthly in Disability) basis, resolve enquiries and complaints from people receiving services or other interested parties, liaise with staff, and prepare reports to each service; and
- Community Visitors Panels (CV Panels) – who are comprised of three individuals (a medical practitioner or registered health practitioner, a legal practitioner and a community member with an interest and

experience in the relevant field), who visit at least once every six months, or if specifically requested, and prepare a report to the service after the visit.

All Community Visitors and CV Panel Members are appointed by the Minister for Health or Minister for Disability for a three-year term. The CVP has a small permanent staff of appointed Community Visitors, and uses remunerated 'sessional' Community Visitors as required.

Community Visitors

Community Visitors focus their work on assisting people in facilities (or those who receive mental health services in the community). Broader issues, however, are raised in their regular reporting and liaison with services.

If a person asks to see the Community Visitor, the legislation provides that the CVP has to make contact with the person by the end of the next working day. A Community Visitor may visit a relevant facility at any time, including without notice. By law, staff are required to provide reasonable cooperation and assistance.

The Community Visitor will seek to address any issue at the lowest possible level. If a matter is urgent or important, the person-in-charge will be contacted as soon as possible. In addition to providing an independent advocacy complaints service, the Community Visitors may help a person make a complaint using internal complaints processes, or by accessing external complaints bodies such as the Health and Community Services Complaints Commission (HCSCC).

CV Panels

The work of CV Panel members is more systemic in nature. The legislative scope of their enquiries are into matters such as opportunities and facilities for recreation and rehabilitation, the application of the 'least restrictive alternative' principle, the quality of treatment and care and the adequacy of information provided about complaints and legal rights.

Panels visit less frequently, however the Panels provide considerable strength and diversity of opinion to the reporting of the CVP. The more systemic nature of their commentary and the mixed composition of Panel members provides a useful picture of services that can differ from the perspective of Community Visitors.

If requested by the Principal Community Visitor or the Minister for Health, a Panel may be constituted for a special purpose or review. This provides a mechanism for the CVP to oversight critical incidents or any systemic failures that warrant further investigation.

CVP Operational Framework

The following commentary is provided for the Royal Commission in the context of considering the operation of independent visiting schemes for vulnerable people, including those in involuntary detention.

Values and Approach

The CVP's professional values are respect, empowerment, courage, independence and integrity. These values underpin the work of all Community Visitors, CV Panel members and the Principal Community Visitor.

Due to the inherent nature of the work, the independent role of the CVP can lead to tensions with services. The CVP has a strong commitment to courageously and openly raising issues of concern. At the same time, the CVP respects the role of the services and seeks to promote a positive relationship between staff and people in facilities.

While the role may not always be easy, the CVP is firmly of the view that maintaining a strong voice, and advocating for vulnerable people, is an important part of a robust continuous improvement approach to services.

The value of having a visiting service for vulnerable people in facilities is clear. An analysis of Annual Reports demonstrates that people visited raise more problems in person when visiting is frequent and the visitor is known. This is illustrated by an analysis of our recent years of visiting, when visits are frequent, complaints are raised in person.

In 2015–2016, 75%; in 2016–17, 71%; in 2017 –18, 55% and in 2018–19, 51% of the cases (enquiries and complaints) raised with Community Visitors were made in person or during a visit

The visiting service assists people to raise issues of concern by making contact directly with them in facilities. In the Community Visitors' experience, this is particularly important for vulnerable people in building trust and relationships, such as those for whom English is an additional language, who may feel disempowered or uncomfortable to call a 1800 number or make a written complaint.

Professional Workforce

The CVP staff who regularly conduct visits are all professionally qualified, mostly from a social work background. Some staff have had legal, psychology

or other human services qualifications. Sessional Community Visitors are selected based on their skills, experience, qualifications and personal attributes.

The CVP has a strong focus on ensuring that there is a diversity of Community Visitors available, including people who are Indigenous Australians. This ensures that, as much as possible, people in facilities will have someone to speak to with whom they feel comfortable.

The CVP has maintained this attentiveness to culturally safe practice, both in its systemic advocacy over many years and in its own practice. CVP staff and (where possible) sessional Community Visitors receive appropriate training for the role, in particular training in working with interpreters of the Aboriginal Interpreter Service.

The CVP places a high value on ensuring that interpreters are booked for all visits. If there is any doubt, the CVP will book interpreters to ensure that people in facilities have the greatest opportunity to communicate in their preferred language. The CVP has a record of consistently high use of interpreters.

In the past few years, the CVP has continued to professionalise the work of the program. Further training has been provided to all CVP staff working in mental health specifically related to youth mental health. This was provided in response to an identified professional need, and the expansion of the youth mental health in-patient services in the NT. CVP staff who regularly visit facilities receive monthly external supervision with a qualified supervisor experienced in official visiting functions.

The focus of the work in facilities is to seek to resolve issues at the lowest possible level. Consistent with this, a number of CVP staff are accredited

mediators. While the role is not one of mediation, this training provides relevant skills to help all parties to address issues in an open and transparent manner.

Frameworks for Practice

The CVP values strong, robust relationships with service providers. In order to provide a clear framework for the work, working agreements or practices are established consistent with the legislative scope of the CVP. Regular meetings are held with senior management to raise issues of concern that cannot be addressed directly with staff.

In the mental health field, the work of the CVP is also guided by Approved Procedures. The Mental Health Approved Procedures provide clear guidance about what is expected in facilities to operationalise the *Mental Health and Related Services Act 1998*.

The Approved Procedures clarify legal rights and processes to ensure these are upheld. It also establishes expected standards of service, such as information that is required to be provided to people in facilities and engagement with their family members.

The Approved Procedures include a section relating to the legislative function of the CVP. It includes expectations of staff in relation to engagement with Community Visitors and CV Panels and timeframes for responding to reports.

In Forensic Disability, a protocol has been in place to detail the roles and relationship and working agreements of each agency for the past 6 years.

Systemic Advocacy

The advocacy function of the CVP also extends to systemic issues. If matters raised by people in facilities, or observed during visits and inspections, are of concern these are included in the report to services. These matters will be raised as action items. If insufficient action is taken, the action items may be escalated to formal recommendations.

The CVP working framework requires that both Mental Health and Disability services should provide a response to the CVP's report. This enables that there is clear reference on the services perspective and how they will address the underlying issues, action items and open recommendations.

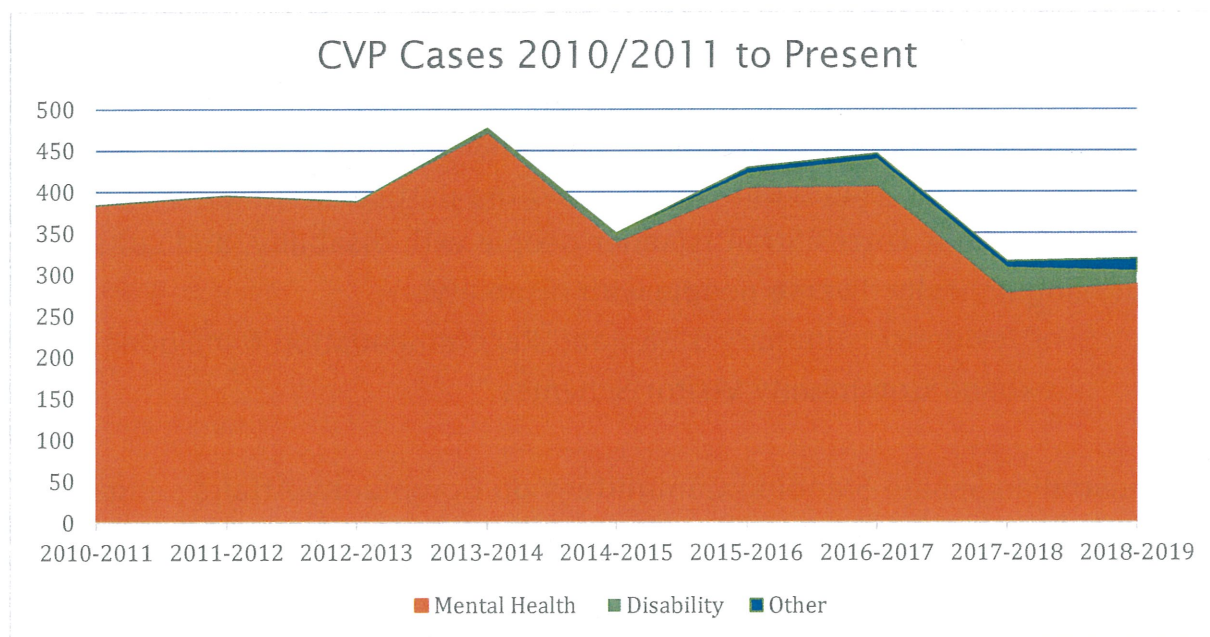
The CVP is required to provide an annual report to the Minister for Health, which must then be tabled in the NT Parliament. The report identifies issues of concern at a Territory-wide level and any progress (if applicable) towards those issues.

Serious issues of a systemic nature are highlighted each year in the CVP's annual report. The report also lists all formal recommendations that have been made and are not resolved. The yearly reporting requirement ensures that the work of the CVP is both accountable and transparent, at the highest level.

The CVP strives to ensure that the issues raised are a fair representation of the matters of concern. The data gathered from the cases raised by people in facilities directly informs the issues raised. The reports of Community Visitors and CV Panels also inform the preparation of the annual report.

The CVP also provides input into policy and procedures, impact on service delivery and safety of people in facilities. In the last few years the CVP has also provided input into reviews of the service.

Complaints and Inquiries data



CVP Annual Reports

Reports are available at <https://cvp.nt.gov.au/resources/publications>

An analysis of issues will be conducted in the areas set out above in 2020.

Inquiries & Reports that have recommended continuing CVPs and the importance of CVPs and their extension into other areas.

Numerous reports and Inquiries over the last six years have included recommendations for the ongoing role and the expansion of the role of Community Visitor programs to a broader range of settings and to apply to all people with a disability, who may be vulnerable to violence, abuse or neglect.

Senate Inquiries

- Australian Senate Community Affairs Reference Committee (2015)
“Report on the Inquiry into Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability”
 - – evidence summary 5.58 , and Recommendation 6 includes ... “expand Community Visitor Schemes.”
- Australian Senate Standing Committees on Community Affairs – Inquiry into the indefinite detention of people with cognitive and psychiatric impairment in Australia (2016)
 - *Recommendation 1 includes “expanded Community Visitor Schemes”*

National Reviews or Reports

- Australian Human Rights Commission reports Equality before the Law (recommendation 4.3.2 – expand CVPS)
- Australian Human Rights Commission –A future without violence report 2018

Local NT Reports

NDS– Zero tolerance report from October 2017 – “Northern Territory Zero Tolerance Forum Evacuation” Recommendations include:

- **“Community Visitors Program**
 - There was overwhelming support at all forums to have the introduction of the Community Visitors Program (CVP) to include visits to persons with a disability living in NGO Community Residential Units. Further discussion was encouraged around

‘what is the right model’ of the CVP in the NT. It was noted that CVP is not included in the NT Quality and Safeguarding Framework.

- Recommendations would be to;
 - Continue conversations with persons with a disability, NTG, NDIA, statutory bodies and disability service providers about what is the right fit for the NT.
 - Comparison of what is happening in other jurisdictions and the level of success of assertive outcomes. Information from CVP staff stated that it reduces formal complaints and that they are a mechanism to raise matters and have them resolved by an independent person.
 - Identify possibility of CVP being implemented in the NT .
 - Collate further data around community support for implementation of CVP.”

Spicer Westwood consultation & report (Not Public)

CVPs throughout Australia have recently been evaluated in the context of Safety and Quality for the NDIS. The advocacy in this area is for the provision of training and authorisation of staff, auditing of services and a complaints process do not provide the complete picture or the continuum of options needed to primarily prevent harm and protect those who are the most vulnerable. CVPs perform vital prevention and early detection mechanism as well as low level resolution before neglect and or abuse escalate.

Quotes of support for the service from the CVP Annual Reports

2018-19

Page 6 “sometimes I need you [the CVP] here so that they listen better” –
VIS2018/00125

Page 6 – “The CV has been so responsive to the rights and views of consumers and their families and it is heartening to me that people have a strong independent advocate” Mental Health Nurse

2017-18

Page 45 “This (visiting) is good for them. (Residents) got to know what’s happening... You got to get their trust and get to know them. See them for a couple of weeks. Then they open up... That’s the first thing, understanding and trust.” AIS Interpreter with Community Visitor after visiting specialist disability place.

2016-17

“The CVP is the independent voice that makes the experience of consumers and carers heard to service providers and the public. In my experience, this way of improving services is unique and indispensable.”

CV – 2012 until Sept 2017

Page 36 –[Staff to CV] “It’s gentle support. But different for each client”

C/2017/109

2015-16

Page 8 –

“Our daily work of answering peoples enquiries and complaints helps to empower people who are experiencing a very challenging time” – Community Visitor

Page 20

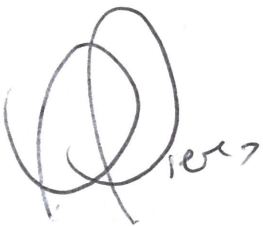
"They called me and said 'you have gone to the mental health advocate'. They obviously didn't like that, but I said, 'I know my rights'." C2015/551

"This is the first time in all my dealings with the system that I feel like people do listen. With the CVP, I don't feel so alone and it's helped me keep going with raising issues." C/2015/579

Conclusion

The above is provided as a brief overview of the NT CVP, a program which has a vital role in the prevention, early detection of abuse, and neglect of people with a disability living in the Northern territory.

We look forward to assisting the Royal Commission with further information and analysis in early 2020.

A handwritten signature in dark ink, appearing to read 'Sally Sievers', with a stylized, overlapping circular flourish to the left.

Sally Sievers
Principal Community Visitor

16 December 2019