

## **ESTABLISHMENT OF A COMMUNITY VISITOR/ADVOCACY SERVICE FOR USERS OF HEALTH AND COMMUNITY SERVICES**

The Discussion Paper into the review of the *Health and Community Services Complaints Act* canvassed opinion on the need for the establishment of a community visitor or a community advocacy service within the Northern Territory. This resulted in considerable discussion on the merits of such a service. As there is little known of these services in the Territory I have decided to provide further detail in order to educate the public about such a service and contribute to further debate.

### **BACKGROUND**

The Northern Territory is one of three Australian jurisdictions in which Complaints Commissions have some coverage in the community sector. The review discussion paper noted that *“The Northern Territory Commission has become increasingly aware of the vulnerability of some consumers of health and community services. The limited number of complaints received from aged and disabled people under the current provisions has reinforced that many users of community services are unlikely to make complaints.”*

The review discussion paper outlined how, in order to alleviate similar concerns, NSW had introduced an “Official Community Visitor” function to its Community Services model. The paper also mentioned a similar scheme under the Northern Territory’s Mental Health and Other Related Services Act (NT), and within the NZ Health and Disability complaints system.

A brief description of each of the Community Visitor schemes in NSW, NZ and the NT follows.

### **NSW Community Visitor Scheme**

The *Community Services (Complaints, Reviews and Monitoring) Act 1993* (CRAMA Act) established the Official Community Visitor Scheme as part of a broader community services complaints model managed by the NSW Ombudsman.

Although the Community Services Commission is responsible for coordinating and administering the program, the Community Visitor Scheme is independent of the Commission. The Commission, with the assistance of an independent panel with expertise in disabilities, is responsible for the recruitment and induction of new Community Visitors. The scheme is also independent from service providers and government departments.

The aims of the NSW Community Visitors Scheme are to:

- promote improved services to people with a disability living in full time care;
- encourage and assist resolution of concerns raised by residents;
- give priority to visitable services where residents are least likely to be able to complain; and

- inform the Minister and Commissioner for Community Services on matters affecting welfare, interests and conditions of residents and the conduct of accommodation services.

Community Visitors have the authority to:

- enter and inspect a service without prior arrangements at any reasonable time;
- confer alone with any resident or employee of the service;
- inspect any documentation relating to the operation of the service;
- seek the views of the person to whom the document relates; and
- provide advice and reports to the Minister and Commissioner on matters relating to the conduct of a residence.

“Visitable” services include:

- community-based homes and units where staff support is available to residents;
- respite services where one or more people are in residence for more than one month;
- schools where children and young people live-in during the week and go elsewhere on the weekends; and
- licensed boarding houses.

## **New Zealand**

Free advocacy service to health and disability service consumers is a requirement under the *Health and Disability Commissioner Act (1994)*. The advocacy service is independent from the Health and Disability Commission, and from providers and the Ministry.

The mission of the National Advocacy Service is to assist health and disability services consumers to know and uphold their rights, and to resolve complaints about breaches of the code at the lowest possible level.

The aims of the service are to:

- take the side of the consumer and assist them in resolving complaints about a possible breach of the Code directly with the service provider, assisting resolution of the complaint at the lowest appropriate level;
- ensure the rights set out in the code are widely understood and enjoyed in practice; and
- report to the Health and Disability Commissioner any matters relating to the rights of consumers that should, in the opinion of the advocate, be drawn to the Commissioner’s attention

Advocates work with the consumer within an “empowerment” framework which is consumer-focussed and directed, and is based on the principle that consumers already have skills and experience to assist them in resolving their concerns.

The Director of Advocacy within the Health and Disability Commission contracts three organisations to provide nation-wide advocacy services.

## **Northern Territory Mental Health Visitor Scheme**

Part 14 of the Northern Territory *Mental Health and Related Services Act (1998)* (MHRS Act), establishes the Community Visitor Program (CVP) which aims to safeguard the rights and health of people whose mental health problems limit their capacity to access existing complaint mechanisms. The CVP's jurisdiction includes all treatment facilities and agencies approved under the Act.

The Act requires that the Minister appoint a person to be the Principal Community Visitor (PCV) with the functions of:

- establishing community visitor standards, principles and protocols;
- establishing community visitor panels as required;
- developing and promoting the community visitor role;
- ensuring that the visitors perform their roles in accordance with established requirements; and
- ensuring that each approved treatment facility and agency is inspected by panels at least once every 6 months.

The role of community visitors is outlined in Part 14, Division 2 of the MHRS Act and their visits can be self-initiated, in response to direction from the Minister, or at the request of a person. Community visitors may inquire into, and make recommendations about:

- adequacy of services provided by approved mental health treatment facilities and agencies;
- standard and appropriateness of facilities;
- adequacy of information relating to rights of persons receiving care;
- accessibility and effectiveness of complaint procedures; and
- failure of services to comply with the Act; etc

Visitors have the authority to enter any approved premise without notice and undertake an inspection and the approved treatment facilities must ensure that a person receiving care has access to the community visitor service.

Division 3 of the MHRS Act requires that Community Visitor Panels are established in the Top End and in Central Australia. The panels are responsible for monitoring each approved mental health treatment facility and agency in their region to inquire into many aspects of the approved mental health service, including adequacy of facilities, standards of care and treatment, and the effectiveness of internal complaints handling procedures. The panel may also choose to visit any person being treated or cared for by a facility and inspect all relevant records. A report on the visit is presented to the Principal Community Visitor.

### **ISSUES TO BE CONSIDERED**

The failure to provide an advocacy/community visitor scheme represents a major flaw in the Northern Territory's current complaints model and I believe that the absence of such a function within the complaints model is significantly compromising the rights of a major proportion of the Northern Territory population.

Documented low levels of complaints from the aged and disability sector and from Aboriginal people generally, reflects systemic barriers to accessing the current complaints model. An advocacy/community visitor scheme could address some of these concerns.

The discussion paper generated suggestions that such a service (advocacy/visitor) need not necessarily be within the Commission, and might best be located within the community. Indeed, I support the proposition that such a service would best be administered and coordinated by the Commission, but delivered independently by one or more non-government organisations with significant understanding and expertise in the community services sector.

I am particularly supportive of the approach taken to advocacy services in New Zealand, and commend the “empowerment advocacy” principles and protocols they have developed. I believe that the application of similar principles and approaches in a Northern Territory Community Visitor/Advocacy Service would be consistent with the Northern Territory Government’s concern with community capacity strengthening.

The most desirable model, in my opinion, would be one that combined both an advocacy and a community visitor scheme within a strong empowerment advocacy framework responsible for:

- working with individual community services complainants to resolve their concerns at the lowest possible and most informal level;
- visiting approved community service providers on a regular basis in order to identify problems and work collaboratively with clients and service providers to resolve problems.

As is the case with the New Zealand model, the Northern Territory Community Visitor/Advocacy Scheme would:

- aim to resolve problems and complaints at the lowest level possible;
- seek to empower complainants by using a strengths-based approach to advocacy;
- strive for a positive and respectful approach to problem solving with service providers; and
- strive to improve access to advocacy services by Aboriginal people, and by those who are least in a position to self-advocate.

The discussion paper generated some discussion on who would administer the Advocacy/Community Visitor Scheme and there was some consensus that the Commission would be appropriate for this purpose, but that the services themselves be delivered independently through appropriate community-based organisations with relevant expertise and experience. Under this model the Commission would have a coordination role which would include:

- contracting appropriate service providers;
- monitoring the delivery of the Advocacy/Community Visitor Service by the independent providers;
- managing the selection of Advocate/Community Visitors;
- preparing protocols for use by service providers; and
- coordinating the delivery of training and support to the selected Advocate/Visitors.

## RESOURCING IMPLICATIONS

If an Advocate/Community Visitors Scheme was to be agreed to then adequate resources would need to be provided to support such a function. A realistic budget would need to take into account:

- the number and location of visitable services;
- the costs associated with regular visits to remote communities in the Northern Territory;
- training individuals in the community;
- costs arising from the use of interpreters when undertaking advocacy /complaints resolution work;
- costs arising from the coordination of advocacy/community visitor services within the Commission including:
  - a full time Community Visitor/Advocacy Service Coordinator;
  - provision of on-going training and support for advocates/community visitors; and
  - development and printing of protocols, contracts and other resource materials to be used by the service providers.

The establishment of an Advocate/Community Visitors Scheme would not be inexpensive, but the return on investment through low level and informal complaints resolution, and through systems improvement, would, in my opinion, be high.

At the time of writing, a report with appropriate recommendations from the Steering Committee responsible for reviewing the *Health and Community Services Complaints Act* is with the Minister for Health awaiting his consideration. Included within that report is a discussion on, and a recommendation that, the Advocate/Community Visitors Scheme be established.