



Introduction to the
**South Australian
Community Visitor Scheme**

Mental Health Act 2009 and
Disability Services (Community Visitor Scheme)
Regulations 2013

2018



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Introduction

The South Australian Community Visitor Scheme (CVS) was initially established through the South Australian *Mental Health Act 2009* and aims to provide further protection and safeguards to the rights of people with a mental illness who are admitted to gazetted treatment centres in South Australia. This legislation describes the independent statutory role the Community Visitor Scheme has and the powers and functions of Community Visitors when they visit acute mental health treatment centres to inspect premises and consult with clients, staff and relevant others to ensure that people with mental illness are receiving appropriate care and treatment. This Act has since been amended and the range of facilities that the CVS visits has been expanded to now include mental health rehabilitation centres, intermediate care centres and community mental health centres.

In 2013, the South Australian Government announced the further expansion of the Community Visitor Scheme in protecting the rights of people with a disability who live in a disability accommodation facility or Supported Residential Facility (SRF), or who attend a Day Options program. The powers and functions to do this come under the *Disability Services (Community Visitor Scheme) Regulations 2013*.

The purpose of this document is to provide Community Visitors, service providers and other interested stakeholders with a broad overview of the Community Visitor Scheme, with a particular focus on the way in which the scheme's legislative mandate is implemented in South Australia. This document will be periodically updated as legislation changes or by way of example, as the National Disability Insurance Scheme is implemented together with the Quality and Safeguards Commission or when the Community Visitor Scheme undergoes review.

The Mental Health Act 2009

The *Mental Health Act 2009* underpins mental health reform in South Australia and provides an improved legislative framework to more explicitly articulate the rights of people with mental illness, and facilitate to the greatest extent possible, their recovery and participation in community life.

Incorporating provisions to bring South Australia into line with contemporary approaches to the management of serious mental health issues, the *Mental Health Act 2009* included innovations designed to assist people to obtain assistance while protecting their rights and minimising the extent to which their freedom is curtailed. The *Mental Health Act 2009* is primarily about the use of powers to treat people with serious mental illness against their will, and provides for the checks, balances and protections necessary for the transparent and accountable exercise of these powers.

The Mental Health (Review) Amendment Act 2016

The *Mental Health (Review) Amendment Act 2016*, which amended the *Mental Health Act 2009*, came into effect in June 2017. The main areas of change within the Act included amendments to definitions, patient's rights, Community Treatment Orders, cross border arrangements and prescribed psychiatric treatment.

The amendments also expanded the scope of the Community Visitor Scheme to undertake visits and inspections of community facilities, including community mental health centres, community rehabilitation centres and intermediate care centres. Each of these facilities will have regular visits and inspections every 2 months from community visitors and patients can also request visits.

To achieve this increase in scope, within available resources, the frequency of visits to treatment centres has changed from once per month to once every 2 months. The community visitor scheme will carry out the same number of visits and inspections in total but will now cover both inpatient and community services. Importantly, the rights of, and advocacy for, patients of community services are to be included in the work of the community visitor scheme for the first time.

Other amendments for the Community Visitor Scheme include:

- > the capacity for the Principal Community Visitor to conduct visits and inspections alone
- > the capacity for the Principal Community Visitor to delegate powers to a Community Visitor
- > move the provisions for Community Visitors to have the powers of a hospital inspector to a more appropriate section
- > remove the limit of 2 terms for people appointed to the position of Community Visitor or Principal Community Visitor.

Disability Services (Community Visitor Scheme) Regulations 2013

The Disability Services (Community Visitor Scheme) Regulations 2013, under the Disability Services Act 1993, came into operation on the 2nd May 2013. The Disability Services (Community Visitor Scheme) Regulations 2013 is primarily about the functions of Community Visitors when visiting disability accommodation premises, Day Options Programs and Supported Residential Facilities (SRFs) and mirror many of the functions that are detailed in the Mental Health Act 2009.

Some of the different functions under these regulations are to inquire into the following matters:

- > the appropriateness and standard of the premises for the accommodation of residents
- > the adequacy of opportunities for inclusion and participation by residents in the community
- > whether the accommodation services are being provided in accordance with the principles and objectives specified in Schedules 1 and 2 of the Act
- > whether residents are provided with adequate information to enable them to make informed decisions about their accommodation, care and activities
- > any case of abuse or neglect, or suspected abuse or neglect, of a resident
- > the use of restrictive interventions and compulsory treatment
- > any failure to comply with the provisions of the Act or a performance agreement entered into between a disability services provider and the Minister
- > any complaint made to a community visitor by a resident, guardian, medical agent, relative, carer or friend of a resident, or any other person providing support to a resident.

Community Visitor Scheme

Within South Australia it is a requirement that all mental health treatment centres, community mental health facilities and disability facilities be visited and inspected by independent persons not associated with the delivery of these services to ensure those clients, their families and carers:

- > receive responsive and appropriate services and are treated with dignity and respect
- > have the opportunity to discuss care, support and treatment with impartial persons
- > have their complaints responded to and resolved promptly.

An appropriately trained and competent volunteer workforce appointed to the statutory positions as Community Visitors are responsible for:

- > carrying out visits and inspection of all mental health treatment centres, community mental health facilities and disability facilities and providing a report on these visits to the Principal Community Visitor
- > promoting the rights of persons with mental illness and/or disability who are receiving treatment and care
- > identifying any issues that need addressing
- > providing advocacy support role to help resolve issues of concern
- > relaying and escalating any unresolved and systemic issues of concern to senior management responsible for these services in order to get a response and improvement in the quality of care provided
- > referring serious issues to appropriate bodies such as the police, Chief Psychiatrist, Health and Community Services Complaints Commissioner for investigation
- > reporting to the Minister for Health and Wellbeing on mental health issues and the Minister for Human services on disability issues.

Governance

The Community Visitor Scheme is a legislative requirement under the Mental Health Act 2009 and overall responsibility and accountability for the scheme is held by the Minister for Health and Wellbeing (including mental health).

The Community Visitor Scheme also reports to the Minister for Human Services (including disability) on matters related to the Schemes functions under the Disability Services (Community Visitor Scheme) Regulations, 2013. Whilst administrative support for the scheme is provided by the Department for Human Services, the Principal Community Visitor and Community Visitors are independent statutory appointments by the Governor of South Australia, and the Principal Community Visitor reports directly to the Minister on issues related to the Scheme's legislative functions. An Advisory Committee provides strategic advice and support to the Principal Community Visitor, monitors and provides advice to the Community Visitor Scheme, and contributes to strategic networks and relationships.

Objectives

The core objectives of the Community Visitor Scheme are to:

- > advocate for the rights of clients within mental health facilities, disability accommodation facilities, SRFs and Day Options programs
- > improve client and family experiences with mental health services, disability accommodation facilities and Day Options programs
- > identify possible gaps in service provision for clients and their families
- > increase accountability and transparency within all relevant services
- > assist with the resolution of issues raised by clients, their families and concerned others
- > provide a vital link between frontline service delivery, management and decision makers
- > challenge the burden of low expectations on people with a mental illness and/or disability and promote positive outcomes of what can be achieved when people have services that enable them to reach their full potential, whatever that may be
- > collaborate with key partners such as other Statutory Officers to strategically work on better health and well-being outcomes for clients.

Staffing functions

The Community Visitor Scheme comprises the following key workforce positions:

Principal Community Visitor

A paid position overseeing and coordinating the performance of Community Visitors, providing advice and assistance, referring matters of concern to appropriate persons and providing reports to the Minister(s).

The Principal Community Visitor is responsible for:

- > overseeing and coordinating the performance of Community Visitors
- > advising and assisting Community Visitors in the performance of their functions
- > reporting to the Minister(s) regarding the performance of Community Visitor functions
- > conducting visits and inspections of treatment centres, community mental health facilities, disability accommodation facilities, SRFs and Day Options programs as required
- > referring matters of concern regarding the care and treatment of clients to the Chief Psychiatrist, and/or Complaints Commissioner from the Quality and Safeguards Commission or any other appropriate body or relevant Minister(s),
- > advocating for clients to promote the proper resolution of issues relating to the care, treatment or control of clients, including issues raised by a client, guardian, relative, friend or medical agent of the client
- > any other functions assigned to the Principal Community Visitor under the *Mental Health Act 2009*, the *Disability Services (Community Visitor Scheme) Regulations 2013*, or any other Act.

Community Visitors

Community Visitors are volunteer appointments positioned independently of mental health and disability service providers to carry out inspections, client advocacy and reporting functions.

Community Visitors are responsible for:

- > conducting visits to and inspections of treatment centres, community mental health facilities, disability accommodation facilities, SRFs and Day Options programs as required
- > referring matters of concern regarding the care, treatment or control of clients to the Principal Community Visitor for further referral, and if required, to Minister(s), the Chief Psychiatrist or any other appropriate body or person
- > advocating for clients to promote the proper resolution of issues relating to the care, treatment or control of clients, including issues raised by a client, guardian, relative, friend or medical agent of the client
- > any other functions assigned to Community Visitors under the *Mental Health Act 2009*, the *Disability Services (Community Visitor Scheme) Regulations 2013*, or any other Act.

Additionally, coordination and administrative support of the Community Visitor Scheme is provided by seven paid staff members.

Valuing volunteers

The Community Visitor Scheme volunteer program values the personal contribution of volunteers and operates on the following volunteer engagement strategies:

- > acknowledgement of the individual needs of volunteers to encourage sustainable appointment
- > provision of gratifying work and working conditions
- > recognition of the expertise that volunteers bring to their role
- > facilitation of a reciprocal, mutually rewarding relationship between the organisation and the volunteer
- > valuing diversity in gender, age, ethnicity, education and skill sets of volunteers
- > creating an accessible, welcoming and inclusive working environment
- > providing high-quality, comprehensive and relevant training for volunteers
- > involving volunteers in decision-making
- > implementing comprehensive evaluation strategies to ensure continuous improvement;
- > maximising the overall contribution of volunteers
- > ensuring effective volunteer support infrastructure and resources
- > striving for excellence in volunteer management.

Guiding principles

The Community Visitor Scheme is guided by a strong commitment to the principles contained in the Mental Health Act 2009 which it applies in all its service settings and in communication with all clients.

Mental Health Act 2009

The *Mental Health Act* adheres to the principles that mental health service provision should:

- > be designed to bring about the best therapeutic outcomes for clients and, where possible, their recovery and participation in community life
- > be provided on a voluntary basis where possible
- > place as little restriction as possible on the rights and freedom of a person with serious mental illness while meeting public and client safety and service delivery requirements, and provide services as near as practicable to where clients, families or carers reside
- > be delivered through comprehensive treatment and care plans developed in partnership with relevant service providers, clients and their families (where appropriate), and any additional support persons the client identifies
- > take into account the differing developmental stages of children and young people and ensure that they are cared for and treated separately from other clients
- > take into account the specific needs of older persons
- > take into account the cultural and linguistic diversity of clients
- > take into account Aboriginal and Torres Strait Islander descent, including traditional beliefs and practice and, where appropriate, involve collaboration with health workers and traditional healers
- > ensure a regular medical examination of the mental and physical health of a client, and regular medical review of any order applying to the client
- > ensure that the rights, welfare and safety of children and other dependants of the clients are considered and protected
- > ensure that medication is used only for therapeutic purposes or for safety reasons, not to restrain and any form of restraint and seclusion are used for safety reasons and as a last resort and not as a punishment or for convenience of others
- > ensure that any form of restraint, restrictive practice such as seclusion is documented and reported on and all incidents are reviewed.

Statement of commitment for people of culturally and linguistically diverse backgrounds

The Community Visitor Scheme recognises cultural and linguistic diversity (CALD), and the migration experiences of South Australian clients, and families. At every point of contact, Community Visitors will endeavour to act in an appropriate manner, respectful of the cultural, linguistic, religious and spiritual needs or other specific needs of people of culturally and linguistically diverse background.

Statement of commitment for Aboriginal and Torres Strait Islander heritage

The Community Visitor Scheme is committed to improving health outcomes for all Aboriginal and Torres Strait Islander (ATSI) people in South Australia by ensuring that their cultural and spiritual beliefs are acknowledged in a respectful manner and their specific needs met by services.

Scope

The Community Visitor Scheme recruits volunteers to become independent Community Visitors who are appointed by the Governor and undertake visits and inspections of facilities to ensure that:

- > clients are being treated with dignity and respect
- > services are responsive and appropriate to client needs
- > clients have been provided with information about their care and support.

If issues are raised by clients, the Community Visitor Scheme can provide advocacy and attempt to resolve these issues with staff or management. Where necessary, the Community Visitor Scheme can refer any matters of concern to other external bodies for resolution.

The Community Visitor Scheme visits and inspects:

- > mental health treatment centres, limited treatment centres, community mental health facilities
- > Emergency Departments of hospitals
- > disability accommodation services
- > Supported Residential Facilities
- > Day Options programs.

Regular visits are conducted to these facilities and anyone can contact the Community Visitor Scheme to request a visit or advocacy support.

Accessibility of Community Visitors

A key focus for the Community Visitor Scheme is accessibility for clients and family members, and the promotion of client and family involvement in decisions about treatment and care. Promotion of the Community Visitor Scheme is undertaken regularly through a variety of mediums including hardcopy and electronic resources. A request to meet with a Community Visitor can be made by telephone or email directly with Community Visitor Scheme staff, or via a service provider. The independence of Community Visitors is vitally important as it provides clients, family members and supporters with an opportunity to speak with individuals not associated with the service provision.

Recruitment of Community Visitors

Community Visitors are recruited through a formalised volunteer recruitment program, with vacancies advertised across a variety of media and community information resources to attract the widest cross-section of candidates. Persons wishing to apply for the position of Community Visitor must be at least 18 years of age, and applicants are required to demonstrate their suitability for the role in relation to a variety of essential skills, abilities and characteristics as set out in the role description.

Suitable applicants will be required to participate in a two-day intensive training workshop, at least two orientation visits, a visit report writing exercise and undergo DHS screening checks, prior to being appointed to the role of Community Visitor.

Conflict of Interest

Community Visitors cannot visit any facility if they or a family member or close friend holds a position within a service, have a direct interest in a contract with a facility or a service provider, or if they have a financial interest in a facility to be visited. All potential conflicts of interest need to be declared by Community Visitors.

Appointment of Community Visitors

A person can be appointed to the position of Community Visitor on conditions determined by the Governor of South Australia, and the Governor is responsible for determining the number of appointments to the Community Visitor Scheme.

Security Clearance

The appointment of a Community Visitor requires consent to a DHS Child and Disability screening check. Community Visitors are required to submit a signed copy of the Community Visitor Scheme Volunteer Code of Conduct, upon which an identification security pass will be issued.

Length of Appointment

A person can be appointed to the position of Community Visitor for a maximum of 1 year, after which time they will be eligible for reappointment. There is no limitation to the number of consecutive terms a Community Visitor is able to hold.

Suspension or Termination of Appointment

The Governor may suspend a person from the position of Community Visitor on the grounds of incompetence or misbehaviour, and a full statement of the reasons for the suspension must be laid before both Houses of Parliament within 3 sitting days of suspension.

The Governor may remove a person from the position of Community Visitor if both Houses of Parliament seek the person's removal, and if both Houses of Parliament have not sought the person's removal from the position of Community Visitor within 1 month of the suspension being laid before Parliament, the person must be re-instated to the position.

Vacancies

The position of Community Visitor is considered vacant if the person appointed to the position:

- > resigns by written notice given to the Minister
- > completes a term of appointment and is not reappointed
- > is removed from the position by the Governor at the request of both Houses of Parliament
- > becomes bankrupt
- > is convicted of an indictable offence or is imprisoned for an offence
- > becomes a member of Parliament of South Australia or any other State of the Commonwealth, or becomes a member of a Legislative Assembly of a Territory of the Commonwealth
- > becomes, in the opinion of the Governor, mentally or physically incapable of performing the functions of the position satisfactorily
- > or in the unfortunate event that the person appointed to the position of Community Visitor dies.

Training Program

The Community Visitor Scheme is committed to providing high quality, relevant and comprehensive training to empower Community Visitors with the knowledge and skills to undertake their duties with confidence. Taking into account the diversity of experience, skills and knowledge that volunteers bring to their role, as well as lessons learnt from community visitor programs operating interstate, the Community Visitor Scheme Volunteer Training Program will include, but not be limited to the following training modules:

1. Community Visitor Scheme – Introduction, Overview and History
2. Role, Function and Scope of the CVS
3. CVS Visits and Inspections
4. Practical Matters for Community Visitors
5. Lived Experiences
6. Mental Health
7. Communication Strategies
8. Disability
9. Dual Disability, Gender Safety and Restrictive Practices
10. Cultural Competencies
11. Values
12. Policies/Procedures/Guidelines
13. Resources

The Community Visitor Scheme Volunteer Training Program is facilitated in partnership with a range of relevant workforce training providers.

Supervision

The Community Visitor Scheme requires that a newly recruited Community Visitor undertake at least two orientation visits as part of the assessment process and to prepare a visit report for the Principal Community Visitor. This will provide the trainee Community Visitor with an opportunity to see the practical application of key areas covered in the training program.

A formal feedback and final interview with the Principal Community Visitor will follow to determine whether the Community Visitor in training is ready and a suitable candidate to be recommended to the Governor for appointment to this statutory role.

Formal, ongoing support and mentorship will be provided to Community Visitors as an opportunity to offer feedback, discuss any matters of concern and provide opportunities for debriefing, troubleshooting and early risk management.

Performance Reviews

Yearly performance reviews for Community Visitors with the Principal Community Visitor are organised and provide the opportunity for Community Visitors to give and receive feedback, have their personal strengths highlighted and to be guided in the implementation of any identified service improvement strategies.

Peer Support

Regular ongoing training sessions and 'reflective practice' opportunities are provided for Community Visitors to share their experiences and welcome new Community Visitors to the team. These also provide opportunities for troubleshooting, snapshots of current information and legislation relevant to the sector, information on training, and professional development opportunities. Administrative staff will assume responsibility for facilitating communication, and all Community Visitors will be encouraged to contribute, providing an additional opportunity outside of training days for Community Visitors to network with each other and access peer support.

Continuous Improvement of Services

Community Visitors play an important role in ensuring that standards of care within facilities across South Australia meet key performance indicators for quality service provision. Standardised reporting templates utilised by Community Visitors collect a range of information on systems, processes and operations within facilities. Information drawn from a range of sources including documents held at the facility, observations and, most importantly, discussions with clients, family members and facility staff. This qualitative and quantitative data and information is recorded through visit reports and forms the basis of issues identification, analysis and categories that we organise and store for future reports.

Visits

When conducting a visit and inspection of a facility, Community Visitors must:

- > where practicable inspect all parts of the facility used for care and treatment of clients
- > where practicable, make any necessary inquiries about the care, treatment of each client in the facility
- > attempt to engage with as many clients as is possible in an effort ascertain what their experience has been like as a service recipient and inform them of their rights and access to advocacy should they need this
- > report findings of the inspection to the Principal Community Visitor in accordance with reporting requirements.

Specifically inspect and report on the following:

- > the adequacy of services for assessing, treating and caring for persons within the facility
- > the standard and appropriateness of the accommodation and facilities and the maintenance and cleanliness of the site
- > the adequacy of information provided to clients and their families regarding their rights and services provided
- > the adequacy of information provided to clients and their families regarding complaints processes, and the effectiveness of complaints processes
- > records and reports of any form of restraint or restrictive practice and evidence of the documents required to approve restrictions
- > the level to which clients and where appropriate, family members are involved in the development and review of individual plans.

Feedback for Facility Staff

Upon completion of a visit and inspection of a facility, Community Visitors are required to provide initial feedback to the most senior staff member on duty or delegate of the facility prior to leaving the facility. A more formal feedback opportunity will be provided by way of a formal written report to the manager/director of the facility or the service provider.

Formal feedback through Community Visitor reports:

- > allows facility staff to be notified of any issues that need to be addressed regarding the provision of treatment and care within the facility
- > facilitates discussions between facility staff and provides an additional platform for resolution of issues
- > provides key information from consultations with clients and family members to inform and guide service improvements
- > assists with risk assessment and management within the facility
- > provides information to guide strategic and workforce planning and development.

Frequency, notification and hours of visits

Each mental health treatment centre and authorised community health facility must be inspected by Community Visitors bi-monthly by two or more Community Visitors. The CVS attempts to complete annual visits to disability accommodation facilities, SRFs and Day Options programs. Given the number of disability houses, which are ever increasing, there is a focus on visiting houses that have had issues raised or provide support to those assessed as more vulnerable on a more regular basis.

A client or any other person who is providing support to a client may request to see a Community Visitor at any time.

Community Visitors may carry out a visit and inspection to any facility at any time of the day or night, without prior notification to facility staff, and a visit may be of such length as Community Visitors deem appropriate.

Visit Community Visitor requirements

All facilities must be inspected by 2 or more Community Visitors. The Principal Community Visitor can perform visits alone.

If a client, carer, family member or staff member requests a visit by a Community Visitor, a single Community Visitor may conduct the visit.

Identification of Community Visitors

Once appointed to the Community Visitor Scheme, all Community Visitors will be issued with an identification security pass that is required to be worn during hours of duty and displayed upon arrival at a facility.

Arrival and departure

Community Visitors are required to give verbal notification to facility staff upon arrival and at departure.

Safety during Visits

As part of the orientation and training process, Community Visitors are required to undertake comprehensive training in the safety and risk assessment protocols required to be adhered to during any visit and inspection. Refresher information will be provided and circulated to all volunteers, with the opportunity for Community Visitors to contribute any experiences that may be of benefit to the rest of the team.

Responsibilities of facility staff

Facility staff are required to provide Community Visitors with a general briefing of the clients receiving care and treatment and any issues that may impact or disrupt the visit. Reasonable assistance and cooperation is required to be provided by facility staff to ensure that Community Visitors are able to carry out their statutory duties.

Powers of inspection

Community Visitors have the same powers as Health Inspectors as defined under the Health Act and therefore, can inspect all parts of a facility used for, or relevant to the care, treatment of clients.

Documentation inspection

Community Visitors have the power to inspect all documents or records relating to person's treatment or care within the facility, subject to obtaining 'in principle' consent from persons receiving treatment and care.

Power to interview

Community Visitors may visit and interview any person who is being treated or cared for at a facility, subject to consent and willingness to speak to a CV. If a client or resident does not wish to speak to the Visitor, this must be respected.

Additionally, Community Visitors may visit and interview all facility staff involved in the provision of treatment and care, as well as facility management.

Client consent

Community Visitors are required to seek 'in principle' consent from clients to inspect documents or medical records pertaining to them and clients can request not to be seen by a Community Visitor.

Requests to meet with Community Visitors

A request to meet with a Community Visitor may be made by a client, guardian, relative, friend or medical agent of the client. If such a request is made to the staff of a facility in which the client is being treated, or cared for, the staff member is required to advise the Community Visitor Scheme of the request within 2 days of receiving the request. Should an interpreter be required, the facility is required to arrange this.

Privacymanagement

Community Visitors are required to ensure that all information pertaining to visits and inspections adhere to the confidentiality and information sharing provisions outlined in the *Mental Health Act 2009 and the Disability Services (Community Visitor Scheme) Regulations 2013*.

Referral of issues for advocacy

Community Visitors provide an advocacy role in referring matters of concern and promoting the proper resolution of issues and can:

- > provide information and assistance to support and empower client and family members to make a complaint or express their concerns about any aspect of treatment and care being provided within a facility
- > assess complaints lodged by clients or family members to determine whether the complaint is being managed effectively
- > with client consent, discuss any complaints that clients or family members may have with the client's treating team, to facilitate efficient and effective resolution
- > provide referral options if the complaint is complex and requires involving external parties in order to seek resolution
- > investigate the adequacy of information provided to clients and family members with regards to their legal rights.

Reporting requirements for Community Visitors

After visiting and inspecting a facility, a Community Visitor must report on the visit to the Principal Community Visitor, adhering to formal reporting templates and submitting the report to the Principal Community Visitor within 5 business days of undertaking the visit. Furthermore, a copy of the report may be forwarded to the management or Executive responsible for the facility.

Reporting requirements for the Principal Community Visitor

On or before the 30 September each year, the Principal Community Visitor is required to forward a report to the Minister(s) on the work of Community Visitors during the previous financial year. Within 6 sitting days of receiving the report, the Minister(s) must have copies of the report laid before both Houses of Parliament. The Principal Community Visitor may, at any time, prepare a special report to the Minister(s) on any matter regarding the performance of Community Visitor functions. Within 2 weeks of receiving a special report from the Principal Community Visitor, the Minister(s) is required to have copies of the report laid before both Houses of Parliament. If Parliament is not sitting, the Minister(s) is required to deliver copies of the report to the President and the Speaker. The President and the Speaker must then immediately organise for the report to be published, and lay the report before their respective Houses as soon as possible.

Reporting an Offence

In the case where a Community Visitor has reason to believe an offence has or is being committed under the *Mental Health Act 2009*, or the *Disability Services (Community Visitor Scheme) Regulations 2013* or any other Act, the Community Visitor is required to:

- > report the offence to the Principal Community Visitor immediately
- > take reasonable steps to preserve any evidence relating to the offence
- > await further direction from the Principal Community Visitor.

If the Principal Community Visitor has reason to believe that an offence has or is being committed at a facility, the Principal Community Visitor must report that offence to the police or relevant body and inform the Chief Psychiatrist/Executive of the relevant department immediately.

Follow-up

Where issues have been raised within a Community Visitor report, the Principal Community Visitor is required to follow-up with senior management of the facility within 2 weeks of issuing the report to senior management of the facility.

The Principal Community Visitor is required to report to the appropriate person or body in the case where senior management of the facility has not taken adequate or reasonable action to implement recommendations made by the Community Visitor in their report.

Liability

Community Visitors appointed on a volunteer basis with the Community Visitor Scheme will receive full insurance protection and exclusion from liability while undertaking duties in accordance with their role and responsibilities as a Community Visitor.

Occupational health, safety and welfare

An understanding of occupational health, safety and welfare principles as they apply to the mental health and disability sector is a pre-requisite for appointment to the position of Community Visitor, and all Community Visitors successfully appointed are required to undertake occupational health, safety and welfare training as part of their participation in the Community Visitor Scheme Volunteer Training Program.

If a Community Visitor sustains an injury while on duty, the Community Visitor is required to fill out a workplace incident report and submit this report to the Principal Community Visitor as soon as practicable.

Reimbursement of expenses

The Community Visitor will be reimbursed for all approved expenses within a timely manner following submission of all relevant receipts together with a signed expenses claim form. A list of expenses able to be claimed will be clearly outlined in the reimbursement procedure.

Honorariums

Payments of honorariums are paid six monthly falling in December and June for the six-month service period prior. Community Visitors receive \$100 per month of active service totalling no more than \$1,200 for a 12-month period. The Principal Community Visitor will determine the extent of the honorarium to be paid to any one Community Visitor.

Exit Interview

Community Visitors exiting the Community Visitor Scheme will be invited to attend an exit interview as an opportunity to provide feedback on their experience with the program in order to assist with service improvement strategies.

Evaluation

A comprehensive participatory action evaluation model underpins all strategic directions of the Community Visitor Scheme, encompassing consultations with volunteers, facility staff and service partners as well as quantitative data collection to ensure relevance and continuous service improvement.

For more information
Principal Community Visitor
cvs@sa.gov.au
Telephone: 1800 606 302
www.communityvisitorscheme.sa.gov.au

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