

Community Visitor Program

Practice Manual and Framework

THE ROLE AND FUNCTION OF COMMUNITY VISITORS



Policy	<i>Practice Manual and Framework</i>	
Approved by:	<i>Public Guardian</i>	<i>Name:</i> <i>Natalie Siegel-Brown</i>
Date Effective	<i>1 March 2018</i>	<i>Version 2</i>
Application	All members of OPG Community Visitor Program	
Related	The complete suite of CVP policies and practice directions will relate to this manual, and can be located on OPGs intranet.	

Table of Contents

Foreword.....	3
Chapter one: Roles and responsibilities of the Office of the Public Guardian.....	4
OPG purpose statement	4
How we help protect children and young people	5
Children and young people community visiting program	5
Legal advocacy program	5
How we help protect adults.....	6
Adult community visitor program	6
Guardianship program.....	6
Adult legal services	7
Investigations team	7
Chapter Two: Queensland’s Community Visitor program	9
Community Visitor program (CVP) purpose statement	9
Program Principles	10
We focus on the issues that matter	10
We are informed by the views, wishes and preferences of our clients	10
We monitor decisions and disrupt those that are not in the best interest of our clients	10
We work with our internal partners.....	11
We resolve matters close to the source.....	11
Our Visiting Jurisdiction	13
Monitoring and advocacy for children and young people in visitable sites.....	13
Refocused visiting for children and young people in visitable homes	14
Our adult visiting jurisdiction	15
Chapter three: Supporting our team of Community Visitors	16
Making Public Interest Disclosures and claiming protection from reprisal.....	17
Professional boundaries for Community Visitors.....	17
Chapter Four: Knowing our Client’s Rights	20
Rights for children and young people.....	20
Children in care	21
Charter of rights for a client in the child protection system	21
Standards of Care for children in care.....	22
Children at visitable sites (including non CPO young people).....	23
Visiting Children and Young People in Youth Detention Centres	24
Children and Young People at a Disability Site	24
Human rights of adult clients.....	25
United Nations Convention on the Rights of Persons with Disabilities	26
Human Services Quality standards.....	26
Adult Mental Health Services	27
National Standards for Mental Health Services	27
Adults in Level 3 supported accommodation	28
Residential Services (Accreditation) Regulation 2002.....	28
Chapter Five: Powers and Functions	29
Functions for Community Visitors (child visiting).....	29
Functions for child community visitors	29
Functions for delegated child advocate	29
Powers for Community Visitors (child visiting).....	31
Power to do all things necessary or convenient	31
Power of entry—visitable home.....	32
Powers relating to visitable locations (homes and sites)	32
Functions for adult community visitors	33

Powers for adult community visiting	33
Power to do all things necessary or convenient	33
Consumer views and wishes	34
Chapter Six: Our Visiting Practice.....	36
Announced and unannounced visits.....	36
Requested visits	36
Prioritising visits and visiting frequency	36
Assigning and responding to unallocated locations	37
Responding to unexecuted visits.....	37
Visiting clients via relevant technology.....	37
Visiting children and young people outside of their approved placement.....	38
Chapter Seven: Our Practice Framework.....	39
The client at the centre of our work	40
Review the information.....	40
Assess and consider the advocacy goal	42
Raising and resolving issues.....	44
Locally resolvable issues	45
Serious issues.....	46
Responding when a client (child or young person) is absent or missing	47
Significant client matters.....	47
Reporting.....	48
Types of report	50
Reporting of significant harm	51
Reporting the death of a client in care.....	53
Seek additional support if required	54
Referral of matter to an adult's Guardian or decision maker	55
Referral of a matter to OPG's Investigations team	55
Referral of matter to OPG's Child/Lawyer Advocates	57
Referral of complaints	58
Referral of systemic matters	59
Chapter Eight: Engaging with clients and stakeholders	61
Client who use non-verbal communication	62
Clients using a wheelchair	62
Clients with a vision impairment	62
Clients with a hearing impairment.....	62
Clients with an intellectual, cognitive, developmental or learning disability.....	63
Engaging with stakeholders	63
Additional resources	65
Definitions.....	66
Attachment A: Detention Centre Visiting Practice	69
Attachment B: Community Visitor (Child) locally resolvable issue escalation pathway	71
Attachment C: Reporting harm – Community Visitors (child)	72
Attachment D – Standards of Care for Children in Care	72

Foreword

Welcome to OPG, and to the Community Visitor program (CVP).

This practice manual and framework was developed directly for Community Visitors (CV), and to support operational staff involved in the CVP. This manual and framework provides the program's core principles and outlines the role and function of CVs under the *Public Guardian Act* (2014) (PGA), other relevant legislation and OPG policies and practice directions.

This practice framework will guide a CV's practice when discharging their legislative role and functions. The program adopts a principled approach to our practice. This will require CVs and their Regional Visiting Managers (RVMs) to make decisions autonomously, giving consideration to:



If there is a dilemma between a CV's own professional judgement and this practice manual, CVs can consult with their Regional Visiting Manager (RVM) and or the Manager, Practice to determine the best course of action. CVs should also refer to the related practice directions listed in this document.

Chapter one: Roles and responsibilities of the Office of the Public Guardian

The Office of the Public Guardian (OPG) was established as an independent statutory office under the *Public Guardian Act 2014* (PGA), to provide for a Public Guardian to promote and protect the rights, interests and wellbeing of adults with impaired decision-making capacity, and children and young people in the child protection system, youth detention, adult correctional centre, disability service or mental health facility. In performing the Public Guardian's functions and exercising the Public Guardian's powers, the Public Guardian is not under the control or direction of the Minister.

The Public Guardian helps to protect their rights and interests in a number of ways, including through the CVP. The CVP is one of the most comprehensive in Australia; employing 135 CVs¹ who work across 13 zones covering a geographic area of 1.7 million kilometres. It has grown significantly since its first inception in 1999 (under the former Commission for Children) in both its size and legislative role and functions.

In performing the Public Guardian's functions and exercising the Public Guardian's powers, the Public Guardian is not under the control or direction of the Minister.

OPG purpose statement

The universal purpose of the OPG is to advocate for the human rights of our clients.

- For our adult clients, this means advocating for their rights, access to services, independence and choice as part of a supported decision-making model.
- For our children and young people clients, this means advocating for their rights, access to services and where appropriate, their independence and choice.
- Advocacy means understanding the lives and views of our clients with the aim of promoting and protecting their human rights. Advocacy can mean working to prevent or address discrimination, abuse or neglect. Advocacy does not mean taking over a client's life or problems nor does it mean taking over the roles and responsibilities of other government agencies or service providers.

¹ At 30 June 2017.

How we help protect children and young people

The function of the Public Guardian is to provide oversight functions and powers for children and young people in the child protection system. All children on child protection orders (whether in the care of their parents or not), are entitled to our advocacy, with every child or young person in care entitled to a CV and/or a Child Advocate-Legal Officer.

The Public Guardian also provides oversight of children and young people in youth detention centres including seventeen year olds in adult correctional centres, children in disability services and children in authorised mental health services through the CVP, regardless of whether they are on child protection orders or not.

Children and young people community visiting program

Queensland's CVP promotes and protects the rights and interests of children and young people in care across Queensland. One of the OPG child advocacy functions is to provide the CVP to children or young people in a foster home, the home of a kinship care or in a residential care facility. Further, all children and young people in a youth detention centre, seventeen year olds in adult correctional centres, disability services or children in a mental health facility are entitled to see our CVs, to ensure their rights and interests are being protected.

Children and Young People Legal Team

Legal Officer-Child Advocates are lawyers who perform child advocacy functions as outlined in section 13 of the Public Guardian Act 2014. The team receives referrals from children/young people directly, from the Community Visiting Program and a range of external stakeholders including Child Safety, Youth Justice, youth workers, carers, other legal professionals, QCAT and the courts.

The participation advocacy undertaken by Legal Officer-Child Advocates involves providing information about their rights, ensuring their access to information, explaining their legal options, supporting them to express their views and wishes and advocating for their participation in decision making.

Participation advocacy in child protection can include:

- challenging decisions about placement and contact with family and assisting children/young people to make applications to review decisions or to take part in applications made by parents and carers,
- participating in applications for child protection orders (including variation or revocation),
- assisting children/young people to make complaints or making complaints on their behalf.

Legal Officer-Child Advocates also provide legal advice and participation legal-advocacy in a range of other areas that intersect with child protection systems including:

- **Education** – administratively reviewing decisions to suspend, exclude or not enrol/cancel enrolment.
- **Youth Justice** – complementary advocacy to support instructed youth justice lawyers in relation to Child Safety providing safe and stable accommodation, submissions to withdraw charges and in relation to the criminal responsibility together and submissions in mitigation of sentence.
- **Mental Health** – by advocating for the provision of appropriate and timely therapeutic services and providing legal advice and advocacy in relation to treatment authorities.
- **Other legal issues** – including, transition to independence, immigration, adoption, victim of crime and right to information requests. This can involve finding specialist lawyers in those areas to assist them.

How we help protect adults

Adult community visitor program

The role of the (adult) CVP is to promote and protect the rights of interests of adults with impaired capacity. The role includes inquiry and complaint functions; these are outlined later in this guide.

Community Visitors must, to the greatest extent practicable, seek and take into account the views, wishes and preferences of clients in performing their functions.

Community visitors have the powers to view and take copies of any relevant document at a visitable location. These documents can include organisational policies, notes in communication books, behaviour charts, incident reports and medical files held on behalf of an adult consumer. During a visit to a site, community visitors share their time between reviewing relevant documents, speaking with service staff and speaking directly with consumers at the site to inform their observations and reports.

Guardianship program

When appointed by the Queensland Civil and Administrative Tribunal (QCAT) as guardian, the Public Guardian routinely makes complex decisions on a number of personal areas, such as health care and accommodation. The OPG also works with adults and their legal representatives to protect the rights and interests of adults through legal proceedings in the criminal, child protection, domestic violence, mental health matters and other personal law jurisdictions.

The PGA and *Guardianship and Administration Act 2000* (GAA) set out the OPG's legislative functions, obligations and powers. The *Powers of Attorney Act 1998* regulates the authority for adults to appoint substitute decision-makers under an Advanced Health Directive or an Enduring Power of Attorney. The OPG does not manage a person's money. Financial administration for people with impaired decision-making capacity may be handled by a private administrator, or The Public Trustee of Queensland as an administrator of last resort.

OPG Legal Services Adult Team

The advocacy for adults in legal processes is a critical safeguard to ensure they are not limited or denied access to their legal rights because of their disability or impairment. It also aims to ensure that legal processes adequately take account of the adult's disability or impairment so they understand what is happening and that decision makers are aware of the impact of their disability or impairment on their ability to participate in legal processes or their legal matters. OPG Legal Services Adult Team are legally qualified guardians who make legal decisions to progress an adult's legal matters. Guardianship clients can be involved in various areas of law that impact on their rights including, but not limited to:

- being vulnerable to being charged with criminal offences and being the victim of criminal offences
- as parents in child protection proceedings
- as aggrieved and/or respondents to applications for domestic violence protection orders.

OPG Legal officers do not provide direct legal representation to clients. They act as guardians for legal matters, and work in collaboration with guardians from OPG's Guardianship area who are appointed for health, accommodation and other personal matters.

The Adult Team also provides legal advice and assistance to Guardianship on the performance of their statutory functions including how legal processes and issues may impact on their domains of decision making.

Investigations team

Under section 19 of the PGA, the OPG has a discretionary power to investigate any complaint or allegation that an adult with impaired decision-making capacity is being, or has been, neglected, exploited, or abused, or has inappropriate or inadequate decision-making arrangements in place. To carry out an investigation the OPG must identify that the person in question lacks the capacity to make decisions for the matters in question. The Public Guardian also has the formal protective power to suspend for up to three months the power of an attorney who is suspected on reasonable grounds to not be competent.

[Chapter seven](#) of this practice manual and framework provides detail on the circumstances when the CVP would refer a matter to, or work with other program areas.

Chapter Two: Queensland's Community Visitor program

Queensland's visiting program is one of the most comprehensive in Australia; approximately 135 community visitors (CVs) work across 13 zones covering a geographic area of 1.7 million kilometres. Each zone is managed by a regional visiting manager (RVM) whose role is to provide on the ground practice support and supervision to CVs within their zone. All of our CVs work from home, and receive support from policy and practice officers, and a centrally based visiting support team in Brisbane.

For adults, CVs independently monitor 'visitable sites' where adult consumers live and receive funded services. CVs make announced and unannounced visits to ensure residents are being cared for, make inquiries and lodge complaints for, or on behalf of, residents. CVs have the power to refer complaints to an external agency—such as the Department of Child Safety, the NDIA, Queensland Health, or the Residential Services Unit within the Department of Housing and Public Works.

For children and young people living in care CVs ensure they are safe and well and all their needs are being met in line with the standards of care. CVs are available whenever a child or young person needs their help; providing advocacy, support and advice about any matter that is concerning them.

When the OPG was formed through combining the roles of the Adult and Child Guardian, there were two distinct community visitor programs: one for adults with impaired capacity for a personal matter, or a financial matter or with an impairment who live, or receives services at a visitable site; and one for children and young people in out-of-home care. As the OPG increasingly establishes as a single organisation, more CVs are fulfilling a dual role of visiting both sets of clients.

Community Visitor program (CVP) purpose statement

The CVP is responsible for monitoring and advocating for the rights, interests and standards of services being provided to adults with impaired capacity for a personal matter, or a financial matter or with an impairment who live, or receives services at a visitable site, and children and young people in foster homes, residential care facilities, detention centres or mental health facilities.

The purpose of the Community Visiting function is to protect and promote the rights and interests people located at a site we visit. Community Visitors are delegates of the Public Guardian; they are a set of independent eyes and ears into systems of care for vulnerable people. Community Visitors monitor and advocate for the human rights of the people they visit. Visiting is a function of our child advocacy. As

delegates of the Public Guardian, the role of a community visitor is to be a set of independent eyes and ears into systems of care for vulnerable people.

Program Principles

We focus on the issues that matter

In the course of your role, CVs will encounter a broad range of matters, it would be impractical to actively advocate on every matter a client is experiencing. We understand that the value of the CVP is within areas of significant concern to our clients, our stakeholders and the broader community, such as the (immediate and life-course) safety and wellbeing of our clients. The continued areas of critical concern and active advocacy for the CVP are:

- Any harm occurring to clients through abuse, neglect or exploitation (child and adult)
- Any issue that significantly impacts on a client's safety, well-being or rights protection
- The use of restrictive practices, including the unauthorised use of restrictive practices (adult and child).
- Issues relating to the seemingly indefinite detention or containment of clients (child or adult)

The Public Guardian may determine additional areas of critical focus at any time and issue relevant directions.

We are informed by the views, wishes and preferences of our clients

Community Visitors are required to engage directly with our clients, and to represent their views, wishes and preferences regardless of whether others agree with them. Unlike other agencies, the OPG is an independent agency there to support our clients' voice in decisions that affect them—and to be that voice for them where necessary.

We monitor decisions and disrupt those that are not in the best interest of our clients

As an oversight and advocacy program, we oversee that the human rights of our clients are being advanced through their own views, wishes and voice, informed through 'visiting' with children and young people, or adults in their homes and other residential settings. Our approach is to identify and disrupt decisions contrary to the parity and rights of our clients, ensuring that agencies involved in a client's life observe a standard of care commensurate with appropriate human rights measures. The CVP is not a decision maker in a client's life however our role is to ensure that decisions are made about them that accord to human rights standards.

We work with our internal partners

In addition to the CVP, the OPG administers Guardianship, Investigations and Legal Services programs, many of the CVP clients are in fact clients of other OPG programs. Community Visitors share relevant information with our colleagues and work to reduce duplication of services, and to maximise outcomes for our clients.

We resolve matters close to the source

Local resolution is a principle that underpins all regulatory work. This means raising issues in the first instance locally with the person who made the initial decision or who has primary case management responsibility for the person who is the subject of the issue (e.g. Child Safety Officer) or a provider who is responsible for providing a service, attempting to understand their rationale and persuading them to adjust their decision or take other appropriate action where necessary.

Where an issue remains unresolved or the initial response is considered unacceptable or unsatisfactory, then the issue should be escalated to a more senior officer e.g. the Child Safety Officer's Team Leader or Manager for further action.

An important consideration when raising issues is working with our clients to self-advocate where possible. The power imbalance that our clients face in raising issues can often be assisted by having a CV support them to raise it themselves, this should always be explored first.

Our Vision

Our clients identify as rights-holders, and feel empowered to speak up

Our Mission

To protect and promote the rights and interests of our clients

Values

Customers first

- Know your customers
- Deliver what matters
- Make decisions with empathy

Ideas into action

- Challenge the norm and suggest solutions
- Encourage and embrace new ideas
- Work across boundaries

Unleash potential

- Expect greatness
- Lead and set clear expectations
- Seek, provide and act on feedback

Be courageous

- Own your actions, successes and mistakes
- Take calculated risks
- Act with transparency

Empower people

- Lead, empower and trust
- Play to everyone's strengths
- Develop yourself and those around you

Principles

We focus on issues that matter

We are informed by the views, wishes and preferences of our clients

We monitor and disrupt decisions that are not in the best interest of our clients

We work with our internal partners

We resolve matters as close to the source as possible

Beliefs

Our clients are rights-holders and will be supported to access and claim their rights

Our clients are people first, with human, legal and cultural rights that will be recognised and respected

Societal responses towards our clients can make them more vulnerable for abuse, harm and neglect

We are a necessary oversight and safeguard in the child protection, mental health and disability sectors

Our Visiting Jurisdiction

Queensland's 2012 Child Protection Commission of Inquiry (CPCOI) found that children in the child protection system are particularly vulnerable and need to have their voices heard. The CPCOI identified that the support services provided to children in the child protection system by the then Commission for Children and Young People and Child Guardian (CCYPCG) did not have the required focus on individual support and advocacy for children and, in the case of the CVP, had too wide an ambit.

The inception of the PGA necessitated OPG's visiting program to refocus on providing individual advocacy for relevant children who are residing in out-of-home care and all children who are staying at a visitable site. During 2016–17 the CVP focused on operationalising this policy intent as follows:

Monitoring and advocacy for children and young people in visitable sites

The PGA recognises the vulnerability of children and young people in visitable sites and accordingly requires community visitors to meet with **all children** residing at a visitable site, and to ensure that regular visits occur. The PGA defines a visitable site as:

- A residential facility where a child or young person is staying, including those funded through Disability Services Queensland
- A detention centre where a child or young person is staying
- A corrective services facility where a child or young person is staying
- An authorised mental health service where a child or young person is staying

In many of these cases, these children's current primary placement is a funded service where workers are responsible for meeting a child's physical, psychological and social needs. Children at these sites are subject to a set of unique challenges—changing staff and resident's impact on a child's ability to form a close connection to those around them; and the availability of staff may affect a child's ability to undertake appointments or extracurricular activities.

Given our requirement to prioritise services to children and young people at visitable sites, the Public Guardian has determined that visits will occur **monthly** to any site where a child is staying. The frequency of visits may vary depending on the type of site, for example, community visitors attend youth detention centres weekly due to the vulnerability and needs of the young people detained.

Additionally, under the *Mental Health Act 2016*, Queensland Health notifies the Public Guardian whenever a minor is admitted to a high security unit, or an inpatient unit of an authorised mental health service other than a child or adolescent inpatient unit; the community visitors are required through policy to complete a visit to these children within three days of notification.

Refocused visiting for children and young people in visitable homes

For the children and young people we visit, the vast majority² of (children and young people) visitable locations are private houses—or visitable homes. CVs **may only** visit a visitable home for visiting a ‘child under care’.³ A child in care⁴ broadly means a child or young person who is in the child protection system.

For visitable homes, the Public Guardian **may** direct a community visitor to visit children in care having regard to a range of matters⁵ including the child’s age, the number of children staying at the home and the appropriateness of the accommodation and the child’s cultural and linguistic background. Accordingly, the frequency of visits to children in foster and kinship homes can range from monthly to annual visits.

The visiting frequency prescribed for particularly homes is set through the [Visiting Frequency Risk Matrix \(child\) direction](#).

Wherever possible the views of the child or young person are considered when determining the regularity of visits. Some young people may prefer less frequent visits knowing they can request a visit at any time, or that they can speak to their CV on the phone or through text messaging.

A CV **may only** enter a visitable home if the carer consents to the entry, or the entry is authorised by warrant. Before requesting consent, the CV **must** tell the carer the purpose of entry and that the person is not required to consent.⁶ The CV **must** ask the carer to sign an acknowledgment of consent, and give the carer a copy. The CVP has a policy and practice direction that outlines CVs obligations in the use, management and disposal of consent books available on our [intranet](#).

For a visitable home, CVs visiting function is:⁷

² 2016-17 stats show that 87 per cent of all visitable locations (child) are foster homes.

³ See definitions.

⁴ Defined under section 51 of the PGA

⁵ Set out in section 57, *Public Guardian Act 2014*.

⁶ *Public Guardian Act 2014*, sections 61-62.

⁷ *Public Guardian Act 2014*, section 56 (1) (f).

- to assess its appropriateness for the accommodation for the child or young person; and
- to ensure the Carers are meeting the child or young person's needs.

Our adult visiting jurisdiction

The purpose of the (adult) CVP is to protect the rights and interests of consumers at the visitable site. A consumer is:⁸

- for a visitable site that is an **authorised mental health service**⁹—any person who lives or receives services at the visitable site, or
- for a visitable site that is the **forensic disability service**—any person who lives or receives services at the visitable site, or
- for **any other visitable site**—an adult, with impaired capacity for a personal matter or a financial matter or with an impairment¹⁰, who lives or receives services at the visitable site.

In the disability sector, consumers are generally in long-term support arrangements with adults who also live with a disability. Community visitors attend three types of 'visitable sites'; accommodation (other than a private dwelling) where an adult with impaired capacity for a personal matter or a financial matter or with an impairment lives or receives services, authorised mental health services (AMHS) and level three accredited supported accommodation.

Visits generally occur quarterly, however, on some occasions, due to vulnerability and or risk of harm, some adults are visited on a more regular basis, as directed by the Public Guardian.

⁸ *Public Guardian Act 2014*, section 39.

⁹ under the *Mental Health Act 2016*

¹⁰ An adult has an impairment if they have a cognitive, intellectual, neurological or psychiatric impairment.¹⁰

Chapter three: Supporting our team of Community Visitors

Above all else, our team are the most important consideration in our program. The physical and psychological safety of our team is paramount, please read this chapter carefully as the work we do exposes us to the risk of physical and psychological harm. The protection of our team is a shared responsibility between the OPG as an agency, our employees and our stakeholders.

Your safety is our greatest priority

CVs should never engage in any activity including a visit where they may not be safe. The program uses a range of strategies to plan for team safety, including:

- Alerts on client database
- Adequate handover for CVs taking on a new site
- Asking CVs to attend site orientation when required (typically youth detention and AMHS')
- Safety planning between CVs and RVMs
- Service providers to provide (new) site overview
- Prioritisation given to announced visits when safety risks are identified

You are connected

Every CV is issued a mobile phone with Telstra phone coverage and internet data. The CV program includes work in remote Queensland, in those locations where connectivity is compromised CVs can speak with their RVM about having a satellite phone issued. Every CV has an OPG outlook calendar function available to them. We ask that CVs keep their calendar updated with scheduled appointments so we know where they are at all times. We also encourage the practice of scheduling planned visits into the database; again, this helps RVMs with visibility on where their team are.

Strategies to feel safe

OPG will work with you to develop strategies to maximise CVs' safety. Examples of this may include a personal safety plan when visiting remote communities; providing a second (buddy) visitor to attend a visit, or the RVM attending a visit; phone calls to check in prior to and after a visit; personal safety or duress alarms; or EPERB devices that can locate our team in remote Queensland during an emergency.

You can say no

Community visitors can refuse any activity they don't feel safe about completing, without fear of repercussion. Everyone has different perceptions of safety; and we encourage CVs to speak to their RVM if they would like additional safety strategies for a particular location.

Support is available

OPG offers a counselling service to our employees, including CVs, and their families. Optum is a free and anonymous service. To access Optum 24 hours a day, 7 days a week CVs can call 1800 604 640 (callers will need to inform Optum that the OPG is part of Department of Justice and Attorney General, Justice Services division).

Team crisis support

If a traumatic event happens at work, RVMs may request a professional counsellor to come to the workplace to support staff. Optum will support managers to deliver the most appropriate response at OPGs expense.

Making Public Interest Disclosures and claiming protection from reprisal

Due to the nature of the work of a Community Visitor, instances may arise where a Community Visitor may become aware of wrongdoing by a public sector employee.

Making a public interest disclosure, or providing information about wrongdoing in the public sector, is commonly called *blowing the whistle*. In Queensland, public sector employees who disclose information about the genuine and possible serious misbehaviour of public officials are protected by law from reprisals. Protections for those who speak out about wrongdoing are contained in the *Public Interest Disclosure Act 2010*.

Where a Community Visitor believes they have information about wrongdoing by a public sector employee, they should raise this in the first instance with their Regional Visiting Manager or the Director Visiting.

Professional boundaries for Community Visitors

When burnout occurs with human services professionals, one contributing factor can be unclear or weak boundaries relating to their job. Consequently, it's important for CVs to review and maintain the following practices for their own wellbeing and for the consistency of the whole program:

We focus on our clients

There are many interested parties involved in our client's lives. Our role is to give priority to our client's views and wishes, which for CVs will sometimes mean respectfully reminding carers or support workers of that and suggesting they contact their relevant support person / agency with issues that concern them.

We are not a crisis-response agency

The CVP is not a crisis-response agency. Information is reported to us to assist our monitoring and advocacy functions, the program has a broad obligation to ensure that our clients are protected from immediate harm, however we are not responsible for correcting or managing crisis' experienced by our clients.

We encourage agencies to take appropriate responsibility

Being an effective advocate requires having an understanding of the role other agencies play in the protection and care of our clients, and, being strong and consistent in reminding them of their obligations. It can be tempting to step in when we believe agencies are not doing enough for a client, however if we do this (for example increase visiting to a child because the CSO doesn't visit frequently, or contacting a private decision maker because the service provider hasn't) then we're complicit in masking the issue.

We are obligated to report what we know

People report information to us with the understanding that we are in a position to act upon that. Sometimes there will be tensions around that, for example, a support worker might report information to a CV but feel reluctant to report that further. The CVP is not a decision maker, rather we gather information and report that to entities that have powers to act upon that information. We have a professional obligation to report what we know to the Public Guardian (via visit reports and on occasion reporting issues directly to an RVM) or to agencies with investigative powers.

The CVP is currently working on practice guidance for CVs, regarding when it may be appropriate to communicate with private guardians, parents or informal guardians.

We are not decision-makers

Our CVs come from a range of backgrounds and practices, these professional practices enrichen our program. They also influence our experiences and approaches and consequently there's always a risk that CVs can slip into case management approaches. The CVP does not have decision-making powers. Members of the program cannot:

- Recommend a course of action, or
- Request a particular outcome

Rather, our role is to:

- Query the decision-making processes
- Question whether the client's views have been requested and considered

- Enquire into whether the Agency's policies and procedures have been adhered to
- Suggest they consider best-practice and/or new approaches in relation to the delivery of services

Chapter Four: Knowing our Client's Rights

Rights for children and young people

Children and young people are afforded human rights via international and domestic principles and legislation. The main principle CVs must apply in performing their role is that **the best interests of the child are paramount**.¹¹ A CV also must, to the greatest extent practicable, take into account the **views and wishes** of clients, having regard to their age and maturity.¹²

We recognise that CVs enter employment with our program with a range of personal and professional views, and we ask that CVs act from the following principles:¹³

- the child's family has primary responsibility for the child's upbringing and development and should be supported in that role
- the child is a valued member of society
- the child is -
 - to be treated in a way that respects the child's dignity and privacy, and
 - to be cared for in a way that protects the child from harm, promotes the child's wellbeing and allows the child to reach his or her full potential
- the child's emotional, moral, social and intellectual development is important and must be taken into account
- the child is entitled to be heard, even if others may not agree with the views expressed by the child
- the child should be able to exercise his or her rights and participate in decisions that affect his or her life
- the child should be able to access available services necessary to meet his or her needs
- an ongoing relationship between the child and the child's family is important for the child's welfare and wellbeing and must be taken into account
- an ongoing connection with the child's culture, traditions, language and community is important for the child's welfare and wellbeing and must be taken into account.

¹¹ *Public Guardian Act 2014*, s 7 (1).

¹² *Public Guardian Act 2014*, section 54.

¹³ *Public Guardian Act 2014*, s 7 (2).

Children in care

Charter of rights for a client in the child protection system

Children and young people in care have particular needs to address in order to ensure their safety and improve their emotional, physical and psychological well-being.

The charter of rights under the *Child Protection Act 1999*, section 74 and Schedule 1 describes the core rights that apply to every child and young person who is subject to the custody or guardianship of the Chief Executive of the Department of Communities, Child Safety and Disability Services (the department).¹⁴

The chief executive of the department must ensure that each child or young person is told about the charter, is given written information about the charter having regard to the child or young person's age and ability, and is told about OPG and its role in helping a child or young person if they consider the charter is not being complied with.

When visiting children mentioned in section 74 and schedule 1, it is important to consider whether the department, its agents and other service providers are meeting the charter rights. Whilst section 13 (2) of the PGA identifies this as a child advocate function, the Public Guardian has delegated this function to all CVs who visit children and young people mentioned in s.74 schedule 1.

The *Child Protection Act 1999*, schedule 1 (Charter of rights for a child in care) establishes the following rights for children and young people in care:

1. to be provided with a safe and stable living environment
2. to be placed in care that best meets the child's needs and is most culturally appropriate
3. to maintain relationships with the child's family and community
4. to be consulted about, and to take part in making, decisions affecting the child's life (having regard to the child's age or ability to understand), particularly decisions about where the child is living, contact with the child's family and the child's health and schooling
5. to be given information about decisions and plans concerning the child's future and personal history, having regard to the child's age or ability to understand
6. to privacy, including, for example, in relation to the child's personal information
7. if the child is under the long-term guardianship of the Chief Executive, to regular review of the child's care arrangements

¹⁴ See definitions.

8. to have access to dental, medical and therapeutic services, necessary to meet the child's needs
9. to have access to education appropriate to the child's age and development
10. to have access to job training opportunities and help in finding appropriate employment
11. to receive appropriate help with the transition from being a child in care to independence, including, for example, help about housing, access to income support and training and education

Standards of Care for children in care

CVs must be mindful that foster and kinship carers are required to provide a level of care which is consistent with the statement of standards, as outlined in section 122 of the *Child Protection Act 1999*. It's important that when visiting clients under, CVs raise an issue(s) with the department in cases where the CV is concerned that a foster or kinship carer is not appropriately meeting the standards of care.

The statement of standards provides a way to measure quality of care and forms a basis for assessing whether a care environment is acceptable. The standards are interpreted with consideration to the needs of each individual child or young person.

The *Child Protection Act 1999* outlines the following **standards of care**:¹⁵

1. The Chief Executive (Director-General) of the department must take reasonable steps to ensure a child placed in care under section 82 of the *Child Protection Act 1999* is cared for in a way that meets the following standards (the *statement of standards*):
 - a) the child's dignity and rights will be respected at all times
 - b) the child's needs for physical care will be met, including adequate food, clothing and shelter
 - c) the child will receive emotional care that allows him or her to experience being cared about and valued and that contributes to the child's positive self-regard
 - d) the child's needs relating to his or her culture and ethnic grouping will be met
 - e) the child's material needs relating to his or her schooling, physical and mental stimulation, recreation and general living will be met
 - f) the child will receive education, training or employment opportunities relevant to the child's age and ability
 - g) the child will receive positive guidance when necessary to help him or her to change inappropriate behaviour

¹⁵ *Child Protection Act 1999*, section 122.

- h) the child will receive dental, medical and therapeutic services necessary to meet his or her needs
 - i) the child will be given the opportunity to participate in positive social and recreational activities appropriate to his or her developmental level and age
 - j) the child will be encouraged to maintain family and other significant personal relationships
 - k) if the child has a disability—the child will receive care and help appropriate to the child's special needs
2. For subsection (1)(g), techniques for managing the child's behaviour must not include corporal punishment or punishment that humiliates, frightens or threatens the child in a way that is likely to cause emotional harm.
 3. For subsection (1)(j), if the chief executive has custody or guardianship of the child, the child's carer must act in accordance with the chief executive's reasonable directions.
 4. The application of the standards to the child's care must take into account what is reasonable having regard to:
 - a) the length of time the child is in the care of the carer or care service
 - b) the child's age and development.

Further detail in relation to overseeing the standards of care are in **Attachment D**.

Children at visitable sites (including non CPO young people)

CVs have specific functions related to children residing in visitable sites. CV functions when visiting children and young people in visitable sites are¹⁶:

- To inspect the site and report on its appropriateness for the accommodation of the child or the delivery of services to the child, having regard to relevant State and Commonwealth laws, policies and standards; and
- To ensure staff at the site are meeting the child's needs.

When visiting and advocating on behalf of children and young people who are not in the care of the department but are residing at a visitable site, CVs broadly consider:

- whether children and young people are safe and stable in the site

¹⁶ Public Guardian Act (2014) section 56 (g)

- whether children and young people are benefiting from individually tailored and culturally sensitive services and supports which respect their rights and enhance their wellbeing
- whether children and young people are supported to achieve sustainable benefits by organisations who support service providers to provide meaningful and relevant care.

Visiting Children and Young People in Youth Detention Centres

CVs regularly visit children (who may or may not be on a child protection order) in the Brisbane and Cleveland Youth Detention Centres. A practice framework for our advocacy in these locations is currently in development.

CVs must inspect and report on the appropriateness of accommodation and service delivery and strongly advocate for the rights protection of children and young people in youth detention. All children and young people staying at youth detention centres must, as far as practicable, be visited. Generally, two CVs visit at a time, on a weekly basis. Children and young people can also communicate with CVs by placing written issues or concerns in communication boxes installed at each youth detention centre.

Further information in relation to this area included in **Attachment A**.

Children and Young People at a Disability Site

CVs may be required to visit, engage, report on and advocate for children and young people in care who have a diagnosed disability. The *Disability Services Act 2006* describes a disability as something that is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of impairments and that results in:

- a substantial reduction of the person's capacity for communication, social interaction, learning or mobility; and
- the person needing support.

The disability must be permanent or likely to be permanent and may be, or may not be, of a chronic episodic nature.

When interacting with children and young people with a disability, information from a care or service provider or the Child Safety Officer (if relevant) may help.

Human rights of adult clients

The GAA provides us with a set of General Principles that underpin our practice and approach. When a formally appointed decision maker makes a decision for an adult with impaired capacity, they must consider these principles. Whilst CVs do not make decisions on behalf of adult consumers and may visit adult consumers who do not have a formal decision maker, the General Principles are useful in that they inform us as to what human rights our clients with impaired decision-making capacity, who have formally appointed guardians, have.

- Adults are presumed to have capacity
- All adults have the right to the same basic human rights, and should be empowered to exercise these
- And adult's right to respect his or her human worth and dignity as an individual
- An adult's right to be a valued member of society, including by encouraging and supporting the adult to perform valued social roles'
- Adults should be encouraged and supported to live a life in the general community, and take part in activities enjoyed by the general community
- Adults should be encouraged and supported to achieve their maximum physical, social emotional and intellectual potential, and to become as self-reliant as practicable
- An adult's right to participate, to the greatest extent practicable, in decisions affecting the adult's life, including through:
 - Support and access to information
 - Taking into account views and wishes
 - Performing functions in a way least restrictive to rights
- The importance of maintaining existing supporting relationships'
- The importance of maintaining cultural and linguistic environment an values'
- Exercising power appropriate to an adults characteristics and needs
- An adult's right to confidentiality

CVs must, to the greatest extent practicable, seek and take into account the **views and wishes** of clients before performing their functions.¹⁷ CVs **must apply, recognise and take into account** the above principles in performing their role:¹⁸

¹⁷ *Public Guardian Act 2014*, section 46.

¹⁸ *Public Guardian Act 2014*, section 6 and *Guardianship and Administration Act 2000*, schedule 1.

United Nations Convention on the Rights of Persons with Disabilities

Article 1 of the [United Nations Convention on the Rights of Persons with Disabilities](#) sets out to promote, protect and ensure the enjoyment of all human rights and fundamental freedoms by all persons with disabilities. **Article 3** sets out the general principles of the convention, including:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choice, and independence of persons;
- Non-discrimination;
- Full and effective participation and inclusion in society;
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- Equality of opportunity;
- Accessibility;
- Equality between men and women.

These core principles are applicable to all people with disabilities who are visited by CVs. It is important that CVs use these core principles as a fundamental basis to guide and underpin their practice.

Human Services Quality standards

When visiting consumers in the disability sector, CVs **must consider** the [Human Services Quality Standards](#) to guide their practice. The standards are issued by the Department of Communities, and provide performance indicators on the following six standards:

- Governance and management;
- Service access;
- Responding to individual need;
- Safety, wellbeing and rights;
- Feedback, complaints and appeals;
- Human resources.

CVs must also consider whether there are issues that do not relate to the HSQF that need to be raised and resolved, for example, issues relating to financial decision making, provision of adequate healthcare services and matter relating to legal rights and protection.

Adult Mental Health Services

National Standards for Mental Health Services

When visiting consumers in the mental health sector, CVs **must consider** the [National Standards for Mental Health Services \(2010\)](#) to guide their practice. The standards are issued by the Australian Government, and provide performance criteria on the following ten standards:

- Rights and responsibilities
- Safety
- Consumer and carer participation
- Diversity responsiveness
- Promotion and prevention
- Consumers
- Carers
- Governance, leadership and management
- Integration
- Delivery of care.

CVs must also consider whether consumers residing in an AMHS are having their basic human rights met, for example, have appropriate referrals been made for the adult to receive support in the community, is the consumer residing in the AMHS due to a lack of, or barrier to accessing appropriate housing? Does the consumer require a referral to an advocacy agency for representation at the Mental Health Review Tribunal? CVs are to escalate to their RVM all instances where it appears a consumer is residing in an AMHS due to lack of appropriate housing and/or support services.

A comprehensive practice direction regarding CVs responsibilities when visiting an authorised mental health service (children and adults) will be released and on the OPG intranet soon.

Adults in Level 3 supported accommodation

Residential Services (Accreditation) Regulation 2002

When visiting consumers in level 3 residential services, CVs **must consider** the matters prescribed in the *Residential Services (Accreditation) Regulation 2002*, section 7. These matters are:

- **Access to externally provided support services**

Personal care services are delivered, wherever possible, through entities external to the residential service.

- **Financial and clerical support**

Residents have management of their own financial affairs as much as possible or have entities external to the residential service help with financial decisions.

Where residents require clerical support or help in managing their daily finances, practices are transparent to ensure accountability for funds held by residents.

- **Medication management**

If residents ask for support to manage their medication, help is given in accordance with medical directions.

- **Health care**

Residents have a choice of health care provider.

Where necessary, residents are encouraged and helped to maintain their physical, dental and mental health.

- **Clothing**

Residents are supported to ensure they have access to and wear clothing appropriate to the situation and climate.

- **Hygiene management**

The personal hygiene needs of residents are met in a way consistent with individual needs and respect for dignity and privacy.

- **Living environment**

A safe, comfortable and homelike environment is available for residents.

- **Leisure interests**

The rights of residents to independence and freedom of choice in pursuing activities of interest to them is recognised and encouraged.

- **Preservation of social networks**

The importance of preserving family relationships and informal social networks is recognised and supported.

- **Choice and decision making**

Residents participate in the decisions about the services they receive.

That unless it unreasonably infringes on the rights of other residents, that residents are able to exercise choice and control over their lifestyle.

Chapter Five: Powers and Functions

Functions for Community Visitors (child visiting)

Functions for child community visitors

In addition to the delegated child advocate functions, child community visitors have the following statutory functions when visiting a **home**:¹⁹

- to assess its appropriateness for the accommodation for the child or young person, and
- to ensure the child or young person's needs are being met by persons caring for the child or young person at the home.

Additionally, child community visitors have the following statutory functions when visiting a **site**:²⁰

- inspect the site and assess its appropriateness for the accommodation of the child and the delivery of services, having regards to the relevant State or Commonwealth laws, policies and standards, and
- ensure the child or young person's needs are being met by staff members at the site.²¹

The Public Guardian may request a community visitor to inquire into and report on any other matter relating to a child. This may include matters such as the appropriateness of placement matching. Placement arrangement issues can include matters such as stability of placement, self-placement and homelessness, cessation of placement and placement matching.

Functions for delegated child advocate

The Public Guardian may direct that CVs perform additional child advocate functions.²² The public guardian has delegated the following child advocate functions to CVs:²³

There are times when a child or young person requires a greater degree of advocacy from our program. The PGA Section 13 prescribes child advocacy functions that extend beyond those provided to community visitors. These child advocacy functions are delegable powers, and the Public Guardian has sought to delegate them to community visitors when and as required to advance outcomes for a client.

When delegated the functions of a child advocate, community visitors have the powers to enter another place where a relevant child or young person is staying²⁴. This power is particularly helpful in responding to

¹⁹ *Public Guardian Act 2014*, section 56 (1) (f).

²⁰ *Public Guardian Act 2014*, section 56 (1) (f).

²¹ *Public Guardian Act 2014*, section 56 (1) (f).

²² *Public Guardian Act 2014*, section 56 (2).

²³ Public Guardian Direction No. 1 of 2016.

children in care who are missing or absent from their placement—for example sleeping rough or residing in a non-approved placement—enabling the child or young person to continue seeing their community visitor during a time of particular difficulty.

Specific child advocacy functions delegated currently to community visitors include:

1. Develop a trusting, supportive relationship;
2. Providing advice or information to a child or young person about matters that concern them;
3. Support the child at and participate in family group meetings, or, conferences or meetings ordered by a court or tribunal;
4. Help the child to resolve disputes;
5. Monitor any plan prepared for the child's benefit;
6. Seeking to resolve disputes about reviewable decisions;
7. Helping the child to make an official complaint;
8. Helping the child to seek or respond to any variance or revocation of an order made under the Child Protection Act;
9. Help a child to initiate, or initiate on a child's behalf an application to a tribunal;
10. Support the child at a court or tribunal;
11. Help a recognised entity to support a child in referring a matter to a tribunal

Both CVs and child advocates perform child advocate functions under the PGA. However, child advocate-legal officers also perform standalone legal functions, including:

- Helping children seek or respond to the revocation or variation of child protection orders;²⁵
- Helping children initiate, or initiate on a child's behalf, applications to the tribunal to review child protection matters;²⁶
- Making submissions, calling witnesses and testing evidence in proceedings relating to court assessment orders or child protection orders.²⁷

CVs and RVMs can refer to Child Advocate Legal Officers for matters involving relevant children.²⁸ If a referral is appropriate for a relevant child, CVs **must discuss** this with their RVM. Examples where this might be appropriate include:

²⁴ Public Guardian Act (2014) section 74(b)

²⁵ *Public Guardian Act 2014*, section 13 (1) (j).

²⁶ *Public Guardian Act 2014*, section 13 (1) (j).

²⁷ *Public Guardian Act 2014*, section 13 (1) (m).

- A reviewable decision has been made in relation to placement or contact.
- A family group meeting is being held to develop a case plan and there is an application before the Children's Court.
- The child has received a long suspension or has been excluded from school.
- The child wants to understand and participate in what is happening in court or tribunal proceedings.

CVs and RVMs must reference the [Referral pathway from Community Visitor \(Visiting\) to Child Advocate-Legal Officer \(Legal Services\)](#) for individual child advocacy' policy for further information.

Powers for Community Visitors (child visiting)

Child community visitors have powers prescribed throughout the PGA, although these powers are used at the direction of the public guardian.

Power to do all things necessary or convenient²⁹

Both child and adult community visitors for a visitable site may do all things necessary or convenient to perform the visitor's functions, including the following things—

- (a) enter the site during normal hours without notice;
- (b) with the public guardian's authorisation, enter the site outside normal hours without notice;
- (c) require a staff member at the site to answer questions, and produce visitable site documents, relevant to the visitor's functions;
- (d) inspect and take extracts from, or make copies of, any visitable site document;
- (e) confer alone with a consumer or a staff member at the site;
- (f) require a staff member at the site to give the visitor reasonable help, if it is practicable to give the help, to enable the visitor to do the things mentioned in paragraphs (a) to (e).

If the public guardian considers a community visitor cannot adequately inquire into a complaint by entering a visitable site during normal hours, the public guardian may authorise the visitor to enter the site outside normal hours to inquire into the complaint³⁰.

²⁸ Relevant children are defined in the *Public Guardian Act 2014*, section 52.

²⁹ *Public Guardian Act 2014* section 44.

³⁰ *Ibid*, section 45.

Child visitors have additional powers relating to visitable sites (in relation to speaking with children) which are listed on the following page.

Power of entry—visitable home³¹

A community visitor (child) may enter a visitable home at which a child under care is staying if—

- (a) a carer staying at the home consents to the entry; or
- (b) the entry is authorised by a warrant.

Whilst CVs have the power of entry, they don't have the right of entry – in other words CVs must seek consent before entering a person's home. Mostly, Community Visitors will find that Carers consent to the visit, particularly when they have already been scheduled. Refusals to allow a CV entry should raise a concern for community visitors, they are to raise this immediately with their RVM.

Before asking for the consent, the visitor must tell the person the purpose of the entry; and that the person is not required to consent. Once a carer provides consent, we ask them to note this in an OPG provided consent book. Further information on this is provided on our intranet (policy and practice direction on consent book management).

Further, a visitor may, without the person's consent or a warrant—

- (a) enter land around the home to an extent that is reasonable to contact the person; or
- (b) enter part of the home the visitor reasonably considers members of the public ordinarily are allowed to enter when they wish to contact the person.

Powers relating to visitable locations (homes and sites)

After entering a visitable home or site, CVs have the powers to complete the following activities:

- (a) look around the home and assess its appropriateness for the accommodation of the child under care;
- (b) have access to the child under care;
- (c) talk with the child under care out of the hearing of other persons at the home;
- (d) require a carer staying at the home to give the visitor reasonable help to exercise the above powers.

³¹ Ibid section 61.

Functions for adult community visitors

Adult community visitors have both inquiry and complaint functions³². The **inquiry** functions of a community visitor (adult) for a visitable site are to inquire into, and report to the public guardian on—

- (a) the adequacy of services for the assessment, treatment and support of consumers at the visitable site, and
- (b) the appropriateness and standard of services for the accommodation, health and wellbeing of consumers at the site, and
- (c) the extent to which consumers at the site receive services in the way least restrictive of their rights, and
- (d) the adequacy of information given to consumers at the site about their rights, and
- (e) the accessibility and effectiveness of procedures for complaints about services for consumers at the site, and
- (f) at the request of the public guardian, another matter about the visitable site or consumers at the site.

The **complaint** functions of a community visitor (adult) for a visitable site are to—

- (a) inquire into, and seek to resolve, complaints; and
- (b) identify and make appropriate and timely referrals of unresolved complaints to appropriate entities for further investigation or resolution.

Powers for adult community visiting

Power to do all things necessary or convenient³³

Adult community visitors for a visitable site may do all things necessary or convenient to be done to perform the visitor's functions, including, for example, the following things—

- (a) enter the site during normal hours without notice;
- (b) with the public guardian's authorisation, enter the site outside normal hours without notice;
- (c) require a staff member at the site to answer questions, and produce visitable site documents, relevant to the visitor's functions;
- (d) inspect and take extracts from, or make copies of, any visitable site document;
- (e) confer alone with a consumer or a staff member at the site;
- (f) require a staff member at the site to give the visitor reasonable help, if it is practicable to give the help, to enable the visitor to do the things mentioned in paragraphs (a) to (e).

³² Ibid, section 41.

³³ *Public Guardian Act 2014* section 44.

If the public guardian considers a community visitor cannot adequately inquire into a complaint by entering a visitable site during normal hours, the public guardian may authorise the visitor to enter the site outside normal hours to inquire into the complaint³⁴.

Consumer views and wishes

Community Visitors must, to the greatest extent practicable, seek and consider the views and wishes of a consumer. Inserting the voice of our clients is one of the strongest functions our program has. We commonly advocate for services to hear and respect our client's views, its therefore critical we are demonstrating that approach in our practice. Under our legislation, there are two key moments when we should seek consumer's views:

1. When asking a staff member questions in relation to a consumer, and
2. When inspecting, taking extracts from or copies of a document relating to a consumer

Regardless of a consumer's views and wishes, CVs must at in a way consistent with the consumer's proper care and protection. An example of what this might look like in practice is below:

During a visit to a Level 3 Supported Accommodation facility a CV sat down and had a conversation with a female consumer who the CV had spoken to numerous times over the previous 12 months of visiting. The CV noticed that the consumer did not seem or look well, and was showing signs of experiencing auditory hallucinations (talking to herself and other people about objects and people that were not there), and seemed agitated and fearful to the CV. The consumer told the CV she had not eaten for three days, but was feeling 'really great' now that she had stopped taking her medications.

The CV noted that she had not seen the consumer like this before, and was therefore quite concerned about her well-being. The CV told the consumer she was concerned about her, and asked her if she would mind if the CV reported this to the manager of the facility, to ensure that if required, the consumer saw her GP as soon as possible or taken to the hospital for a mental health assessment. The consumer became very upset and said to the CV 'please do not tell the manager, I don't want him to know anything about me or my health, hate men and he doesn't like me anyway and thinks I'm crazy!'

The CV knew that she had to act in a way that was consistent with the consumer's proper care and protection (reporting her concerns about the consumer's wellbeing), but also needed to take the views and wishes of the consumer into account (not reporting the matter to the manager). The CV spent some more

³⁴ Ibid, section 45.

time talking with the consumer attempting to find a solution. In the end the consumer named a female support worker that visited the site every second day that she trusted and would feel comfortable discussing her mental health with. The consumer agreed to allow the CV to make contact with the support worker to share her concerns. The positive outcomes of this interaction are many and include:

- The consumer accessed necessary healthcare
- The consumer had their views and wishes heard and taken seriously
- The CV maintained a positive relationship with the consumer by proving to them that their views and wishes are important, and the CV will do everything possible to ensure they are included in any action taken or decisions made
- The CV was able to execute their role in a way that is consistent with the proper care and protection of the consumer
- The CV sought the consent of the consumer before sharing information about them to the support worker.

Chapter Six: Our Visiting Practice

Announced and unannounced visits

The PGA empowers Community Visitors to utilise both announced and unannounced visits as an inquiry and monitoring mechanism. Community Visitors have a right of entry; they do not have powers of entry. Put simply, a Community Visitors can request access to a visitable house or site, but have no legal jurisdiction to enter without the consent of an adult or service provider at that site.

Unless prior approval is provided by an RVM, Community Visitors are to favour announced visits. The benefit of an announced visit includes a higher chance that residents will be there (therefore the visit can be executed), and it respects the dignity and rights of the resident to have a degree of control over the timing of visitors to their home.

There will however, be times when an unannounced visit might offer a greater opportunity to gather additional information and observations. Unannounced visits are best used moderately, and when a CV reasonably suspects that an unannounced visit will offer a more authentic glimpse into the daily care of the client in that home or site.

Requested visits

A CV must visit a client at a visitable site or home as soon as practicable after being requested by the client (or a person for the client) ('a requested visit')³⁵. Requested visits are an additional safeguard for clients.

Prioritising visits and visiting frequency

The Public Guardian may decide the regularity or frequency of visits to a child or young person staying in a visitable home³⁶. CVs must visit visitable sites 'regularly'. However, the public guardian may decide priorities for visiting particular visitable sites that affect the frequency of visits³⁷.

The public guardian has the sole discretion in determining, varying, or altering at any time, the regularity or frequency of CV visits e.g. monthly, bi-monthly; or for a stated period. For example, the public guardian may decide to reduce visits from a monthly schedule if no issues are being identified and the child's care needs are being met.

³⁵ *Public Guardian Act 2014*, section 43;

³⁶ *Public Guardian Act 2014*, section 57 (3).

³⁷ *Public Guardian Act 2014*, section 58 (2).

In determining frequencies for children and young people in visitable homes, Regional Visiting Managers must consider the Risk factor considerations table and the How risk affects visiting table in [Practice direction: Assigning and responding to unallocated visitable locations](#). Visit frequencies should be responsive to meet the changing needs of children and young people in care.

The current visiting frequency for adult sites is a fixed quarterly frequency, although this is under review. CVs and/or RVMs can seek a more frequent visiting schedule for adult locations from the Public Guardian (or their delegates) if they have particular concerns about a location.

Any changes to visiting frequency are made by RVMs and are recorded as an activity on the client's party record in Jigsaw.

Assigning and responding to unallocated locations

The Public Guardian seeks that attempts are made to allocate visitable locations in a timely manner, and that clear processes are in place to record how sites are allocated according to priority. For further information, see the [Practice direction: Assigning and responding to unallocated visitable locations](#).

Responding to unexecuted visits

There are varieties of reasons why a visit may be unexecuted, and the CV and RVM response will change depending on the circumstances. The Public Guardian seeks that clear processes are in place to record why a scheduled visit was unexecuted. For further information, refer to the [Practice direction: Responding to unexecuted visits](#).

Visiting clients via relevant technology

CVs generally visit children and young people by attending regular, face-to-face visits. However, at it may be appropriate for a CV to implement an alternative way of visiting. This includes conducting a visit by using relevant technology, or appointment as a Child Advocate (CA). For further information, see the [Practice direction: Alternative ways to visit children and young people](#).

Visiting children and young people outside of their approved placement

There will be occasions when relevant children are residing at a non-approved placement. These situations most commonly occur when a child is placed with a Carer awaiting Departmental approval, or when a child or young person is absent from their approved placement including when they self-place outside of an approved Departmental placement. During these times, it may be conducive for a Community Visitors to execute a visit to a child or young person as part of their continued advocacy. This can be approved by an approved Delegate (refer to the [current delegations](#)), via the RVM. For further information, see the [Practice direction: Alternative ways to visit children and young people](#).

Chapter Seven: Our Practice Framework



The client at the centre of our work

It's no accident that we've positioned our clients at the centre of our framework. Advocating for the rights progression of our clients means locating them at the centre of our work, and considering their needs at every stage. Throughout this chapter, the yellow boxes will highlight opportunities for us to consider our client's needs.

Review the information

The monitoring role performed by CVP is to inspect and report on the home (child) or site (child and adult) and comment on its appropriateness for the client **including** to ensure that the client's needs are being met at the home or by staff at the site. For all **sites**, the CVP must have regard to the relevant State and Commonwealth laws, policies and standards that apply to the site.

CVs **must** assess the appropriateness of visitable locations for the accommodation of clients, and observe the treatment of clients, including the extent to which persons caring for them are meeting their needs and the extent to which clients are informed about their rights including their right to make a complaint to the service. CVs can require carers to provide reasonable help to look around the home.³⁸

CVs can require staff members to produce relevant documents, and CVs can inspect, take extracts from and copy these. Relevant documents may include incident reports, mental health reports, child safety case plans, education reports, health reports, site policies, incident reports, report books, medical files and personal files. CVs can require staff members to provide reasonable help to inspect the site and relevant documents.³⁹ CVs can require staff members to answer questions.⁴⁰

CVs must monitor the adequacy of information given to clients about their rights, and the accessibility and effectiveness of procedures for complaints about services.⁴¹ CVs must also monitor the compliance of service providers, staff and carers against the relevant standards that they are required to meet.

³⁸ *Public Guardian Act 2014*, section 66.

³⁹ *Public Guardian Act 2014*, section 67.

⁴⁰ *Public Guardian Act 2014*, section 44.

⁴¹ *Public Guardian Act 2014*, section 41.

Community visitors have the power to read, takes copies or extracts of site documents, these including documents that are of a personal nature for any particular person residing at the site. Government and non-government agencies are required to keep and maintain records relating to the care and management of clients including decisions made by or about them.

Documents offer a variety of insights that cannot be gleaned through a visit alone, particularly when visits are less frequent.

At the visit the Community Visitor (CV) observed that *Adult4* was unable to make eye contact and that he withdrew to his bedroom when his cotenant began speaking. The Support Worker... stated that *Adult4* had told her that he feels unsafe here. The CV noted that *Adult4* had been reviewed (20/7/16) by Dr (name) Franklin who wrote his "mental health has deteriorated again, in a very short amount of time and that he is acutely unwell. This is as a result of his present living arrangements". In file notes dated 23/7/16 it was recorded that *Adult4* walked up the street saying he needs to be away from the house and on the 24/7/16 that he attempted to climb the fence. A Behaviour Recording Form dated 26/6/16 stated that he took a ladder from the shed in an attempt to climb the fence.

(Issue raised by Community Visitor)

As the vignette (right) demonstrates, documents form one piece of information that a CV must consider before determining to raise an issue. Documents might help CVs identify an issue of concern, help clarify the severity of an issue, provide greater insight into the extent of the issue, demonstrate how a service is responding to an issue, or provide insights into the client's views or wishes around an issue.

Community Visitors have the power to request particular records outside of a visit. We encourage CVs to consider what records are relevant to their visit ahead of executing a visit. For example, viewing a copy of a child's Education Support Plan **ahead** of the visit will help facilitate a discussion with the child around the degree to which they understand and agree with their plan **during** the visit.

Reviewing the information includes contacting relevant parties to clarify the steps an agency has already taken, and, what strategies are planned for the client. Only when this has occurred can a CV progress to the second stage of our framework.

Considering our clients

- It is a less intrusive option (upon the client) to view client records, rather than take copies or formally request them. Community visitors should first consider whether our functions can be fulfilled by viewing records, or making enquiries.
- If we are required to formally request or take copies of records, we should consider how the client may feel about the information in that record being made available to OPG. Where possible, CVs should discuss this with the client.
- CVs should – to the greatest extent practicable – seek the views of clients before viewing, requesting or taking extracts of personal records. This is an important consideration and is included in the PGA [s46(1)(b)]

Assess and consider the advocacy goal

The PGA provides broad powers. As delegates of the public guardian, CVs are to utilise these powers in a considered and evidentiary manner. CVs are to consider the advocacy goal prior to raising an issue – what is the objective of raising the issue? What desired outcome are we wanting to achieve – as understanding this helps us frame our requests.

An advocacy goal can include:

- To raise awareness of an issue with an individual, or a team
- To increase the agency or Carer involvement in the matter as an additional support for the client
- To support the client to have their views heard, recognised and considered (increased client participation)
- To offer new information including observations which help inform a decision being made
- To seek third-party involvement to help inform a decision being made (for example, the opinion of a treating specialist or a medical professional)
- When there are concerns about significant harm, then an issue must be raised, and the issue reported to the appropriate person. An appropriate person may include Child Safety, the Service Provider, a person's Guardian or Queensland Police Service within 24 hours. The overriding consideration is the safety of the client and fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of a client. When making decisions on what information to share and when, Community visitors should use their professional judgement, and consult with their RVM if in doubt.

To achieve these goals, a range of **regulatory activities** are available to the CVP:

- Education and awareness raising, persuasion and negotiation
- Increased presence (either increased visiting, or closer monitoring of an issue alerts services that an independent advocate is involved in a client's life)
- Formal letter / email to an agency or service provider (going on the record about a concern)
- Supporting the client to make a formal complaint
- Referring the matter to the OPG legal team for legal advocacy where relevant
- Making a symbolic example of the case of those involved (for example, asking for evidence to support a service provider's response can illustrate gaps in service delivery)
- Referring the matter as a formal complaint (or supporting the client to do this)
- Seeking a formal internal review of the decision (or supporting the client to request this)
- Seeking a formal external review of the decision (Queensland Ombudsman or QCAT) (or supporting the client to apply for this)

Rather than a **visiting** program, the CVP is best conceptualised as an **advocacy program** foremost, that executes this advocacy through a series of activities *including* visiting clients in care.

Community Visitors consider the life circumstances and situation of a client including monitoring of their rights and interests. If the standards of care, charter of rights or other quality safeguards are not being met our Community Visitor's advocate on behalf of the client.

We recognise that service providers regularly make a range of good decisions for, with and about our clients. As an oversight and advocacy program however, our remit is to monitor decisions made about our clients and disrupt:

- A decision that impacts on the physical or psychological safety of a client
- A decision that doesn't consider⁴² the client's views, wishes or preferences
- A decision that reduces their human rights, or their capabilities, motivations and capacity
- A decision that does not create or maintain the safety of the client
- A decision that shifts the power from the client, towards a system or other person in the client's life without the explicit or implied consent of the client

⁴² Considering the views of a client may not mean the decision accords with the client's own wishes. But agencies should still consider their views, wishes and preferences when making and implementing decisions. If you would like further information on concepts such as *dignity of risk*, please speak to your RVM.

- The decision to not make a decision, where one is needed to protect the rights and interests of the person

The term disruption is commonly associated with the interruption of an event or activity, or to challenge and change the traditional way an industry operates, especially in a new and effective way⁴³.

The CVP has a limited service delivery role; rather our goal is to provide a critical oversight of the child protection, disability and relevant mental health sectors, applying visiting services to those who have the greatest vulnerability and need.

Considering our clients

- The client's views, wishes and preferences should help frame the advocacy goal, and potentially the regulatory activities undertaken to pursue that goal. An element of **sharing power** with our clients is involving them in determining what our advocacy will be around, how that will be progressed and at what point we close the issue.

Raising and resolving issues

As advocates, CVs make inquiries into how the rights and interests of a client are being met and advanced. The inquiries are made directly to carers, residential youth workers, disability support workers, nurse unit managers, child support officers / team leaders / managers, formal or informal Guardians or other professionals involved in a client's life. Importantly, CVs also seek to clarify this with our clients, ensuring service provider responses are commensurate with client expectations and experiences.

CVs **advocate on behalf of clients** by listening to, giving voice to, and facilitating the resolution of, the client's concerns and grievances. CV advocacy often takes the form of short to medium term, non-legal, issue-based advocacy support.

One of the important ways CVs advocate for clients is by raising and resolving issues. While CVs will raise issues with the department and service providers on behalf of clients, CVs should explore where possible, whether a client can be supported to raise and seek resolution of an issue themselves.

⁴³ Cambridge dictionary.

Under the PGA, adult CVs have both inquiry and complaint functions. CVs **must inquire** into the following in relation to visitable sites:⁴⁴

- The adequacy of services for the assessment, treatment and support of consumers
- The appropriateness and standard of services for the accommodation, health and wellbeing of consumers;
- The extent to which consumers at the site receive services in a way least restrictive of their rights;
- The adequacy of information given to consumers at the site about their rights;
- The accessibility and effectiveness of procedures for complaints about services for consumers;
- Other matters requested by the public guardian.

It is critical that all CVs speak to their RVM and identify whether there are other OPG program areas involved in a client's life. The formation of an advocacy goal cannot be made in isolation, if OPGs Legal or Guardianship teams are involved in a person's life we must be engaging with those areas prior and during our advocacy for a client.

Adult CVs must perform the following complaint functions:⁴⁵

- Inquire into, and seek to resolve complaints
- Identify and make appropriate and timely referrals of unresolved complaints to appropriate entities for further investigation or resolution.

Locally resolvable issues

Locally resolvable issues⁴⁶ are a formal record that the CVP has concerns regarding the standards of care for a client, or that the rights of a client are not being met. Locally resolvable issues may be addressed and closed through routine activities such as phone calls, emails and meetings, as conducted by Community Visitors and Regional Visiting Managers, and may also include the following types of enquiries or provision of information:

- (i) Providing information to the relevant person in the client's life regarding how a lack of action is having a negative, or potentially may have a negative impact on the consumer, and seeking clarification regarding how the matter will be addressed

⁴⁴ *Public Guardian Act 2014*, section 41 (2).

⁴⁵ *Public Guardian Act 2014*, section 41 (3).

⁴⁶ See definitions.

- (ii) Providing information to the relevant person in the client's life regarding the CV's observation on the apparent need for different or additional services.
- (iii) Requests for information (CVs are to note the 'requesting information PD'); and
- (iv) Assistance and requests for explanation of policies, procedures and decisions for clients.

CVs **must** ensure the appropriate stakeholder is made aware of an issue and has been given a timeframe in which to respond with how they will address the matter. In the first instance, this generally involves CVs contacting a client's child safety officer⁴⁷ (CSO), guardian or relevant service provider and advocating on the client's behalf. OPG policy is that issues **must be** resolved locally within 30 days, or otherwise referred to the RVM for further escalation. RVM's will have a further 15 days to resolve the issue before reviewing whether it then meets the definition of a **complaint**. More information in relation to escalating Locally Resolvable Issues to complaints is in the [Community Visitor \(Child\) locally resolvable issue escalation pathway diagram](#).

Please note: If a child or young person wants to seek a review of a decision at QCAT, the application has to be lodged within 28 days from the date of the decision. OPG's Child Advocate – Legal Officers require at least 8-10 business days to progress an application, which means that a referral to the legal services team must be made within the first fortnight.

Serious issues

CVs **must** escalate a serious issue⁴⁸ to their RVM **immediately**. Serious issues include:

- A client who—
 - is in need of protection; or
 - has been or may be the victim of an offence; or
 - has been or may have been the victim of abuse, neglect or exploitation⁴⁹ or harmed in any other way; or
 - has committed a criminal offence or is at risk of criminality
- An issue that has, is having, or is likely to have a significant impact on a client's wellbeing or development.

All CVs (regardless of whether they are child, adult or dual appointed) are mandatory reporters and **must report** to the Chief Executive of Child Safety any reasonable suspicions that a child has suffered, is suffering,

⁴⁷ See definitions.

⁴⁸ See definitions.

⁴⁹ See definitions.

or is at unacceptable risk of suffering **significant harm caused by physical or sexual abuse**, and the child or young person does not have a parent able and willing to protect the child or young person from harm.⁵⁰ If a child or young person is in immediate danger, CVs **must** call 000.

Where a CV becomes aware of a serious issue that impacts significantly on a client's safety, wellbeing or development, the CV should escalate the issue to their RVM to discuss whether the issue should be the subject of a formal complaint in accordance with OPG Policy and Practice Directions⁵¹.

If a CV becomes aware that a client has committed or may have committed an offence, the CV must discuss this with their RVM. If a CV suspects that a client may be subject to unauthorised use of restrictive practices, they must discuss this with their RVM.

If a CV holds immediate and serious concerns for a person's safety, health or wellbeing – they should contact the appropriate emergency services, and inform their RVM.

Responding when a client (child or young person) is absent or missing

The Public Guardian affirms that referring to clients as 'absconding' when they are absent or missing is no longer appropriate, as it may imply criminality.⁵² A client is absent if they are absent for a short period of time without approval, and their location is known or can be easily established. A client is missing when their location is unknown and there are fears for the safety of concerns for the welfare of the client. If a CV learns that a client is absent or missing or has been absent or missing, they must follow a number of steps, including giving consideration to seeking approval to visit (a child) outside of an approved placement. CVs and RVMs should refer to the Practice direction: [Responding when a child or consumer is absent or missing](#).

Significant client matters

RVMs are responsible for preparing briefs on significant client matters to the Director, Visiting or the Public Guardian. For further information, see the [Practice Direction: Briefing the Public Guardian on significant client matters](#).

A Significant Client Matter is a matter:

⁵⁰ Child Protection Act 1999, section 13E.

⁵¹ See Policy on Making Complaints and Practice Direction: Making Child Safety Complaints to DCCSDS

⁵² See Queensland Family and Child Commission 'When a child is missing' report 2016, p 20.

1. that involves a notification of death of a child, young person or consumer arising from other than natural cause, or
2. that requires the advocacy of the Public Guardian herself directly, or
3. of a significant nature impacting children/adults rights with potential to attract media attention or currently receiving media exposure, or
4. that impacts OPG obligations to meet statutory functions (e.g. unassigned visitable locations/ non-executed visits to visitable locations), or
5. that involves a practice oversight or failing that may have negatively impacted a child/adult's rights. In this instance, practice lessons and recommendations will be required (developed in consultation with the practice team), or
6. raises liability for the Public Guardian or OPG, or
7. that has arisen as a public interest disclosure, or
8. any matter that the Director Community Visiting Program believes should be escalated to the Public Guardian.

Considering our clients

- CVs should always consider the impact on the client of raising an issue. If they feel that raising an issue may compromise their safety or wellbeing they should discuss their approach with their RVM.
- Our advocacy is always towards **shared power** between agencies and our clients. This includes shared power between our clients and ourselves.
- CVs should consider providing information back to the client at various stages as they attempt to resolve the issue. Ideally, an issue shouldn't be resolved until the client is satisfied with the process and ideally the outcome – this might include having to contact the client by phone outside a visit.

Reporting

A critical element of our monitoring and advocacy is the reporting of our findings. Reporting can be viewed as an extension of our purpose to '*give voice*' to our clients, whose issues and concerns may otherwise go undetected or unreported.

CVs have reporting functions under the PGA. Among other things, CVs **must** report on the adequacy of information given to children and young people about their rights and the appropriateness of

accommodation.⁵³ CVs **must** report to the public guardian on inquiries made at a visitable site.⁵⁴ CVs **must** complete visit reports within **10 days** of each executed visit.

There are three avenues for Community Visitors report, they are:

- a) **Report to the Public Guardian** – Community Visitors report to the Public Guardian via their approved visit reports. Community Visitors are required to complete their visit reports within ten days of the visit. OPGs reporting and visiting teams are required to retain oversight of these reports, reporting upwards to the Public Guardian on individual or systemic matters of concern.
- b) **Provide a copy of the report to the service provider** (adult) – s47(3) of the PGA requires the CVP to provide a copy of all adult site reports to the service provider. This enables the service to investigate and resolve any issues of concern.
- c) **Provide a summary of our reporting to the public** – OPG is required to publish and make public its annual report, within which the Public Guardian may provide a summary of its findings for the year.

Guiding principles: writing

CVs should apply the following principles when completing reports and correspondence:

Clear and concise—our stakeholders receive multiple pieces of correspondence each day. Correspondence and reports should get to the point immediately and outline what's required and by when.

Relevant to role and function—only information relevant to the position should be included; this includes not providing personal opinion.

Structured and consistent—if there is a template provided please use it. If not, CVs can consider whether we should develop one and raise with their RVM.

Audience focused—keep the audience in mind, remember that all our records including email can be released under Right To Information (RTI) laws.

Respectful for those identified – we are in a privileged position when working with clients and making personal observations in relation to their lives. Community visitors must remember this when writing reports about an individual, imagining how the client would feel if they were to read the report.

The CVP runs report writing workshops for CVs on an annual basis, CVs can speak to their RVM if they would like additional support in this area.

⁵³ *Public Guardian Act 2014*, section 56 (1) (d) - (f).

⁵⁴ *Public Guardian Act 2014*, section 41 (2).

Types of report

Visit reports (child)

Following a visit to a child in care staying at a visitable home or any child staying at a visitable site, CVs must complete a task activity against the visit record on Jigsaw. This task activity is a 'visit report', a streamlined version of the previous child and site reports.

For detailed information on how to complete a child visit report, see the [Practice direction: completing visit reports](#).

So far as the public guardian considers appropriate, the public guardian may give a copy of a report about a visit to a child under care staying at a visitable home, or information from the report, to any of the following entities—

- the chief executive (child safety);
- the chief executive of a department responsible for providing services to the child who is a subject of the report;
- a carer of the child;
- a service provider, holding a licence to provide care services under the Child Protection Act, involved in the placement of the child in the home;
- the child.

So far as the public guardian considers appropriate, the public guardian may give a copy of a report about a visit to a child staying at a visitable site, or information from the report, to any of the following entities—

- a person in charge of the site;
- a government service provider responsible for regulating the site;
- the chief executive officer of an entity responsible for operating the site;
- the chief executive of a department responsible for providing funding or services to the site;
- the chief executive of a department responsible for providing services to children staying at the site;
- the chief psychiatrist under the Mental Health Act 2016 ;
- the child.

Visit reports (adult)

CV reports are the primary means of communicating with service providers about inquiries or complaints in relation to consumers. As soon as practicable after receiving a copy of a report, the practice team must give a copy to the person in charge of a site.⁵⁵ OPG policy is that this will occur within ten business days.

⁵⁵ *Public Guardian Act 2014*, section 47 (3).

Decisions about whether or not to release a report occur on a case-by-case basis by the Director of the CVP. The public guardian may also give a copy of the report to any of the following people⁵⁶:

- If the report relates to a complaint—the consumer
- The public advocate
- The director of mental health under the *Mental Health Act 2000*
- The director of forensic disability under the *Forensic Disability Act 2011*
- If a restrictive practice under the *Guardianship and Administration Act 2000*, chapter 5B is being used at the visitable site—
 - The tribunal, or
 - A guardian or administrator for a consumer in relation to whom the restrictive practice is used, or
 - The chief executive (disability services).

Reporting of significant harm

Mandatory reporting

CVs are mandatory reporters and **must report** in writing to the Chief Executive of Child Safety (through means determined by their RVM) any reasonable suspicions that a child has suffered, is suffering, or is at unacceptable risk of suffering **significant harm caused by physical or sexual abuse**, and the child or young person does not have a parent able and willing to protect the child or young person from harm.⁵⁷

CVs must refer the suspicion of harm to the [Department](#) within 24 hours via a phone call and record a file note on Jigsaw. The CV must then follow this up through either completing the Department's online report or sending the Department an email within 72 hours of the phone call. The email must include the following information:

- The child's name and gender
- The child's age
- Details of how to contact the child (e.g. address of home or school)
- Details of the harm to which the reportable suspicion relates
- Particulars of the identity of the person suspected of causing the child to have suffered, suffer or be at risk of suffering the harm to which the reportable suspicion relates
- Particulars of the identity of any other person who may be able to give information about the harm to which the reportable suspicion relates.

⁵⁶ *Public Guardian Act 2014*, section 47 (4).

⁵⁷ *Child Protection Act 1999*, section 13E.

If a child or young person is in immediate danger, CVs **must** call 000. CVs **must** also contact their RVM within one working day and seek advice about how to respond to this concern.

Reporting the use of restrictive practices on adults who receive NDIA or department funded services

CVs often visit adults with intellectual or cognitive impairments who engage in behaviours that may result in harm to themselves or others. In these instances, where the adult lacks capacity to make decisions in relation to restrictive practices, and as a last resort, service providers may gain approval to use restrictive practices in the course of providing support to the adult. A 'restrictive practice' means containing or secluding an adult, or using chemical, mechanical or physical restraint on, or restricting access of such an adult.⁵⁸

Whenever QCAT receives an application to use a restrictive practice, or to review an existing RP approval, they request CVs' reports on the use of restrictive practices for that consumer. These reports may be provided to a formally appointed guardian who is appointed to make decisions on behalf of an adult with impaired capacity, in relation to restrictive practices. CVs are to be aware that in these settings, restrictive practices cannot be used without consent. To inform their inquiries and restrictive practices reports, CVs **must** keep in mind that service providers must provide disability services in a way that—⁵⁹

- Promotes the adult's development, physical, mental, social and vocational ability, and opportunities for participation and inclusion in the community
- Responds to the adult's needs and goals
- Ensures the adult and their family and friends are given an opportunity to participate in the development of strategies for the care and support of the adult
- Involves positive behaviour support planning informed by evidence-based best practice, and the implementation of strategies to produce behavioural change focussed on skills development and environmental design
- Ensures transparency and accountability in the use of restrictive practices
- Recognises that restrictive practices should only be used when necessary to prevent harm, and if the use is the least restrictive way of ensuring the safety of the adult or others
- Recognises that restrictive practices should not be used punitively or in response to behaviour that does not cause harm to the adult or others
- Aims to reduce the intensity, frequency and duration of the adult's behaviour that does not cause harm to the adult or others
- Aims to reduce or eliminate the need to use restrictive practices

⁵⁸ *Disability Services Act 2006*, section 144.

⁵⁹ *Disability Services Act 2006*, section 142.

- If there is a positive behaviour support plan for the adult—ensures restrictive practices are only used consistent with the plan.

CVs are encouraged to seek advice from their RVMs if they are of the view that a consumer may be subject to a restrictive practice that:

- (i) is not being used in the least restrictive way, or
- (ii) is being used in response to something other than a behaviour of harm, for example, due to insufficient or inappropriate support, or inappropriate co-tenancies.

The CVP has recently published a practice direction to guide the oversight of chemical restraint for adult consumers who receive services funded by the NDIA or the DCCSDS, this can be viewed on OPGs [intranet](#).

Community visitors must report all known unauthorised use of restrictive practices to their RVM for further action. A practice direction that relates to these responsibilities is currently being developed. In the meantime, CVs are to remain vigilant during visits to all disability-funded sites, and make appropriate enquiries regarding the use of restrictive practices.

Reporting the death of a client in care

If a CV becomes aware of the death of a client in care, they **must** immediately contact their RVM. The CV **must** also email their RVM, detailing the client's:

- Full name
- Date of Birth
- Aboriginal or Torres Strait Islander status
- Child Protection Order (CPO) status
- Residential location (site) or Foster Home name and address
- Cause of death (if known)
- Date of death
- Place of Death
- Date reported to the Queensland Police Service or Coroner (if known).

Some deaths must be reported to a coroner⁶⁰ or police officer (reportable deaths).⁶¹ All reportable deaths must be reported to the State Coroner's Office in writing, if the person who becomes aware of the death

⁶⁰ A coroner means the State Coroner, Deputy State Coroner, a local coroner or an appointed coroner. See the *Coroners Act 2003*, dictionary.

⁶¹ *Coroners Act 2003*, section 7.

does not reasonably believe that the death has already been reported or will be reported⁶². The RVM must notify the Practice Team of any reportable death, by emailing the opgvisitingpractice@publicguardian.qld.gov.au inbox. It is the responsibility of the Practice Team to notify the Coroner's office.

If the death of the client other than from a natural cause, the RVM must as soon as practicable complete a significant client brief to the Public Guardian. For further information, refer to the Practice Direction – significant client issues.

Considering our clients

- Our clients have a right to access any records kept about them, including client visit reports and issues raised on their behalf. It's a worthwhile practice to reflect on how a client may feel about what they're reading about them.

Seek additional support if required

CVs are one entity involved in a client's life. An important aspect of cultivating resilience is ensuring that children, young people and our adult consumers have multiple protective persons involved in helping the client make decisions about their lives.

A CV may detect the need for additional support persons in a client's life, for example a formal decision-maker, legal representative or funded advocacy agency. We ask that they speak to their RVM about how to raise an issue and potentially make a referral around this.

CVs may also be interacting with a client who has another OPG service involved in their life. **Its critical that prior to visiting we determine whether there is another OPG service involved in a person's life.** Whilst our program areas may not always agree on the advocacy goal, we are obligated under the Public Service Act to work collaboratively with our internal partners.

⁶² *Coroners Act 2003*, section 7 (1)(b).

Referral of matter to an adult's Guardian or decision maker

The GAA and *Powers of Attorney Act 1998* authorise the exercise of power for a matter for an adult with impaired capacity.

The role of a guardian is to act as a substitute decision-maker for a person who needs assistance to make decisions due to a deemed lack of decision-making capacity. The appointment of a guardian by QCAT can only be made when it is determined that the adult lacks capacity and when there is a need for a decision and where, without an appointment, the person's needs will not be adequately met or their interests protected. Decisions must be made in accordance with the General Principles set out in the GAA. Adults with impaired decision-making capacity may become clients of the Public Guardian by means of an appointment by QCAT. Alternatively, a person may appoint the Public Guardian as their attorney for personal/health matters under an enduring document. Guardians are appointed for a range of areas of decision-making including accommodation, service provision, healthcare and restrictive practices.

Decision makers may also be of an informal nature, for example, members of the consumer's existing support network or family. .

If an (adult) community visitor is unable to resolve a matter locally, they may consider referring the matter to the consumer's formal or informal decision maker for their intervention. If a community visitor identifies an issue for a consumer, they **must** confirm whether the Public Guardian is appointed as a formal decision maker for that matter, and **must** refer the matter to the appropriate delegate Guardian for intervention (see internal [practice direction on information exchange between programs](#)).

If an (adult) community visitor is unable to resolve a matter locally, and they are aware that the adult consumer has a private guardian or informal decision maker, the CV must consider whether it is appropriate to make contact with the private guardian or informal decision maker. CVs must seek approval from their RVM before doing so. The CVP is currently developing a practice direction to assist CVs in determining when and how communication with private guardians and or informal decision makers for adult consumers will occur.

Referral of a matter to OPG's Investigations team

Under the PGA the investigations team is obligated with investigating formally appointed decision-makers including attorneys, guardians and administrators.

Many adults choose to put formal decision-making arrangements in place by appointing an attorney under an Enduring Power of Attorney to make financial and/or personal decisions on their behalf should they become unable to make their own decisions, e.g. if they have failing cognitive health or lose capacity to make decisions.

Under section 19 of the PGA, the OPG has a discretionary power to investigate any complaint or allegation in which an adult with impaired decision-making capacity is being, or has been, neglected, exploited, or abused, or has inappropriate or inadequate decision-making arrangements in place.

OPGs investigations team can investigate allegations of harm against people with impaired decision-making capacity, namely:

- physical, sexual, emotional or psychological, including name calling or denying the adult access to important relationships or their community
- financial, such as misusing a person's money e.g. pension skimming
- neglect, such as withholding medication or not providing quality or regular food
- exploitation, such as taking advantage of someone

To carry out an investigation the OPG investigator must suspect the adult who is being abused, exploited, neglected by their decision-maker or has inadequate or inappropriate decision-making arrangements in place, lacks the capacity to make decisions for the matter in question. The investigator must seek to obtain information that provides evidence that this person lacks capacity to make decisions on the matter in question from someone like their treating medical practitioner.

The OPG investigator will gather evidence to determine if the allegations can be substantiated on a balance of probabilities, to identify the level of risk and determine the action needed to protect the vulnerable person.

The investigations team may, under delegation from the Public Guardian:

- try to resolve the allegations informally
- elect to suspend the power of the attorney, for up to three months where that attorney ~~who~~ is suspected on reasonable grounds to not be competent

- referred the matter to Queensland or Federal Police or to the Queensland Civil and Administrative Tribunal for investigation
- seek alternate decision-making arrangements via the Queensland Civil and Administrative Tribunal.

In 2016-17, the Public Guardian suspended attorneys in 24 matters where immediate protective action was required due to significant financial or personal abuse.

Community visitors should consider a referral to OPG's investigations team if, during the course of their role they reasonably suspect that an adult with impaired decision-making capacity is being neglected, exploited, or abused by their formal or informal decision-maker. Or, has inappropriate or inadequate decision-making arrangements in place. Community visitors must raise suspicions with their RVM for consideration.

Referral of matter to OPG's Child/Lawyer Advocates

OPG's Visiting and Legal teams share the agency's child advocacy functions. Child Advocate-Legal Officers (CA-LO) support children and young people in the child protection system by:

- ensuring children and young people have access to information, and that their views are heard and taken into consideration when decisions are made that affect their care arrangements (for example, reviewable decisions about placement and contact, court or QCAT hearings)
- providing advice about court events, such as court ordered conferences, and assisting children and young people to participate
- assisting children and young people to seek direct legal representation or advocate for the tribunal or court to consider the appointment of a separate representative if appropriate
- applying on behalf of the child or young person to QCAT or court regarding changes to a placement, contact decisions, or changes to a child protection order
- responding to the revocation or variation of an order made under the Child Protection Act 1999
- helping a child to initiate, or initiating on a child's behalf, an application to QCAT
- supporting a child at proceedings before a court or QCAT
- assisting children and young people to review other government administrative decisions, such as suspensions and exclusions from school.

This includes the ability to make submissions, call witnesses and test evidence.

A formal referral pathway is in place both for internal and external referrals to OPGs CA-LOs. Further information on the approved referral protocol between CVs and OPG's Legal Advocates can be found on the on the [intranet](#).

Referral of complaints

Local resolution of issues, grievance and concerns is an important part of the advocacy work of a CV. However, the Public Guardian recognises that, on occasions, it may be appropriate to make a formal complaint in relation to issues about the delivery of services to our clients.

Complaints are a valuable mechanism for ensuring the effective operation of the child safety system in Queensland. They contribute to formal reporting frameworks and assist to identify areas where improvements should be made to service delivery.

In July 2017, the Department of Communities, Child Safety and Disability Services (DCCSDS) and the OPG entered into a Memorandum of Understanding (MOU) into which the OPG's child visitors and child advocates may refer matters as a complaint to the DCCSDS.

Further to this, the CVP expanded upon this MOU, creating a policy that outlines the circumstances in which OPGs Community Visitors may refer a matter (for either a child or adult client) to a relevant complaints body as a formal complaint if the issue meets the following (complaints) definition:

1. A serious issue that has had, is having or is likely to have a significant impact on a child's wellbeing or development; or
2. A *locally resolvable issue* that is not responded to within a reasonable timeframe or where the response is unsatisfactory to the OPG, including a failure by the CSO or other DCCSDS officer to fulfil an undertaking given in relation to a locally resolvable issue within the agreed timeframe; or
3. *Cumulative issues* that reveal persistent, repeated or systemic problems with the delivery of services to children and young people that warrant the making of a complaint.

These **complaints** are to be distinguished from other types of issues, which include:

- i. **locally resolvable issues**
- ii. **serious issues** concerning harm or suspected harm, and
- iii. **legal advocacy referrals** (issues referred to Legal Services requesting the involvement of a Child Advocate-Legal Officer).

Further information on how to recognise and refer a matter as a complaint is available on the CVP [Policy on Making a Complaint](#).

Referral of systemic matters

Community visitors may find that despite exhausting all local advocacy and complaint mechanisms, the issue remains unresolved. It may be that the issue is part of a broader systemic problem. The CVP exists in an ecosystem, comprised of many child protection and disability agencies. Several Queensland agencies advocate on systemic matters, they include the following government departments:

- The Office of the Public Advocate (OPA)
- The Queensland Family and Child Commission (QFCC)
- The Coroners Court of Queensland
- The Queensland Ombudsman's Office (QOO)
- The Crime and Corruption Commission (CCC)
- The Health Ombudsman (OHO)
- The Mental Health Commissioner

Further, the following peak bodies have an interest in information relating to systemic problems:

- The Create Foundation (peak body for children in care)
- Queensland Aboriginal and Torres Strait Islander Peak
- Peakcare (children in residential care)
- Australia Disability Advocate (ADA) (consumers with a disability)
- Council on the Ageing (COTA) (consumers over 65 years)
- Queensland Alliance for Mental Health (QAMH)

Community visitors should not feel that it's their responsibility alone to resolve issues. The role of a community visitor is to make observations and enquiries into the fulfilment of human rights for our clients, to record and report on those findings and to ensure issues are escalated to the relevant person internally for consideration for greater advocacy.

Considering our clients

- A client's consent must be sought prior to making a referral to another agency. Informed consent includes clearly explaining to the client who you are referring them to, the reason for the referral, the information that you are wanting to share with the agency including personal information about the client.
- Respecting the needs of our clients includes recognising the boundaries of our roles, clearly explaining what our role allows us to do and considering alternative support options for clients when required.
- ***Sharing power*** with our clients includes encouraging them to participate in any referral process, including to raise a formal complaint themselves in the first instance

Chapter Eight: Engaging with clients and stakeholders

CVs regularly tell us about the value in seeking the views and wishes directly from our clients. Our advocacy is bolstered by ensuring we're acting in accordance with a client's views. CVs **must** communicate with clients one-on-one to best determine their views and wishes, and whether their needs are being met and have any issues requiring resolution. CVs **must** engage with clients out of hearing, but within sight, of other persons at a visitable site or home as far as practicable.

We encourage CVs to adopt active listening techniques. Active listening involves giving our complete and undivided attention to the client. Active listening involves:

- Eye contact
- Stop other things we are doing (remove distractions)
- Get down onto the client's level
- Reflecting or repeating back what they are saying and what they may be feeling to make sure we understand
- Allowing the client to speak uninterrupted

Additionally, the CVP has approved and encourages the use of *social stories* to assist in effective communication by prompting for socially appropriate behaviour, helping a person become familiar to a situation, helping prepare for a new experience and providing positive feedback so that people can recognise their own appropriate behaviour. If a CV does not have a *social story booklet*, we ask they speak to their RVM about how to create one.

CV Communication Principles

- address clients by name and always give your name and **clearly explain your role**
- communicate in an age-appropriate manner
- everyone can communicate; always ask about a person's preferred method of communication
- assume the person can speak for themselves - speak first to the person, not the staff member or parent

Client who use non-verbal communication

Clients may communicate by writing messages, using computerised systems, symbols, sign language, gestures, and eye movements and by their behaviour. Key principles a CV considers when communicating with non-verbal clients include:

- approach clients in an open, positive way with a willingness to try communicating
- starting a conversation just as one would with any person
- allow the client to guide in their form of communication
- watch the clients body language and try to respond to any non-verbal cues
- use all communication skills — visual and verbal — and backing these up with positive body language and facial expressions
- smile – it relaxes everyone

For further information refer to OPG's [*practice guide: communicating with nonverbal clients*](#).

Clients using a wheelchair

Key principles a CV considers when communicating with clients using a wheelchair include:

- a client's wheelchair is part of their personal space and should not be touched or leaned on unless invited to do so
- communicating at eye level with the client by squatting, kneeling or sitting beside the client

Clients with a vision impairment

Key principles a CV considers when communicating with visually impaired client include:

- clients with vision impairment may have a degree of vision and some may be totally blind
- standing in a particular position, such as directly in front or to one side, may suit the client and assist with the conversation
- if a conversation needs to occur in a different location, assisting with walking requires following directions from the client (wait for the client to take their arm or elbow and then walk beside and slightly in front to assist the client sense changes in direction. Provide information about the surface of the ground for example, if there is a step, slope, gap or a door)

Clients with a hearing impairment

Key principles a CV considers when communicating with a client with a hearing impairment include:

- standing where the client can see their face and ensuring that no sun and strong light is behind them that may cause a shadow

- speaking clearly without shouting
- to attract their attention it might be appropriate to tap a client's shoulder or a wave in their peripheral vision
- moving to a quieter area so the client can hear better

Clients with an intellectual, cognitive, developmental or learning disability

Key principles a CV considers when communicating with a client with an intellectual, cognitive, developmental or learning disability include:

- explanations are brief and clear
- respecting each person's degree of comprehension will vary greatly
- using age-appropriate tone of voice and language
- simplifying the language but never treating adults like children
- using short and simple sentence structure
- respecting communication is two-way
- being patient and providing opportunities for clients to explain their views in their own time, and understanding that the client may take time to process language due to developmental disability
- seeking clarification about points rather than guessing and that information is understood

Engaging with stakeholders

Community visitors gather and assess a range of information when completing their work. Information may come from observations made during visits, information provided directly from clients, information held at the site (client records or site policies), and information gleaned from a client's support and care team.

All members of the OPG – including CVs - are required to be aware of and act in accordance to the Code of Conduct for the Queensland public service, specifically to this subject:

- To show respect towards all persons including clients and the general public, and
- To remain committed to honest, fair and respectful engagement with the community

Community visitors must balance their obligation to work with others with courtesy, professionalism and respect, with the need to remain impartial and focused on the rights and interests of our clients.

The work of Australia's Royal Commission into Institutional Responses to Child Sexual Abuse has again highlighted that the strength of the relationship between a victim, and their abuser, and those around

them can act as a barrier for disclosures of harm, abuse and exploitation. Those we visit, both children / young people and adult consumers, face power imbalances between themselves and other significant people around them. The role of a community visitor is to help level that imbalance by remaining primarily focused on the rights and interests of the client.

Strategies that CVs should adopt when engaging with stakeholders includes:

- Limiting the degree of contact that they have with a child / young person's Carer or support worker during the visit (information between CVs and these parties is best provided over the phone or email either before or following the visit)
- Never compromise the CVs professional integrity by agreeing to unrealistic conditions with a Carer or Support Worker. For example, there have been occasions where Carer's have asked CVs to identify themselves to children as a 'family friend', this is not appropriate and must be raised with the RVM.
- Limiting overly-friendly gestures, such as calling carers or workers by nick-names or taking an interest in their personal hobbies, holidays etc
- CVs should **never** receive a gift from a Carer, support staff or service provider. Gifts from these persons should be politely but firmly declined (e.g. *'I'm sorry, but its OPG policy that I cant accept this'*)
- Immediately declaring any real or perceived conflicts of interest to their RVM (an example of that may be playing in the same sports team as a Carer, working in another role with a support worker)
- Discussing with the RVM when a CV feels their independence has been or could be questioned. This may be as simple as visiting the same Carer for a number of years.

As frontline workers we must seek to set limits in the professional relationships we foster with our stakeholders. CVs can speak to their RVM about additional support in this area.

Additional resources

There is a range of well-accepted resources available publicly online. Community visitors are entitled to apply for professional development opportunities, including time to read these resources or others that they and their manager consider relevant.

Best practice guidelines – Legal Aid Queensland

<http://www.legalaid.qld.gov.au/About-us/Policies-and-procedures/Best-practice-guidelines>

Good practice guidelines – Dovetail (ATODs provider)

<http://dovetail.org.au/i-want-to/open-the-good-practice-toolkit.aspx>

Definitions

Child advocate means a person appointed as a child advocacy officer under the *Public Guardian Act 2014*, section 109.⁶³

Child Safety Officer means an authorised officer of the department that holds case responsibility for the children or young people who are within the jurisdiction of the CVP.

Child under care means a child or young person staying at visitable home who is either in the custody or guardianship of the chief executive (child safety), or under a care agreement under the *Child Protection Act 1999*, and is placed in the care of someone other than a parent.⁶⁴

Client means a visitable child, young person or consumer.

Complaint in relation to a relevant child means:

- a) A *serious issue* that has had, is having or is likely to have a significant impact on a child's wellbeing or development
- b) A *locally resolvable issue* that is not responded to within a reasonable timeframe or where the response is unsatisfactory to the OPG, including a failure by the CSO or other departmental officer to fulfil an undertaking given in relation to a locally resolvable issue within the agreed timeframe
- c) *Cumulative issues* that reveal persistent, repeated or systemic problems with the delivery of services to children and young people that warrant the making of a complaint.

Consumer means—

- a) for a visitable site that is an authorised mental health service under the *Mental Health Act 2000*—any person who lives or receives services at the visitable site; or
- b) for a visitable site that is the forensic disability service—any person who lives or receives services at the visitable site; or
- c) for another visitable site—an adult, with impaired capacity for a personal matter or a financial matter or with an impairment, who lives or receives services at the visitable site.⁶⁵

⁶³ See 4.8—Intersection with child advocate.

⁶⁴ See 4.4—Visiting.

⁶⁵ See 5.4—Visiting.

Critical issue means criminal matters or matters of abuse, neglect or exploitation placing consumers at imminent risk.⁶⁶

The department means the Department of Communities, Child Safety and Disability Services.

Jigsaw is the information management system that supports Community Visitors (child) to meet their role and functions. CVs use Jigsaw to record visit reports and issues identified in relation to clients.

Locally resolvable issues means issues, concerns or grievances affecting a client's wellbeing or development where a CV can undertake a range of activities to raise and seek resolution.⁶⁷

Out-of-home care or children 'in care' means the placement of children or young people with individuals and services approved or licensed under the *Child Protection Act 1999*.

Relevant child—see the *Public Guardian Act 2014*, section 52.

Resolve is the information management system that supports Community Visitors (adult) to meet their role and functions. CVs use Resolve to record reports and issues identified in relation to adult clients at visitable sites.

Restrictive Practice means the use of interventions and practices that have the effect of restricting the rights or freedom of movement of a person. These primarily include restraint (chemical, mechanical, social or physical) and seclusion.⁶⁸ In Queensland, restrictive practices mean any of the following practices used to respond to the behaviour of an adult with an intellectual or cognitive disability that causes harm to the adult or others—

- a) containing or secluding the adult;
- b) using chemical, mechanical or physical restraint on the adult;
- c) restricting access of the adult.⁶⁹

Serious issue means an issue that has had, is having or is likely to have a significant impact on a child or young person's wellbeing and development or which requires a CV to report harm.⁷⁰

⁶⁶ See 5.3—Visiting.

⁶⁷ See 4.3—Advocacy.

⁶⁸ See Australian Law Reform Commission, 'Restrictive Practices: Restrictive Practices in Australia' accessed through <https://www.alrc.gov.au/publications/8-restrictive-practices/restrictive-practices-australia> on 23 September 2016.

⁶⁹ *Disability Services Act 2006*, section 144.

⁷⁰ See 4.3—Advocacy.

Visitable home means the home or other accommodation where a child under care is staying with their carer.⁷¹

Visitable site (adult) means—

- d) an authorised mental health service under the *Mental Health Act 2000* that provides inpatient services;
or
- e) the forensic disability service; or
- f) a place, other than a private dwelling house, that is prescribed under a regulation.⁷²

Visitable site (child), for a child or young person, means one of the following where the child or young person is staying:

- a) a residential facility;
- b) a detention centre;
- c) a corrective services facility;
- d) an authorised mental health service.⁷³

⁷¹ See 4.4—Visiting.

⁷² See 5.4—Visiting and *Public Guardian Regulation 2014*, Schedule 1.

⁷³ See 4.4—Visiting.

Attachment A: Detention Centre Visiting Practice

Rights focussed

CVs must incorporate an understanding of human rights into their advocacy work, and strongly advocate for the rights protection of children and young people in detention.

Child and young person focussed

Complaints referral pathways must be child and young person focussed. In particular, that children and young people are kept informed of the status and outcomes of any complaints they or that are made on their behalf. It is important that CVs help to minimise any barriers to young people participating in making their own complaints. In performing their role, CVs must take into account the views and wishes of children and young people in detention.

Targeted, independent and effective engagement

Engagement with young people in youth detention needs to be effective, and CVs need to be both easily approachable and reliable in their visits youth detention. CVs need to establish purposeful working relationships with children and young people, and must clearly explain their role and responsibilities to young people in detention.

Underpinned by an understanding of social and cultural conditions

CVs must seek to recognise the social, cultural and economic conditions that often contribute to children and young people entering the youth justice system. Advocacy and engagement needs to be culturally appropriate, and it is important for non-Aboriginal workers to recognise effects of institutionalised racism.

Engagement Strategies

Suggested strategies to facilitate individual engagement:

- CVs base themselves in a quiet room for allocated times during a visit where young people can attend and discuss issues. The room should be accessible, out of hearing but within sight of staff (for safety reasons) and known to young people.
- Each unit has installed communication boxes in which young people can place written issues or concerns requesting CV assistance to resolve.
- Young people can show the CV their room during unit/section visits. This can provide young people with the opportunity to discuss living arrangements and accommodation facilities as well as one-to-one discussion.

Suggested strategies to facilitate group engagement:

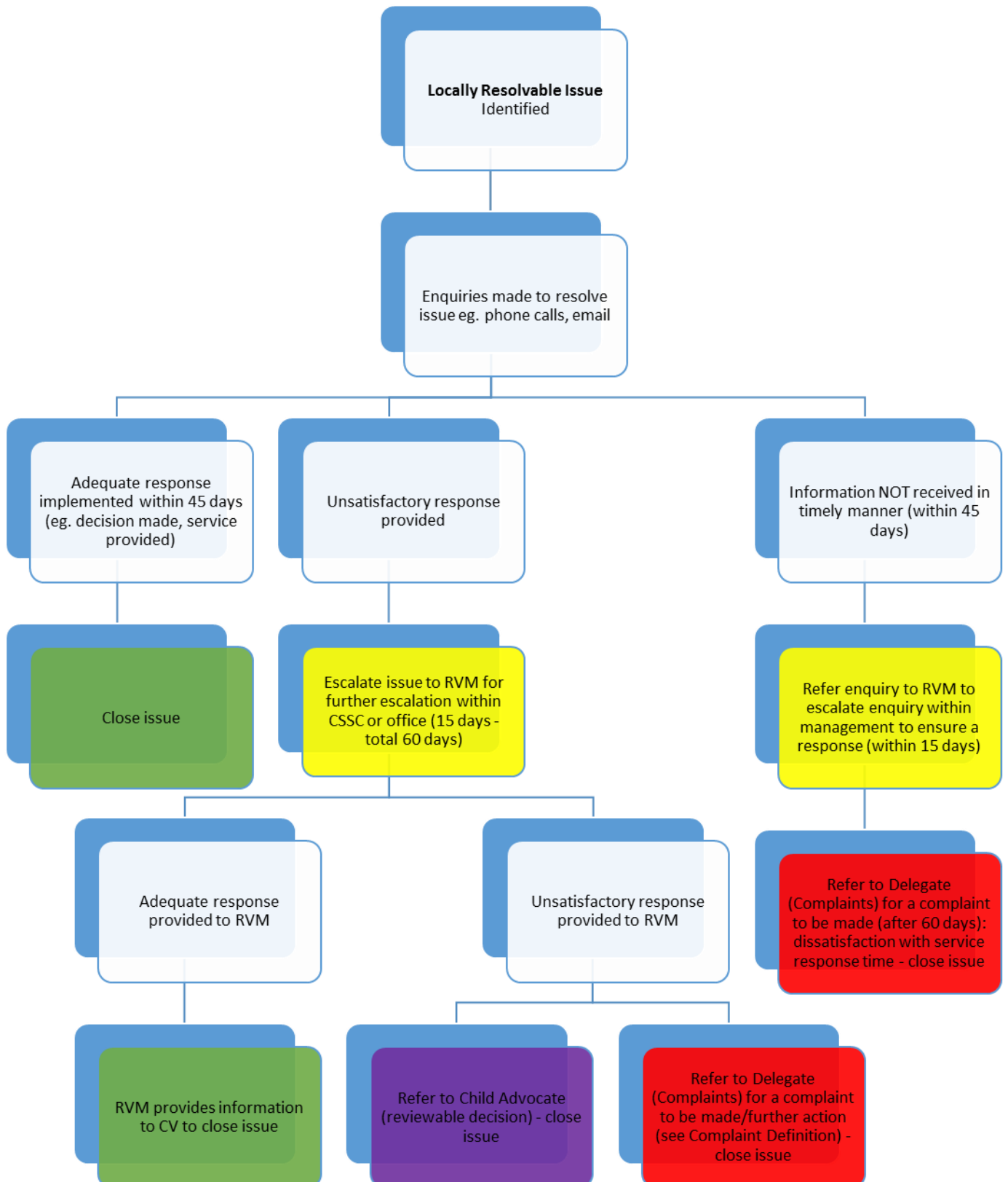
- Inclusion in induction programs for young people new to detention

- Determine whether, on occasion, discussions with a CV can be incorporated into education curriculum activities. This could include a CV delivering a short presentation on topics relevant to the CV role eg 'What is a concern?'

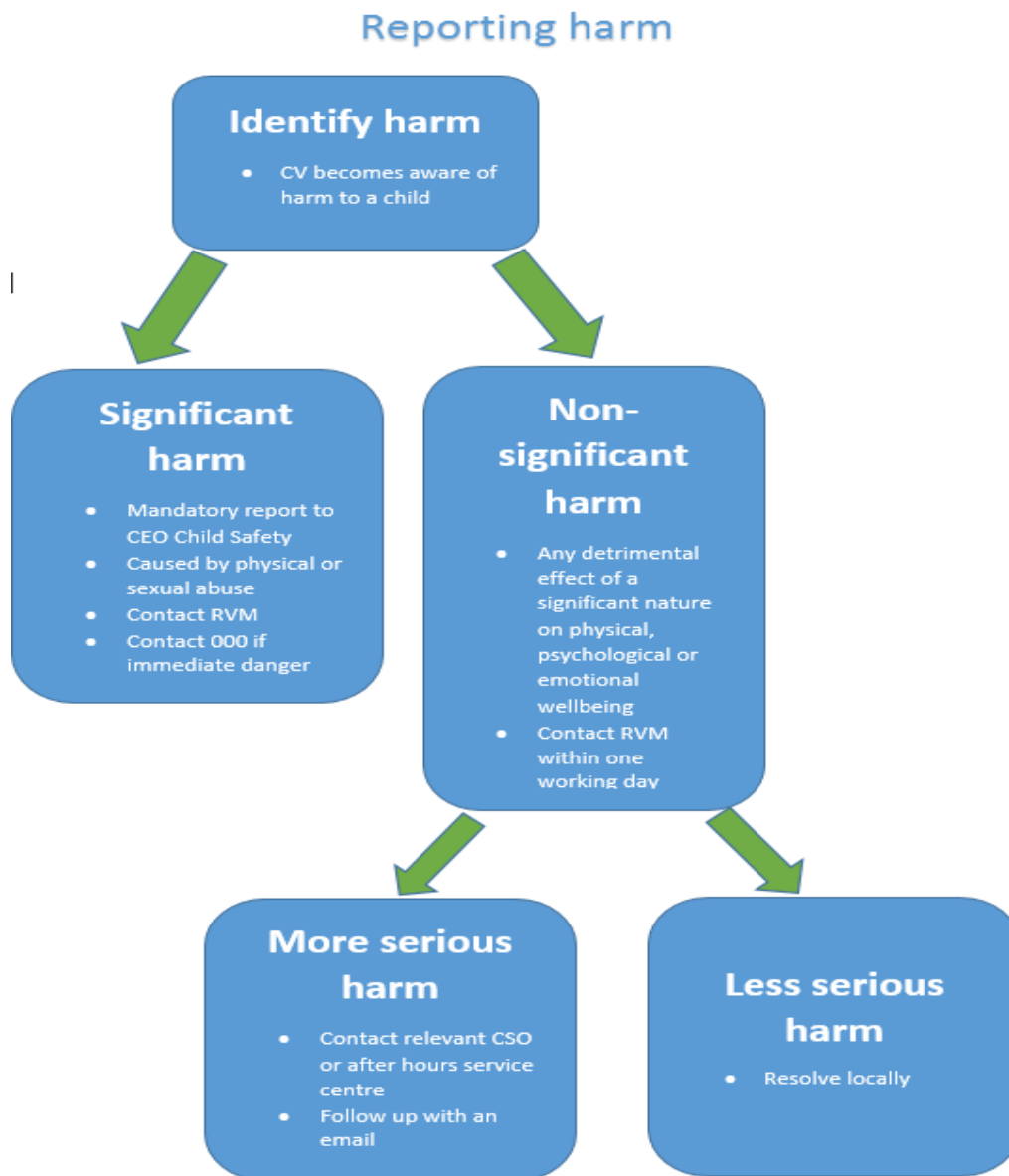
Non-directed engagement strategies

- Walk around the centre and be visible. Time this strategy when young people might be walking to and from classes or activities. Centre management should not accompany CVs during this walk around.
- Go to the eating area around mealtime. Assess whether there are appropriate opportunities to link in with young people at this time.

Attachment B: Community Visitor (Child) locally resolvable issue escalation pathway



Attachment C: Reporting harm – Community Visitors (child)



Attachment D – Standards of Care for Children in Care

1. The child's dignity and rights will be respected at all times

Carers are obligated to consider the human rights of children in their care, particularly those outlined in the Charter of Rights in the Child Protection Act (1999).

2. The child's needs for physical care will be met, including adequate food, clothing and shelter

Children in care have the right to have their physical needs met, including sufficient accommodation, rooming, food and clothing. The fundamental right here is that these material needs are met, and not to be confused with the degree to which they're met. For example, a child raising that their Carer doesn't take them shopping for clothes enough isn't the same as a child who has a limited amount of appropriate-fitting clothes.

3. The child will receive emotional care that allows him or her to experience being cared about and valued and that contributes to the child's positive self-regard

An emotionally safe, stable and nurturing environment is a critical element to the development of a child. The emotional needs of children varies across individuals, and CVs should consider whether the emotional and attachment needs of each child is met within the placement.

4. The child's needs relating to his or her culture and ethnic grouping will be met

Children and young people in care may come from one of a number of countries of origin, or may include our First Australian people. Whilst in care a child or young person has the right to continue their cultural connections including through language, religious or spiritual studies, attending cultural ceremonies and participating in cultural customs. The child's views and wishes should always be considered around this.

5. The child's material needs relating to his or her schooling, physical and mental stimulation, recreation and general living will be met

As with standard of care principle two, the material needs associated with general living (eg toiletries), schooling (eg uniforms and textbooks), and physical or mental stimulation and recreation should be met within the placement. Our advocacy extends to ensuring material needs are met to a satisfactory level. For example, if a young person raises with us that they want Pantene shampoo, this is not an issue, however no access to shampoo is.

6. The child will receive education, training or employment opportunities relevant to the child's age and ability

Education is an enduring right that sets children up for the future. The Queensland Government has an obligation to ensure its young people under 16 years of age have access to education services. Community visitors have a role in the detection of suspensions or under-enrolments of children and young people in care and should escalate this to their RVM for advocacy.

7. The child will receive positive guidance when necessary to help him or her to change inappropriate behaviour

Like any child, a child in care may behave in inappropriate behaviours. These may include escalated tantrums, yelling, refusal to listen to requests, and may include aggressive or sexualised behaviours. Children in care thrive best in a safe and supportive environment with positive guidance to curb challenging behaviours. Corporal punishment, or punishment that humiliates, frightens or threatens a child in any way to cause emotional harm is entirely inappropriate and should be referred immediately to the Department of Child Safety as a standard of care matter.

8. The child will receive dental, medical and therapeutic services necessary to meet his or her needs

Carers receive support to ensure they can help a child or young person in their care access required dental, medical or therapeutic services necessary. The Department of Child Safety will commonly refer children requiring therapeutic support to their specialised Evolve services, however if these services are not appropriate Visitors can refer this back to Child Safety for a further referral.

9. The child will be given the opportunity to participate in positive social and recreational activities appropriate to his or her developmental level and age

Opportunities to socialise, interact and develop friendships with peers contributes towards positive mental health outcomes and builds the independence and capabilities of young people. Regardless of disability, behaviour or other circumstances children in care have the right to have these opportunities explored and established to an extent that is reasonable.

10. The child will be encouraged to maintain family and other significant personal relationships

Ongoing and supported contact with family and other meaningful person's in a child or young person's life is critical to a child's sense of self and identity, and positively contributes towards greater reunification outcomes. A key principle of the Child Protection Act is the family's right to have responsibility for the care of their child, this is echoed in the child's right to ongoing and regular contact with family.

11. If the child has a disability - the child will receive care and help appropriate to the child's special needs

The Department is responsible for ensuring a child or young person has a current and approved NDIS plan that is comprehensive and appropriate for their needs.