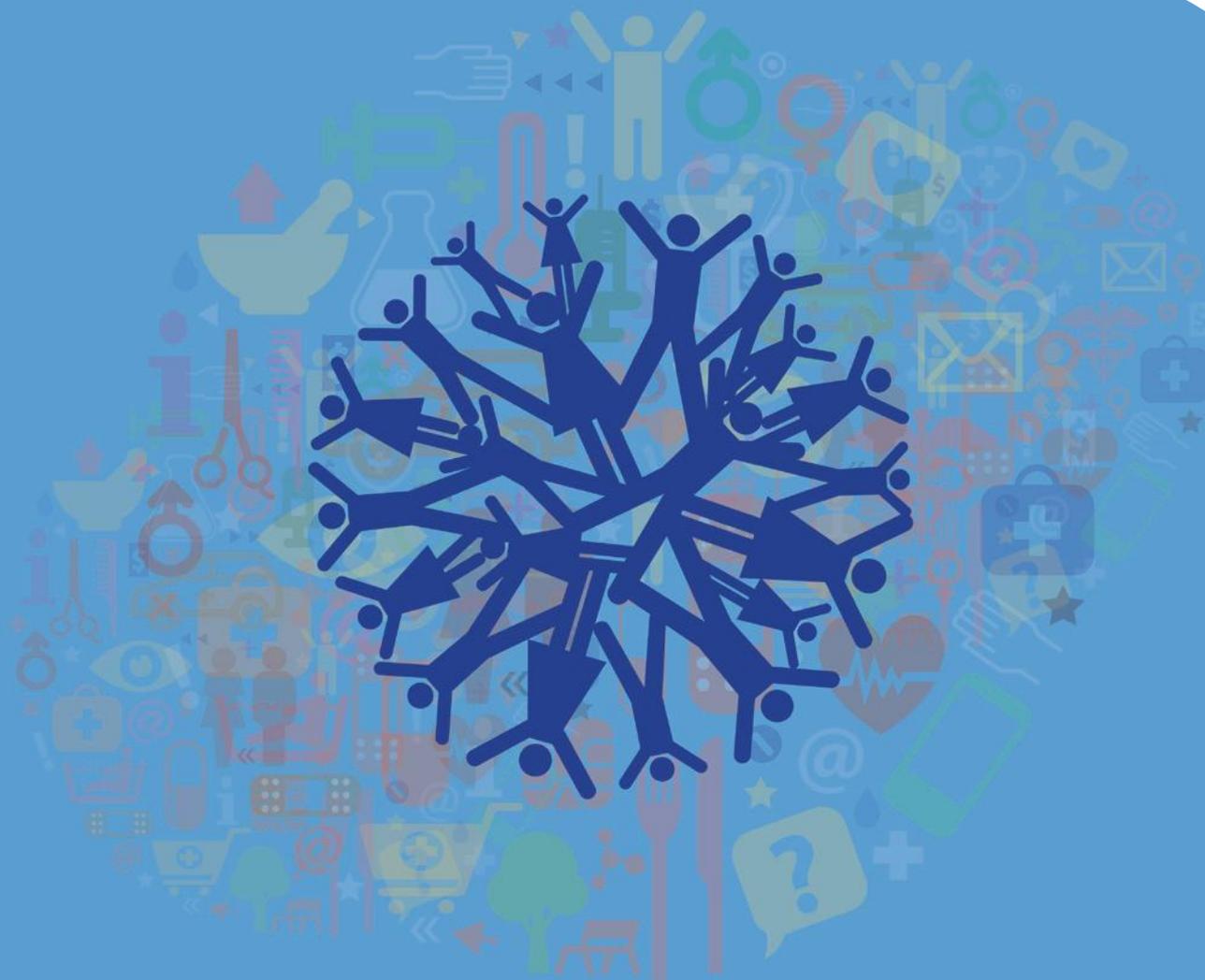


CHCADV001

Facilitate the interests and rights of clients

Release 1



Learner guide

CHCADV001

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Release 1

Learner guide

Aspire version 1.4



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Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	November 2018	Updated references to ACWA practice guidelines. Minor corrections as part of our continuous improvement program.
Release 1, version 1.3	July 2019	Updated to reflect the new Aged Care Quality Standards
Release 1, version 1.4	November 2019	Updated in line with changes to the Home and Community Care (HACC) program.

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CHCADV001 Facilitate the interests and rights of clients Release 1

© 2017 Aspire Training & Consulting
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First published April 2017

Reprinted (with amendments) November 2018

Reprinted (with amendments) July 2019

Reprinted (with amendments) November 2019

Cover design Rewind Creative

Printer Doculink Australia Pty Ltd, 1d/28 Rogers Street, Port Melbourne VIC 3207

e-ISBN 978-1-76059-736-8 (PDF version)

ISBN 978-1-76059-734-4

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Before you begin

This learner guide is based on the unit of competency *CHCADV001 Facilitate the interests and rights of clients*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete. The features of this learner guide are detailed in the following table.

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> ▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples and case studies	<ul style="list-style-type: none"> ▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	<ul style="list-style-type: none"> ▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help 
Summary	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	<ul style="list-style-type: none"> ▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	<ul style="list-style-type: none"> ▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	<ul style="list-style-type: none"> ▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> ▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	<ul style="list-style-type: none"> ▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	<ul style="list-style-type: none"> ▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	<ul style="list-style-type: none"> ▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	<ul style="list-style-type: none"> ▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	<ul style="list-style-type: none"> ▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	<ul style="list-style-type: none"> ▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	<ul style="list-style-type: none"> ▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Facilitate the realisation of client interests, rights and needs	1A Discuss the rights and responsibilities of all parties with client	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Provide researched, relevant and timely information on personal rights and responsibilities	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Assist to identify personal interests, rights, needs, choices and responsibilities	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Identify when rights are infringed or not being met	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1E Provide information to meet rights and needs and assist a person to select preferred option	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Advocate in accordance with client preferences and requests to optimise client outcomes	2A Undertake an assessment to identify a person's ability to advocate for self	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Initiate, negotiate and implement relevant strategies to address rights and needs in collaboration with the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Identify potential barriers as well as resources	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
	2D Identify and contact the most appropriate individuals and/or organisations and effectively represent the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Ensure information is kept in confidence unless otherwise authorised	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Provide ongoing support to clients	3A Support and encourage people to exercise their rights and personal preferences and ensure their safety and that of others	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Consult appropriately with your supervisor, other support workers and the service about interests, rights and needs of people	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Identify situations of risk or potential risk and refer appropriately	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Apply work practices to minimise potential for harm to people, self and others	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3E Conduct all activities in accordance with legal, organisation and duty of care requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Support clients to make a complaint	4A Discuss organisation and legal complaints mechanism and ensure awareness of rights and responsibilities	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Assist person to lodge a complaint	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Monitor process and provide ongoing support and information to people	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 5 Review progress	5A Discuss progress and outcomes with the person and collaborate on further action as necessary	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5B Ensure follow up and links to other services as required and in accordance with the person's preferences	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5C Obtain feedback and identify opportunities for improvement to own work and action	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

In this topic you will learn how to:

- 1A Discuss the rights and responsibilities of all parties with client**

- 1B Provide researched, relevant and timely information on personal rights and responsibilities**

- 1C Assist to identify personal interests, rights, needs, choices and responsibilities**

- 1D Identify when rights are infringed or not being met**

- 1E Provide information to meet rights and needs and assist a person to select preferred options**

Facilitate the realisation of client interests, rights and needs

Community services workers are key sources of influence when it comes to helping people to live full and meaningful lives. Ensuring that all people who receive services are able to access basic human needs and have their human rights upheld is a legal obligation for all community services workers. It is also vital for the wellbeing of those receiving services.

With knowledge of a person's interests, it is possible to facilitate their access to information and activities that can enrich their enjoyment of those pursuits. Working with people who receive services to advise them of their options and to help when their rights are being violated means that they can make sound and responsible choices and enjoy satisfying lives.

1A Discuss the rights and responsibilities of all parties with client

Information is the foundation for understanding rights and responsibilities. If people do not have information about what their rights and responsibilities are they cannot advocate effectively for themselves or for others. Providing people with information about the rights and responsibilities of service providers and workers is an essential step in supporting their rights and interests so that their needs are met.

Important sources of information about the rights and responsibilities of those involved in community services include the Universal Declaration of Human Rights and other international declarations and conventions on rights that the Australian government has agreed to support. Some of these are reflected in Australian Commonwealth and State legislation as Acts or statutes which protect people against discrimination and which govern the provision of community services.

State and Commonwealth legislation that governs community services provision in sectors such as aged care, disability, mental health, and child protection also sets standards which services must meet in order to qualify for government funding. These service standards are important sources of information about rights and responsibilities.

This information is used by organisations as the basis for codes of practice, policies and charters that explain the rights and responsibilities of people who receive services. It is also important that a worker's job roles and responsibilities are clear so that users know what services they can expect to receive. Access to information empowers people.



Consultation with persons receiving support

It is essential that you approach your work with a primary focus on meeting the needs of the person with whom you are working. This requires that you have a person-centred approach, which involves respecting a person for their values, needs and individual preferences. Person-centred care aims for a partnership and teamwork between the person, their family and the professional care team offering support. The person should be at the centre of the decision-making wherever possible and consultation should be involved in every stage of service provision. You need to consult with the person you are supporting as well as relevant stakeholders regularly, and in a way that supports full participation.

Here are some tips for ensuring effective consultation.

Meet the person's needs

- ▶ Make sure that you know what the person needs to communicate effectively and endeavour to meet those needs. For example, if a person comes from an ESL background, get a translator. If a person has an intellectual disability and needs plenty of time and a quiet space, include this in the schedule. If a person needs communication aids, have them available.

Explain the process

- ▶ Before you start, explain why you are consulting with the person and outline the process. Providing others with a clear idea of what information you are trying to obtain and how it will be used demonstrates respect as a partner in the collaborative process.

Watch your language

- ▶ Tailor your language use to the individual. Avoid using jargon and technical terms. Speak clearly and concisely and always demonstrate respect. Never make assumptions about the person and clearly establish that you value their collaboration. Use active listening to clarify and ensure that the person knows that they have been heard.

Tell them how to contact you

- ▶ Give people plenty of ways to contact you and provide further feedback and suggestions. Make it clear that you are always open to their contributions. Consultation is an ongoing process, not a 'one-time' occurrence.

Understand the person's point of view

To work effectively with someone and be able to assist them in the best way possible, you must understand their point of view. Good communication skills and techniques, such as those summarised below, are essential.

Use of voice

The volume, speed and pitch of a person's voice may affect communication. Be aware of your voice when communicating, so it assists in conveying your message.

Use voice to:

- ▶ calm a person
- ▶ help express an emotional state
- ▶ demonstrate professionalism.

Building rapport

When you first meet a person, it can be helpful to spend a few minutes building rapport and getting to know them. There are various approaches to take; keep in mind the person to whom you are speaking and the context.

This helps the person relax and to:

- ▶ clarify their feelings and state of mind
- ▶ establish professional boundaries, so the person is clear about what you can do
- ▶ establish the purpose of the meeting.

Closed questions

Closed questions are questions that require a 'yes' or 'no' answer or a simple response to a question such as 'What's your name?' The answer is not generally open to interpretation.

They are useful:

- ▶ when specific information is required and it is appropriate to ask straight out
- ▶ as a tool when speaking with someone who may be in the habit of giving too much information or speaking too long.

Open questions

Open questions require a detailed response and are difficult to answer with a simple 'yes' or 'no', for example, 'How do you feel about that?' or 'How does that impact you?'

They are useful to:

- ▶ get to know someone
- ▶ allow a person to give information they feel is relevant
- ▶ encourage them to elaborate.

Paraphrasing

Paraphrasing involves repeating what has been said, using your own words. For example, if someone says, 'I want information about a PAG that's close to home', you may say, 'So, you'd like to find out more about a local planned activity group?'

Use paraphrasing to:

- ▶ clarify facts
- ▶ ensure both parties understand the same thing
- ▶ let the person know they have been heard and understood.

Reflection

Reflection involves commenting on a situation to encourage the person to explain how they feel; for example, 'It sounds like you feel you're not being heard by the staff, that they're ignoring you'.

Use it to:

- ▶ clarify that you understand what the person is going through
- ▶ help the person clarify their own feelings about the situation.

Leading questions

Leading questions are when you introduce a perspective, feeling or situation before asking a question, in order to lead the person in that direction. For example, 'A lot of people worry about being on their own. Do you ever worry what may happen if you had a fall?'

Use them to:

- ▶ direct the person's responses
- ▶ give the person options about how to answer a question.

Hypothetical questions

Hypothetical questions are used to provide a scenario for the person to respond to; for example, 'Suppose you do stay living here, how will you manage to do your own cooking?'

Use them to:

- ▶ explore how the person would function or respond in certain situations
- ▶ better understand the person's beliefs and opinions
- ▶ clarify a situation.

Empowerment

As a professional in the community services sector, you will work using an empowerment approach to support people. Empowerment refers to a state that people arrive at, which sees them take control of their own lives. A large number of people in receipt of support services are often vulnerable because of their care needs and the myths and stereotyping that occurs.

Your approach to your work should always be based on trying to 'do yourself out of a job'. Don't worry – this will never actually happen. If your focus is to provide information, resources and support to assist people to build capacity, gain confidence and take control of their lives, then you will always be working to uphold people's rights through an empowerment approach.



Disempowerment

Disempowerment in community services relates to acting in ways that demoralise the person being supported and the ultimate decline of their human rights. Working in such a way might indicate that the worker has a personal lack of power and takes power from others in order to feel good about themselves.

Disempowerment can also be caused through ignorance. A worker might believe they are doing the best they can for a person by doing everything for them, however, this approach is disempowering as it leads to further dependencies, lack of control and results in their rights not being upheld. Here are some tips to help workers develop an empowerment practice.

Reflect on your practice

- ▶ Ask yourself, 'Did I provide services in ways to do myself out of a job?' If you answered 'No', you need to ask yourself 'Why?' Check your approach to your work.

Empathise

- ▶ Think about how you would want to be treated if you were in a role reversal with the person you support. Would you want people providing you with support in ways that stripped you of your dignity and personal control? If you answer 'No' then think about how you can change your practice.

Find a mentor

- ▶ Talk to your supervisor and ask them to mentor you to build the necessary skills to work from an empowerment model. Make a meeting time to meet regularly with your supervisor to discuss how you handled situations. Be honest - especially with yourself.

Human rights frameworks, approaches, and instruments

Underpinning all your work activities is the fundamental recognition that all people have basic human rights that need to be upheld. One of the foundation documents that sets out these rights is the 2007 *United Nations Convention on the Rights of Persons with Disabilities* (UNCRPD). This is not a law, but an international convention that countries voluntarily ratify and use to guide their own laws. Australia was one of the original signatories.

The UNCRPD sets out from the basis that all people are equal and that all people have the same rights, such as the right to equality, safety, privacy and the right to a home and family. In practice, this convention informs all of your workplace procedures and activities. It is also a good starting point for educating people with support needs about their rights.

You can read more about discrimination, and about other rights of people with a disability at: <http://aspirelr.link/uncrpd>.

Additionally, you can find an easy-to-read explanation of these rights, designed to give to people with support needs at: <http://aspirelr.link/we-have-human-rights>.



Human needs and human rights

Needs and rights can fall into four broad categories: freedom of choice; access to services; personal safety and security; and access to rights protection and legal remedies. As a community services worker, you should assist people to identify their needs. This is a continuous process that involves working with people to review and monitor their needs over time.

People have the right to speak for themselves and determine their own needs. However, you may need to assist people to express their needs to you. For example, if they have communication or speech difficulties, you should provide communication aids or use appropriate communication strategies. When working with people from culturally and linguistically diverse (CALD) backgrounds, you may need to provide information in a language other than English or organise an interpreter.

You must help people identify their needs:

- ▶ at an initial needs assessment interview
- ▶ during the care planning process
- ▶ at a care planning review meeting
- ▶ at all times during service provision.

Understand rights

Our society is based on the acknowledgment that everyone has basic human rights. These rights are given to everyone regardless of age, cultural background, gender, sexual preference, income or religion. Everyone has the right to be treated equally, fairly and with respect.

People must know and understand their rights, so they can determine when their rights are not being met or are being infringed. Initially, people are assisted to represent themselves, their rights and their needs. This is called self-advocacy and empowers the individual to take control of their own life, needs and decisions. Some people may need assistance to self-advocate and establish their preferred options. Rights are determined and upheld by a variety of sources that include laws, regulations, standards, policies and charters.

Types of needs

Needs identified by people may be varied and shouldn't be limited to your organisation's area of expertise and service. Here are some examples of needs that people may identify.

People's needs

Physical needs

Eating, dressing, showering, personal hygiene, mobility, shopping, cooking, cleaning, turning on taps, mowing lawns.

Medical/health needs

Specialist health equipment, medications, physiotherapy, speech therapy, dental care.

Emotional needs

Security, affection, intimacy/sex, trust.

Social needs

Socialising, communicating, community outings, group activities, friendly visitors.

Spiritual needs

Attending church services, accessing a quiet place for meditation, having their choice of religion respected.

Financial needs

Access to Centrelink payments, access to and control of own finances, power of attorney.

Cultural needs

Appropriate language, cultural food choices, following traditions and celebrating cultural events.

Legal considerations

Legislation in the form of federal, state and local laws protect the rights of Australian citizens. For example, the *Privacy Act 1988* (Cth) details the way our personal information should be kept or shared. It includes information about people's rights in regard to personal information being kept by government departments or their funded agencies. There are a number of other Acts to be aware of relating to the needs and rights of people, as shown here.

Aged Care Act 1997 (Cth)

- ▶ An Act that outlines the provision of residential and community care services to older Australians. It states the need for delivery of high-quality services, which protect the rights and needs of people accessing government funded aged care services. The Act makes provision for the development of quality-of-care principles for residential and community care services.

Home and Community Care Act 1985 (Cth)

- ▶ This Act governs the funding and planning arrangements of home and community care services in the states and territories.

Age Discrimination Act 2004 (Cth)

- ▶ This Act prohibits discrimination based on age in areas including daily living, access to goods, services and facilities. If people's rights have not been met according to this legislation, they can complain to the Australian Human Rights Commission.

Disability Discrimination Act 1992 (Cth)

- ▶ This Act prohibits discrimination against people with disabilities in any aspect of their daily lives. The Australian Human Rights Commission investigates complaints about discrimination.

Disability Services Act 1986 (Cth)

- ▶ An Act that aims to assist people with disabilities to achieve their goals and participate in mainstream society. It covers areas such as employment, housing, advocacy, respite, recreation and independent living services. States and territories also have legislation focusing on the delivery of services and supports; for example, the *Disability Services Act 1993* (NSW) and the *Disability Services Act 1993* (WA).

Freedom of Information Act 1982 (Cth)

- ▶ This Act details the right of people to access information possessed by the government and its authorities. State and territory legislation also covers information held by state and territory governments and their funded agencies.

Guardianship and Administration Acts

- ▶ All states have Acts that govern guardianship and the administration of the affairs of adults with an impaired capacity to manage their own affairs. These Acts also provide for the establishment of Guardianship and Administration Tribunals and Boards, and of the Office of the Public Advocate, to represent the interests of people with disabilities. State Acts include the *Guardianship and Administration Act 2000* (Qld) and the *Guardianship and Administration Act 1993* (SA).

Regulations, standards and guidelines

Legislation is usually backed by regulations, standards or guidelines that explain how the legislation in question should be implemented. Formally written regulations, standards and guidelines provide a uniform standard of service across an industry or service-delivery area such as aged or disability care. Here are some of the regulations, standards and guidelines that govern the community services sector.

Quality of Care Principles

- ▶ The *Aged Care Act 1997* (Cth) describes the responsibilities of aged care service providers for the quality of care they provide. The responsibilities of providers include compliance with a series of principles and the standards set out in the Aged Care Quality Standards.

Australian Privacy Principles

- ▶ The 13 Australian Privacy Principles (APPs) guide the collection, use, storage and accuracy of personal data. The Principles are requirements when recording or reporting sensitive information under the Privacy Act.

National Standards for Disability Services

The National Standards for Disability Services were developed to ensure people receive quality disability services consistent with the principles and objectives of federal, state and territory disability legislation. Here is a summary of the six standards.

Summary of the National Standards for Disability Services

- 1 Rights**
The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.
- 2 Participation and inclusion**
The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.
- 3 Individual outcomes**
Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.
- 4 Feedback and complaints**
Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.
- 5 Service access**
The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.
- 6 Service management**
The service has effective and accountable service management and leadership to maximise outcomes for individuals.

Charters and statements of rights and responsibilities

Over the past decade, there has been a growing focus on the rights of people, especially in the health and community services sectors, leading to the development of charters of client rights. Charters are based on the regulations, standards or guidelines that have been developed for sectors such as aged care or disability services. A charter of rights is an undertaking from a service provider to its clients that services will be delivered in a way that protects personal rights.

Statements of rights and responsibilities detail what persons can expect from the services they are accessing in terms of their rights being upheld. For example, a statement of rights and responsibilities has been developed for Home and Community Care service users. Services funded by the HACC program must uphold a certain standard in order to receive government funding.



Policies and procedures

Policies and procedures are written according to laws, regulations, standards and guidelines to ensure personal rights are upheld. Policies provide the workplace rules for how to do things, explaining why and how the work should be done. Procedures are the step-by-step instructions on how to complete tasks. Below is an outline of how personal rights should be upheld in a community services environment, as set out in policy and procedure documents.

The right to be treated with respect and courtesy

- ▶ Respect the ideas and decisions people make about their lives. You should listen to what people say and not be judgmental about any personal behaviour. You should respect people's cultural and religious beliefs and their property.

The right to be informed and consulted

- ▶ Inform people of the full range of services available to them and their rights as a consumer of those services. You should give people details about services and any costs involved.

The right to be part of decisions made about their care

- ▶ Involve people in the development of their care plans and ensure they are included in any decisions about their care. You should listen to and respect any decision a person makes about their care.

The right to receive good-quality services

- ▶ Inform people about the services your agency can and can't provide. You should provide a service that is coordinated, planned and reliable and have a system in place to collect personal feedback about the services you provide.

The right to privacy and confidentiality

- ▶ Collect, use and store personal information according to federal, state or territory privacy principles. You should ensure personal confidentiality and privacy is maintained at all times and that people can access their personal information kept by your service.

The right to an advocate

- ▶ Support peoples' right to have a person of their choice advocate on their behalf. You should make this part of the care-planning process and give people information about advocacy services that are available.

The right to make a complaint

- ▶ Ensure people know and understand how they can make a complaint when they are unhappy with the service they receive. Follow your agency's policy and procedures. Ensure all personal feedback is valued and doesn't lead to people fearing a loss of service.

Universal Declaration of Human Rights

In 1948, the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights. Since Australia is a signatory to the declaration, the Federal Government is bound to uphold the rights detailed in the document for all its citizens.

The Declaration highlights that all humans:

- ▶ are born free and equal
- ▶ have the right to life, freedom and safety
- ▶ should be protected from cruel treatment

- ▶ should be protected by law from discrimination
- ▶ have the right to a decent life, including enough food, clothing, housing, medical care and social services.

The role of the community services worker

Every community services worker must support people to identify their needs and their personal, civil, legal and consumer rights. When a person's needs or rights aren't being met, you should support them to address these issues. Depending on your work role, you may support and advocate for the person directly, or you may refer the person to another agency or individual for the necessary support.

Care planning (or case management) involves identifying personal needs and planning the appropriate level of care and/or service delivery. It is a community services worker's responsibility to ensure a person's needs are met and their rights are being upheld.

The group with whom you are working

You should know and understand the group you are working with, including their physical, social, emotional, intellectual and spiritual needs.

Key areas of concern

You should know and understand the key areas where people's rights are not being met.

Policies and procedures

You should know and understand your organisation's policies and procedures, including the needs assessment process, the care planning and referral process, privacy and confidentiality, feedback and complaints procedure and the Charter of residents' rights and responsibilities.

Legal requirements

You should know and understand the legislation, regulations, standards and guidelines that govern your agency and your specific area of work.

Advocates and advocacy services

You should know and understand the role of personal advocates and advocacy services that can support people.

Ethical obligations

Due to the nature of community services work, you may find yourself in an ethical dilemma when your own values clash with those of the person you are supporting. In these circumstances, you must decide the best course of action to ensure their needs are met and important values are upheld. Always consult with your work colleagues, supervisors and other professionals when deciding on the best course of action.

Working collaboratively helps you to be more objective and to step back and see the bigger picture. You must also collaborate with the person you are supporting. All people have the basic right to make decisions and choices about their lives, including the services they receive. Working collaboratively with people also enhances your working relationship by showing trust and respect. Service plans where the person has input into decisions are more likely to work than plans where the person feels left out of the decision making.



Ethics and your personal values

Your role, when your values are different from those with whom you work, is to remain non-judgmental and to ensure that people have all the relevant information they need, including all the available options and likely outcomes so that they can make an informed choice. Unless a person has been legally assessed as not having capacity to make decisions; or is an involuntary patient in a psychiatric facility; or a prisoner serving a custodial sentence, all people have this basic right. Even in these situations people have the right to be treated ethically.

You can refer to a relevant code of ethics when you are monitoring and evaluating services.

You can find a sample code of ethics relevant to your work in community services at: <http://aspirelr.link/acwa-code-of-ethics>.

To ensure that ethical decisions are made:

- ▶ refer to your organisation's policies and procedures
- ▶ stay committed to a moral and ethical standard of professional behaviour (e.g. maintaining a service user's privacy)
- ▶ monitor your work and stay within the boundaries of your role
- ▶ meet the key performance indicators as set out in your position description
- ▶ provide appropriate support to team members
- ▶ follow the ethical guidelines underpinning your work in the community services industry.

Example

Identify a person’s needs in their initial assessment

Yasminda is a community services worker at a local council. Her work includes conducting initial needs assessments for new people. She uses an initial needs assessment form to record details about the person, their perceived needs and the support they currently receive from family, friends and other organisations.

During her first visit, Yasminda explains the services provided by the community services program and gives the person a brochure explaining the services and costs.

During an assessment visit, Yasminda meets a person, Miriam, who has difficulty communicating with others because she does not speak English very well. Yasminda informs Miriam that there is an English language course being run at the local library.

Miriam agrees to go along to see if it suits her. Yasminda leaves information with Miriam that outlines the course, costs involved, and the name of the person to contact.

Yasminda uses her organisation’s policy and procedures to make an initial needs assessment, and identifies that Miriam requires services not provided by the council. She ensures Miriam receives a good-quality service and is part of the decision-making process about her situation.



Practice task 1

1. Interview an experienced community services worker or coordinator and record the information you gather. Ask them to identify the different legislation, regulations and standards that govern their area of work. Discuss how they access these documents.

- 2. Discuss the workplace policies and procedures they have in place to protect people's rights and how these documents help to determine whether personal needs and rights are being met.

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Click to complete Practice task 1

1B Provide researched, relevant and timely information on personal rights and responsibilities

To be able to provide others with researched, relevant and timely information, community services workers must maintain current knowledge of rules and regulations relating to personal rights and responsibilities. People have right of access to high-quality services that assist them to achieve their individual needs and personal goals.

A person's rights and responsibilities include:

- ▶ access to all local, state/territory and federally funded government benefits and services to which they are entitled
- ▶ access to privately provided services
- ▶ entitlement to personal or customer rights associated with a particular benefit or service
- ▶ understanding the conditions, responsibilities and costs of receiving benefits and services
- ▶ understanding the legal rights they have as an Australian citizen.

Source information about personal rights and responsibilities

Information about people's rights and responsibilities can be obtained from a variety of different sources. Advocacy and legal services provide confidential and independent information and advice about people's rights and entitlements. There are specialist advocacy and legal services for older people, people with disabilities and their carers. Community services workers should contact these services for general advice.

Your workplace, supervisor and colleagues are an excellent source of the most recent and relevant information concerning the rights, responsibilities and benefits to which people are entitled.

Information can be accessed from:

- ▶ the organisational statement of person rights and responsibilities
- ▶ organisational policy and procedures; for example, about privacy, confidentiality, use of restraint, administration of medication, visitors and complaints
- ▶ the funding body's *Charter of client rights and responsibilities*
- ▶ meetings with your supervisor
- ▶ handovers and meetings with colleagues.

Professionals, services and organisations

Community services workers also maintain current knowledge by accessing sources related to their area of work. Resources include:

- ▶ formal networks and conferences
- ▶ journals and other publications
- ▶ informal meetings, including online forums
- ▶ secondary consultations; that is, when you talk to someone else, such as a specialist, about the needs of the person and how you should manage them
- ▶ training and professional development.



Provide information when it is needed

Information should be provided to those who you support whenever it is needed. This varies according to personal needs and circumstances. Different strategies for accessing personal requirements may be necessary and the needs of the person should be used to determine which approach is appropriate. It is important that you consider the rights of individuals and discuss the options available before making decisions about the best alternatives.

Information may be required:

- ▶ prior to service delivery
- ▶ at the assessment stage of care planning
- ▶ when considering any options
- ▶ before signing up for a new service
- ▶ when you determine the person may benefit from such information
- ▶ when the person asks for the information
- ▶ for family carers and significant others.

Example

Provide information when it is needed

José is a coordinator in a low-level residential care facility. His work includes developing care plans for the residents of the facility in consultation with each person, their family and any other significant support people.

It has become obvious to José that there is a conflict between what a person, Max, says about the home he owns and what his family is planning. Max wants his daughter and grandchildren to continue living in the home, but his two sons have recently arranged for an agent to sell the property. This is causing Max a great deal of anxiety and is adversely affecting his health and wellbeing.

José decides that Max needs the immediate assistance of an aged care advocacy service. He talks to Max about the service and explains what it can provide. José also gives Max written information about the advocacy service. Max agrees for José to make a referral to the service on his behalf.



Practice task 2

Research and record the contact details for a variety of sources in your local area using this table. Add three other information sources to the table that are relevant to your role and your local area. You may use the Internet or talk to colleagues.

Information source	Web address	Contact phone number	Relevant information they can provide
Aged care advocacy service			
Community legal service			
Health Department			

Information source	Web address	Contact phone number	Relevant information they can provide

Click to complete Practice task 2

1C Assist to identify personal interests, rights, needs, choices and responsibilities

When advocating for people, you may need to identify and contact appropriate individuals and organisations to assist people to address their rights and needs. These individuals and organisations should be identified in consultation with the person when discussing possible strategies. Never contact people or organisations without the person's permission.

When assisting a person to identify their rights and represent their views, begin by understanding their position on the issue. Good communication skills and a relationship based on trust and respect will help you understand what the person has to say. Even in cases where the person has a limited capacity to communicate, every effort should be made to consult with them directly. This allows you to identify their needs and concerns as well as their strengths and opportunities for development.

Once you understand the issue, you should:

- ▶ provide the person with relevant information
- ▶ assist the person to identify preferred options
- ▶ refer the person to people and services who can assist them.

Situations when an advocate is required

To successfully provide advocacy support, you need to be aware of what a person's needs are and how these can or cannot be met within the context of organisational requirements.

An advocate may need to be appointed when:

- ▶ a coordinator is unable to provide the level of advocacy support required
- ▶ a person requires support training or capacity-building to advocate on their own behalf
- ▶ a person doesn't have the capacity or confidence to advocate on their own behalf
- ▶ specialist advocacy support is required.

Who can be an advocate?

An advocate may be selected from a wide range of people, as shown below. If a family member or friend is advocating for a person, any potential conflicts of interest must be assessed. A conflict of interest occurs when there are competing needs or interests between one person and another in a given situation.

Here is a list of people who may act as an advocate for a person.

People who may act as an advocate for a person

- ▶ A family member or friend
- ▶ A person from a specialist advocacy service
- ▶ A professional such as a lawyer or accountant
- ▶ A citizen advocate
- ▶ A guardian appointed by a court or tribunal
- ▶ A person from the office of the public advocate

Community services worker versus advocate roles

Your role includes supporting a person's right to an advocate, so you must be familiar with the different advocacy services available and what each does. An advocate presents the person's needs and issues to others to ensure their rights are upheld, their needs met and their issues addressed. An advocate works solely for a person on their behalf and in their best interests.

A comparison of the roles of a community services worker and an advocate is shown here.

Service worker

A community services worker's role includes:

- ▶ raising issues with appropriate people to uphold a person's rights and expectations
- ▶ consulting with appropriate people to initiate and implement strategies to address a person's needs
- ▶ identifying and redressing potential conflicts of interest.

Advocate

An advocate may:

- ▶ assist a person to self-advocate to individuals or organisations
- ▶ assist a person to represent themselves at formal hearings or complaint-resolution procedures
- ▶ assist a person to lodge a complaint
- ▶ communicate with individuals and organisations on behalf of a person
- ▶ make referrals to other agencies when required.

Duty of care

Duty of care describes the legal obligation that individuals and organisations have to anticipate and act on possible causes of injury and illness that may exist in their work environment or as a result of their actions. A person or organisation must do everything they can to remove or minimise the possible cause of harm.

While aspects of WHS legislation may vary between states and territories, there are common legislative requirements and obligations under the duty-of-care principle. Everyone in the community services environment has the responsibility of duty of care for themselves, the people they care for, visitors and each other. Your workplace will have a specific duty of care policy that you must use to guide your actions.

In practice, your duty of care is expressed by ensuring that you contribute to providing a safe, healthy and supportive environment, where everyone's rights are upheld and supported. This involves reporting WHS hazards and risks, ensuring access for all people and supporting the wellbeing of all the people that you support.

You can read an example duty of care policy at: <http://aspirelr.link/duty-of-care-policy>.

Your duty of care requirements

A duty of care exists when someone's actions could reasonably be expected to affect another person. The law has established a duty of care to the person. This principle is based on the worker taking reasonable care to avoid acts or omissions that may cause foreseeable harm to any person. You must think ahead about possible risks or dangers to the person using your service, co-workers or others while making sure you follow the organisation's policies and procedures.



Contact people and organisations for the person

When you advocate on behalf of the person, you present their rights, needs and issues to someone else who you believe may be able to assist the person.

You may contact others to enable the person to:

- ▶ have their rights addressed
- ▶ receive a service that meets their needs
- ▶ have their complaint acknowledged and responded to
- ▶ receive redress for any discrimination that has been experienced
- ▶ have disputes resolved
- ▶ receive the information and advice that is required.

Provide relevant information

There are a number of organisations that provide information and advice relevant to the treatment and care of people. Information provided must be clear and easy to understand, to enable people to make informed decisions. Take measures to avoid confusing the person and do not withhold information.

You must make sure that any information you provide is:

- ▶ relevant, up to date and accurate
- ▶ accessible, in a form and language that is understood
- ▶ timely, in that it is provided when needed.

Example

Provide relevant information

Jean is a care coordinator with a private home-care service. One of the people who she supports is Pietro; he has dementia and lives at home with his wife, Francesca. At home they speak Italian.

Francesca finds her caring role demanding but she is very reluctant to ask for any help. They have no family living in the area, so Jean suggests organising some in-home respite so Francesca can attend the local carer group. Francesca has never heard of carer groups and wants to know more about them. Jean has a brochure about the local carers' group but doesn't have any information about an Italian-speaking group.



Back at the office, Jean telephones the Carers' Resource Centre to see if they have an Italian carers' group listed. She gets a contact number and rings them to find out where and when they meet. The Carers' Resource Centre also directs Jean to their website where she can download an information sheet about the centre in Italian.

At her next home visit Jean gives Francesca:

- ▶ the brochure about the local carers' group
- ▶ details of the Italian carers' group that meets monthly in the region
- ▶ the Carers' Resource Centre fact sheet (in Italian) she has downloaded from the internet.

Jean also explains the role of carers' groups, outlining what they may do at a meeting and how they can support carers like Francesca.

Practice task 3

Read the case study, then answer the questions that follow.

Case study

Venetta is 93 and has made it clear to her family and the community care coordinator that she wants to live in her own home for as long as possible. She doesn't want to move to a hostel and she feels that her family has no right to force her to go. She understands that she may have to accept some help to stay at home and consents to meals being delivered three days a week. Venetta also understands that she is getting frailer and it may be easier for her in the hostel with all the support it offers. However, Venetta wants to stay at home and asks for services to be put in place to help her do this.

1. What questions would you ask Venetta to assess:
 - ▶ her competence to advocate for herself
 - ▶ the issues noted in the case study?

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2. What observations would you make to confirm her competence either way?

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3. To help make a decision, who else could you speak to?

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Click to complete Practice task 3

1D Identify when rights are infringed or not being met

When advocating for people, you raise issues with appropriate individuals and organisations to ensure the person's rights and expectations are upheld. You may also refer the person to an advocacy service for specialist support. An outline of when issues may arise, and examples of these issues, are outlined here.

When a care plan is being developed and implemented

- ▶ The person is not happy with the care strategies suggested.
- ▶ The person feels they are not being consulted.
- ▶ The person feels privacy and confidentiality is not being maintained.
- ▶ The family feel the care plan is not meeting identified needs.

When a care plan is being reviewed

- ▶ The person feels services are not meeting their needs.
- ▶ The person feels services are culturally inappropriate.

When there are changing needs or circumstances

- ▶ The person requires additional or specialist services to meet their needs.
- ▶ The person is no longer able to manage their finances.
- ▶ The person has unpaid utility bills or an overdrawn bank account.
- ▶ The person's capacity to make decisions is deteriorating.
- ▶ The person is no longer able to live independently at home.
- ▶ The family is no longer able to manage care responsibilities.

When a person is not happy with a service, decision or event/s

- ▶ The person feels a service is not delivered in a respectful manner.
- ▶ The person is not happy with decisions their family makes on their behalf.
- ▶ The person is not happy with their family's choice of hostel or care home.
- ▶ The person is not happy that a doctor recommended cancellation of their driver's licence.

When discrimination is experienced

- ▶ The person is denied access to a service.
- ▶ The person receives unequal treatment due to their age or disability.
- ▶ The person is unable to physically access a shop, service or office due to mobility issues.

When rights are denied

- ▶ The person's requests for support for basic care needs (e.g. toileting) are ignored.
- ▶ The person's complaints are ignored or not followed up satisfactorily.
- ▶ The person is told not to complain.

When rights have been infringed

- ▶ There has been some form of abuse.
- ▶ The family feels the person is being sedated or restrained unnecessarily.
- ▶ Personal information is shared without permission.

Rights, needs and expectations

The person's rights and needs are paramount. Therefore, the community services worker must discuss any issues raised with relevant parties. These include the person and relevant family members, a supervisor, co-workers and other appropriate individuals or organisations.

The person's expectations about service delivery must also be considered. The person has the right to expect a service will meet their specific needs and that service providers will respect and uphold their rights and treat them fairly and equally. When a person's expectations are not met, issues are raised that must be addressed. Community services workers must discuss the expectations of the people who they support with them and clearly explain items such as those presented here.

People need to know:

- ▶ whether there's a waiting list or waiting time for a particular service
- ▶ what needs to be done to access the service
- ▶ when the service commences and how the service is delivered
- ▶ who delivers the service
- ▶ where the service is delivered
- ▶ the length of time for which the service is delivered
- ▶ the cost of the service
- ▶ how they pay for or are invoiced for the service
- ▶ their rights and responsibilities as people
- ▶ any limitations or conditions of the service.

Discrimination

Discrimination is when a person is treated less fairly than another person because of some difference. For example, if a workplace plans a social outing or team-building exercise that requires people to play sport, this may discriminate against people who are unfit or are uncomfortable carrying out a sporting activity.

At times, some people may discriminate against another person. 'Discriminate' means to treat someone unfairly or favour others. This may occur when there is a mix of cultures and when people don't understand cultural differences. Discrimination is never acceptable behaviour and is against the law.

Discrimination legislation

Discrimination legislation promotes equality for everyone in Australian society. It is unlawful to discriminate against people on the basis of age, gender, ethnicity, disability or impairment, marital status, sexual preference, political or religious beliefs. Here are some acts that apply to the community services sector:

- ▶ *Age Discrimination Act 2004* (Cth)
- ▶ *Racial Discrimination Act 1975* (Cth)
- ▶ *Sex Discrimination Act 1984* (Cth)
- ▶ *Equal Opportunity for Women in the Workplace Act 1999* (Cth)
- ▶ *Disability Discrimination Act 1992* (Cth)

Here are some further details associated with discrimination legislation.

Age Discrimination Act 2004 (Cth)

- ▶ This legislation aims to:
 - stop discrimination based on age
 - protect everyone’s legal rights regardless of their age
 - help others understand that everyone has the same rights
 - remove barriers that stop older people from joining in work activities and being part of society
 - remove stereotypes and false beliefs about older people.

Racial Discrimination Act 1975 (Cth)

- ▶ This legislation aims to:
 - promote equality before the law for everyone, regardless of their race, colour or ethnic origin
 - make discrimination against people on the basis of their race, colour, descent or national or ethnic origin unlawful.

Sex Discrimination Act 1984 (Cth)

- ▶ This legislation aims to:
 - prevent discrimination based on gender or marital status
 - prevent sexual harassment.

Making referrals

If a person’s rights and expectations are not met or are being infringed, it may be necessary to refer the person to an advocacy service or other professional.

Below is an outline of the steps a community services worker should consider when raising issues with appropriate individuals or organisations.

Steps to consider when raising issues on behalf of a person

Communicate with the person about the rights or expectations not being met or being infringed, what the person's issues are, what they want to do to address the issues, and options and strategies.

Talk to the person's family and friends, your supervisor and co-workers and any other significant people relevant to the issue.

Decide on a course of action; for example, inform the person what you are going to do and with whom you are going to discuss the issue, or inform the person about the referral/s being made on their behalf.

Raise the issue with the appropriate individual or organisation: make a referral according to your organisation's policy and procedures, explain the issue clearly and provide information so that they can contact the person.

Follow up with the person to ensure the matter has been dealt with in a timely manner and the referral has been appropriate and meets their needs; also follow up with the advocate, other professionals, family members and other significant people.

Advocacy strategies

There are a number of advocacy strategies to employ when consulting with others. Here is a description of some key strategies.

Negotiation

Negotiation is a process of reaching an agreement or arrangement by discussion. An advocate negotiates with another person to reach the best outcome for the person; for example, an advocate may negotiate with:

- ▶ a utility company for a person's debt to be paid off over a period of time at a certain amount per fortnight
- ▶ a service provider to change how often, by whom or when a service is delivered to a person.

Representation

Representation is when an advocate stands in for a person and speaks with authority on their behalf. They represent the views, thoughts and opinions of the person and seek a resolution to the issue. Examples of representation include:

- ▶ a coordinator presenting a person's complaint to their manager
- ▶ a coordinator presenting a case for service delivery to meet a person's health and wellbeing needs.

Meetings

Meetings include staff meetings, network meetings, case conferences and public meetings. They can be used to discuss the rights and needs of people or raise general awareness of personal needs; for example:

- ▶ a staff meeting where team members discuss the needs of those with whom they work and share information about how to address any issues
- ▶ residents at a hostel having a regular meeting with staff to discuss any concerns or issues they have.

Lobbying

Lobbying is the process of directly targeting those who can best change or address the person's situation or issue; for example, an advocate may lobby a local member of parliament to change a decision made by a government department or one of their funded agencies. Or they may lobby an organisation's CEO to receive just treatment for a person.

Using the media

The media may be used to highlight the abuse of personal rights, services that don't meet the needs of people and personal needs generally. The media includes TV, radio, newspapers, online news sites and social networking sites such as Facebook and YouTube. It is often used as a last resort when action on personal rights and needs can't be achieved any other way. For example, family members may go to a newspaper or a current affairs TV show to report concerns about nursing home care, or concerned citizens may stage a rally.

Questionnaires

Questionnaires are used to gather information about personal satisfaction with the services delivered. Well-developed satisfaction questionnaires give services and organisations a good indication of what they are doing well and where they need to improve. Anonymous questionnaires may increase people's willingness to say what they think without worrying about retribution. The results of the questionnaires are used to improve service delivery and to ensure personal rights are being addressed.

Court, tribunal or hearing appearance

An advocate or legal representative may support a person with a court, tribunal or hearing appearance. This may include supporting them to attend and represent themselves or representing a person on their behalf; examples include supporting a person to attend:

- ▶ a Centrelink assessment hearing to contest the right to income support
- ▶ a Guardianship Board hearing
- ▶ a court appearance to take out an Apprehended Violence Order (AVO) against someone who is abusing them.

Review of advocacy strategies

Advocacy strategies are reviewed to assess their effectiveness in addressing personal rights and needs.

Reviews of advocacy strategies may be formal and structured; for example, at a meeting every three months. Reviews may also be informal and unstructured; for example, during a conversation with your supervisor when information comes to hand. Reviewing may include discussions with the client, family members and friends, your supervisor or co-workers and key people in the community, including service providers.



Mediation and conciliation versus advocacy

It is important to understand that mediation and conciliation are not advocacy strategies; rather, they are strategies used to resolve disputes. The person conducting the mediation or conciliation is always impartial and doesn't take sides as an advocate would – mediators and conciliators seek the best outcome for both parties. The difference between mediation and conciliation is shown below.

Mediation

Mediation is when a neutral and independent person assists two parties in dispute to reach a solution. Each party is given the opportunity to present their point of view. The mediator assists parties to explore options for resolution, but does not impose a solution or provide tactical advice.

Conciliation

In conciliation, the conciliator may advise or make suggestions to reach a solution. The conciliator actively participates in the process to ensure the settlement reached is just.

Example

Identify when rights are infringed or not being met

Rodney is 67 and has a significant mental health issue.

He has been placed on a Community Treatment Order, which requires him to take a certain medication. If Rodney doesn't take his medication, he neglects his own care needs and may become a danger to himself and others. Rodney tells you he is going to stop taking the medication because he doesn't think he needs it. He says he's going bush where people can't find him.

Jim is Rodney's community services worker and is worried about Rodney carrying out his threat. He is also mindful of the fact that Rodney has the personal right not to take his medication. However, he is also aware that Rodney does not have the right to become a danger to others and it is in his own best interests for him to stay healthy.

He decides to speak with Rodney and ask him what he thinks the medication is for and why he believes he does not need it. He also describes what might have to change in Rodney's life if he becomes a danger to others. The discussion reveals that Rodney dislikes the form of medication and says it makes him gag when he tries to swallow it. When the type of medication is changed from tablets to a liquid, the problem disappears and Rodney is happy to take the prescribed medication.

Practice task 4

Read the case study, then answer the questions that follow.

Case study

Frances is 74 years old and is vision impaired. She lives at home and manages well with the assistance of the Commonwealth Home Support Programme (CHSP) council and visits from friends and family. Recently her son, Marty, has been visiting her more often than usual. One day he says that Frances should move into a care facility, as she'd be happier there and also says he's been looking into selling her house. This worries Frances as she is able to manage at home with her network of assistance and enjoys her independence.

Frances decides to ring the CHSP coordinator Sylvia. She tells Sylvia she's worried her son may sell her house and that she wants to live at home for as long as possible. Sylvia knows that Marty has enduring financial power of attorney for Frances so he can manage her finances and pay her bills. Sylvia also knows that Marty has recently incurred a large financial debt.

1. What conflict of interest can you identify in this case study? Explain your answer.

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2. What should Sylvia do? Who should she speak to and why? How would Sylvia ensure that Frances's rights and needs are addressed?

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Click to complete Practice task 4

1E Provide information to meet rights and needs and assist a person to select preferred option

When you access services and talk to others about the needs and rights of those with whom you work, you are advocating on the person's behalf. You are representing their interests and putting forward their case for consideration.

To advocate on behalf of a person, you must know the rights, issues or needs being addressed and the potential options available. You must also know a person's preferred options before you can initiate, negotiate and implement strategies to address their rights and needs. In the case of elderly or disabled persons, their care plan will identify their needs and include strategies to meet those needs. Follow the plan to ensure all strategies are implemented correctly. Upon review, relevant parties can effectively evaluate how successful the strategies have been and alter the care plan if necessary.

People and organisations you may contact

Some individuals and organisations that you may approach when advocating on a person's behalf are given here, with reasons why you may need to contact them.

Work colleagues

You may contact work colleagues:

- ▶ to provide an internal referral to a service in your own organisation
- ▶ to inquire about a service that the person needs, such as allied health, nursing, social support, counselling, carer support or employment support
- ▶ to get information and advice about local people, organisations and groups that may be able to assist
- ▶ to assist with referral processes.

Management

You may contact management:

- ▶ to change policy or procedures to ensure personal rights are being upheld or not infringed
- ▶ to improve the quality of services
- ▶ to improve access to services
- ▶ to increase service delivery resources to people.

Support organisations

You may contact support organisations:

- ▶ to provide support services that the person requires for mental health issues, drug and alcohol addiction, gambling addiction, job seeking, financial counselling or family support
- ▶ to provide advocacy or legal aid.

Family and friends

You may contact family and friends:

- ▶ to ensure the person's rights are being upheld
- ▶ to alter behaviours so they stop infringing on the person's rights
- ▶ to provide services that are required, such as meals, transport, in-home respite, social outings, house cleaning or assistance to pay bills.

Community groups

You may contact community groups:

- ▶ to provide social support and inclusion activities, including things like church services and cultural activities.

Employers

You may contact employers:

- ▶ to provide employment to people with disabilities
- ▶ to ensure the workplace is accessible to the person
- ▶ to ensure personal rights are being upheld; for example, allowing carers time off work to care for family members.

Health services

You may contact health services:

- ▶ to provide services that the person requires, such as a GP, allied health, nursing, psychology, psychiatry or dental
- ▶ to provide evidence that rights have been infringed, such as recording instances of abuse and neglect
- ▶ to provide evidence that the person is competent to act on their own behalf.

Police

You may contact police:

- ▶ for assistance when rights have been infringed, such as instances of financial, physical or sexual abuse.

Legal representatives

You may contact legal representatives:

- ▶ to get information and advice about the law, including rights, discrimination law, mental health legislation, power of attorney and guardianship.

Government departments

You may contact government departments:

- ▶ to contact Centrelink regarding income support and other benefits such as the aged care pension or carer support pension
- ▶ to provide disability services as required
- ▶ to provide information and advice about rights and eligibility criteria for government-funded aged and disability services
- ▶ to intervene when funded agencies have denied a person access to services
- ▶ to lodge a complaint against a funded agency if they have not upheld or infringed personal rights.

Schools

You may contact schools:

- ▶ to provide services that the person requires, such as training
- ▶ to address issues of access such as ramps and rails, communication aids or interpreters
- ▶ to address issues of discrimination, bullying or harassment.

Financial institutions

You may contact financial institutions:

- ▶ to provide information and advice regarding people who have difficulty paying bills
- ▶ to negotiate new arrangements for people to repay debts
- ▶ to provide information and advice about bill-management systems such as Easy pay.

Identify and select preferred options

After providing a person with clear and accurate information about an issue, the next step is to assist them to identify and select their preferred options. Everyone has their own ideas and preferences, likes and dislikes. People have a right to make choices according to their preferences, without being judged or coerced into making decisions. You should be aware of your own beliefs and values, as they may influence the work you do.

You should also be aware of the impact culture and religion can have on people's decisions. For example, food choices may be determined by a person's religious and cultural background. In residential care services, staff should be aware of significant religious and cultural issues, events and holidays that may be important to residents. Here are the steps for identifying relevant options.

Identifying relevant options

From the information gathered, work with the person to identify possible options.

Shortlist the most realistic options with the person and eliminate those that are unrealistic. Too many choices may confuse a person and cause them to lose confidence.

List the advantages and disadvantages for each of the options chosen.

Identify the positive and negative consequences of each option. You may not agree with the person, but ultimately they decide whether it is a positive or negative outcome.

Select the preferred option

Here are four steps to follow when selecting the person's preferred option.

Clarify the desired outcome

- ▶ Start by establishing with the person what they hope to achieve: assist them to articulate their desired outcome.

Identify what's realistic

- ▶ Help the person to be realistic. Determine anything that may affect which option can be chosen. For example, some options may be beyond the budget of the person or not suitable for religious or cultural reasons.

Allow time for reflection

- ▶ Give the person sufficient time to evaluate the choices and discuss them with other significant people. Leave information with the person so they can read and consider it in their own time. Never rush a person into making a decision.

Clarify the consequences

- ▶ Ensure the person clearly understands the consequences of the option/s they are considering.

Example**Assist a person to identify and select the preferred option**

Josephine is from Africa. She came to Australia as a refugee and after living here for some years she obtained Australian citizenship. She is a trained childcare worker but lost her job after an injury to her back. She is 60 years of age and has been unemployed for the past 18 months. During this time she has applied unsuccessfully for hundreds of jobs.



Feedback from one of her interviews indicated that her back injury and her age were counted against her. She was unable to pay her rent and lost her housing and at present is staying with a friend, sleeping on the sofa. She is on the waiting list for public housing but because she is single she is not high priority and she has applied to rent several properties available in the private sector. The agent at the last house told her that the owner was not happy to rent the property to African people because he had a bad experience with his last tenants, who were from Sudan.

Centrelink have called her in for a review of her employment support payment and have told her she must accept any job she is offered, including work in remote areas. She has strong ties to her local African community and is an active member of her local church and does not want to leave her local area.

Josephine approaches her local council for assistance who refer her to a community services organisation. After discussing her situation, she is provided with information about her rights and is supported in her quest to find meaningful work. With assistance, she notes her strengths and weaknesses and is guided to focus on her preferred work options. With a targeted approach, she is finally able to secure a good job in a childcare facility.

Contact relevant people to assist

A community services worker's role is defined by a job description, which sets the limits of what you can and can't do in your role; that is, the boundaries of your work. A person requiring support and assistance beyond what you are able to offer should be referred to someone else. Referrals may be within your own service or to an external organisation.

In supporting people to identify their rights and access services to meet their needs, you may consult with and refer people to a variety of professionals, organisations and services. Who you consult with or refer people to depends on the person's situation and needs.

Personal referral requirements

People may require assistance to address a variety of their needs. It may be appropriate for a community services worker to work with the person to help them identify exactly what it is that they need, before being able to refer them to a professional or organisation that can assist. Some people may require a referral to a community aged care or disability case manager who organises and coordinates the delivery of the necessary support and services. This is often the case when a person has multiple needs and requires the support of a number of different professionals and services. If your role doesn't include a case management component, you must refer people requiring this level of service coordination to an appropriate service.

Other people may need the service of an independent advocate or advocacy service. These services support people to understand their rights about a given situation and to represent their own views.

Assistance from health professionals

Many different health professionals provide support services to people. General practitioners, community health nurses, hospitals, dentists, psychiatrists and counsellors all provide health services that address personal needs. Three types of health service that are commonly accessed are explained below.

Aged care assessment team

Aged care assessment teams (ACATs) are located around Australia and are usually based at a hospital, geriatric centre or community centre. They assess a person's specific care and health needs and provide advice about and referral to community and residential care options. An ACAT assessment is required to access government-funded community care packages and residential care. An ACAT assessment is not required to access the Commonwealth Home Support Programme (CHSP).

Home-based nursing

Home-based nursing services allow people to continue living independently in their homes rather than moving into residential care. Services may include general nursing services for medication, wound dressing and diabetes monitoring, or specialist support such as palliative care and chronic pain management. Home-based nursing services are available 24 hours, seven days a week, in most areas. The Royal District Nursing Service and community nursing teams are examples of home-based nursing services.

Allied health services

Allied health services include podiatry, physiotherapy, speech therapy, occupational therapy, dietetics and psychology. Older people and people with disabilities are often entitled to free or low-cost allied health services. These services support improved quality of life and independent living. Local community health services, GPs, disability support services or ACATs are able to assist when seeking information about allied health services.

Assistance from service agencies and associations

Service agencies provide direct care services to people and their carers. Many types of services support the rights and needs of aged care and disability people.

Associations support the rights, needs and interests of specific groups in the community. Associations are an excellent source of assistance, as they provide specific information about an issue and are able to link people with local professionals and support services.

Assistance from advocacy services

Advocacy services provide confidential and independent information and advice to people about their rights and entitlements. There are specialist advocacy services for older people, people with disabilities and their carers.

You may need to assist people to negotiate with an agency, health professional or advocacy service to ensure they receive the services they prefer and to which they are entitled.



Example

Support people to self-advocate

Brenda is a volunteer community visitor for the Office of the Public Advocate. The Community Visitor Program protects the needs and interests of people with disabilities and those with a mental illness living in shared accommodation. Brenda has an older son with a disability; she has worked for a long time to support the needs and rights of people with disabilities and their parents/carers, including acting as a parent advocate.



When providing a person with information and assisting them to identify their preferred option, Brenda says:

‘When you are supporting a person with an intellectual disability to self-advocate, it is really important to make sure the language being used is understandable. You may need to help translate some of the bureaucratic-speak for the person.

‘Make sure the person understands what is being said. I often ask the person, “Do you understand what they are saying?” or “Tell me what you think they are saying”. This way I know the person understands what is being said. A person with an intellectual disability may say they understand, but you should test their understanding.

‘Support the person to advocate on their own behalf by encouraging them to speak up when they don’t understand something; for example, by asking a simple question such as, “What do you mean?” or by saying “I don’t understand what you mean”.’

Practice task 5

Read the case study, then answer the questions that follow.

Case study

Mary is 65. She lives with and cares for her mother, Regina, who is 87. Regina is frail and has advanced Alzheimer’s disease. Mary is very tired from her caring duties and dreams about getting back to her hobby of ballroom dancing. She is also worried about the number of falls Regina has had lately and a large ulcer that has developed on her leg.

1. What information does the client require?

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2. What are the possible options for the client?

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3. How would you assist the client to identify their preferred options?

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Click to complete Practice task 5

Summary

1. Community services workers are key sources of influence when it comes to helping people to live full and meaningful lives.
2. Ensuring that all people who receive services are able to access basic human needs and have their human rights upheld is a legal obligation for all community services workers.
3. Working with people who receive services to advise them of their options and to help when their rights are being violated means that they can make sound and responsible choices and enjoy satisfying lives.
4. Providing people with information about their rights and responsibilities and about the rights and responsibilities of service providers and workers is an essential step in supporting their rights and interests so that their needs are met.
5. People have right of access to high-quality services that assist them to achieve their individual needs and personal goals.
6. Community services workers must maintain current knowledge of rules and regulations relating to personal rights and responsibilities to be able to provide researched, relevant and timely information.
7. When advocating for people, issues are raised with appropriate individuals and organisations to ensure the person’s rights and expectations are upheld.
8. To advocate on behalf of a person, the rights, issues, needs, and the potential (and the person’s preferred) options available must be well established.

Learning checkpoint 1

Facilitate the realisation of client interests, rights and needs

This learning checkpoint allows you to review your skills and knowledge in facilitating the realisation of client interests, rights and needs.

Part A

1. Give one reason why it is important to provide parties to complaints with information about their rights and responsibilities.

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2. Describe two sources of information about the rights of people involved in community services.

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3. Describe three communication skills that could be used to assist a person to identify their interests, rights, needs, choices and responsibilities.

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4. Locate a copy of the Universal Declaration of Human Rights. Where did you access this document?

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5. Briefly explain the relationship between needs and human rights.

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6. Give an example of a framework that supports the rights of people who receive community services.

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7. Briefly explain duty of care in the context of community services work.

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8. Briefly explain the relationship between human rights and working ethically in community services.

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9. Define 'discrimination' and list three grounds on which it is illegal in Australia to discriminate.

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10. Define 'empowerment' and 'disempowerment' in the context of community services and give two examples of things workers can do to empower people.

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Part B

Read the case studies, then answer the questions that follow.

Case study 1

Arthur is 28. He has a developmental disability and lives at home with his parents. He participates in a supported employment program and receives a disability support allowance from Centrelink. His parents manage his finances for him. Arthur has been working on a production line for 4 years and has asked the coordinator of the supported employment program if he can change jobs. The coordinator says that because he is such a productive worker they cannot spare him from the production line. Arthur wants to take his holidays and visit Bali with Liz, his girlfriend who also attends the program, but his parents are unwilling to let him travel abroad and say he is not mature enough to have a serious relationship with Liz. Arthur says that he is an adult and should be allowed to have a girlfriend and decide where to go for his holidays. His coordinator says they cannot let him take his holidays until next year.

1. Which of Arthur’s rights are not being met?

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2. Outline the possible strategies for supporting Arthur to exercise his rights.

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Case study 2

Jonathan has applied for a job as a support worker in a crisis accommodation service for young people. He is 52 years of age and is in a committed long-term relationship with Boris. They have 2 adopted children and are in the process of applying to adopt a third.

Jonathan was in a motor vehicle accident some years ago which left him with impaired sight in one eye, severe facial scarring and a speech impediment. The accident also left him with a slight limp but this does not impair his mobility to any great extent. At his job interview, the service coordinator, who was chairing the selection panel, made some comments which indicated that she was concerned that Jonathan's relationship and family commitments would interfere with his ability to be on call; that his speech impediment and facial scarring would be barriers to communicating with the young people in the service; and that he may be a risk to young people because of his sexual orientation.

3. Identify the factors that might contribute to discrimination.

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Topic 2

In this topic you will learn how to:

- 2A Undertake an assessment to identify a person's ability to advocate for self**

- 2B Initiate, negotiate and implement relevant strategies to address rights and needs in collaboration with the person**

- 2C Identify potential barriers as well as resources**

- 2D Identify and contact the most appropriate individuals and/or organisations and effectively represent the person**

- 2E Ensure information is kept in confidence unless otherwise authorised**

Advocate in accordance with client preferences and requests to optimise client outcomes

At times, people may ask you to assist them to address their needs and rights. They may want you to talk directly with other service providers or seek your help to clarify their legal rights and responsibilities regarding a specific issue. As an advocate, you act on behalf of the client and you are only permitted to do what they request.

Everyone has rights and responsibilities, and a person's rights are not diminished due to their circumstances. A community service worker's role is to ensure their clients' rights are upheld, including the right to appropriate and timely information about rights, responsibilities and services. You must keep up to date with information about people's rights and be aware when these are not being met or are infringed. You must use appropriate strategies to raise issues of concern and address them so that the people with whom you work have their needs met and their rights respected. You must also work to empower the people with whom you work as much as possible by developing their skills and confidence and transferring your skills and knowledge to them.

2A Undertake an assessment to identify person's ability to advocate for self

At times, family members, friends or fellow workers may feel compelled to speak on behalf of an older person or a person with disabilities. They may do so out of habit, have good intentions or the mistaken belief that the person can't speak for themselves.

As a community services provider, you should assist and encourage people to communicate their thoughts and opinions about the care they receive and any decisions that are made affecting their lives. Everyone should also be provided with the opportunity to outline whether or not their rights are being upheld.



Understand self-advocacy

When a person or group speaks on their own behalf about their needs and rights, this is known as self-advocacy, which is a social justice principle. All people have the right to express their own needs, wants and desires; make decisions on their own behalf; and speak up when they feel their rights are being ignored. Self-advocacy is more than just letting others know if there is a problem.

If a person or group is practising self-advocacy, they will:

- ▶ speak up for themselves and about what they believe in and the things important to them
- ▶ speak up for their rights and ask for what they want
- ▶ express their thoughts and opinions
- ▶ work towards solutions
- ▶ try to change the way things are done
- ▶ take responsibility for making choices and decisions about their lives.

Promote self-advocacy

Self-advocacy skills may vary from person to person. Some people are very good at self-advocating; they can present their thoughts and opinions and determine the choices they want to make. Other people may find it difficult to present their ideas and views and to speak up for their rights.

Community services providers should assist people to self-advocate. Issues requiring self-advocacy may be as simple as whether a person wants to join in an activity or not, or as complex as making decisions about their financial situation.

People should always be encouraged and, where required, assisted to self-advocate. Community services providers may be required to provide training so people understand what it means to self-advocate and how to do it. An advocacy service may help you in this area.

Here are some examples of self-advocacy.

Grace

Grace, who is 79, has always managed her family's finances. As she has become older, she has found it harder to keep up to date with bills, tax returns and her various investments. A friend has offered to help, but she doesn't want him to know her financial affairs. Grace talks to her care coordinator about hiring a bookkeeper or accountant. She knows this will cost her money but she feels it is important to retain her financial independence for as long as she can.

Dieter

Thomas and Inge care for their 19-year-old son, Dieter, who has severe spina bifida and a moderate intellectual disability. Dieter relies on a wheelchair and someone to push it for mobility, but his specialist wheelchair is getting too small for him. Thomas and Inge can't afford a new one. They have applied for a new chair via several grant programs, with no success. Dieter and Thomas decide to visit their local Member of Parliament to discuss the issue. Dieter wants to let the MP know how not having the right wheelchair affects his life; Thomas wants to highlight the financial needs of carers in regard to specialist mobility equipment.

Rishi

Rishi, who is 65, attends an activity group every Friday. He thinks the activities planned are often more suitable for women than men. He would like to see some woodwork activities set up. He talks to the community services provider about his ideas and suggests they make some wooden toys for the local community market held each month. He also has some ideas about where they can access the materials and tools.

Duty of care

Part of a community service provider's role is to assess a person's ability to self-advocate. This is linked to your legal responsibility to protect others from foreseeable risk – your duty of care.

Duty of care requires that you:

- ▶ take reasonable care to protect and uphold people's rights, interests and needs
- ▶ make sure those with whom you work understand their rights
- ▶ act reasonably at all times in relation to those with whom you work.

Assess competence

To assess a person's level of competence to self-advocate, a number of areas need to be considered, as shown below.

What to consider when assessing competence to self-advocate

- ▶ The person's understanding of the situation
- ▶ The person's level of skill and knowledge about the situation

- ▶ The person's understanding of the consequences of their actions
- ▶ The person's level of skills and knowledge to represent themselves regarding the situation
- ▶ The person's capacity to make decisions/choices about the situation

Competence in regards to straightforward issues or decisions

The issue of competence may vary greatly depending on the issue or situation. For example, a person may be able to tell you what they like to eat, what shirt they would like to wear, what they like to watch on television or what football team they support. These are all simple decisions with a low level of complexity.

Even if a person is not deemed competent to make these types of decisions, adhering to the decisions (such as preferring to watch the news on television) won't put the person at risk. You must always involve people in simple day-to-day decisions and choices to ensure they have a say in determining their own needs.

Competence in regards to complex issues or decisions

More complex decisions that may impact the person's health and safety need to be managed differently to simple decisions. When more-complex issues or decisions are being discussed, it is vital to assess a person's ability to self-advocate.

These issues may include making decisions about finances, the sale of property or other possessions, accommodation, medical treatment, relationships, continuing to drive or engaging in support services.

Community services providers have a duty of care to protect them from any foreseeable risk that may result from self-advocacy. For example, a person may decide to stop taking medication, which would have a detrimental effect on their health. People have the right to stop taking their medication; however, you must ensure they are competent making this decision. You need to make sure they understand the consequences of their decision.



Determine competence: consultation

Community services providers work with other stakeholders involved with a person's care and wellbeing to determine the person's competence to make decisions on their own behalf. Other people may also be consulted, as long as you have the person's permission. These additional people, some examples of which are listed below, have different perspectives and may assist in identifying the person's competence to self-advocate.

Other people who may be consulted

- ▶ Your colleagues and supervisor
- ▶ Family members or friends
- ▶ Health care professionals such as a GP
- ▶ Other community service workers
- ▶ Solicitors
- ▶ Financial administrators or accountants

Determine competence: assessment

Together with your supervisor or other stakeholders, you should assess whether the person understands the issues being discussed, the choices that must be made and the consequences of any actions or decisions. Assessment strategies may include asking questions, making observations, speaking to others or assessing demonstrated competence.

The assessment strategies used and questions asked may differ for each person, situation and workplace. There is no one best method of assessment; rather, a variety of strategies should be used and questions asked to assess the person’s skills, knowledge and understanding of the issue in question.

Example	Assess competence
	Here is an example of how to assess a person’s financial competence.
	<p>Question</p> <p>Ask:</p> <ul style="list-style-type: none"> ▶ How do you manage your finances now? ▶ How do you pay your bills? ▶ Are you up-to-date with your bills? ▶ Have you completed your most recent tax return? ▶ What type of investments do you have and how do you manage them? <p>To be assessed as competent, the person must:</p> <ul style="list-style-type: none"> ▶ understand the state of their finances, including income and expenditure ▶ understand the bills that must be paid ▶ have a clear system for paying bills on time ▶ generally understand their investment portfolio ▶ not spend more money than they have and not be in debt.

Observe

Observe:

- ▶ the person using a cheque book or online banking
- ▶ examples of paid bills
- ▶ a recent tax return assessment statement
- ▶ financial record-keeping.

To be assessed as competent, the person should:

- ▶ use a cheque book correctly
- ▶ use online banking safely and correctly
- ▶ have limited overdue bills
- ▶ have up-to-date tax returns
- ▶ have a system for keeping financial records.

Consult

Consult with stakeholders, including:

- ▶ family members
- ▶ friends
- ▶ co-workers
- ▶ the person's accountant
- ▶ health care professionals
- ▶ other service providers.

To be assessed as competent, the person should have no concerns about:

- ▶ unpaid bills
- ▶ the loss of services due to unpaid bills
- ▶ recent financial decision-making.

Assess level of confidence

When you assess a person's ability to self-advocate you should assess two things: their level of competence and their level of confidence. Confidence in this case refers to a person's; belief in themselves and in their abilities; ability to speak up on their own behalf; and ability to state their thoughts, opinions and care choices to a community services provider.

Some people may have a high level of confidence to self-advocate but not possess the capacity or competence to make the necessary decisions. Conversely, a person may have the capacity or competence to make decisions, but not the confidence to advocate on their own behalf.



Here are some questions to consider when assessing a person's level of confidence to self-advocate.

Gauging a person's level of confidence

- ▶ How confident is the person to speak on their own behalf?
- ▶ Are they able to speak up and have their opinions and thoughts heard?
- ▶ Do they hold back because they think nobody will listen to them?
- ▶ Are they hesitant to speak up because they fear reprisal?
- ▶ Do they have communication difficulties that limit their ability to self-advocate?

Power of attorney and guardianship

If a person doesn't have the capacity to make decisions for themselves, alternative arrangements must be made. A family member, friend or unpaid carer may have an enduring power of attorney, which means that person has financial, medical or guardianship authority for the person and is responsible for making decisions in the person's best interests. Alternatively, a guardian may have been appointed.

Example

An approach to advocacy

Mary Lyttle is the chief executive officer (CEO) of Elder Rights Advocacy (ERA), which is part of the National Aged Care Advocacy Program. ERA supports Victorians who have applied for or receive a Community Aged Care Package or an Extended Aged Care in the Home Package or are being assessed by an Aged Care Assessment Team. It supports people to self-advocate and negotiate with service providers when they are unhappy about something. ERA also provides information and educates aged care workers and management about personal rights and advocacy.



When discussing the principles of determining a person's ability to advocate on their own behalf, Mary says:

'Generally, you should proceed from the legal presumption that a person is competent until proven otherwise. People have rights and staff practice should uphold these rights. This includes talking to people about their lives and making sure they have as much decision-making control as possible. As a worker, if you are concerned about these issues you should contact your local aged or disability legal service or advocacy service. Here in Victoria I would contact the Villamanta Legal Service. They provide a legal service for people with disabilities and produce great resources about these issues, including duty of care and competence around decision-making.'

'It is useful to think of competence as decision-specific – the Office of the Public Advocate uses this approach. It means the nature of each decision is important and that you should determine if the person understands the decision and the level of importance and consequence of the decision.'

Practice task 6

Read the case study, then answer the questions that follow.

Case study

Amahl is the Meals on Wheels coordinator at a local council. One of his volunteer drivers reports to him that Violet, who is 86, says she no longer wants meals delivered. Amahl is aware that Violet doesn't have any family living nearby and has severe arthritis in her hands, which greatly limits her ability to cook and care for herself. Violet also has very poor vision, making it difficult to shop on her own.

Amahl informs the council CHSP coordinator, who makes an appointment to discuss Violet's decision to stop meal deliveries. Violet says her neighbour will cook her meals for her and bring them in each day. She says her neighbour is happy to do it and won't charge her anything so that Violet can save the money to spend on other things.

Amahl and the CHSP coordinator also confer to discuss their concerns about Violet. They think it would be appropriate to contact the coordinator at Vision Australia who manages Violet's home support package.

1. Violet is advocating on her own behalf. What issue concerns her and how does she plan to solve the problem?

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2. What are the duty-of-care issues in this case? What could the consequences have been if Amahl had stopped the meals to Violet and done nothing more about the matter?

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3. Who should the CHSP coordinator speak to, to assess Violet's ability to self-advocate?

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Click to complete Practice task 6

2B Initiate, negotiate and implement relevant strategies to address rights and needs in collaboration with the person

People must have a clear understanding of their rights and responsibilities in relation to their needs. This allows them to identify their options and decide on a preferred course of action. People who aren't aware of their rights and options may not receive the services they require or, at worst, may be exposed to discrimination and abuse. Awareness of rights and entitlements is a social justice issue. It is about ensuring everyone is treated equally.

People who are not well-informed about their rights and responsibilities may feel pressure to do or accept something they usually wouldn't. They may be taken advantage of because of their ignorance. As a community services provider, you must:

- ▶ be aware of the services and assistance to which people are entitled
- ▶ be aware of a person's rights and responsibilities
- ▶ provide accurate and relevant information when it is required.



Meet people's needs

Personal needs are varied, as are the strategies to meet those needs. Health professionals and other specialists determine some strategies. Community services providers should ensure these strategies are implemented and monitored.

A basic right of people is that they receive a quality service that meets their needs and circumstances. To uphold this right, it may be necessary to develop strategies to meet personal needs with other members of your team, a supervisor or other service providers.

Example

Use strategies to meet people's needs

Marion is a support worker at a disability day service. Disability day services seek to increase the independence and skills people with disabilities require to participate as valued and active members of the community. Marion works with adults who have intellectual, physical and sensory disabilities. Personal needs in relation to the day program are identified and documented in an individual program plan. Marion's role includes implementing strategies to address personal needs. Marion says:



'I like to start by finding out what a person really likes to do and go from there. I worked with a person who really liked shopping and doing tapestry. This person had low vision, a mild intellectual disability and was deaf; so, communication was very difficult. I needed to find a way that she could shop for herself.

'I found out about the things she wanted to buy; they included things like wool, coffee and tea. I took pictures of those things and mounted them on cards that were strung together. On the back, I wrote things like, "I would like to buy a ball of wool". I also put the approximate price so that she was able to get the money ready.

'The person loved it! Even though she had a support worker with her, she was able to do her own shopping and negotiate with the shopkeepers. She had a way to communicate what she wanted. It helps to be creative in the strategies that you develop'.

(Source: Marion, disability support worker, Victoria.)

Strategies to meet personal needs

Here are some examples of common personal needs in various areas and possible strategies that may be implemented to meet them.

Meet physical needs

Example: a person needs help with meal preparation.

Strategies include:

- ▶ referral to a dietician
- ▶ meals on wheels service
- ▶ in-home support for shopping and meal preparation; purchase frozen meals from a supermarket
- ▶ family roster of home-prepared meals.

Example: a person needs help with falls prevention.

Strategies include:

- ▶ referral to an occupational therapist
- ▶ rails and ramps fitted and trip hazards removed
- ▶ personal assistance when showering
- ▶ purchase of well-fitted, supportive walking shoes
- ▶ purchase of mobility aids – frames, stick, etc.

Meet medical/health needs

Example: a person has poor speech and difficult swallowing after stroke.

Strategies include:

- ▶ Referral to a speech therapist for assessment
- ▶ Advise on dietary requirements
- ▶ Regular mouth care

Example: medication supervision is required.

Strategies include:

- ▶ home nursing service
- ▶ community mental-health nurse
- ▶ training a family member to assist.

Meet emotional needs

Example: a person is scared of being home alone.

Strategies include:

- ▶ secure windows and doors, adequate lighting
- ▶ companion animal
- ▶ home security system – alarms, shutters, gates.

Example: person is depressed.

Strategies include:

- ▶ referral to a GP and/or psychiatrist or community mental-health service
- ▶ referral to ACAT for assessment
- ▶ increase of social activity and interaction with others.

Meet social needs

Example: a person is experiencing loneliness or boredom.

Strategies include:

- ▶ friendly visitor service
- ▶ attend local day program or activity group
- ▶ involvement in local community group.

Meet financial needs

Example: a person is unable to manage own money

Strategies include:

- ▶ assistance with banking and paying bills
- ▶ appointing a family member as financial power of attorney
- ▶ appointing state trustees.

Discuss the strategy with the person

When advocating for a person, you should start by discussing their issues and needs. You should then act according to what the person wants you to do on their behalf. Advocacy is an empowering process – it gives people the opportunity to make decisions about their own lives. If you determine needs and strategies without consulting with the person, you are disempowering them, because you remove the power of choice and decision-making from them and transfer it to yourself.

The next step in the advocacy process is to discuss the preferred strategy with the person and gain their written or verbal consent to proceed. People have the right to refuse a strategy that you or others may recommend. Never pressure people to accept decisions or options made on their behalf.

When discussing details of the strategy with the person, you should consider:

- ▶ who you will speak to on their behalf
- ▶ what you plan to say or request on their behalf
- ▶ what referrals you are making on their behalf
- ▶ details of any service provision being requested
- ▶ when the strategy will be implemented.

Example

Discuss appropriate strategies with a person

Roma is a care coordinator. Her client, Joanne, is 64 and has a mild intellectual disability. She lives in a hostel and often attends day programs to address her social and learning needs. Joanne has recently begun attending an 'Internet for beginners' course but finds she can't keep up, as the information is given in complicated technical language and written handouts.

Roma discusses the issue with Joanne. Roma finds out the following information:

- ▶ Joanne likes the class and enjoys going. She has made friends with another woman in the group who has visited Joanne at the hostel.
- ▶ Joanne finds the language used and written information overwhelming because she is not good at reading.
- ▶ Joanne wants the teacher to stop using such big and technical words and to slow the pace of learning.

Joanne asks Roma to speak to the teacher on her behalf. After discussing various options, Joanne agrees that she would like Roma to ask the teacher to use simpler language and handouts. Roma suggests she could ask the teacher if they could stay for 20 minutes after the class to recap the information that has been discussed. Joanne thinks this is a great idea and consents to this request.



Evaluate the strategy

A good way to discuss and determine appropriate strategies is to evaluate them using the SMARTTA principle. The headings below form the SMARTTA principle; their requirements are described in each section.

Specific

- ▶ Clearly define what the strategy should achieve. If possible, include specific information about who is going to be involved and where.

Measurable

- ▶ The strategy should produce results the person can see and appreciate.

Achievable

- ▶ There needs to be a reasonable chance the strategy can be achieved. Assess whether you have the resources, ability, time and level of responsibility required.

Relevant

- ▶ The strategy must reflect the priorities and preferences of the person. Participation of team members and other relevant people when planning helps ensure strategies are truly relevant.

Time-bound

- ▶ The strategy should include a clear deadline to work towards.

Traceable

- ▶ It should be possible to monitor and evaluate the strategy.

Agreed to

- ▶ Ensure there is agreement by the person and significant others about what is going to be achieved.

Negotiation and advocacy

Negotiation is one of the most common methods people use to make decisions, manage conflict or achieve the outcomes they desire. The ability to negotiate is fundamental to an advocate's role and one a community services provider must develop as part of their job. You may use your negotiation skills when discussing strategies with people (as outlined below) and when dealing with service providers and other professionals to secure services for people. When dealing with service providers, you may also need to negotiate to ensure people receive the services to which they are entitled.

Areas that may need to be negotiated with a person

- ▶ Which strategy best meets the identified needs
- ▶ How much the person can do for themselves and how much the worker may do for them
- ▶ How much can be achieved in a certain time frame
- ▶ The practicality of certain options
- ▶ Which service provider or professional may be better at meeting the person's needs

What is negotiation?

Negotiation usually involves two parties who both want something, although it is not necessarily the same thing. For example, a service provider may have limited resources to allocate, but you would like to access those resources to meet the needs of the person. Negotiation may also be necessary when the rules of the organisation or service seem to disadvantage the person.

Through negotiation, the two parties can reach an acceptable agreement; however, it may not always be possible to achieve everything the person wants. By using effective negotiation skills, you should progress towards meeting the person's preferred options.



Basic principles of negotiation

The Conflict Resolution Network (CRN) is an organisation that offers conflict-resolution skills to help create a 'conflict-resolving community in a culture of peace and social justice'. The CRN suggests five basic principles of negotiation that assist both parties reaching and agreeing on a win-win solution, as shown here.

(Source: Conflict Resolution Network)

CRN five basic principles of negotiation

1. Focus on the problem, not on the person
2. Focus on needs, not positions
3. Emphasise common ground
4. Be creative about options
5. Make clear agreements

Mediation and conciliation versus advocacy

It is important to understand that mediation and conciliation are not advocacy strategies; rather, they are strategies used to resolve disputes. The person conducting the mediation or conciliation is always impartial and doesn't take sides as an advocate would – mediators and conciliators seek the best outcome for both parties. Here is the difference between mediation and conciliation.

Mediation

Mediation is when a neutral and independent person assists two parties in dispute to reach a solution. Each party is given the opportunity to present their point of view. The mediator assists parties to explore options for resolution, but does not impose a solution or provide tactical advice.

Conciliation

In conciliation, the conciliator may advise or make suggestions to reach a solution. The conciliator actively participates in the process to ensure the settlement reached is just.

Negotiate strategies to address personal rights and needs

When assisting people to determine if their rights and needs are being met you must first understand their personal, civil, legal and consumer rights. If you are unsure about a person's rights relating to a specific area, talk to your supervisor or consult a specialist in that area.

Resources that may help to determine if personal rights are being upheld include:

- ▶ your organisation's policy and procedure documents
- ▶ your organisation's *charter of residents' rights and responsibilities*
- ▶ legislation, regulations, standards and guidelines that govern specific issues
- ▶ the Australian Human Rights Commission
- ▶ the Office of the Public Advocate or Adult Guardian
- ▶ the National Aged Care Advocacy Program (NACAP)
- ▶ legal advice services
- ▶ consumer rights services
- ▶ Centrelink.

Example

Negotiate with an agency for a required service

Janette is an aged care coordinator at the local community health service. Edna is 87 and lives at home with her husband, Rolf, who is 89. They are both quite frail and find it difficult to manage the household chores.

Janette knows that Edna and Rolf receive 1.5 hours of home care a fortnight from the local council's Commonwealth Home Support Programme, but she feels this is not enough. Edna and Rolf agree and would like someone to assist them with their shopping, meal preparation and laundry.

After discussions with Edna and Rolf, Janette contacts the council's CHSP coordinator. She explains why she is ringing and outlines the needs of her clients, advocating for a reassessment of their home care hours. The CHSP coordinator checks Edna and Rolf's file. The case notes say that a daughter lives next door and, as such, Edna and Rolf had indicated that they didn't require any additional council assistance.

Janette assures the coordinator that they do require additional assistance and that they want to be reassessed. The CHSP coordinator says she doesn't think they have the resources to provide any additional hours to Edna and Rolf. Janette insists they have the right to be reassessed, as their needs have changed. The CHSP coordinator says she will contact Edna with a reassessment time. Knowing that Edna and Rolf both find it very difficult to hear on the telephone, Janette asks for the appointment date so she can tell them in person.



Implement the strategy

Once strategies have been discussed and prioritised with the person, the chosen strategy must be implemented. It must:

- ▶ address the person's rights and needs
- ▶ consider the person's preferences, including cultural and religious preferences
- ▶ address any actual or potential discrimination or unfair treatment.

For example, a strategy may be implemented to ensure a person has access to services that have been denied in the past because they are not delivered in a certain community language.



Discuss the strategy

A strategy may require you to attend a public meeting, participate in interviews or assist with completing a questionnaire. Just as care plans are written to explain personal needs and how they are addressed, the same can be done when advocating on behalf of people. A plan can be devised that clearly states the strategy and how it will be implemented.

You can review and discuss a strategy with the people themselves or (with the person's permission) significant others, colleagues or community leaders if appropriate. When discussing and agreeing on the strategy with the person, explain the preferred strategy and how it will be implemented.

Explain to the person:

- ▶ what you are going to do
- ▶ when it is going to be done
- ▶ who you are going to speak to
- ▶ what is required of the person
- ▶ how you will follow up to assess whether the person's needs and rights are being met.

Example	A strategy implementation plan			
	Client:	Christina D'Angelo		
	Issue identified:	Christina has been denied access to her own finances. Her parents manage her finances but do so with no legal authority to act. Christina wants to manage her own finances.		
	Review date:	6 September 2015		
	Needs identified	Strategy	People involved	Time frame
Christina to manage her own finances	▶ Open a bank account in Christina's name	▶ Parents to take Christina to a local bank to open a savings account	7/7/15	
	▶ Centrelink to pay disability support pension into Christina's account	▶ Margaret to make an appointment and accompany Christina to Centrelink	17/7/15	
	▶ Develop a budget with Christina	▶ Margaret and Christina	10/7/15	
Christina to learn more about managing finances	▶ Christina to complete a financial education program run by the local disability support service	▶ Margaret giving details to Christina ▶ Christina to attend	Program begins 22/8/15 and goes for four weeks, one session a week	
Ongoing assistance required	▶ Link to a Citizen Advocate or mentor ▶ Parents to play a support role	▶ Margaret to find out what is available and report back to Christina	24/7/15	

Practice task 7

Read the case study, then answer the question that follows.

Case study

George is a 79-year-old resident in a high-care facility. He has had a severe stroke and only has mobility in one arm. He needs full assistance with dressing, toileting, showering, grooming and getting in and out of bed. George uses a wheelchair for mobility. Due to his stroke, his speech and swallow reflex are affected but he can talk and be understood. He has some cognitive decline but his mind is still active and he can make decisions about his care. George's wife Marjory, who is 81, lives nearby and visits him daily.

Marjory tells you that George is unhappy about a number of things and that he is becoming agitated about them. He claims to have mentioned these things to the personal care staff many times, but they don't take any notice. George's complaints include that:

- ▶ staff don't leave his remote control or drink within reach after they have showered and dressed him in the morning
- ▶ staff don't answer the bell when he rings for assistance to use the urinary bottle
- ▶ when attending to his showering, dressing and undressing staff don't talk to him much, but talk to each other in a language that he doesn't understand
- ▶ staff pat him on the head as they pass by, a habit that he finds very disrespectful
- ▶ his electric razor has gone missing and the staff say they can't find it and maybe another resident has taken it from his room.

What are some of the strategies that could be used to address George's basic rights?

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[Click to complete Practice task 7](#)

2C Identify potential barriers as well as resources

You will encounter a range of barriers that prevent effective service delivery and provision of assistance to people with support needs. Providing services to others results in the ability to identify many elements that can be improved, making access to high quality services easier for all.

As part of your workplace's commitment to continuous improvement, you can contribute by identifying any barriers that you encounter and referring them to your supervisor for further action. Communicating barriers to your supervisor is vital to ensure that the individual's services can be improved. Additionally, even if you can address the barrier yourself, communicating them to your supervisor leads to an investigation into underlying issues, so that widespread changes can be made, if required.



Barriers to service delivery

Barriers to service delivery can occur at any level and be located with you, your workplace, the person themselves, other stakeholders or at other services or institutions. When a person is experiencing a difficulty in reaching their goals, this indicates that a barrier may be in place. Aside from helping that individual, identifying barriers helps address more widespread issues. Communicating and coordinating a response with your supervisor ensures that widespread solutions can be created.

Here are some of the most common areas where barriers to service delivery are located.

Barriers can be:

- ▶ economic (lack of funding, misuse or inefficiencies etc.)
- ▶ physical (lack of/inappropriate physical equipment or aides, inadequate physical access etc.)
- ▶ language/cultural (meeting the needs of Aboriginal and Torres Strait Islander people, people from an ESL background)
- ▶ staffing (lack of training or expertise; insufficient staff; staff overwork etc.)
- ▶ structural (lack of funding, lack of representation, lack of knowledge about services available)
- ▶ training (lack of training for people with support needs, staff and others)
- ▶ societal/attitudinal (myths, stereotyping and misinformation leading to discrimination)
- ▶ emotional (mental health needs, counselling, dealing with stress etc.)

Barriers to self-advocacy

Some people may have limited opportunities to self-advocate due to communication barriers. In these situations, use communication aids, interpreters or other appropriate communication strategies to ensure people are able to express themselves.

Communication barriers must be addressed so a person's right to be part of any decision-making regarding their care is upheld. Some other barriers are listed below.

Barriers that may reduce a person's ability to self-advocate

- ▶ Worker beliefs and attitudes
- ▶ Family members or significant others who always speak on the person's behalf
- ▶ Social, cultural or religious conditioning that restricts a person's right to self-advocate
- ▶ Intellectual, psychiatric or cognitive disabilities that restrict a person's ability to reason and make decisions

Example

Help a person to self-advocate and overcome circumstantial barriers

Margaret is a community services provider at a local community centre. One of the people she works with is Christina, who is 27 and has an intellectual disability. Christina receives a disability support pension each fortnight but only her parents can access the money. They don't think Christina can manage her own money due to her disability, so they decide how the money is spent. This includes allocating a small amount of pocket money to Christina each week. They feel they have to make all the decisions for Christina, as they did when she was a child. They also believe they have a responsibility to look after Christina to make sure she doesn't get into trouble.

Christina has other ideas about how she wants to spend her money and she gets very angry with her parents when they don't give her money for things she wants. Her parents have talked to Margaret about this issue, as they are worried about Christina's anger. Margaret suggests they have a discussion to hear what Christina has to say. Margaret talks to Christina before the meeting about the need to express her thoughts and ideas calmly.



Practice task 8

1. What are three common barriers that may affect service delivery?

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2. Name three individuals or groups who may encounter barriers to effective service delivery.

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3. What are two reasons why you should communicate any barriers that you identify to your supervisor?

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Click to complete Practice task 8

2D Identify and contact the most appropriate individuals and/or organisations and effectively represent the person

When representing someone, you will need to ensure that you obtain the information they need in a way that optimises the outcomes for that person. You will need to ensure that you approach the most appropriate individuals and/or organisations in every instance. You will also need to make sure that you protect the person's confidentiality and privacy, making sure personal information about them is not given to or made accessible to those who do not need it.



Privacy, confidentiality and disclosure

To effectively represent the person, you often need to share a certain amount of information in order to provide continuity of care and care that best meets the person's needs. When discussing a person's situation, always be aware of maintaining their privacy and ask for their consent before sharing information. You must protect confidential details.

Refer to your workplace's privacy policies and procedures and/or your professional codes of ethics. It is acceptable to discuss the person's needs and personal information with others directly involved in supporting them and who you know have permission to access the information. If in any doubt, check with your supervisor.

Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. There are exceptional circumstances that do enable you to disclose private information but this is generally only when you become aware that someone may be harmed.

You can read more about privacy, confidentiality and disclosure at the following site: <http://aspirelr.link/privacy-rights>.

Privacy legislation

Federal and state and territory privacy legislation determines how personal information should be collected, used and stored. This includes information kept by persons or others, communication from outside stakeholders and medical information from a doctor. In March 2014, new legislation affecting privacy laws came into effect. It amends the *Privacy Act 1988* (Cth) and introduces 13 new Australian Privacy Principles (APPs), which replace existing privacy principles. These APPs apply to government agencies and many private sector organisations, including health service providers.

Example

Person’s behaviour becomes threatening

Angus is a 48-year-old-man living on his own in a rented house. Angus has a mental illness and various physical conditions related to his obesity. Angus has a history of non-compliance with his medication. This is a source of ongoing concern for his community services workers, case manager and his family.

The organisation managing his accommodation has received several calls from neighbours over the last week complaining that Angus’s house has developed a strong smell, rubbish is strewn around the garden and he has been naked when putting the rubbish bin out. The accommodation service has asked Angus’s community service worker to call in and check on him daily.

David, Angus’ community service worker, has been unsuccessful in getting Angus to agree to take his medication. Angus has told David that it is his private business whether he takes his medication or not. David is also becoming increasingly concerned about the children living next door to Angus, as Angus finds them very irritating. On the last visit, he mentioned that he was going to spray them with water from the hose if they went into the yard.

Recently the accommodation service has received a call that a fire has started in Angus’s house.

David decides that something needs to be done before someone is harmed and raises his concerns with his supervisor.

Collection, use and storage of information

There are 13 national privacy principles that apply to the collection, use and storage of people’s information. Here is further information about how to handle personal information.

Collection, use and storage of personal information

- 1 Open and transparent management of personal information**
Ensures that organisations manage personal information in an open and transparent way.
- 2 Anonymity and pseudonymity**
Requires organisations to give individuals the option of not identifying themselves, or of using a pseudonym. Some exceptions apply.
- 3 Collection of solicited personal information**
Outlines when an organisation can collect personal information that is solicited. It applies higher standards to the collection of ‘sensitive’ information.
- 4 Dealing with unsolicited personal information**
Outlines how organisations must deal with unsolicited personal information.
- 5 Notification of the collection of personal information**
Outlines when and in what circumstances an organisation that collects personal information must notify an individual of certain matters.
- 6 Use or disclosure of personal information**
Outlines the circumstances in which an organisation may use or disclose personal information that it holds.

- 7 Direct marketing**

An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.
- 8 Cross-border disclosure of personal information**

Outlines the steps an organisation must take to protect personal information before it is disclosed overseas.
- 9 Adoption, use or disclosure of government-related identifiers**

Outlines the limited circumstances when an organisation may adopt a government-related identifier of an individual as its own identifier, or use or disclose a government-related identifier of an individual.
- 10 Quality of personal information**

An organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.
- 11 Security of personal information**

An organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.
- 12 Access to personal information**

Outlines an organisation's obligations when an individual requests to be given access to personal information held about them by the organisation.
- 13 Correction of personal information**

Outlines an organisation's obligations in relation to correcting the personal information it holds about individuals.

The National Aged Care Advocacy Program

Advocacy services provide confidential and independent information and advice to people about their rights and entitlements. One specialist advocacy service available to older people, people with disabilities and their carers is the National Aged Care Advocacy Program (NACAP), which was established under the *Aged Care Act 1997* (Cth). NACAP's functions are listed below.

The NACAP website provides information about the national network of advocacy services and details of how they may assist older people or their representatives. It also provides links to state and territory aged and disability advocacy services.

Functions of the National Aged Care Advocacy Program

Providing information and advice about rights and responsibilities

Supporting personal involvement in decision-making about their own lives

Assisting people to resolve problems and complaints in relation to aged care services

Promoting the rights of older people to the wider community

NACAP eligibility

NACAP's aged care advocacy services are free of charge to any person:

- ▶ living in a nursing home or hostel
- ▶ receiving a community aged care package
- ▶ receiving flexible care
- ▶ who has been assessed by an ACAT
- ▶ who has received aged care services in the past
- ▶ representing the interests of a person receiving aged care services.



Disability advocacy services

There are also a number of advocacy services designed to meet the needs of people living with disabilities. Services may be specific to particular groups; for example, people with a certain disability or Aboriginal and Torres Strait Islander people.

The services aim to ensure that people with disabilities make their own decisions (particularly decisions where the outcomes affect the person's life) and have their rights upheld. Nationally, the following disability advocacy services are available:

- ▶ People with Disability Australia (PWDA)
- ▶ Disability Advocacy Network Australia – DANA
- ▶ National Disability Advocacy Program (NDAP)
- ▶ Australian Disability Peaks and Advocacy Directory

Some of the disability advocacy services in each state and territory appear below.

ACT	ACT Disability, Aged and Carer Advocacy Service (ADACAS)
NSW	Disability Advocacy NSW (DA) and the Multicultural Disability Advocacy Association of NSW (MDAA)
NT	The Darwin Community Legal Service (DCLS)
QLD	Queensland Aged and Disability Advocacy Inc. (QADA)
SA	Disability Advocacy and Complaints Service of SA Inc. (DACSSA)
TAS	Advocacy Tasmania Inc.
VIC	Disability Resources Centre and Action on Disability within Ethnic Communities (ADEC)
WA	Citizen Advocacy Perth West and the Ethnic Disability Advocacy Centre

Aged and disability legal services

Specialist legal services in each state and territory also advocate for the rights and needs of older people and people with disabilities. They assist people with powers of attorney and guardianship matters as well. Nation-wide services are available from the Australian Centre for Disability Law.

Services in the states and territories are shown here.

ACT	Canberra Community Law
NSW	Australian Centre for Disability Law Intellectual Disability Rights Service
NT	Darwin Community Legal Service
QLD	The Disability Discrimination Legal Service (DDLDS) Cairns The Welfare Rights Centre Inc.
SA	South Australian Community Legal Centres
TAS	Hobart Community Legal Service (HCLS)
VIC	Villamanta Disability Rights Legal Service Inc.
WA	Legal Aid Western Australia Individual Disability Advocacy Service (IDAS)

Public advocates or guardians

A public advocate or public guardian is a government position, similar to an ombudsman, charged with protecting the rights of people with diminished mental capacity. People may include those who are unable to make decisions due to dementia, intellectual disability, mental illness or acquired brain injury. The work of the public advocate or guardian diminishes the risk of people being neglected, exploited and abused.

The state and territory Offices of the Public Advocate/Guardian shown below provide a range of services including advice, investigation, advocacy and guardianship services. The public advocate or guardian may be appointed as a guardian of last resort, meaning they will make decisions on behalf of a person when no appropriate family member or significant other is available.

ACT	Public Advocate of the ACT
NSW	Guardianship Division of the NSW Civil and Administrative Tribunal
NT	Office of the Public Guardian and the Office of Disability
QLD	Office of the Public Advocate
SA	Office of the Public Advocate
TAS	Office of the Public Guardian
VIC	Office of the Public Advocate
WA	Office of the Public Advocate

The Guardianship Board

The Guardianship Board is a government body that appoints a guardian for someone with diminished capacity, who can no longer make decisions regarding certain areas of their lives, and when they have not made any prior power of attorney arrangements. A guardianship hearing is held to determine who the best person is to act as the guardian.

Unless there are specific conditions stated, the guardian has the right to make all major decisions relating to the person's care and welfare, including financial, medical and lifestyle decisions.



State or Public Trustees

The State or Public Trustees are another type of advocacy service; they assist people with their financial needs and help people appoint enduring powers of attorney. A person may only appoint an attorney if they are over 18 years of age and able to demonstrate capacity to make the appointment.

If a person already has diminished capacity and has no appropriate family members or significant others who can assume power of attorney, the State Trustees may be appointed by a Guardianship Board to make financial decisions on a person's behalf. In this case, the Trustees manage a person's pension or income payments, pay bills, make investments and pay a living allowance.

Practice task 9

Read the case study, then answer the questions that follow.

Case study

Louise recently contacted Advocare in a very upset emotional state, seeking assistance in dealing with The Haven Centre, a low-care hostel.

Six months ago, soon after celebrating her 80th birthday, Louise moved into The Haven. A sociable person who enjoys the company of others, Louise developed a close friendship with other residents in her wing, including Rose. Louise and Rose both share an interest in bridge, as does Tony, one of the few male residents in the wing. All three shared the same table for meals.

Louise explains that when she arrived at breakfast last week, staff told her that she had been moved to another table. Louise says she was not given any choice as to where she preferred to sit and was told that she would have to stay at her new table for the time being. An advocate visits Louise to discuss the issue and options for resolution. Louise and the advocate discuss the *Charter of residents' rights and responsibilities*, which states that each resident has the right to be consulted and to have input into decisions about their living arrangements in the residential care facility. Louise says she had not been consulted or asked to consider a change in her seating arrangements.

Louise decides she would like to have a meeting with The Haven’s manager, with the advocate present, to discuss the issue. At the meeting the manager explains to Louise that staff had moved her because a new male resident had moved to the hostel. Staff thought that the new resident may like to sit with Tony and that Louise, being quite social, wouldn’t mind being moved.

The manager says that he is now aware that staff had not consulted Louise and that this did, indeed, infringe her rights. As a result of this meeting, the manager agrees to Advocare conducting regular information sessions for staff about residents’ rights and responsibilities.

The outcome is that Louise returns to sit with Rose in the dining room.

1. Was Advocare an appropriate organisation to raise Louise’s issues with? Why or why not?

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2. Before Louise became upset and contacted Advocare, what should her support person have done? Explain why each of these steps is important.

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3. What were Louise’s expectations? Were her expectations reasonable?

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Click to complete Practice task 9

2E Ensure information is kept in confidence unless otherwise authorised

It is essential that you ensure personal and private information is kept confidential unless you have been specifically and clearly authorised to disclose it for a particular purpose or situation.

This permission must be obtained from the person before you approach any individual or organisation. If you have developed an advocacy plan, the person may sign it to confirm they agree to the strategies listed. The plan should also state who is involved in the advocacy plan and which individuals and organisations to contact on the person's behalf.

When representing the person's point of view, it is important to:

- ▶ state the facts clearly
- ▶ accurately reflect the person's thoughts, feelings and beliefs
- ▶ avoid negative emotions such as anger and hostility or being judgmental
- ▶ be aware of your own values and beliefs
- ▶ listen to what the other person is saying – hear things from their point of view
- ▶ negotiate a position of which the person would approve
- ▶ not promise anything on the person's behalf without talking to them first.

Maintain confidentiality of information

The terms 'privacy' and 'confidentiality' in the community sector are rarely defined separately. Below is an explanation of what is meant by each term.

Privacy

Privacy refers to a person's ability to control access of others to themselves, their space and their possessions, including information about themselves. Privacy also means taking steps to avoid embarrassment and humiliation.

Confidentiality

Confidentiality is about data or information, not people, and refers to managing access to private information. Confidentiality provisions restrict an individual or organisation from using or disclosing information about a person that is outside the scope for which the information was collected. Keeping information confidential means ensuring information is only disclosed to authorised people. Maintaining confidentiality is part of your duty of care as a worker.

Strategies to maintain confidentiality

To maintain confidentiality and ensure personal information is kept private, follow your organisation's policy and procedures and use the strategies shown below.

Strategies for maintaining personal confidentiality and privacy

- ▶ Keep personal files in a locked filing cabinet and only allow access to those with proper authorisation.
- ▶ Protect electronic personal files with a password; each authorised staff member should have a different password so file access can be monitored.
- ▶ Do not leave personal files open on a desk or computer screen; return personal files to the filing cabinet when not in use.
- ▶ Personal files should not be left in a vehicle in view of the general public.
- ▶ Personal interviews, case conferences, secondary consultations and handovers should be conducted in a private space where others can't overhear.
- ▶ Client names shouldn't be recorded where members of the general public can view them.
- ▶ Client details should never be discussed with family, friends or others unless you have authority from the person to do so.

Permission to disclose information

A person must consent to having any personal information disclosed to any person or organisation. Permission to disclose information may be required for the person to receive health and wellbeing services from another organisation and to access information held by another organisation; for example, Centrelink.

There are different ways of giving consent, outlined below, which may vary according to the situation. For example, if a telephone referral is being made, the person may speak to the provider and give consent before the community services provider continues the conversation about the service delivery required.

Written	Verbal
<ul style="list-style-type: none"> ▶ Signing a care plan may enable service delivery strategies to occur ▶ Signing a general consent or release of information form ▶ Signing a specific form that describes exactly what is being consented to 	<ul style="list-style-type: none"> ▶ Giving verbal consent via the telephone ▶ Giving verbal consent in person

Informed consent

In many workplaces, there is a process called informed consent. If the person you are supporting is under 18 you must get permission to do an activity or task from the person who is legally able to give the permission such as a parent or legal guardian. Once a person is 18 years of age, they are usually seen as an adult and can consent to take part in an activity or task. In some cases, there may be a court instruction that the person is not able to make their own decisions so family members or legal guardians must make the decisions for them. If this happens, there will be information in the care plan about who you need to ask for permission to do an activity or task.



In the aged care sector, informed consent is provided based on a person appreciating and understanding the facts and consequences of a decision or action. A person must understand the relevant facts and must not have impaired judgment at the time of consenting.

If a person is unable to provide informed consent to their information being released, the following people may sign a consent form:

- ▶ Next of kin
- ▶ Power of attorney – guardianship
- ▶ Power of attorney – medical treatment
- ▶ Guardian

Example

Example: client consent form

Here is an example of a client consent form.

**Yagambi West Community Health CHSP Service
Client consent form**

I,....., am aware of, and understand, the need for sharing my personal information to ensure that I receive the best level of care. My rights in this issue have been explained to me by.....

I hereby give consent to release/request relevant information to the following agencies:

- Health service providers Yes No
- CHSP service providers Yes No
- General practitioners/medical specialists Yes No
- Domicillary nursing services Yes No
- Family members Yes No
- Other: Yes No
- Other: Yes No

With the exception of (if applicable)

- Client's signature:
- Date:
- Witness's signature:
- Name and designation:
- Date:

I do not/no longer give my consent to sharing my personal information.

- Client's signature:
- Date:
- Witness's signature:
- Name and designation:
- Date:

Practice task 10

1. List the steps you would take to gain consent to make a referral to a home-based nursing service on behalf of a person.

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2. What would you do if the person was unable to provide informed consent but a referral was required for the person’s health and wellbeing?

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Click to complete Practice task 10

Summary

1. An advocate acts on behalf of a person and is only permitted to do what they request.
2. Everyone has rights and responsibilities, and a person's rights are not diminished due to their circumstances.
3. Community services providers should assist and encourage people to communicate their thoughts and opinions about the care they receive and any decisions that are made affecting their lives.
4. It is the role of a community services worker to ensure their clients' rights are upheld, including the right to appropriate and timely information about rights, responsibilities and services.
5. People must have a clear understanding of their rights and responsibilities in relation to their needs so that they can identify their options and decide on a preferred course of action.
6. People who aren't aware of their rights and options may not receive the services they require or, at worst, may be exposed to discrimination and abuse.
7. Appropriate strategies must be used to raise issues of concern and address them so that people will have their needs met and their rights respected.
8. When representing someone, you will need to ensure that you obtain the information they need in a way that optimises the outcomes for that person.
9. People should be empowered as much as possible by developing their skills and confidence and transferring skills and knowledge to them.
10. It is essential that personal and private information is kept in confidence unless disclosure has been specifically and clearly authorised for a particular purpose or situation.
11. As part of your workplace's commitment to continuous improvement, you can contribute by identifying any barriers that you encounter and referring them to your supervisor for further action.

Learning checkpoint 2

Advocate in accordance with client preferences and requests to optimise client outcomes

This learning checkpoint allows you to review your skills and knowledge in advocating in accordance with client preferences and requests to optimise client outcomes.

Part A

1. Identify three factors that should be taken into account when assessing a person's ability to advocate for themselves.

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2. Outline two strategies for assessing the ability of a person to advocate for themselves.

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3. Identify two ways of protecting confidential information, and two ways of getting authorisation to access confidential information.

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- 4. Outline what is meant by ‘following ethical procedures for maintaining privacy and confidentiality’.

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- 5. Explain what is meant by ‘informed consent in the context of community services work’.

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Part B

Read the case studies, then answer the questions that follow.

Case study 1

Ailsa is 85 years of age. She lives alone in her own home. Her house is in poor repair; there are leaks in the roof and some of the wiring is unsafe. There are steep stairs from the back door down into the back garden. Ailsa attends a seniors group run by the local shire council. Last week when the bus driver called to collect her he noticed that there was a puddle in the living room with a bucket underneath and that there was a smell of burning. Ailsa told him that her toaster had fused the electricity circuits. When they arrived at the seniors centre, the bus driver asked Ailsa to come with her to talk to the coordinator.

- 1. Describe what the coordinator could do to assess Ailsa’s ability to make decisions about the need for repairs to her house and negotiate a plan of action.

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- 2. Identify the potential barriers to Ailsa being able to advocate for herself and the resources relevant to resolving these issues.

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- 3. Identify two appropriate individuals and/or organisations to represent Ailsa and achieve positive outcomes.

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Case study 2

Cecilia lives in a two-bedroom state housing unit on the seventh floor of a tower block with her son Gerald who is 10 years of age. Gerald has been diagnosed with an ADHD disorder. His behaviour is often difficult to manage. Sometimes he becomes agitated and shouts, runs around, picks up objects and throws them, tips over furniture and hits Cecilia. Gerald is big for his age and quite strong. One of the triggers for these outbursts of aggressive behaviour is being cooped up inside in a small space for any length of time. Physical exercise and running around in the open helps him to remain on an even keel.

Cecilia’s neighbours have complained about Gerald’s behaviour several times and they have approached the housing commission asking to have Cecilia and Gerald evicted. Tenants on the seventh floor are mostly older couples, but there are a number of families with teenage boys on the lower floors. Gerald has started ‘hanging out’ with these older boys and he has been brought home by the police on several occasions after being involved in a disturbance. Some of the older boys use drugs.

Cecilia is very worried about Gerald. She has requested a move to lower density accommodation, preferably in a ground floor unit with access to a back yard where Gerald can play safely outdoors. The housing commission has told her that she is not high priority for this type of accommodation. They have also warned her that continuing complaints from her neighbours may lead to eviction. Cecilia has approached a community support centre for help and has given her permission for a support worker to request information from Gerald's doctor, therapists and teachers. She has stated that she is desperate to find alternative housing and has given permission to the worker to act on her behalf and to approach the housing authority.

4. What information would be needed to assess Cecilia's needs for advocacy support?

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5. Identify the people or organisations who could be contacted to assist and explain how each one could help to develop an advocacy plan for Cecilia.

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Topic 3

In this topic you will learn how to:

- 3A Support and encourage people to exercise their rights and personal preferences and ensure their safety and that of others**
- 3B Consult appropriately with your supervisor, other support workers and the service about interests, rights and needs of people**
- 3C Identify situations of risk or potential risk and refer appropriately**
- 3D Apply work practices to minimise potential for harm to people, self and others**
- 3E Conduct all activities in accordance with legal, organisation and duty of care requirements**

Provide ongoing support to clients

You will need to provide ongoing support to the people you work with to ensure that their needs are met, their rights are upheld, and that they develop their skills and the confidence to exercise their rights and make decisions about how best to ensure their own needs are met. This includes developing a respectful, trusting relationship with your client, which takes time. Following ethical principles such as being accountable for your actions; being honest and open with people; dealing appropriately with any conflicts of interest; and respecting the dignity and worth of others, is essential. Taking a strengths-based approach that focuses on the skills, knowledge and experience a person brings to a situation and building on these is positive and empowering.

You will need to take into account a number of factors, including balancing the person's rights to make their own choices against potential risks to themselves or others; who should be consulted about each person's rights, needs and interests; how and when to make referrals in situations of risk; strategies for minimising harm; and how to meet your legal and duty of care obligations.

3A Support and encourage people to exercise their rights and personal preferences and ensure their safety and that of others

'Dignity of risk' is a term first used in the context of disability services and involves respecting an individual's right to make their own choices. In the past, people with disabilities were often thought to be incapable of making decisions about their lives, living independently, or dealing with the same range of experiences most people take for granted.

Everyone learns by trial and experience; from failures as well as from successes. Participating in life entails some degree of risk, and protecting a person from any exposure to risk can limit their opportunities to grow, learn and develop.

Of course this does not mean that you should ever fail to meet your duty of care requirements, but it does mean that in supporting a person to exercise their rights, you will need to make decisions about how best to do this while still keeping everyone as safe as possible.



Duty of care for others

It is important to remember that with rights come responsibilities and that in any situation where one person's actions might affect another person, we all have an obligation or responsibility to behave with reasonable care and to avoid causing foreseeable harm. If you are in a position of increased responsibility, for example, where you have skills, knowledge or expertise that the other person does not, you may also have an increased obligation or duty to make sure that people are not harmed.

Many people who receive community services are vulnerable because of their circumstances. There is often an imbalance of power in the relationship between you and your client; you may have more information and knowledge than your client; you are probably more familiar with services, resources and organisational structures; and you are probably not in a state of crisis, urgent need, or dependence. This vulnerability can mean that you have an increased duty of care towards your client.

Adults are always assumed to have an increased duty of care towards children. In community services work you must be aware of potential risks to any children in a situation, whether they are people with whom you are working or not, and you must act in accordance with relevant child protection legislation, policies and procedures.

Common risks to personal safety and wellbeing

Dignity of risk needs to be considered in terms of capacity and decision-making. It is necessary to find a balance between the need for duty of care and the right and capacity of people to decide what level of risk they are comfortable with themselves.

Common risks to personal safety and wellbeing will vary according to the service setting and the needs and characteristics of people. In general, risks to people in community services can arise from the physical environment; from the policies, procedures and work practices of the organisation; and from the needs and characteristics of the group.

For example, common risks to people in a residential aged care service may include the risk of falls if floor surfaces are slippery; mix-ups with medication if work practices and procedures around administering medication are inadequate; potential neglect and abuse if service standards are not met. Common risks, for example, in a youth crisis accommodation service may include self-harm or suicide; harm resulting from substance abuse; harm resulting from violent or aggressive behaviour. These risks increase where work practices and procedures for managing behavioural issues are inadequate, or if facilities are overcrowded and understaffed. Common risks in a domestic and family violence service refuge may include risks to residents' security if confidentiality, especially about the location of the refuge, is breached.



Risk management

Risk management is the process of identifying potential risks and establishing procedures for preventing or minimising harm. Risk management can be applied to planning services for a person with whom you are working.

In all sectors, risks increase if the organisation lacks:

- ▶ strong values which support human rights
- ▶ clear policies, procedures and work practices which match service standards and meet legislative requirements
- ▶ essential resources, including physical resources, funding, appropriately trained staff, and access to other services.



You can find an example of a client risk assessment policy and procedures for aged care and disability services at: <http://aspirelr.link/client-risk-policy>.

Relevance of child protection: duty of care

In many service settings children may be present when they are not the primary people with whom you are working. For example, in residential services, children family members may be visiting residents; in community centres, they may be accompanying their parents. In these situations all the adults present have a duty of care towards the children. Workers may have an increased standard of care and a requirement to report any indicators of risk or harm according to state child protection legislation and organisational policies and procedures.



In some cases you may need to make difficult decisions as your duty towards a child at risk may conflict with your obligations to the primary person with whom you are working. For example, if you notice that a child accompanying a person with whom you are working shows signs of neglect, abuse or injury, you may be obliged to report this; and doing so may jeopardise your relationship with the person. Refer to your organisation's policies and procedures, to your state child protection legislation, and if in doubt contact your supervisor. In some settings an adult person may disclose information about the abuse or neglect of a child; again, refer to relevant legislation, policies and procedures, and discuss with your supervisor. If the issues disclosed relate to past abuse of the adult making the disclosure, the person has the right to decide what action they wish to take.

Relevance of child protection: indicators of risk

In any community services setting, part of your duty of care is to be aware of indicators of risk or harm. You will find a useful overview of risk factors and indicators, together with a discussion of strengths-based approaches to child protection, at:
<http://aspirelr.link/risk-and-protective-factors>.

Your state child protection authority will also provide you with information about indicators of neglect, harm and abuse, and guidelines for dealing with child protection issues.



Relevance of child protection: adult disclosure

Research shows that many survivors of child abuse and neglect do not disclose their experiences at the time, or disclose their experiences much later as adults. People may seek help from generic rather than specialist agencies, or may 'disclose' their experiences through behaviours such as substance use and conditions such as depression and anxiety. This is not to say that all survivors of childhood abuse will later present with these issues, or that all people experiencing these issues are survivors of childhood abuse, but that there is a pattern here. Many workers in generalist settings to whom disclosures are made are not specialised or trained to deal with these issues, and may not receive adequate supervision and support.

Therefore it is particularly important for you to be aware of services and resources you can turn to if this happens and to understand some basic principles for dealing with disclosure.

Respond to a disclosure

If a child or adult discloses (intentionally or accidentally) sexual abuse or assault, the following tips can guide your initial response:

- ▶ Believe what they tell you
- ▶ Affirm what and how they are telling it to you
- ▶ Support them in ways that might articulate a need
- ▶ Empower them to do what they need to
- ▶ Refer them to an appropriate service or agency



The following is an extensive research report, which discusses issues of disclosure in depth: <http://aspirelr.link/cry-for-help-report>.

Principles to deal with disclosure

Your own state may have organisations, agencies and resources to support adult survivors and your organisation may have its own policies and procedures for dealing with disclosure issues. If you are unsure of what to do or how to handle a situation, always discuss it with your supervisor. Unless your job description specifically includes dealing with these issues and you have been properly trained to do this, your role is to provide support to the person with whom you are working and refer them to appropriate specialised services.

You can find a report from the Royal Commission on Child Abuse, which includes a discussion of disclosure in adulthood at: <http://aspirelr.link/child-abuse-interim-report>.

The following website publishes literature on adult survivors of childhood trauma and abuse and lists 10 principles for dealing with disclosure: <http://aspirelr.link/blue-knot-practice-guidelines>.

The principles outlined in this article are presented here.

Principles to follow when working with adults surviving child abuse

1. Provide a safe place for the client
2. Ensure client empowerment and collaboration
3. Communicate and sustain hope and respect
4. Facilitate disclosure without overwhelming the client
5. Be familiar with a number of different therapeutic tools and models (or options for referral)
6. See symptoms as adaptations
7. Have a broad knowledge of trauma theory (or options for referral)

8. Teach clients coping strategies (or refer to a specialist agency)
9. Teach clients to monitor their thoughts and responses (or refer to a specialist agency)
10. Teach clients interpersonal and assertiveness skills

Source: Blue Knot Foundation Practice guidelines (previously ASCA): <https://www.blueknot.org.au>

Encourage people to exercise their rights

In supporting the people with whom you are working to exercise their rights and personal preferences without compromising their safety and that of others you can refer to information about rights ranging from broad declarations of human rights to specific charters and statements of persons' rights within particular industry sectors and organisations. You can also refer to service standards and codes of practice for your industry sector.

An example of a charter or statement of clients' rights can be found at:

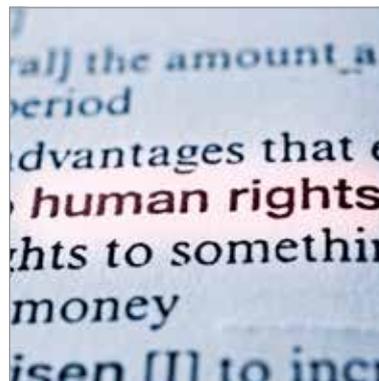
<http://aspirelr.link/dcsi-client-rights-and-responsibilities>.



Statements of rights and values

There is no single statement of a person's rights and responsibilities that can be applied to the whole of the community services industry. Check your own organisation's policies, procedures and statements of rights and values.

To exercise our rights we all need to believe that we have rights; to know and understand what those rights are; and to be able to express our wishes. We also need to know and understand what our responsibilities are, and to understand how our actions might affect people around us. Your role in supporting and encouraging the people with whom you are working to exercise their rights safely includes providing information about rights and responsibilities; developing self-esteem, confidence and trust; exploring choices, decisions and consequences with people with whom you are working; and supporting others to be aware of how their actions affect others.



Example

Support and encourage people to exercise their rights and personal preferences

William lives in a hostel for older homeless men. He has been sober for nearly 10 years. Jason has recently started work at the hostel and he is trying to get to know the men in his section. He has discovered that William enjoys classical music and that for his birthday he is saving to go to an orchestral concert. William has asked Jason to go with him. Jason agrees on the condition that he pays for his own ticket.



After the concert they have coffee at a late night café. William starts telling Jason about his early life and childhood. He becomes quite agitated and discloses to Jason that when he was about 11 years old, he was abused by his favourite uncle, who was a musician. He says listening to the concert has triggered memories he thought were forgotten.

Jason listens to his story. He asks William what action he wants to take, if any. William is unsure. Jason explains that he is not trained to deal with these issues and offers to refer William to a more specialised service, and to accompany William to appointments if he wishes. He also offers to get information about several services that provide counselling and post traumatic support so that William will have a choice. He also explains that if William gives his permission, he would also like to inform his supervisor and ask for advice. William says he needs to think about this.

Practice task 11

1. Identify two sources of information relevant to the rights and responsibilities of people who access community services in Australia.

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2. Describe two things a worker can do to support and encourage people to exercise their rights safely.

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Click to complete Practice task 11

3B Consult appropriately with your supervisor, other support workers and the service about interests, rights and needs of people

Consulting others is a key part of dealing with issues which may be outside a worker's comfort zone or area of expertise. Working within professional boundaries includes acknowledging limits to skills and knowledge and accepting that there are some issues you are not qualified to deal with.

Consulting others is usually done to collect information. This must only be done with the person's consent. Others consulted, for example, past workers or service providers, may also need personal consent before disclosing information. Always follow your organisation's policies and procedures when consulting others to support the person's rights and needs.

People to consult may include supervisors, other workers, other professionals within the organisation, and external agencies and services.

In some cases there may be a conflict between a person's rights and needs, and the organisation's requirements. This can be tricky, as you must endeavour to advocate for and support the person's wishes and avoid breaching your obligations to your employer. In these situations, talk first to your supervisor to try and resolve the conflict of interest; if this is not possible, consider referring the person to an advocate outside the organisation (with the client's consent).



Consult with others

Here are some common sense principles to follow when you consult your supervisor for advice and information about a particular case.

Principles to follow when asking for advice

1

Get consent

Make sure the person gives informed consent before you speak to your supervisor about their situation.

2

Get the facts

Get the facts straight. Check the facts in the situation and gather as much relevant information as possible. This may include doing some background research, for which you will also need the person's consent.

- 3 Discuss with the person**
Discuss with the person what you wish to achieve by consulting the supervisor. Make sure that this aligns with the person's wishes.
- 4 Communicate effectively**
Use effective communication skills. Be courteous and professional. Be prepared, and if necessary, be assertive to ensure that you get your points across. Ask questions. Seek feedback and information.
- 5 Report back**
Ensure that you report back to the person with all the relevant information and outcomes.

Conflict of interest

A conflict of interest occurs when there is a competing need or interest in a given situation. When facilitating the interests of people, there may be a conflict of interest between what is best for the person and the interests of another person or organisation. A support worker, in discussion with their supervisor, other support workers and the service should identify and redress any actual, potential or perceived conflict of interest. Whatever action is taken, it is essential that it upholds the rights of the person and supports their reasonable expectations.

A process for managing a conflict of interest is shown here.

Managing a conflict of interest

Identify the actual, potential or perceived conflict of interest.

Discuss it with the person, supervisor and co-workers.

Take action to redress the conflict of interest.

Ensure the person has an advocate who is working in their best interests.

Follow up with the person to ensure their rights and needs have been addressed.

Example

Avoid conflicts of interest

Silvana Scibilia is a disability advocate. She is the former president of the Intellectual Disability Review Panel and has worked extensively with people who have a disability and their families. When discussing conflict of interest Silvana says:



'An advocate can only support one side; they can't give advice and support to both sides. As a disability advocate, I don't give advice to the person without the disability as this can sometimes be used in a negative way against the person with a disability.

'Always talk directly with the person you are advocating for. You must be loyal and accountable to that person. Acknowledge your limitations as an advocate and let the person know if you perceive any conflict of interest. Be aware of your own needs and interests as these can be in conflict with the person you are advocating for.

'Don't accept gifts or give gifts as this can be seen as trying to influence a decision that is being made. And when an organisation is providing the service, they can't also act as the advocate. This is a conflict of interest.'

(Source: Silvana Scibilia, disability advocate.)

Conflicts of interest between different people

As a care worker, conflicts of interest can occur between different parties: between the person and yourself or your organisation, between a coordinator and management or between the person and their family members. The difference between these is shown here.

A conflict of interest between a person and their care worker

- ▶ At times, there may be a conflict of interest between a person and their worker. When this occurs, a worker must act consistently with the policy and procedures of their organisation and uphold the organisation's vision and purpose. Generally, although the person wants change, the worker remains bound by organisational policy and procedures.

A conflict of interest between a coordinator and management

- ▶ Sometimes a coordinator's values, needs or interests may be in conflict with management. If an employee decides to speak out publicly against their employer, this action may result in them being formally disciplined or their employment being terminated.

A conflict of interest between a person and their family members

- ▶ There may be competing needs and interests between a person and their family members. If this is the case, then you can't advocate for both the person and their family member; your duty is to the person for whom you are providing support.

Example

A conflict of interest

Donald is the coordinator of a community residential unit supporting a number of older adults with disabilities living in the community. Some residents and their families have been complaining about the lack of staff. Due to illness, leave and resignations, the house isn't meeting its usual staffing levels. This has impacted on residents getting out and about during the day. Donald agrees there are issues and has passed on the concerns to management.



The department has indicated they are working to address the staffing problems; however, some family members decide to approach a TV station about their concerns. They ask Donald to speak up on the resident's behalf when the reporter visits, but Donald declines. He tells them he can't allow the reporters on to the property as he has a duty to all residents in the house and to his employer – there is a conflict of interest between the residents' right to appropriate staffing ratios and Donald's own needs and interests as a worker and his duty to his employer. Donald can't advocate for both sides, so he must leave the residents and their family members to advocate on their own behalf.

Practice task 12

Read the case study, then answer the questions that follow.

Case study

Sue is a community mental health support worker. Her role includes visiting people who have recently been discharged from hospital to supported community living programs; monitoring their health and medication; encouraging community engagement; and assisting with daily living tasks such as financial management. One of the people she supports, Maria, is sharing a small unit with Penny. The two women get along well together except when it comes to agreeing on a budget for shared food and living expenses each week. Penny is on a very limited income and lives quite frugally. Maria has money held in trust for her on which she can draw for major expenses. She likes to live comfortably. Maria's bipolar condition means that sometimes she behaves in an overly generous manner, spends more money than she should, and gives gifts to people around her. She has offered to pay to refurbish the unit and to buy Penny a new summer wardrobe. She also insists on putting more money than Penny into the weekly 'kitty' so that they can buy a few luxury foods.

The organisation has a policy that prohibits people from lending each other money.

Maria has asked Sue to advocate for her to withdraw a large sum from the trust fund to purchase furniture, and to increase her weekly allowance so that she can supplement the weekly budget.

1. Identify the conflicts of interest in this scenario.

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2. Explain how Sue can support Maria to exercise her rights to spend her money as she wishes, while still respecting Penny’s more frugal approach to life.

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Click to complete Practice task 12

3C Identify situations of risk or potential risk and refer appropriately

In identifying and responding to situations of risk or potential risk, teamwork is essential. You will not be expected to act alone. Everyone has a responsibility to do this and ensuring that others become aware of risks and of strategies for preventing and minimising harm is a key part of effective response and risk management.



Some situations of risk can be dealt with internally; for example, spotting an environmental hazard such as a wet floor or a badly placed piece of furniture can be dealt with quickly by following internal organisational procedures and taking practical action (mopping the spill or moving the chair). If the situation occurs repeatedly or there is not an effective response, reporting and raising the issue with supervisors and co-workers may be necessary.

In more complex situations of risk, or where addressing the issue falls outside the boundaries of your job role, referring to another source of support, usually via your supervisor, can be the best option. Again, follow your organisation's policies and procedures.

In all aspects of your work, especially where people who receive services are at risk, keep in mind your legal and ethical obligations.

Risks may be to a person's physical, emotional, psychological, financial or social wellbeing.

Situations of risk or potential risk

In the community services context, not respecting a person's right to take risks and learn by experience can be a serious infringement of their basic human rights. Restricting their opportunities in this way may limit their personal, social and psychological development; affect their self-esteem and confidence; contribute to negative stereotypes and affect their social status and the perceptions of other people about them; and diminish their quality of life. However, you also need to balance the risks against the possible benefits and offer people opportunities to explore their choices, make decisions and take chances in order to learn and grow, as safely as possible. All adults have the legal right to make their own choices and decisions unless they have undergone a legal process by which they are deemed not competent to make decisions. Sometimes you will find it difficult to accept that a person you are working with might make what you see as a 'bad' choice with possible harmful outcomes; in these cases, discuss your concerns and responsibilities with your supervisor.



Identify risks

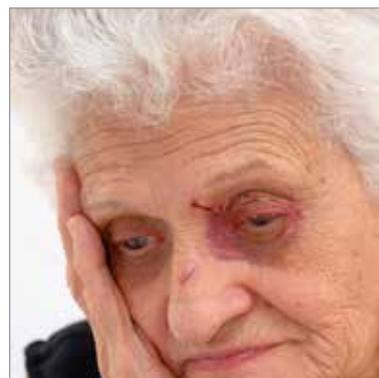
Identifying risks to the people you support and making appropriate referrals when dealing with issues arising from a situation of risk is an important part of your role. If dealing with an issue falls outside the boundaries of your role, you have a legal and an ethical obligation to refer the person to someone whose role does include dealing with that issue. Referrals may be internal, that is, to someone within your organisation; or external, that is, to an agency or service outside your organisation. Referrals must only be made with the person's knowledge and consent and should follow organisational policies and procedures.

Mandatory reporting

Mandatory reporting refers to your legal obligation to report instances of suspected abuse or neglect, especially in the case of children. Reporting requirements vary between the states and territories, but in most cases, any suspicion that a child is endangered requires the worker to report their concerns to appropriate authorities.

In many workplaces, these mandatory reporting requirements are extended and set out in the workplace's reporting policies and procedures. While reporting suspected abuse or neglect of older people and people with support needs may not be legally binding, your workplace will have best practice reporting procedures that you are expected to follow. As these procedures vary, it is important to know your workplace's definition of abuse and neglect and its procedure for reporting, for example, who to report to and when. If in doubt, speak to your supervisor immediately.

You can read more about mandatory reporting at:
<http://aspirelr.link/mandatoryreportingrequirements>.



Dignity of risk

The rights of people to dignity and choice, upheld in legislation and service standards, also require that duty of care or safety is not used as a reason to limit a person's freedom or personal choice. A support worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk, which means that a person has the right to make their own choices and to take risks.

The right of people to make their own choices – and to fail, make mistakes and learn from them – upholds their right to self-determination. In practice, this right can sometimes come into conflict with your obligation of duty of care and mandatory reporting, in some cases. Generally, a person must be allowed to make their own choices, unless it involves the likelihood of significant harm to themselves or another, in specific instances. Often, these areas need to be discussed with your supervisor or professional network. Always ask for advice or assistance from your supervisor if you are unsure. You should provide people with appropriate information that allows them to make informed choices.

You can read more about the dignity of risk at: <http://aspirelr.link/dignity-of-risk>.



Example

Identify risk and refer appropriately

Alexandra is a youth worker. As part of a recreation program for young women in a small country town she coaches a netball team. In the change rooms after a practice session she notices that Lizzie, the team captain, aged 19, is bleeding from the inside of her arms. She asks Lizzie what has happened and brings out the first aid kit. Lizzie tells her 'It's nothing' but when Alexandra examines her arms she sees that there are small fresh cuts and multiple healed scars between the wrists and inner elbows on both arms. Lizzie becomes very upset and tells Alexandra that she has been self-harming for several years.



Alexandra talks to Lizzie about how she is feeling and asks her if she will accept a referral to a counselling service where she knows one of the counsellors has experience in working with young women who self-harm. Lizzie asks if she can talk to Alexandra instead; Alexandra says she is available to support and listen to Lizzie but explains that she is not a trained counsellor and so offering specialised counselling is outside the boundaries of her role. She offers to come with Lizzie to her first appointment to introduce her to the counsellor.

Practice task 13

Read the case study, then answer the questions that follow.

Case study

Leanne coordinates a support program for parents of children recently diagnosed with developmental disabilities. The program includes information sessions, peer support groups and referrals to early intervention and therapy services.

One of Leanne's group facilitators, Lois, has come to see her because she is concerned about one of the mothers in her group. Mrs Smith has a 10-month-old baby with Down's syndrome. The baby is difficult to settle, has always been a 'difficult feeder', cries constantly and rarely sleeps for more than a couple of hours at a time. Mrs Smith has told Lois that she is 'At the end of her tether' and on several occasions has left the baby alone in the house while she goes out for a walk because she felt if she stayed she might harm her. Mr Smith is a FIFO worker and Mrs Smith's family live interstate. Lois has noticed that the baby has some bruising on her upper arms. She is worried that reporting her concerns to child protection authorities will destroy her relationship with Mrs Smith and cut her off from the supports offered by the program. The organisation has a mandatory reporting policy.

1. Identify the risk factors in this situation.

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2. Identify the clear indicators of potential risk that Lois has become aware of.

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3. What must Leanne and Lois do?

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4. What could Leanne and Lois do to support Mrs Smith?

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Click to complete Practice task 13

3D Apply work practices to minimise potential for harm to people, self and others

Minimising potential harm to people, workers and others in community services workplaces is related to workplace health and safety legislation and requirements, and to maintaining quality service standards and work practices.

Organisations have a duty to protect the safety and wellbeing of people, workers and others with whom they engage; for example, members of the public, volunteers, visitors and workers from other agencies and organisations.

Policies around harm prevention, which include workplace health and safety but may also have a broader focus, are essential tools for maintaining work practices which minimise potential harm to all parties involved in community services.



Minimise harm in the workplace

Work practices must be supported by sound policies and procedures. Implementation of policies and procedures is supported by staff training, periodic review and evaluation, which is in turn part of standards monitoring and continuous improvement. Ensuring that these activities are carried out is the responsibility of managers. However, workers can also make important contributions by raising issues of concern, ensuring that they are up to date and aware of issues, policies and procedures, and by providing feedback to supervisors and managers.



A useful policy guide template can be found at:
<http://aspirelr.link/risk-and-protective-factors>.

This guide addresses a service standard for protecting safety and wellbeing and includes information about risk assessment, informing people about rights and responsibilities, taking into account issues of persons with complex needs, and issues relating to supervision and staff training.

Community Door is a Queensland based organisation which provides support and consultation to community services organisations. Many of its materials can be applied and adapted to organisations in other states.

Example

Sample checklist for harm prevention policies and practices in a community services workplace

Here is an example of a sample checklist that you can use for harm prevention policies and practices in a community services workplace.

Standard: The organisation develops, implements and reviews policies and procedures to protect the safety and wellbeing of persons, workers and others in the workplace

The policy and procedures will:

- Describe the way risks are assessed and take into account risks from:
 - persons
 - staff actions/inactions
 - physical environment
 - nature of the service
 - personal characteristics, needs and issues.
- Explain how all parties are informed about procedures and practices
- Describe how the organisation will act to minimise and respond to risks
- Describe clear procedures
- Identify the responsibilities and duties of all parties
- Identify lines of communication and reporting
- Outline time frames for reporting and responding to risks
- Set goals and describe desired outcomes
- Refer to relevant legislation, service standards, legal and ethical principles
- Set time frames for reviewing and evaluating policies procedures and practices

Practice task 14

Research information to include in a sample training session to inform workers about their responsibilities for identifying and reporting risks to people's safety and wellbeing, then complete the tasks that follow.

1. Identify at least three sources of information about a worker's legal responsibilities for identifying and responding to risks to people's safety and wellbeing.

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2. Identify the kinds of common potential risks to people in community services settings.

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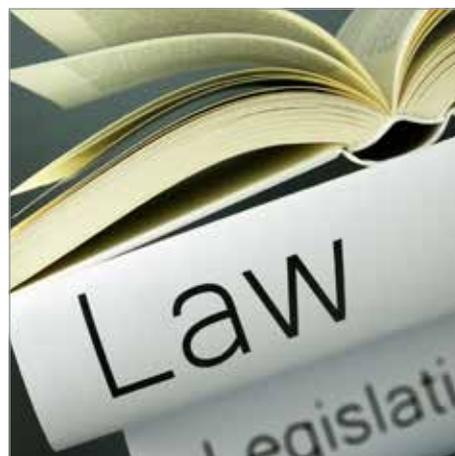
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[Click to complete Practice task 14](#)

3E Conduct all activities in accordance with legal, organisation and duty of care requirements

Legal requirements also include adhering to state legislation on equal opportunities, rights and discrimination and legislation governing service provision in different sectors, such as state mental health acts, disability services acts and state child protection acts.

Duty of care requirements include following legal principles of duty of care by behaving in ways which do not cause reasonably foreseeable harm; meeting relevant service standards, and working within organisational policies and procedures and within the boundaries of your job role description or duty statement.



Legal requirements include adhering to Federal legislation that supports rights and prevents discrimination, such as:

- ▶ *Australian Human Rights Commission Act 1986 (Cth)*
- ▶ *Age Discrimination Act 2004 (Cth)*
- ▶ *Disability Discrimination Act 1992 (Cth)*
- ▶ *Racial Discrimination Act 1975 (Cth)*
- ▶ *Sex Discrimination Act 1984 (Cth)*

Further information can be found at: <http://aspirelr.link/humanrightslaw>.

Conduct activities in accordance with duty of care requirements

Duty of care describes the legal obligation that individuals and organisations have to anticipate and act on possible causes of injury and illness that may exist in their work environment or as a result of their actions. Duty of care is part of common law and it requires you to do what is fair and reasonable to prevent harm or injury to the person or their property. While aspects of WHS legislation may vary between states and territories, there are common legislative requirements and obligations under the duty of care principle.

Community services organisations and workers have a responsibility to provide a duty of care to ensure the safety and wellbeing of people in receipt of their services. Legislative and regulatory obligations underpin an organisation's policies, which determine the procedures to guide service delivery that promotes and enhances the safety and wellbeing of people. Here is more information about duty of care.

Duty of Care

- ▶ Duty of care is the obligation a person has to act in a way that would not cause harm.

Negligence

- ▶ Negligence occurs when duty of care has been breached and harm to either person or property ensues. It is the legal and ethical obligation of any community services worker, supervisor or organisation to ensure that people using services are not exposed to unnecessary or unreasonable risk.

Dignity of Risk

- ▶ The rights of people to dignity and choice, upheld in legislation and service standards, also require that duty of care or safety is not used as a reason to limit a person's freedom or personal choice. A support worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk, which means that a person has the right to make their own choices and to take risks.

Your duty of care requirements

A duty of care exists when someone's actions could reasonably be expected to affect another person. The law has established a duty of care to the person. This principle is based on the worker taking reasonable care to avoid acts or omissions that may cause foreseeable harm to any person. You must think ahead about possible risks or dangers to the person using your service, co-workers or others while making sure you follow the organisation's policies and procedures.

Example

Duty of care

Freda is a support worker in a community based aged care service. She is taking a group of five people to the local shopping centre to buy groceries and to have morning tea afterwards. They travel in the organisation's people carrier van. Freda makes sure each person has a seatbelt securely fastened before driving off. She parks in the disabled parking bay at the shopping centre as two of her people have limited mobility and use walking frames.



In the supermarket she asks the group to stay together so that she can assist them with locating and carrying the items they want to buy and with sharing a trolley for their purchases. She notices that one of the supermarket aisles has a sign saying 'Caution: Wet Floor' and points this out, suggesting they all avoid this aisle. She also notices that one person has left her handbag open on top of some items in the trolley while it is unattended. She retrieves the handbag and reminds her client to carry it with her and to close it.

While waiting in line at the checkout someone drops a bottle of tomato sauce, which breaks. Freda and the person apologise and ask the assistant to call someone to mop up the sauce. After they have taken their shopping back to the van and loaded it into the area behind the passenger seats, they go to a coffee shop for morning tea. Freda has checked health records before the outing and noticed that one person she supports has a nut allergy. When the client chooses a cake that has a nut topping, Freda reminds him of his allergy and suggests an alternative nut-free cake. After the outing Freda returns the people in her care to the centre and waits with them until family members collect them to take them home.

Practice task 15

Read the case study, then answer the questions that follow.

Case study

Annalise is a social trainer who works in a group home for adults with developmental disabilities. Ivan, one of the residents, is a keen fan of the pop group Tame Impala. He has saved for tickets to their concert and asks Annalise to accompany him to the performance. Annalise agrees. She will pay for her own ticket and her employer has agreed to reimburse her costs. Annalise checks that their seats are next to an aisle, as Ivan has epilepsy and although this is normally well controlled by medication, he sometimes has a seizure if he becomes very excited or stressed.

On the night of the concert Annalise and Ivan travel to the venue by bus. They both enjoy the first half of the concert and at the interval they buy soft drinks. There is a long queue and they are a few minutes late returning to their seats, which distresses Ivan. Annalise reassures him and they sit down. Partway through the second half of the concert a small electrical fire breaks out on stage. An announcement asks the audience to leave by the emergency exits.

Annalise and Ivan leave although this takes a long time as the auditorium is crowded and the audience members are pushing each other and trying to hurry. Two people in front of them fall down some stairs and Annalise and Ivan help them to get up.

When they are outside Annalise notices that Ivan is beginning to have a seizure. She calls an ambulance and finds a clear space where Ivan can lie down on a bench. She helps him into the recovery position, covers him with his jacket, and monitors him. By the time the ambulance arrives he is recovering. The ambulance takes him to the nearest hospital and he is kept in overnight. Annalise reports the incident to her supervisor by telephone, collects him from hospital the next day and takes him back to the group home, where he tells all the staff and residents about their adventures.

1. Identify a risk factor in this scenario.

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2. What did Annalise do to keep Ivan safe during the concert?

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3. Did Annalise breach her duty of care to Ivan? Give two reasons to support your answer.

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Click to complete Practice task 15

Summary

1. Ongoing support must be provided to the people you work with to ensure that their needs are met, their rights are upheld, and that they develop their skills and the confidence to exercise their rights and make decisions about how best to ensure their own needs are met.
2. Developing a respectful, trusting relationship with people takes time.
3. Being accountable for actions, being honest and open with others, dealing appropriately with any conflicts of interest and respecting the dignity and worth of others is part of ethical practice.
4. Taking a strengths-based approach that focuses on the skills, knowledge and experience a person brings to a situation and building on these is positive and empowering.
5. Everyone learns by trial and experience – from failures as well as from successes. ‘Dignity of risk’ means letting people learn from their mistakes made in minimal risk situations.
6. In some cases there may be a conflict between a client’s rights and needs, and the organisation’s requirements where supervisory support may be needed.
7. As a care worker, conflicts of interest can occur between different parties: between the person and yourself or your organisation, between a coordinator and management or between the person and their family members.
8. Risks may be to a person’s physical, emotional, psychological, financial or social wellbeing.
9. Organisations have a duty to protect the safety and wellbeing of their people, workers and others with whom they engage.
10. Policies around harm prevention, which include workplace health and safety but may also have a broader focus, are essential tools for maintaining work practices that minimise potential harm to all parties involved in community services.
11. Duty of care requirements include following legal principles of duty of care by behaving in ways which do not cause reasonably foreseeable harm; meeting relevant service standards, and working within organisational policies and procedures and within the boundaries of one’s job role description or duty statement.

Learning checkpoint 3

Provide ongoing support to clients

This learning checkpoint allows you to review your skills and knowledge in providing ongoing support to clients.

Part A

1. Identify the sources of information relevant to supporting people to exercise their rights without compromising safety.

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2. List the principles for consulting others about a person’s rights, interests and needs in a way that upholds their rights.

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3. Identify the common sources of risk to people who receive community services.

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4. Refer to the following extract from the Australian Community Workers Association Practice Guidelines and give two reasons why this guideline is important for minimising potential harm to clients, self and others. The full document can be accessed at: <http://aspirelr.link/acwaguidelines>.

Guideline 7

Professional development

The education of a community work practitioner does not cease upon graduation. It is incumbent on the community worker to undertake relevant professional development throughout her or his career to ensure their knowledge remains current and informs their everyday practice.

Indicators

To comply with the intent of this guideline a community work practitioner will be required to:

- 7.1 Identify skill and knowledge gaps and remedy through training, supervision or other means.
- 7.2 Seek appropriate professional support, mentoring or advice to address personal and professional limitations.
- 7.3 Critically analyse the profession, human service agencies and organisations, and social institutions in all aspects of the community work role.
- 7.4 Acknowledge personal responsibility and accountability for actions, decisions and professional development.
- 7.5 Increase new knowledge and information about the profession, the sector or areas of practice through active engagement with research and enquiry.
- 7.6 Keep abreast of current research, models of practice, and theory.
- 7.7 Supervise students, staff and volunteers in an ethical manner and from an appropriately qualified knowledge base.
- 7.8 Share information and knowledge with colleagues.

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- 5. Identify the points in the practice guideline below that guide meeting legal, organisational and duty of care requirements. The full document can be accessed at: <http://aspirelr.link/acwaguidelines>.

Guideline 4

The regulatory framework

A community work practitioner often works within complex organisational structures governed by legislation or statute. The practitioner must, therefore, understand the sometimes seemingly contradictory frameworks that impact either on service provision or the service users with whom they work.

Indicators

To comply with the intent of this guideline a community work practitioner will be required to:

- 4.1 Comply with legislation and statutory provisions, for example, mandatory reporting, which affect professional practice.
- 4.2 Alert their employer of relevant legislation not observed by the organisation.
- 4.3 Deal with service-user information in accordance with the principles and requirements of legislation including that which governs privacy, confidentiality and freedom of information.
- 4.4 Work within the legal limitations around the right to confidentiality.
- 4.5 Inform service users about the legal limitations to their right to confidentiality and privacy.
- 4.6 Ensure information systems relating to service users, resources, programs and projects are in place, and kept in accordance with legislation and organisational policy and procedural requirements.
- 4.7 Ensure that the fundamental human rights of an individual are not impinged through the misuse of authority granted through law.
- 4.8 Understand which pieces of legislation govern organisational behaviours, for example, workplace health and safety, and inform the service user group wherever necessary.

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- 6. What is meant by mandatory reporting requirements in community services?

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- 7. Identify the common risks to client safety and wellbeing in a community services setting.

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8. Why is it necessary for workers to be aware of child protection legislation across all health and community services contexts?

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9. What is meant by ‘adult disclosure’ in relation to child protection legislation, and why do workers in all health and community services contexts need to be aware of this.

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10. Identify a source of information that provides information on the indicators of risk of harm or potential harm in relation to child protection.

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11. What is meant by ‘conflict of interest’?

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Part B

Read the case studies, then answer the questions that follow.

Case study 1

Sarah is the manager of a community centre in a small country town.

They have two programs that are in very high demand, a play group for children with disabilities, and a parent education program for single parents under the age of 20. Sarah has applied for funding to continue both programs, but the funding body has indicated that there are not enough resources to maintain both programs for the remainder of this financial year.

1. Whose interests and rights are conflicting in this situation?

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Case study 2

In a small refuge for women and children escaping domestic and family violence, the organisation's policy and the Enterprise Bargaining Agreement (EBA) with the workers state that refuge support workers are not to be required to undertake 'sleep shifts' at night. They do not have sufficient funding to have an 'active' night shift. Recently there have been several disturbances after staff members have left for the night and one woman's former partner stood outside with a rifle shouting threats. The women contacted the coordinator, who called the police and attended the scene, but this response took some time. The coordinator is concerned that the needs of the women and children are not being met and she fears that it is only a matter of time before a more serious incident occurs. Some workers have offered to volunteer for unpaid night shifts but the coordinator does not feel that this is fair and also sees that this would raise industrial and insurance issues.

2. Identify the conflicting needs of the clients and the organisation's requirements. What needs to be done to address these conflicts?

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Topic 4

In this topic you will learn how to:

- 4A Discuss organisation and legal complaints mechanism and ensure awareness of rights and responsibilities**

- 4B Assist a person to lodge a complaint**

- 4C Monitor process and provide ongoing support and information to people**

Support clients to make a complaint

Every person who receives a service has the right to make a complaint or report a concern about that service. Having this right contributes to dignity and respect. Most community services organisations have specific policies and procedures for managing complaints internally. The person making the complaint has the right to have a support person present at any interview. Depending on the service context this may be an informal advocate, a family member, friend or a formal advocate. The facts of the situation must be investigated and discussed.

The person about whom the complaint is made has a right to know what is said in the complaint, and a right to present their side of the story. They may also have a support person present at any interviews, for example, a fellow worker, manager or union representative.

4A Discuss organisation and legal complaints mechanism and ensure awareness of rights and responsibilities

In any complaints process each party involved has reciprocal rights and responsibilities. For example, the person receiving a service has a right to expect a service appropriate to their needs, provided at an acceptable standard. The person receiving a service also has a responsibility to give the service provider information about what their needs are and to give feedback about whether the service meets these needs. The service provider has a right to expect this information and feedback so that they can carry out their responsibilities and provide appropriate services at an acceptable standard. Without this reciprocity, systems fail.



Complaints mechanisms may be internal (based on organisational policies and procedures) or external (based on legal procedures). Depending on the nature, seriousness and context of the issue, complaints may be made formally or informally.

Strategies to resolve issues and complaints

Strategies for resolving issues and complaints may include negotiation, advocacy and mediation and a range of community resources, networks and referral options may be used to support people who receive services through complaints processes.

All complaints policies and procedures must be based on legal and ethical principles of fairness, transparency, accountability and due process:

- ▶ Fairness means that all parties must be treated fairly, equally and without discrimination.
- ▶ Transparency means that processes used to deal with complaints must be honest and open to scrutiny.
- ▶ Accountability means that each party must be responsible for their own actions, and that it must be possible for someone to check that each party is carrying out their responsibilities.
- ▶ Due process means that in making decisions, everyone must follow the accepted rules, and these rules must be the same for everyone.



Negotiation, advocacy and conciliation

Negotiation is a set of techniques for resolving conflict. The aim of negotiation is to arrive at an agreement which will at least in part satisfy both parties to a dispute or conflict. Negotiation may involve bargaining where each side surrenders something in order to reach a solution. Negotiation requires strong communication skills including active listening.



An advocate represents the interests and wishes of another person and speaks for them when they are unable to speak effectively for themselves. Advocacy skills include strong communication skills, active listening, research skills and problem solving. Depending on the issue and the context advocacy may be informal (perhaps carried out by a friend or family member) or formal (perhaps carried out by a legal representative). Advocates can act for and represent individuals or groups of people; they may address individual issues which affect a single person, or systems issues which affect a group or category of people.

Types of advocacy action

Advocacy aims to bring about change in a situation to uphold and protect rights. 'Advocacy' can mean many things, but in general, it refers to taking action. Advocacy simply involves speaking and acting on behalf of yourself or others.

There are several types of action that a person can take as shown here.

Self-advocacy

- ▶ Taking action to represent and advance your own interests.

Peer advocacy

- ▶ Taking action to represent the rights and interests of someone other than yourself.

Systems advocacy

- ▶ Taking action to influence social, political, and economic systems to bring about change for groups of people.

Legal advocacy

- ▶ Taking action to use legal or administrative systems to establish or protect legal rights.

Conciliation

Conciliation is often used in more formal review processes, for example, in dealing with complaints about rights to the Human Rights Commission. Conciliation involves meetings between the parties to a dispute or complaint that are facilitated by an impartial third party, with the aim of reaching an agreement which will satisfy each party. Conciliation is often used as an alternative to taking a matter to a court. Conciliation requires strong communication and problem solving skills, and a sound understanding of policies and procedures.



You can find an overview of conciliation processes as they are used within the Human Rights Commission at: <http://aspirelr.link/conciliation-processes>.

Conciliation is also used in the Administrative Appeals Tribunal. An overview of the stages in this model can be found at: <http://aspirelr.link/conciliation-process-model>.

Rights and responsibilities of people

State and Commonwealth legislation that governs service provision in sectors such as aged care, disability, mental health, and child protection also sets standards which services must meet in order to qualify for government funding. These service standards are important sources of information about rights and responsibilities.

This information is used by organisations providing services as the basis for codes of practice, policies and charters that explain the rights and responsibilities of people who receive services. An example of a charter of rights for people who receive services can be found at: <http://aspirelr.link/rights-charter>.



Rights and responsibilities of workers

Every worker must support people to identify their needs and their personal, civil, legal and consumer rights. When a person's needs or rights aren't being met, they should be supported to address these issues. Rights and responsibilities of workers are shown here.

Responsibilities

- ▶ Workers must:
- ▶ work within the law
- ▶ use work practices which meet service standards
- ▶ respect the rights of other workers
- ▶ work within the boundaries of their role
- ▶ follow organisational policies and procedures.

Rights

- ▶ Workers have the right to:
- ▶ be covered by relevant legislation, including industrial legislation
- ▶ a safe and health workplace
- ▶ have their own rights respected
- ▶ access appropriate support and supervision
- ▶ be treated fairly and without discrimination
- ▶ raise concerns and grievances within organisational and legal policies and procedures.

Workers and legislation

Community services workers are covered by industrial legislation and by anti-discrimination legislation, as are other workers. State workplace and WHS legislation is also relevant as are state Acts which govern service provision in various sectors; service standards; organisational policies and procedures; and individual job role descriptions and duty statements.

For general sources of information about the legal rights and responsibilities of workers, visit the following websites:

- ▶ <http://aspirelr.link/jobs-and-workplace>
- ▶ <http://aspirelr.link/nationalemploymentstandards>
- ▶ <http://aspirelr.link/fair-work-fact-sheets>
- ▶ <http://aspirelr.link/about-fair-work-ombudsman>



Rights and responsibilities of organisations

Organisations are also bound by industrial legislation, anti-discrimination legislation and consumer law. Service standards may be set by sector specific legislation at state or federal level and organisations are bound to work to these standards in order to receive government funding. Statements of the rights of people receiving services, human rights agreements, and organisational charters of client rights also apply to the operations of community service organisations.

For example, the National Disability Services Standards provide clear guidelines and illustrate how legislation and service standards work together to identify and support the rights of people who receive services, and how these standards apply to organisations providing services. Information about the Disability Services Standards can be found at: <http://aspirelr.link/national-standards-disability-services>.



These Standards clearly articulate the relationship between the rights of people who receive services and the responsibilities of organisations providing services. They also reflect ethical principles which organisations and workers should follow. They can be adapted and applied across the community services industry as an example of clear, practical service standards.

Types of community resources

Knowledge of resources relevant to the needs of people receiving services and skills in identifying and locating relevant resources are essential for good practice. Resources can be internal, that is, found within the organisation; or external, that is, found outside the organisation and within the community.

Referrals may be made internally, that is, to programs and services within the organisation; and externally, that is, to other agencies, organisations and services within the community. It is unlikely that a single organisation will have all the resources required to meet the needs of people who receive its services, so knowledge of organisational and community resources and skills in identifying when and how to make a referral are also essential for providing quality services. Supplementary resources used will depend on the specific individual needs of each person.

Here is an overview of the kinds of community resources you may call upon to meet the needs of people who receive services from your organisation, and some of the reasons you might contact them.

Work colleagues

You may contact work colleagues to:

- ▶ provide an internal referral to a service in your own organisation
- ▶ inquire about a service that the person needs, such as allied health, nursing, social support, counselling, carer support or employment support
- ▶ get information and advice about local contact people, organisations and groups that may be able to assist
- ▶ assist with referral processes.

Management

You may contact management to:

- ▶ change policy or procedures to ensure personal rights are being upheld or not infringed
- ▶ improve the quality of services
- ▶ improve access to services
- ▶ increase service delivery resources to people.

Support organisations

You may contact support organisations to:

- ▶ provide support services that the person requires for mental health issues, drug and alcohol addiction, gambling addiction, job seeking, financial counselling or family support
- ▶ provide advocacy or legal aid.

Family and friends

You may contact family and friends to:

- ▶ ensure the person's rights are being upheld
- ▶ alter behaviours so they stop infringing on the person's rights
- ▶ provide services that are required, such as meals, transport, in-home respite, social outings, house cleaning or assistance to pay bills.

Community groups

You may contact community groups to:

- ▶ provide social support and inclusion activities, including things like church services and cultural activities.

Employers

You may contact employers to:

- ▶ provide employment to people with disabilities
- ▶ ensure the workplace is accessible to the person
- ▶ ensure personal rights are being upheld; for example, allowing carers time off work to care for family members.

Health services

You may contact health services to:

- ▶ provide services that the person requires, such as a GP, allied health, nursing, psychology, psychiatry or dental
- ▶ provide evidence that rights have been infringed, such as recording instances of abuse and neglect
- ▶ provide evidence that the person is competent to act on their own behalf.

Police

You may contact police for:

- ▶ assistance when rights have been infringed, such as instances of financial, physical or sexual abuse

Legal representatives

You may contact legal representatives to:

- ▶ get information and advice about the law, including rights, discrimination law, mental health legislation, power of attorney and guardianship.

Government departments

You may contact government departments to:

- ▶ contact Centrelink regarding income support and other benefits such as the aged care pension or carer support pension
- ▶ provide disability services as required
- ▶ provide information and advice about rights and eligibility criteria for government-funded aged and disability services
- ▶ intervene when funded agencies have denied a person access to services
- ▶ lodge a complaint against a funded agency if they have not upheld or infringed personal rights.

Schools

You may contact schools to:

- ▶ provide services that the person requires, such as training
- ▶ address issues of access such as ramps and rails, communication aids or interpreters
- ▶ address issues of discrimination, bullying or harassment.

Financial institutions

You may contact financial institutions to:

- ▶ provide information and advice regarding people who have difficulty paying bills
- ▶ negotiate new arrangements for people to repay debts
- ▶ provide information and advice about bill-management systems such as Easypay.

Types of networks

Networks are formal and informal groups of agencies, organisations and workers connected by common interests, usually in the needs of a particular group of people who receive and provide services. Using networks to meet people's needs is based on the principle that sharing ideas, resources and knowledge is more effective than working in isolation. It is an extension of the notion of teamwork, where individuals collaborate to achieve a particular purpose.

In community services work you will find that networking with professional associations, peak bodies, groups of workers, and groups of agencies and organisations, is important for ensuring that the people you provide services to have access to a wide range of resources and supports, and for improving and maintaining your own skills and knowledge.

Networks for industry sectors

Different industry sectors will have different networks. These include national peak bodies, such as:

- ▶ Mental Health Coordinating Council (MHCC)
- ▶ Mental Health Australia
- ▶ Aged and Community Care Australia (ACSA)
- ▶ National Aged Care Alliance (NACSA)
- ▶ National Disability Services (NDS)
- ▶ Australian Youth Affairs Coalition (AYAC)



Each state will also have its own peak bodies for various sectors. Peak bodies seek to represent the interests of a particular industry sector and to lobby, research and advocate for the needs of people in that sector.

Professional associations such as the Australian Community Workers Association (ACWA) and the Youth Workers' Association also provide networking opportunities; various associations and industry related organisations periodically run conferences, seminars and training opportunities; and smaller, localised groups of agencies form networks to support each other and share resources.

Types of referral options

A person requiring support and assistance beyond what you are able to offer should be referred to someone else. Referrals may be within your own service or to an external organisation. For example, within your own organisation there may be specialised staff such as health workers, psychologists and counsellors, occupational therapists and physiotherapists. In smaller organisations, you may need to refer a person to an external agency or organisation to obtain more specialised services.

In supporting people to identify their rights and access services to meet their needs, you may consult with and refer people to a variety of professionals, organisations and services. Who you consult with or refer people to depends on the person's situation and needs.

Determine if personal rights are being upheld

Once you understand a person's rights, the next step is to help them determine whether these rights are being upheld. Here are some strategies you can use.

Strategies to assist people

- ▶ Develop trust and rapport with people.
- ▶ Maintain effective communication with people – use communication aids or interpreters if required.
- ▶ Regularly monitor and review client care plans.
- ▶ Observe client interactions with service providers and family members.
- ▶ Gather feedback from family members and other support people.
- ▶ Have a feedback process where people can freely voice their comments, complaints or concerns.

Feedback process

Using effective communication, feedback and observation allows you to help people express their concerns about their care or daily lives. You should have a feedback process where people can freely voice their comments, complaints or concerns.

Types of feedback processes could include:

- ▶ residents' or relatives' meetings in residential care facilities
- ▶ client meetings at community-based services
- ▶ feedback/complaints books or boxes where people and family members post comments
- ▶ formal complaints and grievance policy and procedures.

Example

Address client rights that are not being upheld

Here is a selection of examples where a person's rights and needs are not being met and what was done about it.

Client right	Example
Client right: access to appropriate, quality care	Example: Menu plans should be culturally appropriate. A residential care client is not eating and is losing weight. The coordinator notices the weight loss and speaks to the client, family members and staff. Via a family member, the person states that the food is unappetising and strange. The client and family request more culturally appropriate meals. The coordinator notes the types of foods that are familiar and acceptable to them and speaks to the cook. The meals are changed to meet the person's needs. The discussion is noted in their file and care plan.
Client right: to be treated with respect and privacy	Example: Staff should knock before entering a residential client's room. A client has made a complaint that staff members often enter his room without knocking. The coordinator follows up the details with the client and discusses the issue with the supervisor. The facility manager reminds all staff that they must always knock before entering a person's room. A diversional therapist helps the client make a friendly reminder sign for the door of his room.
Client right: to be part of any decision-making about care	Example: People should be an integral part of the care planning process. Jerry, a 41-year-old client, has an acquired brain injury (ABI) that has greatly affected his speech and memory. The coordinator notes that Jerry's wife always speaks on his behalf. The coordinator wants to hear what Jerry has to say, so she arranges to meet with him alone when he attends the local social support program. The coordinator spends time talking to Jerry, getting to know his likes and dislikes and what other support services he wishes to access. The coordinator puts him in touch with a local ABI support service.

Client right	Example
<p>Client right: to personal safety and security</p>	<p>Example: People should not be subject to physical abuse. A coordinator notices a bruise on the face of a client and marks on her upper body. The coordinator speaks to the client about what she has noticed. The client states that her husband, who is also her carer, gets frustrated with at her at times and loses his temper. The coordinator lets her know that physical violence is unacceptable and talks to her about her feelings. The coordinator also talks to the client about making a referral to the local women’s health worker. The client agrees to the referral.</p>
<p>Client right: to complain and take action to resolve disputes</p>	<p>Example: People should have access to and be informed about the service’s complaints or grievance procedure. A client submits a written complaint to the manager as per the organisation’s official complaints procedure. Months pass by and she receives no response. The client makes an inquiry about the complaint to the coordinator, who then follows it up with the manager. The manager says that the client is a troublemaker who is always making complaints and that they are just going to ignore it. The coordinator talks to the client about the complaint and believes it has merit. The coordinator refers the client to an appropriate advocacy service.</p>
<p>Client right: to select and maintain social and personal relationships</p>	<p>Example: A residential care client has the right to have visitors – including sex workers. People have the right to have relationships with any other person without fear, criticism or restriction. Harold is a 76-year-old resident of a low-care facility. Before moving into the facility he regularly used the services of a sex worker. The residential facility is run by a religious organisation and the manager refuses to allow the sex worker to enter the facility. The client talks to the coordinator about his concerns and feels his rights are being infringed. The coordinator talks to the manager about the client’s needs and his right to maintain relations with any person of his choosing as long as it does not infringe on the rights of others. The manager agrees to the sex worker’s visits as long as they are discreet.</p>

Organisational complaints process

Every organisation providing community services must provide avenues for people receiving services to give feedback, raise concerns and make complaints about those services.

If an issue cannot be resolved directly with the worker concerned the person may need an advocate. Ideally this should be someone who is not directly involved in the situation; perhaps another worker, a supervisor, a friend or family member if the issue can be dealt with informally; perhaps someone from an advocacy service if it is not appropriate to deal with it informally.



The advocate should have the ability to listen to the person's concerns and address them from an unbiased point of view. The advocate also supports the person to understand the organisation's procedures and assists the person to follow them. These will vary according to the organisation's policy, but common requirements may include collecting supporting evidence; referring to relevant standards; ensuring that the appropriate person in the organisational hierarchy is informed; completing any documentation required; participating in meetings to work out a resolution; and following up to ensure that solutions are implemented.

Guidelines for complaints procedure

A template and guidelines for an organisational complaints policy and procedures for people receiving community services can be found at:

<http://aspirelr.link/complaints-policy-template>.

Further information and guidelines for organisations on how to manage complaints and develop effective policies and procedures can be found at:

<http://aspirelr.link/betterpracticeguides>.

Further information about complaints policy and procedure is outlined below.

What policies should inform people about	What procedures should do
▶ Rights to make complaints and appeal decisions	▶ Be clear and straightforward
▶ How to make a complaint or appeal a decision	▶ Be easy to follow
▶ Supports available throughout the process	▶ Show who is responsible for what
▶ How the organisation manages complaints	▶ Include record keeping, time frames, responsibilities
▶ Procedural fairness	▶ Provide options
▶ Timelines	▶ Provide avenues for review and appeal
▶ How data is used to improve practices	▶ Provide avenues for taking a complaint further

Legal complaints process

When a complaint cannot be resolved through an organisation's internal mechanisms, people have the right to access external, formal and legal mechanisms. There is a wide range of external commissions and review bodies relevant to community services. Some address issues arising from the actions of Australian Government agencies; some address issues arising from the actions of state government agencies; and some address industry-specific issues.

People also have access to the civil courts, however, this option can be expensive, time consuming and stressful. Civil court action is usually only taken to address issues of harm resulting from negligence, although appeals against decisions by government

review bodies can also be lodged in the civil courts. Community Legal Centres can provide people with free or low cost advice, advocacy and support regarding legal complaints and appeals, but may not have resources to represent them.

There is sometimes a degree of overlap between various external legal complaints mechanisms and this area is quite complex. If you are not confident about advising a person about their options, seek advocacy support or legal advice. Always work within the legal and ethical boundaries of your job role.

Example

Formal and legal complaints mechanisms

Depending on the industry sector and whether the complaint relates to the actions of a federal government department, a state government department or a non-government agency, avenues to seek a resolution may include those shown here.

Avenues of formal and legal complaint review

Ombudsman	The Commonwealth Ombudsman handles complaints and conducts investigations relating to the actions of Australian Government agencies, for example, Centrelink.	<ul style="list-style-type: none"> ▶ Complaints can be made by telephone, online, in person, or by letter. ▶ Each state has an Ombudsman who handles complaints and conducts investigations relating to the actions of State government agencies and departments and operates under similar principles and through similar mechanisms.
Equal opportunity commissions	Most states also have equal opportunity commissioners who deal with complaints about discrimination under state laws.	

<p>Federal review bodies</p>	<p>It may be appropriate for a complaint to be investigated by other review bodies.</p>	<p>Other federal complaints review agencies relevant to community services work:</p> <ul style="list-style-type: none"> ▶ The Administrative Appeals Tribunal reviews administrative decisions made by Australian government agencies and some non-government bodies. ▶ Aged Care Complaints Resolution Scheme, which investigates complaints about Australian Government subsidised residential and community aged care services. ▶ The Aged Care Commissioner, who investigates complaints from people who believe they have been treated unfairly by the Aged Care Complaints Resolution Scheme. ▶ The Australian Human Rights Commission, which investigates complaints of discrimination and breaches of federal anti-discrimination and human rights laws. ▶ National Anti-Discrimination Information Gateway, which helps individuals to navigate discrimination laws. ▶ Office of the Australian Information Commissioner, which deals with freedom of information, privacy and information policy issues. ▶ Privacy Commissioner who handles complaints from people who think their personal information has been mishandled by an Australian Government agency or a private sector organisation. ▶ Social Security Appeals Tribunal, which is the first level of review of decisions made by Centrelink about social security, family assistance, education and training payments and the first level of external review of most decisions made by the Child Support Agency.
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Sector specific review bodies	Most states have state bodies that review decisions and complaints about the actions of state government agencies and departments.	<ul style="list-style-type: none">▶ Some industry sectors have sector specific review commissions, for example, The Mental Health Commission.▶ Some states have legal advice centres which specialise in mental health issues, for example the WA Mental Health Law Centre, which supports people who are involuntary patients in mental health hospitals and services.▶ The Disability Law Centre is a useful source of information about complaints for the disability sector.
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Practice task 16

1. Identify two things a worker can do to help a person to identify issues relating to a possible complaint about services.

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2. What is the first step to take in attempting to resolve a complaint?

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3. If the complaint cannot be resolved directly, what is the next avenue to explore?

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4. If internal organisational complaints mechanisms do not resolve the issue, what is the next avenue to explore?

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5. If the issue cannot be resolved at the level of formal review bodies, commissions and tribunals, what is usually the final level of appeal?

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Click to complete Practice task 16

4B Assist a person to lodge a complaint

To assist a person to lodge a complaint using an organisation's internal policy and procedures you first need to support the person to identify what the complaint is and decide what they want to do about it. The next step is to collect any evidence supporting the complaint and find out what needs to be done to follow the organisation's policy and procedures. The first stage in most organisational or internal procedures for managing complaints is usually to attempt to resolve the matter directly, at the level where the issue has occurred.



For example, if the person has a complaint about the behaviour or actions of a worker, the first step would be to support the person to talk to the worker. This may not always be possible; the person may lack the confidence and skills to approach the worker directly, or may feel intimidated by the prospect of confrontation.

Imbalance of power

A potential imbalance of power between workers and people who receive services can be a barrier. The person may feel outnumbered or disadvantaged and may be reluctant to upset the worker. This can be a particularly significant factor where the worker is providing personal care; the person can find it very difficult to confront a worker who helps them on a daily basis with personal care tasks. Imagine trying to tell someone who assists you with bathing, dressing and toileting that they have done something you don't like. If the worker has established a respectful and trusting relationship with the person, clarified roles, responsibilities and expectations, maintained clear professional boundaries, followed ethical principles and met service and practice standards, this will be less of an issue.

Good working relationships allow open communication. Many complaints can be resolved at an early stage if they are addressed in a timely and appropriate manner. One of the aims of a good organisational policy for managing complaints should be early intervention and resolution.

To do this effectively you will need to use active listening and problem solving skills.

Assist a person to lodge a complaint

Lodging a complaint in a formal legal process can be complex. To support a person you will need to research and understand the requirements and use your skills to assist them to identify the issue they want addressed, collect supporting evidence, and complete paperwork.

The same principles apply to external and legal mechanisms, and the stages may be similar. Formal and external mechanisms may be used if the complaint cannot be resolved within the organisation, or if the nature of the complaint means that laws have been breached and rights seriously violated. External mechanisms may also be used as avenues of appeal when internal organisational options have been exhausted.

The broad process for formal external and legal complaints mechanisms includes identifying the issue and what the person wishes to do about it; collecting supporting evidence; and referring to relevant laws and service standards. Again, if the issue is beyond a worker's expertise, advocacy support should be sought, and if the process involves courts and high level tribunals, legal support may be required. Your role as a worker is to provide the person with information; help them to communicate if necessary; assist with completing paperwork; and provide emotional support.

Steps to assist a person to lodge a complaint

To support a person to lodge a complaint you first need to work with the person to identify what the complaint is and what they want to do about it. This may mean using active listening skills and providing clear information about the person's rights, options for addressing the complaint and about processes and procedures. To do this effectively you may need to research policies and procedures and explain them in terms which the person can relate to their own situation.



Remembering the ethical and legal principle of informed consent and decision making, the person needs clear information about roles and responsibilities, in particular, what they will be expected to do. You also need to explore possible outcomes. Once a course of action is agreed, you must assist the person to follow the appropriate procedures for lodging a complaint. Depending on the context, the complexity of the complaint, relevant laws and policies, and the procedures specified, this may involve putting the complaint in writing, using forms provided, collecting relevant information and supporting evidence; lodging the complaint in person, over the telephone, online, or by mail. You may also need to refer to relevant laws, service standards and statements about rights.

Ethical and legal principles

Ethical and legal principles which apply to complaints processes include fairness (informing the subject of a complaint, for example, the worker, of the nature of the complaint as early as possible and giving them an opportunity to reply); ensuring that each party has an equal opportunity to express their point of view; providing appropriate supports to each party; and basing decisions on objecting information and evidence rather than on opinion or hearsay.

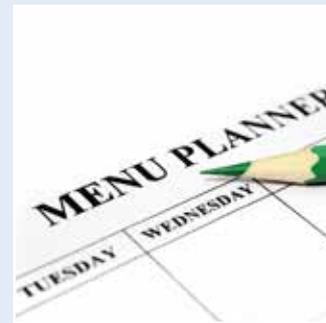
The legal principle which says that everyone is assumed to be innocent until proven otherwise applies; but at the same time, no assumptions about the person lodging a complaint should be made. The principle of due process, or following the rules for investigating and making decisions, also applies.

Procedures should be transparent, which means that the way decisions are reached must be open to scrutiny. There should be an avenue for each party to appeal a decision. Solutions or actions to resolve the complaint should be agreed by all parties and should be implemented and followed up. In supporting a person through a complaints procedure these principles must be explained and followed.

Example

Represent a person's point of view

Banyaark Lodge is a church-run, low-care hostel in a small regional town that has a large population of Aboriginal people. It has recently employed a new kitchen manager to cook for residents. This person has no experience managing a kitchen in an aged care residence. A dietitian helped him plan the menu, but he added some ideas of his own.



The residents have spoken to Robina, the activities coordinator, complaining that they find couscous a bit too fancy for them. They are also getting sick of eating salad. Robina has a meeting with the residents so they can discuss their issues. She writes all the issues on the whiteboard and the residents agree that Robina should talk to the manager. Robina presents their issues to the hostel manager.

The manager is worried they will lose the cook if a complaint is made, and she doesn't want that to happen, as it took so long to employ someone. Robina suggests that she work with the residents to come up with a list of dishes they'd like to see on the menu. The manager reminds her that the meals must be nutritious, so including the dietitian in the discussion would be a good idea.

The manager arranges a time to talk to the cook to see how he is going. She will raise the issue of couscous and salad and talk about the cultural factors he should consider when planning the menu. She will wait for the residents' list of favourite meals and then discuss these with him. She thanks Robin for bringing the residents' issues to her attention.

Practice task 17

Read the sample charter of rights and the case study, then answer the questions that follow.

Sample charter of rights: people who receive services

This Charter is based on social justice principles and reflects the rights commonly supported in Australian society.

These rights include:

- ▶ personal, civil, legal and consumer rights
- ▶ quality care
- ▶ access to information
- ▶ dignity and respect
- ▶ to live without discrimination
- ▶ personal privacy
- ▶ safety and security
- ▶ to be treated as an individual
- ▶ cultural and religious practices
- ▶ personal relationships
- ▶ freedom of speech
- ▶ personal independence
- ▶ dignity of risk
- ▶ to make decisions
- ▶ to be involved in activities
- ▶ access to services
- ▶ to make complaints
- ▶ access to advocates
- ▶ to be free from reprisal.

Accompanying responsibilities include:

- ▶ respect the rights of other people in the service
- ▶ respect the rights of staff
- ▶ care for their own wellbeing
- ▶ provide information about their needs.

Case study

Mr Charlesworth is 83 years of age. He lives in his own home with support from workers who visit daily to assist with housework, shopping and personal care tasks. He has one son who lives nearby. Mr Charlesworth ran his own business for many years and is now a self funded retiree.

Erica is a new support worker. She is 19 and is still getting to know Mr Charlesworth. Recently he has been feeling stressed and unhappy, and on several occasions he has snapped at Erica. She shouted back at him and later apologised. He has also contacted his son to complain about her.

Erica is an energetic young woman with a breezy personality. She sings and chats while she is working and has started calling Mr Charlesworth 'Charlie' and 'Granddad'. She is very demonstrative and often gives him a hug as she is arriving or leaving. Erica has several tattoos and a nose ring and often experiments with hair colour, dyeing it bright colours. Last week she dropped a plate while washing up and Mr Charlesworth heard her swear loudly. Yesterday he found her looking through his desk drawers and reading some of his correspondence. Mr Charlesworth's son has approached Erica's supervisor to lodge a complaint about her behaviour on his father's behalf.

1. Identify two rights from the charter of rights and explain how Erica's conduct may be violating these rights.

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2. According to the charter, what are Mr Charlesworth's responsibilities in this situation?

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3. What could be done to address Mr Charlesworth's concerns before they become a formal complaint?

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- 4. What changes can Erica make to meet service standards and support Mr Charlesworth's rights?

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- 5. If Erica and Mr Charlesworth cannot resolve the issues between them, what is the next option?

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Click to complete Practice task 17

4C Monitor process and provide ongoing support and information to people

Supporting people to exercise their rights and use complaints procedures is an ongoing process. The person's needs for information, emotional and practical support may change during the process.

Workers have a responsibility to monitor progress and seek feedback from the person they are supporting so that they can adapt the level and type of support to meet their changing needs. If the person moves into more formal avenues more information will be needed to clarify and explain formal processes and requirements. Exploring possible outcomes is also important; the person must take these into account in order to make informed decisions at each stage.



Monitor information provision process

It is important to provide appropriate information in appropriate ways. Some policies and procedures, especially more formal ones and legal procedures, may be written in bureaucratic language that must be translated into plain English. Some people who receive services may lack high-level language and literacy skills or experience other barriers to communication that make it difficult for them to understand complex processes. Assessing the person's communication needs and using a range of strategies to provide information may be important.

One example of the way in which information can be provided in a simplified format is the plain English version of the Disability Services Standards, which can be found at: <https://aspirelr.link/dss-national-standards-easy-english-version>.

Keep the person informed and up to date about the progress of their complaint and check for any changes in what the person hopes to achieve, or the actions they wish to take. Take notes and record meetings and discussions. Review actions and plans regularly. In more formal procedures it is good practice to ensure that the person has copies of documents and records.

Provide ongoing support for information provision

Making a complaint can be highly stressful. An important part of a worker's role is to offer emotional support as well as practical support. Avoiding conflicts of interest, being non-judgmental, remaining calm and avoiding taking complaints personally are essential skills, as are active listening skills and the ability to respond positively to feedback. Address barriers within the procedures, for example, a requirement to document evidence and progress can be daunting as can highly complex or unclear procedures.

Example

Formal complaints processes

You can find information about the process of making a complaint to the Human Rights Commission at these websites:

- ▶ <http://aspirelr.link/complaints-process>
- ▶ <http://aspirelr.link/complaint-process-pdf>

These processes usually require the complainant to have made an attempt to resolve the issue; to provide clear objective evidence relating to the complaint; to make a written complaint, usually using forms provided by the relevant department, authority or commission; and to lodge the complaint within a reasonable period of time, for example, within 12 months of the alleged incident occurring. Some people may need assistance in following these formal processes, for example, in understanding the process itself, in identifying what might constitute evidence, in completing documentation, reading information, and in communicating with the relevant body.



Practice task 18

Read the case study, then answer the questions that follow.

Case study

Miriam is from Zimbabwe. She works as a cleaner and starts her shifts late at night and finishes early in the morning. Last week she called a taxi to take her home after her shift finished and waited outside the building. When the taxi arrived the driver slowed down and wound down his window, looked closely at her then drove away saying he had a policy of not accepting fares from Aboriginal people. Miriam had to walk home. She has approached the Sunshine Advocacy Service for help with making a complaint to the taxi authority and to the Australian Human Rights Commission.

1. What legislation might Miriam allege has been breached in this case?

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2. When might the driver have a right to refuse a fare?

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3. What resolution or remedy might Miriam be seeking?

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4. Research and refer to information about how to make a complaint about discrimination to the Australian Human Rights Commission. Summarise the key points in a suitable format to present and explain to a person who wishes to pursue a complaint.

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5. Summarise three possible outcomes of such a complaint.

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Click to complete Practice task 18

Summary

1. In any complaints process each party involved has reciprocal rights and responsibilities.
2. Complaints mechanisms may be internal (based on organisational policies and procedures) or external (based on legal procedures).
3. Depending on the nature, seriousness and context of the issue, complaints may be made formally or informally.
4. To assist a person to lodge a complaint using an organisation's internal policy and procedures you first need to support the person to identify what the complaint is and decide what they want to do about it, then collect any evidence supporting the complaint and find out what needs to be done to follow the organisation's policy and procedures.
5. The first stage in most organisational or internal procedures for managing complaints is usually to attempt to resolve the matter directly, at the level where the issue has occurred.
6. Supporting people to exercise their rights and use complaints procedures is an ongoing process because a person's needs for information and emotional and practical support may change during the process.
7. Workers have a responsibility to monitor progress and seek feedback from the person so that they can adapt the level and type of support to meet a person's changing needs.

Learning checkpoint 4

Support clients to make a complaint

This learning checkpoint allows you to review your skills and knowledge in supporting clients making a complaint.

Part A

1. Identify the principles underpinning organisational complaints processes and procedures.

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2. Explain when a legal complaints mechanism might be used.

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3. What skills will a worker needs to assist a person to lodge a formal complaint?

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4. Identify the basic ethical or legal principles workers need to follow in dealing with a complaint from a person who receives services.

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5. Why is it important to monitor the progress of a complaint and provide ongoing support?

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6. Why should workers provide information to people in appropriate ways? Explain how a worker can meet this requirement.

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7. Where can a worker access information about the rights and responsibilities of clients, workers and organisations in relation to complaints processes?

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8. Define 'negotiation' in the context of complaints about a community service.

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9. Define 'conciliation' in the context of complaints about community services.

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10. Describe the role of an advocate in the context of complaints about community services.

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11. Identify the skills required for negotiation, advocacy and conciliation.

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12. Outline the types of networks, referral options and community resources relevant to the nature of client service.

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Topic 5

In this topic you will learn how to:

- 5A Discuss progress and outcomes with the person and collaborate on further action as necessary**

- 5B Ensure follow up and links to other services as required and in accordance with the person's preferences**

- 5C Obtain feedback and identify opportunities for improvement to own work and action**

Review progress

Developing a service plan or an advocacy plan and implementing the strategies chosen to reach the agreed goals is only part of the cycle of service provision. It is important to carry out periodic reviews of progress made, and to identify any changes in the person's situation, needs or wishes.

Advocating and supporting a person to attain significant rights or to address an injustice can take a long time. It is important for the person and the advocate to collaborate to monitor progress. Both need regular feedback to ensure that they are performing to the best of their ability and to ensure that their working relationship remains professional and positive.

Reviewing progress provides excellent opportunities to raise concerns and address any issues regarding the working relationship. Reviewing progress can nurture the relationship as well as provide useful practical information about how effective the strategies are and whether the goals are any closer to being achieved. Reviewing progress is also important for maintaining energy and motivation; positive feedback on achievements encourages further action.

5A Discuss progress and outcomes with the person and collaborate on further action as necessary

Support workers, in conjunction with those with whom they are working, must monitor and review the progress and outcomes of the strategies that have been implemented. This contributes to meeting the person's rights and needs in an appropriate and timely manner. When advocating on behalf of someone, you should also ensure that the person's aims and expectations are being met by your advocacy.

The information below illustrates that planning, monitoring and evaluating strategies and actions is a continuous process in which the person must be involved.

The continuous process of monitoring personal progress

Identify issues or needs

Person or significant other identifies the person's issue or need

Plan strategies

Plan strategies to address need or issue

Implement strategy

Agree on a strategy with the person and implement strategy

Monitor progress

Monitor the strategy's progress with person and identify any corrective action required

Apply corrective action

Apply corrective action and monitor progress with the person

Monitor progress with the person

You should monitor a person's progress at various times. Firstly, assess whether the agreed strategies were implemented. Did the strategies go according to plan? Discuss with the person what happened, how other stakeholders responded and any decisions made. Keep the person up to date with anything you do on their behalf; for example, strategies may need adjusting if they aren't having the expected results.

Document progress in the person's file or case notes so there is a record of the actions, progress and alterations to strategies. The person must consent to any changes made to the strategies. Finally, evaluate the outcome of the process to ensure issues are satisfactorily addressed. The outcome is what has been achieved by your advocacy efforts.

Below is list of points you can use to structure a progress review.

Review progress	Ensure understanding
▶ What progress has been made?	▶ Summarise events and outcomes; ask how the person feels
▶ How this was achieved?	▶ Summarise strategies used
▶ What worked and what did not?	▶ Identify what strategies to keep using
▶ What evidence is used to assess success?	▶ Identify the information used in the review
▶ What barriers were overcome and how?	▶ Identify barriers to success
▶ What will be done now and in the future?	▶ Identify actions and responsibilities

Use methods to monitor and evaluate

Here are some methods to use when monitoring progress and evaluating outcomes with a person.

Observation

Observe changes in circumstance, actions now being taken and/or personal reactions to actions taken.

Outcome examples:

- ▶ Changes have been made as requested.
- ▶ Service delivery has commenced.
- ▶ The person is visibly pleased with outcomes and/or their stress/anxiety is reduced.

Demonstration

The person demonstrates a new skill, behaviour, value or attitude.

Outcome examples:

- ▶ The person has learnt how to use a new piece of equipment.
- ▶ A service has changed policy to reflect a new way of doing things.
- ▶ A staff member speaks more appropriately to a person.

Feedback

Information is received from others about the issue or need being addressed.

Outcome examples:

- ▶ A person reports they are happy with the action and outcomes.
- ▶ A carer reports that a person is pleased with actions taken.

Third-party reports

Reports from someone other than the person or yourself.

Outcome examples:

- ▶ The organisation reports they are going to change procedure/practice to address the person's concern.
- ▶ A service reports when service delivery requested will commence.

Example

Identify progress and outcomes with a person

Murray is the Health and Community Care coordinator at an Aboriginal health service. The person with whom he was working, Uncle Bill, is 71 and is unhappy with his treatment by staff at the local hospital. He asks Murray to speak on his behalf.

Uncle Bill requires regular dialysis at the hospital. He says he wants to go somewhere else because the doctors and nurses speak to him disrespectfully. He can't understand what they are saying about his treatment and he feels they get cross with him. Uncle Bill is pleased that Murray will talk to the dialysis unit manager about his concerns.

After the discussion with the manager, it is agreed that hospital staff should undergo some cultural competence training and the Aboriginal liaison officer position vacancy should be filled as soon as possible. The dialysis unit manager also agrees to provide a personal apology to Uncle Bill. She asks Murray to attend the next unit staff meeting to begin the staff training.

Murray checks with Uncle Bill whether he received the apology. He also asks how things went at the next dialysis treatment; if Uncle Bill had observed any change in the behaviour of the doctors and nurses; and whether he was feeling more comfortable with the service he was receiving from the hospital.



Take further action

It may take time to employ strategies to ensure a person's rights and needs are being met. Strategies may need to be modified or new strategies identified. Further action may be necessary to reach the outcomes a person requires.

As with any decisions relating to people, further action must be discussed and planned with them. They should also consent to any further advocacy you do on their behalf.



Practice task 19

1. List the steps involved with continuous monitoring of personal progress.

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2. What are the key questions/topics that need to be addressed when monitoring a person's progress?

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3. List, describe and give an example of the methods that can be used when monitoring and evaluating a person's progress.

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Click to complete Practice task 19

5B Ensure follow up and links to other services as required and in accordance with the person's preferences

It is important to follow up – to check that outcomes are sustained and that what has been achieved does not simply collapse as soon as advocacy support is withdrawn. Ending a collaborative relationship between a worker or advocate and a person receiving services should be done carefully and sensitively. The person may be relieved that the issue has been dealt with and that they have achieved at least part of their goals; they may think they will be glad to see the back of their worker. However, especially if the working relationship has been a trusting and respectful one, there may be a small sense of loss on both sides. Terminating a professional relationship must be done carefully and in ways which leave both worker or advocate and person receiving services feeling OK. Celebrating success is important.



From a practical point of view follow up is necessary to check that no problems have arisen in the new situation; that everything agreed has been implemented; and that things are still being done in accordance with client preferences. Often referrals to other services will ensure that needs continue to be met, and follow up is needed to check that this is successful.

Ensure follow up with the person

In handing over to a new service it is important (with the person's consent) to pass on all the relevant information; ensure that the person has a clear understanding of the role and functions of the new agency; that they feel comfortable with a new worker and have begun to develop an effective working relationship. It may be necessary to accompany the person to the new agency and introduce them, and perhaps to do this until they feel comfortable in the new service and things are going smoothly. This also provides opportunities for the person and the new agency to clarify information and request any further information needed.

The referring worker may keep in touch for a while, with permission from the person and from the new agency, to encourage a sense of continuity and to tie up any 'loose ends'.

Seeking feedback from the person referred and from workers from the new agency is essential.

Required links to other required services

When investigating options for referrals and following up links to other services consider using existing service providers; that is, other agencies and services already involved in the person's life. Using familiar services may have the advantages of familiarity both for the person and for the other service. Make sure you have information about the full range of services relevant to the person's needs. Remember that you only need to provide enough information about the client to help the service deliver their particular service; it may not be necessary to give a full history. You must obtain the person's consent before giving information to another agency.

Following up and asking for feedback from the agency and from the person is important. If the referral is unsuccessful, then it is important to identify why; to make sure that the agency referred to also has this information; and to continue to work with the person to find a more appropriate service.

In making referrals to other services it is important to ask the following questions:

- ▶ Is this the best possible service for this person?
- ▶ Will this service be able to meet this person's needs?
- ▶ Are there specific policies and procedures that must be followed?

Example

Make referrals and links to other services

The following information gives a sound overview of different types of referral procedures and when each may be relevant to a person's needs and situation.

Where more than one service may assist people, it is appropriate to provide them with information about the range of services available and to let them make up their own minds about which particular service or services they want to use. In doing so, staff may need to provide some guidance on any special conditions for using a service. For example, many services would not be available to low income or special needs people. It is important to refer people to the most appropriate service at the right time and avoid a 'merry-go-round' of referrals.

Different models of referral		
Possible term	Characteristics	Possible advantages and disadvantages
Passive referral	The client is given contact information for appropriate service(s) and is left to make her/his own contact at a time that best suits the client.	This process gives responsibility to the people to take action on their own behalf. However, there is a greater likelihood that the referral will not be taken up.
Facilitated referral	The client is helped to access the other service, for example, the referring organisation makes an appointment with the other service on the client's behalf, asks the other service to make contact with the client/s or a caller is transferred to the other service.	The other service is made aware of the client, and the client is helped to access that other service. The client may need to wait for a response to the other service.

Possible term	Characteristics	Possible advantages and disadvantages
Active referral	The referring organisation, with the client's consent, provides the organisation to which it is referring the client with information that it has collected about the client or with its professional assessment of the client's needs.	The client does not need to repeat all of their story and the agency to which the client is referred has relevant information about the client. However, there is a risk that the information is communicated out of context and therefore misinterpreted by the service which is receiving the referral, especially if not done as a 'warm' referral (see below).
Cold referral	The client is transferred to another service, without any immediate communication between the Centre or Advice Line and the other services, for example, by putting the client into a call centre queue.	The other service may be unaware of the nature of the call or of any information or services that have already been provided. The client may be frustrated that they have to re-tell their story or may not communicate their needs in a way that allows the other service to see why the client has been referred.
Warm referral	A 'live' three way conversation in the presence of the client (whether face to face or by telephone) in which the referring organisation introduces the client, explains what has already been done to assist the client and why the client is being referred.	This provides an open and transparent process in which information can be exchanged between the Centre, the client and the other service. Issues can be clarified immediately. The client does not need to repeat all of their story. The process relies on someone being available at the other service at the time the client is to be referred.

Source: Referral Guidelines for Family Relationship Centres and the Family Relationship Advice Line: www.ag.gov.au

Practice task 20

Read the case study, then answer the questions that follow.

Case study

Benjamin contacts an emergency relief centre because he cannot pay his bills and he has no money left this week to buy food. The worker at the emergency relief centre provides him with a hamper of food and refers Benjamin to a financial counselling service to help him work out a manageable budget and contact the electricity company and the gas company to ask for time to pay overdue bills. The financial counsellor notices that Benjamin shows symptoms of depression and anxiety, even after some of his immediate concerns have been addressed, and refers him to a GP who bulk bills.

Benjamin is 16 and has been told by his landlord that he must move out immediately and find somewhere else to live. He contacts Jane at a community law centre. Jane asks him if the landlord has given him formal notice and helps him to make a request for this. Jane also offers him referral to a youth accommodation service.

Benjamin's friend Eric has cerebral palsy. He lives in his own unit with support from a worker who visits daily to assist him with personal care activities. Recently Eric tried to book a holiday to visit the Gold Coast with a friend who also has cerebral palsy. The airline told him that he would have to pay excess luggage charges for his wheelchair and that he would not be allowed to use the chair inside the boarding area. The hotel he contacted told him that they had no facilities for people with disabilities and that their rooms were not wheelchair accessible. Eric asks his support worker for advice and assistance in making a complaint. The worker is new to this area of work and she refers Eric to a disability advocacy service.

1. Identify two methods of referral that would be appropriate for Benjamin's situation.

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2. Explain why referring Benjamin to a youth accommodation service may be appropriate.

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3. Explain why it is appropriate for the support worker to refer Eric to an advocacy service.

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Click to complete Practice task 20

5C Obtain feedback and identify opportunities for improvement to own work and action

Continuous improvement is an essential aspect of community services work. It means that services and workers are continually looking for ways to improve services and better meet people's needs. With feedback from people receiving services, supervisors, and colleagues, workers can improve their work performance and their ability to meet people's needs.

Feedback is a term commonly used to mean information about the actions and behaviours of an individual and their effects on another person, from another person's perspective or point of view. You can learn from the feedback you receive from people around you and you can give feedback to ask people around you to change their behaviour or to do something differently. Giving and receiving feedback is an essential part of community services work. Feedback can be requested from people who receive services, from team members and from supervisors in order to help you meet expected standards and to improve your own personal performance. Feedback can be given to people who receive services, team members and supervisors to let them know how their actions affect you and the way you work and how their choices and actions affect their situations.

It is important to give and receive feedback constructively; that is, to avoid damaging relationships by hurting the other person; and to see feedback as helpful rather than harmful.

Give constructive feedback

- ▶ Focus on actions, not personalities
- ▶ Be accurate and objective
- ▶ Focus on positive outcomes
- ▶ Use assertive communication techniques
- ▶ Respect rights and dignity
- ▶ Relate feedback to objective standards

Accept feedback

- ▶ Accept feedback as helpful, not harmful
- ▶ Don't take it personally
- ▶ Ask for further information or clarification
- ▶ Use assertive communication techniques
- ▶ Relate feedback to objective standards
- ▶ Use feedback to set professional and personal goals

Obtain feedback for self improvement

Feedback can be given verbally, face to face; informally as part of everyday work and communication; formally, as part of formal reviews; and in writing. Information to use in feedback can be collected through observation, through conversation, formal or informal interviews, and formal review processes and meetings.

Using feedback to improve personal performance is an ethical requirement for community services workers as stated in Guideline 7 of the Australian Community Workers Association Practice Guidelines: Professional development.

Guideline 7

Professional development

The education of a community work practitioner does not cease upon graduation. It is incumbent on the community worker to undertake relevant professional development throughout her or his career to ensure their knowledge remains current and informs their everyday practice.

Indicators

To comply with the intent of this guideline a community work practitioner will be required to:

- 7.1 Identify skill and knowledge gaps and remedy through training, supervision or other means.
- 7.2 Seek appropriate professional support, mentoring or advice to address personal and professional limitations.
- 7.3 Critically analyse the profession, human service agencies and organisations, and social institutions in all aspects of the community work role.
- 7.4 Acknowledge personal responsibility and accountability for actions, decisions and professional development.
- 7.5 Increase new knowledge and information about the profession, the sector or areas of practice through active engagement with research and enquiry.
- 7.6 Keep abreast of current research, models of practice, and theory.
- 7.7 Supervise students, staff and volunteers in an ethical manner and from an appropriately qualified knowledge base.
- 7.8 Share information and knowledge with colleagues.

Source: Australian Community Workers Association Practice Guidelines: www.acwa.org.au

Identify opportunities for self improvement

Guideline 7 of the ACWA Community Work Practice Guidelines makes it clear that identifying opportunities for self-improvement is an individual responsibility.

Good practice includes using informal opportunities as well as more formal ones to improve performance; for example, acknowledging team members' contributions by saying 'Thank you' or complimenting someone on a job well done; asking others for their opinions and perspectives on actions or how a situation has been handled; or using effective communication skills to address issues relating to performance and to deal with differences and conflicts.



Most community services organisations have staff development and training policies and procedures as well as policies and procedures for monitoring and evaluating staff work performance. These mechanisms are intended to support professional standards and competence and to provide opportunities for workers to improve their skills, knowledge and work performance.

Internal and external opportunities

Some opportunities may be provided internally. This may be through staff meetings, internal training sessions, individual performance evaluation and management meetings, mentoring, and sharing expertise through team activities.

Other opportunities may be provided externally, through industry or academic conferences and seminars, industry networking meetings and activities, or formal training. Professional associations may offer online or face to face training, information and consultancy to members. In some professional areas there are formal requirements to complete continuing professional development activities (CPD) each year to maintain membership. For example ACWA offer a range of endorsed CPD activities to members at: <http://aspirelr.link/acwa-cpd>. For example ACWA offer a range of endorsed CPD activities to members.

Example

Performance improvement and teamwork

Yvonne works as a coordinator in a residential aged care facility. Several newly qualified support workers have recently joined the staff. Yvonne has noticed some tension between the new workers and the more experienced workers.

One of the new workers has approached Yvonne to complain that older workers have been making derogatory remarks about the new brooms and telling the new workers that they will soon learn that 'the old ways are best'. Yvonne decides to 'buddy' each new worker with an experienced worker. She facilitates a meeting between each mentor and mentoree to reach an agreement about what each will contribute in relation to sharing their skills and ideas, how often they will meet and how they will communicate. The experienced worker is given the responsibility of making sure that the new worker is familiar with the agency's policies and procedures.

At the end of a trial period she seeks feedback from all the workers about how the mentoring arrangement has worked. She also notices that the work practices of all the staff members involved have improved and the number of complaints from residents has dropped.



Practice task 21

Read the case study, then complete the tasks that follow.

Case study

Sunshine Community Centre has been funded to develop and provide a new program to support refugee children who are attending a local primary school. This is a new venture for the centre and a staff meeting has been called to develop a plan for the new program and to identify how the staff can update their skills to run it. The centre participates regularly in all the types of professional development opportunities listed in the following table.

Opportunities for professional development

Staff meetings	<ul style="list-style-type: none"> ▶ Discuss topics of interest ▶ Problem solve ▶ Share ideas and success stories ▶ Answer questions which affect everyone ▶ Present information; for example, about policies and procedures ▶ Introduce change ▶ Consult staff members
Industry network meetings and groups	<ul style="list-style-type: none"> ▶ Share information ▶ Form relationships ▶ Consult ▶ Problem solve ▶ Form partnerships ▶ Peer support
Formal training	<ul style="list-style-type: none"> ▶ Attain qualifications
In service training	<ul style="list-style-type: none"> ▶ Refresh skills and competencies
Mentoring	<ul style="list-style-type: none"> ▶ Individual support ▶ Sharing experience

The centre wants to address the following skills and knowledge:

- ▶ Knowledge of issues relevant to refugee children in the education system
- ▶ Understanding the experiences of migrants and refugees
- ▶ Cross cultural communication skills
- ▶ Liaising with school staff
- ▶ Knowledge of education support techniques
- ▶ Developing policies and procedures to manage the new program

1. For each of the skills and knowledge items the centre wants to address, indicate which professional development opportunities are appropriate.

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2. List the potential sources of ongoing support for workers in the new program.

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Click to complete Practice task 21

Summary

1. Support workers must monitor and review the progress and outcomes of the strategies that have been implemented at various times.
2. There is a range of methods suitable for use when monitoring progress and evaluating outcomes with a person.
3. Action may be required if a person's needs are not being met.
4. Ending a collaborative relationship between a worker or advocate and a person receiving services should be done carefully and sensitively.
5. Follow up is necessary to check that no problems have arisen after cessation of a support program to check that everything agreed has been implemented and that things are still being done in accordance with client preferences.
6. Seeking feedback from the person referred and from workers from the new agency is essential.
7. If the new arrangement/s is/are unsuccessful, the reasons should be documented and a new arrangement negotiated.
8. Continuous improvement is essential as it ensures that services and workers are continually looking for ways to improve services and better meet people's needs.
9. It is important to give and receive feedback constructively; that is, to avoid damaging relationships by hurting the other person; and to see feedback as helpful rather than harmful.

Learning checkpoint 5

Review progress

This learning checkpoint allows you to review your skills and knowledge in reviewing progress.

Part A

1. What strategies could be used to get feedback on the success of the advocacy support?

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2. How does feedback from people who receive services help workers to identify opportunities for improving their own work?

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Part B

Read the case study, then answer the questions that follow.

Case study

After several months of negotiating with the housing authority Cecilia and her advocate Jules have been offered a meeting with the allocations officer. Jules has discovered that the allocations officer, although not officially very highly placed, has a lot of influence. They decide to ask if Gerald's schoolteacher can attend the meeting also in order to present a summary of the evidence about his condition particularly in relation to managing his behaviour.

During the past few months Gerald's behaviour has deteriorated to the point where Cecilia is afraid of him and locks herself in her bedroom when he begins an outburst. His GP wants to put him on stronger medication but Cecilia is afraid that the side effects will interfere even more with his learning. Jules has discovered a residential program for children with ADHD and has begun trying to persuade Cecilia to let him go there, at least until the housing issue is resolved. Cecilia is reluctant but is willing to listen to Jules.

1. What communication strategies could Jules use to discuss their progress and collaborate with Cecilia on further actions?

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Case study continued

Cecilia has now agreed that Gerald will go to the residential program for the next term. She is hoping that more suitable accommodation will have been found by the end of the term. Gerald is keen to go to the program and says that he knows one of the boys already there.

Jules has received a letter from the housing authority saying that a ground floor unit with a garden in a small block will become vacant in three months.

2. List the steps required to follow up and establish links to other relevant services to assist with the move and after the move.

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