

CHCADV001

Facilitate the interests and rights of clients

Learner Guide

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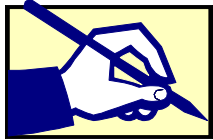
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How to study this unit



You will find review learning activities at the end of each section. The learning activities in this resource are designed to assist you to learn and successfully complete assessment tasks. If you are unsure of any of the information or activities, ask your trainer or workplace supervisor for help.

The participant will be required to demonstrate competence through the following means:

Methods of assessment

- Observation in the work place
- Written assignments/projects
- Case study and scenario analysis
- Questioning
- Role play simulation
- Learning activities
- Class discussion and group role-plays
- Assessment tasks



Asking for help

If you have any difficulties with any part of this unit, contact your facilitator. It is important to ask for help if you need it. Discussing your work with your facilitator is considered an important part of the training process.

Name of facilitator: _____ **Phone number:** _____

CHCADV001 Facilitate the interests and rights of clients

Welcome to the unit **CHCADV001 Facilitate the interests and rights of clients**, which forms part of the **2015 Community services training package**. This unit describes the skills and knowledge required to assist clients to identify their rights, voice their needs and concerns and realise their interests, rights and needs. This unit applies to workers of all levels in a range of health or community services settings who provide services using a human rights based approach and have direct interaction with clients.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.

WHAT YOU WILL LEARN

ELEMENT	PERFORMANCE CRITERIA
<p>Element 1: Facilitate the realisation of client interests, rights and needs</p>	<ul style="list-style-type: none"> 1.1 Discuss the rights and responsibilities of all parties with client 1.2 Provide client with researched, relevant and timely information on their rights and responsibilities 1.3 Assist clients to identify their own interests, rights, needs, choices and responsibilities 1.4 Identify when rights are infringed or not being met 1.5 Provide client with information on available options for meeting their rights and needs and assist them to identify their preferred option
<p>Element 2: Advocate in accordance with client preferences and requests to optimise client outcomes</p>	<ul style="list-style-type: none"> 2.1 Undertake an assessment to identify client's ability to advocate for self 2.2 Initiate, negotiate and implement relevant strategies for addressing client rights and needs in collaboration with the client 2.3 Identify potential barriers as well as resources 2.4 Identify and contact the most appropriate individuals and/or organisations and represent the client to optimise outcomes for the client 2.5 Ensure information is kept in confidence unless authorisation is given to release it

<p>Element 3: Provide ongoing support to clients</p>	<p>3.1 Support and encourage clients to exercise their rights and personal preferences without compromising their safety and that of others</p> <p>3.2 Consult with supervisor, other support workers and the service about interests, rights and needs of clients in a way that upholds their rights and supports their reasonable expectations</p> <p>3.3 Identify situations of risk or potential risk and refer appropriately</p> <p>3.4 Apply work practices to minimise potential for harm to clients, self and others</p> <p>3.5 Conduct all activities in accordance with legal, organisation and duty of care requirements</p>
<p>Element 4: Support clients making a complaint</p>	<p>4.1 Discuss organisation and legal complaints mechanism and ensure client is aware of rights and responsibilities</p> <p>4.2 Assist client in lodging a complaint</p> <p>4.3 Monitor process and provide ongoing support and information to client</p>
<p>Element 5: Review progress</p>	<p>5.1 Discuss progress and outcomes with the client and collaborate on further action as necessary</p> <p>5.2 Ensure follow up and links to other services as required and in accordance with client preferences</p> <p>5.3 Obtain feedback and identify opportunities for improvement to own work and action as appropriate</p>

Element 1: Facilitate the realisation of client interests, rights and needs



Advocating for clients rights and interests

What is advocacy?

Advocacy is a process for taking action. It could be to prevent negative changes and to bring about positive changes in the lives of people. Advocacy can be used to prevent or stop abusive, discriminatory or negligent treatment, to increase and improve well being, to achieve social justice in the areas of rights, access, participation and equity, to increase inclusion and acceptance in the community and to identify and eliminate the causes of unjust and unfair treatment and situations so that people's fundamental needs can be met.

A definition developed by the advocacy sector and used in discussion papers by the Ageing and Disability Department 1996, on an Advocacy Development Plan for NSW described advocacy as:

A process of standing alongside an individual or group who is experiencing disadvantage, and speaking out on their behalf, in a way that represents the best interests of that person or group.

Advocacy is both a process and a set of skills.

Effective advocacy has the following features:

- It is on the side of the individual or group—it is not neutral, like mediation, but 'biased' towards the needs and interests of particular individuals or groups. This means that an advocate supports 100% the client's interests, they are not helping everyone in the situation, their focus is with the client
- It has minimal conflict of interests, that is, the advocate has a singular loyalty and that is with the individual or group for whom he/she is advocating. Advocates need to ensure that their advocacy is as much as possible, not going to put themselves or their client in a position where the advocate may not be able to assist because the advocate is going against their organisation's or others' guidelines
- It has clear advocacy goals. Advocacy must be planned and aim to have outcomes that lead to change
- Is determined and continues in the face of obstacles and over the long term if necessary. Any advocate who is willing to take on the role needs to be prepared to continue to support their client even when it gets difficult or looks like it will take a long time
- Is strategic and well planned. Advocacy that is not planned will probably not be successful
- Is based on sound information and research. Good advocacy is not based on hearsay and guessing. It is important to have the facts of a situation.

Advocacy is not:

- Taking over or imposing the will of the advocate on the person they are assisting
- Reinforcing any feelings of helplessness or dependence
- Discouraging people from standing up for their rights
- Controlling people.

Types of Advocacy

- **Case advocacy or individual advocacy:** advocating for an individual (a "client"). The advocate is independent, that is, they have no connection to the decision-maker (e.g. the government department) and they have no conflict of interest in the situation — they act only on the client's needs. Examples: lawyers, union reps, community workers, volunteers (e.g. Big Sister/Brother, Citizen Advocacy).
- **Self-advocacy:** a person or a group of people advocating for their own interests. The term is usually used about a "client" or "consumer" of a community service, e.g. people with a disability, or young people. The self-advocate may or may not be supported by someone who helps them prepare for self-advocacy, such as other members of a disability group, or a youth worker who helps a young person work out what to say.
- **Cause advocacy, group advocacy, systems advocacy:** advocating for a group of people who share a common concern, or advocating for an issue (e.g. the environment). The advocate may or may not be a member of that group, and the advocate may or may not have been asked to advocate on their behalf. Lobbying and campaigning are examples.
- **Internal systems advocacy:** advocating to change a system from within. Here the advocate is not independent, as they are a part of the system they are trying to change. They attempt to change the way the system deals with a client group or issue, through policy change, educating others within the system, promoting client participation in decision-making etc. Examples are youth workers who involve young people in decision-making in their own youth service, and bureaucrats who try to change the way their department deals with its clients.

Some examples of advocacy

Lawyers/solicitors: When you hire a lawyer (including if Legal Aid pays for it), the lawyer should only "act on your instructions", that is, do what you say. They are on your side and must not let their own feelings or opinions change the way they represent you. For example, they can't "do a deal with the other side" without your agreement. Sometimes lawyers represent children who are too young to tell the lawyer what they want, for example in care proceedings or custody disputes. The lawyer has to make their own judgement about what is best for the child, and argue for that. The lawyer cannot simply ask the parents, because the lawyer is there to represent the child.

- **Unions:** If you belong to a trade union, its job is to represent your interests. If a Union representative comes to your work (or goes to the industrial court) to help solve a dispute, they are on your side and will advocate for your wishes to your employer or to the judge.
- **Citizen advocacy:** Where a person with an intellectual disability is matched up with a person in the community who acts as their advocate to ensure their rights and wishes are met.
- **Local Member of Parliament:** If you speak to your local Member of Parliament (or local councillor) about a problem or concern, usually they will contact the relevant minister or department to try to help you.

Support workers as an advocate

Support workers have an important role to play in promoting and facilitating the rights and interests of the people with a disability they support.

To support and guide staff in this role, service agencies need to provide clear guidelines to ensure staff:

- Understand the responsibilities of their advocacy role
- Understand and are alert to potential conflicts of interest
- Recognise situations which might require the involvement of independent advocacy
- Can identify relevant sources of independent advocacy for people they support
- Support the involvement of independent advocates.

One of the most important ways support workers perform this empowering role is through the provision of information. The Disability Act 2006 requires that information is provided to people with disabilities in ways that best assist them to understand their rights and responsibilities. Support workers should ensure they are familiar with the different communication requirements and the individual needs of all clients, and provide appropriate forms of 'enabling' information.

While this is a role that is typically performed by many support staff, it is also an advocacy support role that in certain situations might give rise to accusations of manipulation, undue influence or conflict of interest. Support workers assisting a person with disability to assert his or her rights or interests should recognise the risk of their own more powerful interests or values being projected.

This is not to say that support workers should not 'stand beside' people with a disability, for the reality is that such assistance is often an essential part of their general support role. Rather, it highlights the need for support workers to be conscious of the potential for conflict of interest and the need to minimise such risk.

Client decision-making in the client-directed care environment

Decision-making is the act of expressing choice and preference and being able to act upon that choice. For people with a disability this particularly relates to being able to choose the supports they need to enable them to lead a lifestyle of their choice. The types of choices people have are not limitless. A person's individual circumstances will influence the choices open to them. This includes factors such as the following:

Lifestyle and Recreation: family and friendships, relationships and sexuality, involvement in cultural and religious events, keeping fit, shopping, using the internet, smoking/drinking, going to the pub / club / cinema, holidays and days out

Employment and Education: choosing a field of work, applying for jobs, attending tertiary education, changing jobs/courses

Living Arrangements: who to live with and where, type of accommodation, leaving home, moving home, decorating or making changes

Access to Services: choosing service providers, choosing day services and times to attend, choosing support workers

Healthcare and Medical: routine medical and dental, emergency care, speech therapy, physiotherapy, hospital visits and surgery, right to refuse care

Financial: banking, buying everyday items, paying for expensive items, getting a loan, paying bills

Legal: signing contracts, providing consent, giving power of attorney, getting married/divorced, wills and estate management

People should be provided with the opportunities required to address these factors including information and appropriate supports. Sometimes people may need additional assistance to understand and communicate their choices. This might include information in different formats, communication aids, translators or longer timeframes. The methods that people need to both understand and communicate their decisions do not affect their right to make decisions. People have the right to any information or supports they need to help them make and express their decisions.

Why is advocacy worthwhile?

What are some of the benefits?

- Clients will feel heard. Pent-up anger may be released without doing harm.
- The client, or a whole group of people, may get access to a service
- A service may be improved.
- An organisation may get information about its staff, its programs, its clients
- The client and "the other side" may understand each other better
- The client may get better, fairer, more equal treatment in other ways too
- The client may learn skills, such as assertiveness, speaking and writing
- The advocate may learn skills
- The client may feel more worthwhile, more an equal citizen deserving of respect, more integrated into their community.

Many of these things may happen even if the advocacy goal is not achieved

These benefits taken together will increase people's mental and physical health, and possibly even reduce some types of crime!

So advocacy can be argued to be a legitimate part of many types of community services work, including:

- Community health worker: identify areas where the clients feel angry or powerless, and help them to advocate to improve things for themselves
- Recreation worker: can help people advocate for more recreation in their area, or help them organise their own
- Job skills programs: the skills of advocacy are the skills of many jobs: speaking clearly, written communication, using the phone, research, planning, negotiating. And applying for a job is an example of self-advocacy
- Self-esteem programs: advocacy helps people to see themselves as worthwhile, it gives them skills and confidence, and it helps them deal with failure too
- Crime prevention programs: advocacy may help address a client's homelessness, poverty, and other causes of crime. Advocacy also increases skills and self-esteem. Advocacy may mean a client gets a more appropriate penalty for a crime, or better treatment in the legal system, which may reduce the chance of them re-offending.



One

Advocacy types

Read through these examples of advocacy. What type of advocacy would you call each one, or how would you define it? Use the different types of advocacy outlined above to help you make your decisions.

- a. A family support worker rings Centre link to find out why a sole parent was cut off the pension, and to see how they can get back on.....

- b. A refuge worker talks to the Year 10 Advisor about why a young person shouldn't be kicked out of school.....

- c. An Aboriginal employment officer tries to get an unemployed Koori a job at the local factory...

- d. A welfare rights worker writes to the Minister for Social Security to say that the activity test for the unemployed is unfair on rural people...

- e. Youth workers attend a network meeting to discuss action on issues affecting local young people...

- f. A community centre closes while workers attend a "day of action" on unfair law and order policies...

- g. A woman goes in to Centre link to find out why her payment has been reduced...

h. A teenager asks their parents if they can go on a camp...

i. A community theatre group puts on a play in a shopping centre about the lack of entertainment in the area ...

j. A community worker asks his coordinator if he can put on a barbecue, so he can get the views of local people about what activities the neighbourhood centre should provide...

k. A senior youth worker in a JJ detention centre asks the Superintendent if they can involve the detainees more in solving discipline problems...

Differences between negotiation, advocacy and mediation

Advocacy differs from mediation and negotiation. Mediation and negotiation processes aim to reach a mutually acceptable outcome between parties. The role of the advocate is not impartial, as he or she has an obligation to operate entirely from the perspective of the service user in negotiating an outcome. Advocacy is concerned with genuine major needs, and aims to protect the interests and welfare of the client.

Mediation: A mediator does not take sides, and must steer a conversation towards the best possible outcome for all parties. The role of a mediator is to help two parties reach an agreement of some kind. A mediator does not represent, speak for or stand up for either party. On the other hand, an advocate must represent the best interests of their client and argue for an outcome that favours their client.

For example: A mediator: may be called in when two siblings are in disagreement over their parent's will. They may each believe that they are entitled to the same assets or to different assets than those allocated. The role of the mediator is to help them come to some kind of mutual *agreement or compromise*.

There are some similarities between the role of a mediator and the role of an advocate that can sometimes lead to confusion.

Common traits associated with both mediator and advocates are:

- They need to be very good at listening and helping others
- They both aim to resolve an issue
- They ensure no individual is treated unfairly or denied their rights
- They must be able to deal with problems and know how to negotiate
- They have to remove from discussions their own personal thoughts and preferences.

It is interesting to note that in the last example, the skills of the mediator and advocate are much the same, but they are often looking for different outcomes.

For example: *Both the mediator and the advocate need to keep personal opinions out of discussions. However, a mediator must steer discussions towards the best possible solution for all parties, even if they do not agree with the solution. An advocate, on the other hand, must argue for the best possible solution that will achieve what their client wants, even if they do not agree with that solution.*

As you can see, mediation and advocacy do have some similarities, but the role of the mediator is very different to the role of an advocate.

- A mediator does not take sides. An advocate must take only one side and must stand up for that side by fully representing that side
- A mediator does not act on behalf of either side: An advocate must act on behalf of their client with only their client's best wishes in mind
- A mediator steers conversation towards an outcome: An advocate argues for an outcome in favour of their client.

By clearly understanding the differences between a mediator and an advocate, it will be possible for you to act effectively in the role of an advocate.

Common traits shared by negotiation and advocacy

Negotiation being a tool used by an advocate demonstrates things that are common to both negotiation and advocacy.

These common traits include:

- Reaching an agreement or resolving an issue
- Speaking on behalf of another
- Ensuring no individual is treated unfairly or denied their rights being very good listeners so they can formulate their argument the ability to deal with problems.



Two

Mediation and negotiation

I. Make some notes about what you think each of the following terms means. You might try a definition, or give an example of each, or note some words you associate with each:

a. Mediation.

b. Negotiation.

2. List any differences between advocacy and counselling that occur to you.

a. Advocacy.

b. Counselling

3. Are there also common traits between advocacy and counselling? State them below in the space provided.

Advocacy is **similar** to counselling because:

Formal and informal advocacy

There are two different types of formal advocacy:

- 1. Formal advocacy:** Formal advocacy is advocacy that occurs in any formal situation such as a court hearing or meeting with government bodies. That where the position of the advocate is clearly defined, such as that of a legal guardian. It is important to remember that formal advocacy can be provided, after agreement, by any of the above types of advocacy and can be paid or unpaid. It does not have to be paid advocacy to be formal.
- 2. Informal advocacy:** Informal advocacy includes any advocacy that is not formal advocacy. Therefore informal advocacy does not need a formal arrangement and can be paid or unpaid.

Informal and Formal types of advocacy can be analysed by asking questions such as:

- Who provides the advocacy?
- On whose behalf is the advocacy undertaken?
- What principles underpin the advocacy?
- At what level is the advocacy targeted - An individual? An organisation? A system?
- What rights are affected - legal rights? Industrial? Quality of care? Citizenship?
- What strategies will be used - negotiation? Education? Persuasion? Confrontation?
- With what resources will advocacy be undertaken? In particular, what skills and networks are required for the advocacy to be effective?

Discussing the rights and responsibilities of all parties with client

As members of the Australian community we all have rights and corresponding responsibilities. The word rights is often used but what does it mean and what are our rights? Rights are our basic entitlements as members of a community.

Some points on rights are:

- Every person has the same rights
- Rights and freedoms are part of the Australian tradition, customs, value system and law.
- Every person has the responsibility of accepting the rights of others
- It is against the law (both Federal and state) for anyone to deprive you of your rights, and against the law for you to try to deprive anyone else of their rights. You can't have your rights taken away unless you are convicted of breaking the law
- Rights and responsibilities go hand-in-hand. If you want to exercise your rights, you must also fulfill your responsibilities
- Rights are linked to the concepts of social justice and empowerment (ensuring that everyone has the knowledge, skills and confidence to take control of their lives and be treated equally in society).

Relevant international conventions on civil and human rights

Human rights

Human rights are rights that apply to every individual regardless of race, creed, ability, gender or age. The most famous declaration on Human Rights is that put forward by the United Nations in 1948, and known as The Universal Declaration of Human Rights. This is one of four documents that together are often called 'The International Bill of Rights'.

These documents include:

- The Universal Declaration of Human Rights 1948
- The International Covenant on Civil and Political Rights 1966
- The International Covenant on Economic, Social and Cultural Rights 1966
- The Optional Protocol to the International Covenant on Civil and Political Rights.

The United Nations Declaration of Human Rights is based on the following principles:

- Physical integrity
- This includes the right to life, liberty and freedom of movement
- Individuals should be free from torture or punishment of any form

Mental and moral integrity:

- This includes freedom of thought, conscience and religion. It also includes the freedom to express your own opinion and form your own relationships.

Socio-economic rights:

These include the right to participate in and have access to:

- Work, leisure, education, health care, owning property, social security and a reasonable standard of living
- The right to have a family. This includes the right to be allowed to marry and to start a family
- Legal integrity and civil rights. This includes the right to have an elected Government and to have a fair trial before the courts.

(It should be noted that such documents are not legally binding until they are adopted by a nation's Parliament.) The key point to be remembered in working with community services organisations is that everyone has the same rights. A person's rights are not dependent on their age, the colour of their skin, their level of knowledge or education, their ability or disability.

Human Rights and diversity

Human rights require that aged care health services are respectful of difference and diversity. Health workers, for example, should be sensitive to issues of ethnicity and culture. This is not only a matter of human rights but it also makes sense. Thoraya Ahmed Obaid, Executive Director of the United Nations Population Fund has observed that 'cultural sensitivity ... leads to higher levels of programme acceptance and ownership by the community, and programme sustainability'. A number of special groups are defined in the Aged Care Act and the Allocation Principles 1997 (Cth).

Diversity

Individuals working in the community services sector must demonstrate an understanding and appreciation of issues relating to cultural and social difference in order to address the specific needs of particular groups. This may include adapting existing service provision in light of differences in socio-cultural understandings and/or practices, and finding ways to overcome communication problems created by social and cultural differences.

Adopting an inclusive approach is beneficial to everyone involved. A more inclusive organisation is created when individuals within the workplace develop a greater awareness and understanding of cultural difference and the power dynamics that exist between different cultural groups. Having an appreciation of historical inequities relating to race and ethnicity motivates organisations to transform their work and workplaces in order to better respond to the needs of everyone within the community.

Understanding rights of clients

You have a very important role to play for your client. They will depend upon you to help them to understand their rights and any constraints that may exist. One of the biggest constraints to meeting individual rights is that of limited resources. When trying to fulfil rights, lack of money or funding, is often an issue. As a result, it is very difficult to balance available money against rights. It is important for your client to understand that often their rights are being addressed in the best way possible within the available funds.

Example:

Harold, a 30-year-old man, slipped over one evening and as a result now needs a knee reconstruction. He is in pain and now has difficulty getting himself about. It is Harold's right to have treatment, such as a knee reconstruction operation. In the 'real world' however, there may be a long waiting list at the hospital for this particular operation. Harold will have his right fulfilled, but it will take time due to lack of funding.

There is not always a clear cut solution to all issues. Each individual has different needs and wants where their rights are concerned and place different levels of importance on issues. Remember that some of these may be related to specific cultural needs and beliefs, so it is important you seek clarifications on any specific needs of your clients.

Individual needs and wants: We are individuals and all have different needs and wants. It is important to understand the difference between needs and wants to help prioritise issues. This will also help you to understand how other organisations and bodies work out what issues they consider to be of greatest importance, especially with regard to funding allocation. Needs are generally the essential items that we must have in order to live a basically satisfying life. These are often called basic needs and include things like food, clothing, shelter, health care, freedom and respect. Needs may vary between individuals due to differences in individual abilities.

Example: Some people may need the assistance offered by wearing glasses, others may need the support of a walking stick. For these people, these aids are needs in order for them to live a normal life. Wants, on the other hand, are the things that the individual desires to improve the quality of their life.

Example: A person may need to wear glasses to live a normal life, while wanting designer frames for their glasses. While the lenses are a need, the designer frame is a want.

Identifying needs It is important that you can help your clients to identify their own needs. They need to understand the difference between wants and needs so that they can stand up for their rights on important issues.

When determining if the item or issue is a need or a want, you need to question:

- If it is essential
- How your client's life will change with this decision
- If it is a realistic request.

Empowerment and disempowerment

Change in attitude towards ageing and affirmation of the rights of older people is necessary for empowerment of people as they age to become the norm. Empowerment links to inequality, because inequality tends to become more pronounced at both ends of the life course. The negative impact of inequality is a barrier to reducing absolute poverty and hinders the fulfilment of a variety of human rights, including the capacity to be heard. Empowerment also determines ability to extend opportunity and to enhance capabilities.

Disempowerment is closely connected to the denial of human rights, which is linked to loss of autonomy. The diminishing capacity to take decisions for oneself, either because of infirmity or because younger generations may assume that older people are incapable of taking decisions, is one of the defining features of (very) old age and is a key concern for older people's human rights. Dealing with the autonomy question is therefore critical to any discussion of how to empower older people and ensure that even the oldest old and the most frail are empowered. Research suggests that the biggest threat to an older person's autonomy (regardless of income levels) may come from family members who begin to make decisions on behalf of the older person and thereby disempower them.

Client responsibilities

The concept of rights cannot be viewed in isolation from the concept of responsibilities. While clients have a right to expect organisations to uphold all their rights, they also have responsibilities to fulfill as a client of a CSI agency.

These include:

- Letting the service know if they will not be available to attend an appointment
- Respecting the rights of staff, management, volunteers and other clients
- Taking responsibility for the decisions that they make
- Following through on tasks that have been agreed to
- Respecting and abiding by the rules of the service (as long as they are reasonable and have been agreed to in the first place).

The more we encourage clients to fulfill their responsibilities, the more we are fostering independence, which should be part of our ultimate goal in providing assistance. For example, if you are working with a young person in supported accommodation and they are continually breaking the rules, coming home after curfew, not paying agreed rent, being rude and disrespectful to staff and other residents and you do nothing about it, then what are you teaching them?

By having clear rights and responsibilities (and clear sanctions for not fulfilling responsibilities) the young person may learn that responsibilities are part of life and there are consequences when we don't fulfill them (such as being evicted). A hard lesson in life learnt early on may lead to improved life skills and a step towards independence. When considering the concepts of rights and responsibilities it can be useful to add the notion of roles. A role describes what we do in a particular situation. Consider the different things that you do throughout the day or week—be a part of a family, go to work, be a tenant or homeowner, spend time with friends, go shopping and so on. You have a role to play in each situation.

We have a right to do each of these things and we also have responsibilities while doing them. (For example, all women have the right to be a mother (role) but they have a responsibility to make sure that their children's physical, social and emotional needs are met.) Everyone has responsibilities of some kind. They may be the same as those of others or different, depending on the situation you are in and the role you play

Providing the client with researched, relevant and timely information on their rights and responsibilities



In the community services sector there has been a big push to inform clients of their rights, however often we neglect to talk about the issue of responsibilities. As a worker you need to ensure that when you discuss a client's rights you need to give them the opportunity to think about and understand any responsibilities they may have in upholding their rights. If a client wanted to exercise their right to make a complaint, they also have a responsibility to tell the truth about the complaint and to follow through with any agreement they make towards a resolution.

Responsibilities of clients when dealing with an advocacy issue could include but are not limited to the responsibility to:

- Be aware of others' rights
- Respect others
- Obey society's laws
- Follow up on any agreements or actions agreed upon
- Be honest about the issue
- Treat other people fairly.

As a worker providing a client with information may not always be in printed form. You may have a discussion with a client about what responsibilities they have in relation to an issue as they can vary, from client to client and depending on the issue.

Time limits for making complaints: Some organisations have time limits for raising and resolving a complaint. It is important to find out if there are any time limits to ensure a client has enough time to decide if they want to proceed and the time to gather any other information they may need.

Timely and relevant information: Information you give to the client must be timely. Timely information is given at the suitable time. If a client felt they had been discriminated against, you would not bombard a client with a lot of information about the Anti-Discrimination Board, their role, procedures or what forms they may have to fill out, before you would talk to them about their options and what they would like to do.

As well as ensuring the information you give a client is timely, it must also be relevant. Relevant information must be connected to the matter and assist the client in making decisions. Often workers fall into the trap of giving clients examples of how other people may have dealt with an issue rather than focussing on the client's issue. This can often lead a client to take action that does not help them solve an issue. This information should be part of the organisation's complaints or grievance policy and procedures.

The information you give a client must be timely as well as relevant to the issue at hand to give the client every opportunity to take appropriate action. Throughout the procedure the worker should check that no newer or more relevant information has come to light that may be of use to the client. Remember that workers need to take a 'client-centred approach' when supporting a person. This means that the client is recognised as having the right to determine what is most important for them and that it is recognised that the client is the expert regarding their own needs. Workers need to ensure they listen and support the needs and rights a client identifies as important to them, and not giving information that the client does not want or need.



Three

Providing the client with researched, relevant and timely information on their rights and responsibilities

1. Think about your organisation, or one you are familiar with, and list three other organisations that would be valuable in assisting you to uphold clients' rights and responsibilities when they require advocacy.

Read the case study below and respond to the activity that follows it in the space provided.

Case study

Thora has always been fit and strong and very steady on her feet. Recently she became a little dizzy and fell over. Her doctor said there was nothing wrong with her and she shouldn't worry. He gave her some new medications to take. Thora didn't understand why the doctor had given her new medications when he said there was nothing wrong with her. Also, she was badly shaken by the fall and was worried that something more serious was wrong with her.

2. List down what rights you think Thora has in this situation.

Assisting the clients to identify their own interests, rights, needs, choices and responsibilities



It can be difficult for a person to identify their rights, and whether they are being met. Especially when you consider the whole gamut of values, ethics, beliefs and legal requirements that need to be taken into account. As workers we have the responsibility to uphold clients' rights in the way we deliver services.

You may be forced to decline assistance if, by helping that person:

- You are breaking organisational policy
- Infringing on another's rights
- Or in extreme cases, you are breaking the law.

For example, if a client wanted to express their right to be angry, you would not assist them in hurting another person or damaging resources.

In helping clients to identify their rights and needs it is important to consider:

- Many clients may not know their rights. For example it is possible that a client may not have had experience or education about their rights. For clients who have a high level of intellectual disability, they may not have the ability to understand their rights or recognise when they may be violated
- It can be hard for many clients to identify their needs. Often clients may feel that they are not happy about a service or a situation, but do not have the experience or ability to think about how something could be different, especially if they have not experienced anything else
- It is quite possible many clients will not know that their rights are being violated. Often clients are not given information about the services they receive and what options they have within those services. Take an ageing client who attends a day service five days a week and does not want to go every day. Have they been told about retirement and what their options are?
- Some clients may not want to do anything about the issue. Remember the client should be able to make the final choice about the action they want to take if any. Some clients for a variety of reasons may decide not to take any action. The issue could be a one off, or they decide it is not important enough to act on
- Some clients may be quite worried or even fearful about taking action. It is important to recognise that some clients may have past experiences when they have tried to stand up for their rights and have been reprimanded or treated differently because of it.

Social justice and advocacy

Whatever involvement you may have as a worker in the advocacy process, whether that be supporting a client to self-advocate or becoming an advocate for a client, you will need to be aware of social justice principles. Social justice is based on equity and fairness for all people.

This means that when you are supporting a client with an advocacy issue, the actions and decisions made to support the client should not disadvantage other people or result in an unfair situation. This may not always be possible, however advocacy and social justice share a common goal: to advance people's rights.

Social justice can be described as the very straightforward notion that society is a place where everyone is of equal value and importance. As a worker you may need to work with the client to ensure any decisions or actions they would like to take in relation to upholding their rights, do not result in negative consequences or disadvantage others.

Organisational policies

Most community service organisations will have a set of policies that relate to clients and employees. Policies are guidelines for decision making and dictate how services should be run. They can relate to specific areas, for example, client rights, human resources or financial management. As a worker assisting a client to identify their rights, you may need to be aware of any organisational policies that may effect or support the decisions a client makes.

Identifying when rights are infringed or not being met



Identifying issues

It is important for staff to work with clients to identify when their clients rights have been infringed or are not being met. How do we do this? By working effectively, by working professionally, by exercising the skills of effective communication. We propose skills – including negotiation and mediation. These approaches are part of the community worker’s toolkit – they give us a framework to identify and work through issues as they arise. Embedded in the framework is the concept of continuous evaluation – what is working; what isn’t; what could we do better; are both parties still committed to the plan; is the plan still relevant for the client? In this way, we evaluate what we are doing on an ongoing basis, making adjustments and identifying issues through the ongoing process of working consciously together.

Indicators of distress

In describing the identifying signs consistent with financial, physical, emotional, sexual abuse and neglect we could write a book (or many books). This field is a specialisation in its own right – the subject of study, research, experience. For those who would like to read further in this area, there are many books with reference to crisis intervention strategies. Check your local library or bookshops for more information.

The following should be considered a starting point in identifying indicators of distress.

Use core communication skills

Make sure you practise (and practise well) the following generic skills:

- Attentiveness
- Accurate listening and responding
- Congruence
- Basic skills in analysing and synthesising.

Listen to your client

Listen with your ears, your eyes, your heart. Look for congruence between what the client is thinking, feeling and doing.

Ask yourself the following questions:

- What is the client saying?
- Why are they here?
- Why are they here, right now?
- Why have they come to this agency?
- What do they want of me/this agency?
- What is the client not saying?
- Have I found out the relevant background information?

Find out more through open-ended questions

Open-ended questions start with 'What' or 'How', or ask for more detail. They are designed to find out more about feelings, thoughts and actions.

Look for indicators of stress

Gilliland and James (2005) note specific indicators common to specific distress states, eg: child abuse – indicators being early arrival and late departure from school, inappropriate or persistent sexual play, age inappropriate understanding of sexuality, etc. Find out more about specific indicators of stress.

Some general indicators of distress or crisis include:

- A state of disequilibrium (or 'out of balance')
- Not thinking straight
- Being unable to see a clear path through the problem
- Focusing repetitively on one small aspect of the problem
- Confusion and helplessness
- Anxiety
- Being overwhelmed
- Regressing.

Human crisis is rarely simple. It can be helpful to have a relatively uncomplicated 'map' for working with crisis.

Trust your intuition

If you have indications of abuse or neglect, talk to the appropriate person (in most instances, this will be your supervisor).

What support is required?

The support you are required to give to a client in identifying their rights will depend on the situation and the individual client. You may become aware that their rights are being violated because they told you. This situation would indicate that the client has a level of understanding about their rights and may only need assistance in deciding what they would like to do about it. If you witness a situation where a client's rights are being violated you may need to tell them

If you witness a situation where a client's rights are being violated you may need to tell the client what you saw and how you felt their rights were being violated. How the client responds to the information you give them will dictate what steps you would need to take. Say, for example you witness a worker taking away a client's communication device, because the client kept repeating a request for a drink. This action would leave the client without any means to communicate. You would need to get the client's device back before you could work with the client to identify what they would like to do about the situation. As a disability/aged care worker you may be involved in a team meeting where decisions about rosters and duties of the team are being discussed. The decisions could impact on the rights of clients.

For example: a client in a community house likes to have a bath after work before the other two clients arrive home. The client gets home just before 4 pm. This gives the client about half an hour to have a bath before the other clients arrive home. The client needs assistance from the worker to be able to bathe.

At the team meeting it has been decided to change the start time for the afternoon shift from 4 pm to 4.30 pm. This decision will impact on the client. As a worker you could bring up the issue in the meeting or discuss the issue with the client and find out what they would like to do about the decision.

Elder abuse



Definition of elder abuse:

Intentional or un-intentional action/s that cause/s harm to an older person that occurs within a relationship of trust.

At first, you might not recognise or take seriously signs of elder abuse. They may appear to be symptoms of dementia or signs of the elderly person's frailty — or caregivers may explain them to you that way. In fact, many of the signs and symptoms of elder abuse do overlap with symptoms of mental deterioration, but that doesn't mean you should dismiss them on the caregiver's say-so.

Common signs of abuse include distress, weight loss, malnutrition, dehydration, an unkempt appearance, fear, lethargy and financial difficulties.

Types of abuse

Neglect: Neglect is a failure to provide the basic physical and emotional necessities of life. It can be wilful denial of medication, dental or medical care, therapeutic devices or other physical assistance to a person who requires it because of age, health or disability. It can also be a failure to provide adequate shelter, clothing, food, protection and supervision, or to place persons at undue risk through unsafe environments or practices and thereby exposing those people to risk of physical, mental or emotional harm. Neglect includes the failure to provide the nurturance or stimulation needed for the social, intellectual and emotional growth or well being, of an adult or child.

Physical abuse: Physical abuse is assault, non-accidental injury, discomfort, or physical harm to a person by any other person. It includes, but is not limited to, inflicting pain or any unpleasant sensation, causing harm or injuries by excessive discipline, beating or shaking, bruising, electric shock, lacerations or welts, burns, fractures or dislocation, female genital mutilation and attempted suffocation or strangulation.

Restraints or restrictive practices: Restraining or isolating an adult for reasons other than medical necessity or to prevent self-harm is considered abusive. This may include the use of chemical (e.g. medication) or physical means or the denial of basic human rights or choices such as religious freedom, freedom of association, access to property or resources or freedom of movement. These practices are not considered to be abuse if they are applied under a restricted practice authorisation.

Sexual assault: Includes any sexual contact between an adult and child 16 years of age and younger or any sexual activity with an adult who lacks the capacity to give or withhold consent, or is threatened, coerced or forced to engage in sexual behaviour. It includes non-consensual sexual contact, language or exploitative behaviour and can take the form of rape, indecent assault, sexual harassment or sexual interference in any form.

Psychological or emotional abuse: Psychological or emotional abuse includes verbal assaults, threats of maltreatment, harassment, humiliation or intimidation, or failure to interact with a person or to acknowledge that person's existence. This may also include denying cultural or religious needs and preferences. Also included are the inflictions of psychological or emotional suffering or fear, including actions that lead to fear of violence, to isolation or deprivation, feelings of shame, loss of dignity, humiliation, intimidation or powerlessness.

Financial abuse: The illegal or improper use of the person's property, resources, finances and other assets without their informed consent or where consent is obtained by fraud.

Recognising signs of abuse

Staff and management play an important role in protecting clients from further harm by recognising the indicators of abuse and responding to them. The presence of one or more indicators does not mean that abuse has occurred but does require staff to be vigilant on the client's behalf. Indicators of abuse are not always obvious, and while clients or others may suspect that abuse has occurred there might not be any evidence to confirm the suspicion. Indicators are variable, and people who are familiar with clients and have a strong positive relationship with them are best placed to recognise behavioural changes that may suggest a client is being abused.

Reporting abuse

- All staff has a duty to report abuse, assault or neglect immediately in accordance with their organisation's documented procedures
- All incidents and allegations of abuse are to be documented and reported to a manager
- Any concerned person can make a report or an allegation without fear of reprisal
- Services must respond promptly and appropriately to allegations in accordance with documented procedures
- Where the person provides consent, the relevant person responsible/ guardian/ support person is informed of the allegation of abuse
- Privacy and confidentiality must be assured

Access to information, legal support, advocacy and counselling are to be provided.

Risk factors

Sometimes there is conflict within families in regard to what is best for the older person. At times one family member will be expected to do all the caring and may eventually not be able to cope. This may result in the person giving care lashing out in frustration. Often family members, who do not have extended periods of time with the person being cared for, do not realise how exhausting it can be. Possible signs that may indicate abuse are physical injuries that appear on a regular basis with no satisfactory explanation for their appearance being forthcoming. Also a person being cared for may express concern in regard to their money or possessions being stolen.

Possible signs

- Physical injuries appearing without a satisfactory explanation
- Weight loss
- Withdrawal or depression
- Become fearful and distressed
- Rejects physical contact especially in regard to personal care
- Does not have money to pay bills
- Items are disappearing from home
- Money is not being spent to benefit the older person
- Appears to be afraid of another person.

Reporting abuse

People working in the community who suspect abuse from a family member will need to be able to report this to their supervisor who will then investigate the matter. Visiting a family member who is suspected of abuse requires great skill and it is good to express empathy with the family member and acknowledge what a difficult job they are doing at the outset.

Very often, a visit from a supervisor to the family will be revealing, in that family members who are having difficulty coping, sometimes of their own volition, will admit that they sometimes take their frustrations out on the person they are caring for. This is a cry for help and should be treated as such. In some cases extra services may be required, or the person being cared for may require full-time care in a residential facility.

If abuse is definitely suspected then referral must be made to an appropriate agency – this could be police or an advocacy service – each case will be individual. Also the wishes of the person being abused must be observed as sometimes a person will choose to stay in an abusive relationship rather than look at an alternative. The rights of the person suspected of the abuse must also be maintained.

If you are working in a day centre or residential facility, procedures must be in place that allow for confidential reporting and protection of the person reporting the possible abuse. All evidence relating to the suspected abuse must be documented and the severity of the abuse should be determined. Policies and procedures should be in place that will support an investigation and a course of action should the abuse be confirmed.

Complaints procedures

Grievance procedures (also known as complaints procedures) are a formal mechanism for addressing issues about unfair or unprofessional treatment, or about failure to comply with agreed procedures of standards of behaviour. They protect client rights and are a means of ensuring organisational practice is both consistent, and professional.

Clients should be made aware of their right to complain, if they are dissatisfied with some aspect of service. They should be made aware of the formal processes in place within the agency by which these complaints can be registered. It should be standard practice to provide this information to clients. Clients should be aware that their complaints will be dealt with promptly, that they will be listened to, and that they will be treated respectfully with regard to their grievances. Clients should also be made aware of the option to use an advocate, should they feel unable to present a complaint, or to express their needs clearly.

Ethics

You need to be aware of ethics when supporting a client to identify and uphold their rights. Ethics can be described as a system of morals that often come from our values and beliefs, in which actions can be judged as good or bad. As a worker you need to check if your actions or the actions of the client would be seen as unethical, or not seen by the average person as fair or normal conduct. Often community service organisations have guidelines to ensure they and their staff behave in an ethical way.

The principles of ethics are:

- The result of actions or behaviour does not end up harming anyone
- That power is not used by a person or persons over another to get a desired outcome.

Simple things like using threats to get compliance would be unethical. You have a responsibility to inform a client if their actions or requests are unethical and work with them to change their decisions.

Identifying and redressing potential conflict of interest



There are many ways that conflicts of interest can arise when you are advocating for clients. It is important not to assume that potential conflicts make it inappropriate for you to be doing the advocacy.

The fact that conflicts of interest can exist means that you have to be aware of:

- Where those conflicts arise
- How they might impact on the effectiveness of your advocacy and
- Ways of offsetting any problems or constraints they might cause.

Definition of conflict of interest

A conflict of interest occurs in a number of situations.

We look at these in detail.

1. Advocate has something at stake: An advocate may have something at stake or an interest in the advocacy action. This can occur when the actions you, as an advocate, need to take on behalf of your client can result in positive or negative outcomes for you. Take for example the scenario where you need to help a client who is in a wheelchair organise a movie theatre to show movies in a downstairs theatre. This will save having to push them up an outside ramp to the first floor where the movie is to be shown. If you are the person who would normally assist the client in this activity, you may find that your advocacy may start to focus on your needs, that is, not having to push the chair up the ramp, rather than the needs of the client and their rights.

2. Advocacy competes with interests or wishes of clients

As an advocate you need to ensure the client's interests and wishes are in line with the advocacy actions. A conflict in this area might occur when you decide that 'you know best' for the client. This may lead you to steer the advocacy in a direction that is not in line with the client's needs or wants. Many clients are subject to a range of assumptions about their capacity to make reasonable decisions, which can lead to the advocate making decisions on a client's behalf without any consultation with the client. It can also be common that a client and advocate have different views about what should happen in the client's life. It is important to avoid making decisions for the client based on your assumptions.

- 3. Advocate goes against wishes of employer :** An advocate can go against the wishes of their employer when doing what is referred to as 'internal advocacy'. This is where an advocate within a community service organisation advocates on behalf of an individual client, a group of clients or a potential client or clients. Internal advocacy can be the most problematic because of the conflict of interest in advocating to your employer. Conflict may arise when you are asked by a client to make a complaint or to challenge the organisation in which you work.

To reduce the likelihood of a conflict of interest occurring in this situation it can be useful to think about two things:

1. Is advocacy what you need to do?
2. Could you instead be providing support to the client?

The types of support that you could provide include:

- Informing clients of their rights within the service
- Informing clients of the complaints mechanism and assisting them work out how to make a complaint
- Assisting clients to state their views at an individual planning meeting
- Explaining an organisational policy to clients.

This type of action could be just as effective for the client and would remove the risk of a conflict for you as the advocate. If however you think the client may need advocacy action in either advocating for a client or group of clients when they make a complaint to management, advocating for a client at an individual planning meeting for or against other people at the meeting or working within the organisation to have policies changed you will need to be clear about your limitations.

For example, at an individual planning meeting other workers will expect you (and/or you will expect yourself) to be loyal to them and not advocate against them. Your manager will consider it inappropriate for you to support a client to make a complaint about his or her action and you may have your own reasons for supporting client's requests for changes in policy or make a complaint and are therefore, not acting fully in the client's best interests.

Ask yourself if you are the best person to be advocating, or if independent advocacy would be beneficial. Inform the client of your limits as an internal advocate and set realistic goals for the advocacy action. Encourage clients to support each other to increase their power by acting collectively. A conflict of interest can occur when advocating for a client if the worker is advocating an issue that relates to matters between the client and another worker working in the same organisation. A conflict of interest can also occur if the matter relates to the services provided by the organisation where the client receives service and the worker is employed.

In these cases it may be better to support the client in using the organisation's grievance or complaints procedure. A worker could give the client information, including advice on a client's rights to complain, or even assist the client to write a letter of complaint. The advocate would need to make it clear to the client that they were not taking sides against their employer. This would avoid the advocate being in a situation that could lead to a conflict of interest.

Advocate makes personal gain from advocacy action

It can be common for advocates to make some gains from their advocacy actions.

To avoid conflict in this area you need to ask yourself:

- Is there any chance I may make get financial gain from this?
- Is there a possibility I may get a material reward from this?
- Will my actions have any employment-related gains?

If you think that you may benefit from any proposed advocacy action, you need to identify what that may be and clearly explain to the client or other people that it is not appropriate to receive any personal financial, material gains from your action and decline any offers sensitively. If however you may have some employment gains, it may be best that you do not take on the advocacy action, as this would create conflict.

Advocacy compels action against values, beliefs or ethics :Most people have boundaries around the way they interact with others and limits on what they would be prepared to do. For some people advocating against a decision made by their manager would not sit comfortably with them, and on the other hand being an advocate may compel you to become more aggressive in getting change, or advocate on behalf of a client, when the issue you are advocating for is against your values or beliefs.

What to do if there is a conflict of interest

Where there is a conflict of interest it would be best for you to decline the advocacy role and assist the client to find a person who may be more comfortable than you to take up the role. You need to acknowledge that all people have different limits to what they will do, this is no different when you are an advocate. Most community service organisations have policies that outline a worker's responsibilities in situations of conflict of interest and advocacy. Remember the first question you need to ask yourself is, 'Am I the best person to advocate for the client?' and 'By advocating for the client, will that lead to a conflict of interest?'

If you believe that your advocacy could lead to a conflict of interest you may have to:

- Assist the client to find another person who is more appropriate to be the client's advocate
- Take on a support role
- Look for an independent external advocate for the client.

Remember all advocacy action must lead to positive outcomes for the client and be done in a way that upholds the rights of the client.

Providing client with information on available options for meeting their rights and needs and assist them to identify their preferred option



Gathering information

You will need to gather a lot of information to help your client clarify the rights issues involved in their situation. You may also need to find out information on the different options available to them. If your client has an abundance of information to draw upon, they will be in a much stronger position to make a decision. This will then help to raise their self-confidence, which in turn will put them in an even stronger position to make a decision.

To help your clients advocate for themselves you will need to know:

- What type of information they need
- Where to find the information – sources
- How relevant the information is.

Types of information

There are many different types of information that you may need to help your client make a decision on their course of action.

These types of information will be available, generally, in one of two forms:

- 1. Published information:** something someone else has written, such as laws, policies, guidelines or reports that are useful to your client.
- 2. Personal information:** you may find you need to draw upon the skills, knowledge and expertise of another person to give your client extra information.

You will need to discuss with your client the types of information they feel they need. Once you have decided on the type of information you want, you will then have to go and find it.

Sources of information

Information can be found in many different places. Many people first think of a library as being the main source of information. The library will certainly hold much of the information you require but it is not the only place to look.

You can often find extra information that is very useful to your client from a variety of other sources, including:

- Specialised law libraries
- Government bodies
- Existing advocacy bodies
- Local member of parliament
- Colleagues
- Councils or community service organisations
- Other individuals
- Online – state and commonwealth legislation is on the web, several advocacy organisations also have websites.

When working in the field of advocacy you will often find that the most useful source of information lies in laws, policies, guidelines or reports. You will need to find all of this type of information for your client, learn how to understand it and then only provide your client with the information that is relevant.

What the information means: Legislation and government Acts are not easy to read. They are often very long and full of confusing terms or words. It is essential that once you have found out that certain laws and legislation exists, you work out what it actually means. Do not be embarrassed or scared to ask for help. Many people with all types of backgrounds need help working out what government documents mean. You may be pleased and surprised to find that help is available from many places.

You can find assistance from:

- Local council information officers
- Information officer at a law library
- A friendly lawyer
- Individuals in government agencies
- Government publications which support and explain legislation
- University lecturers of law.

To seek help in understanding government legislation, you will need to get out and visit relevant people. In this case, the personal contact may bring about a more positive response. This is because they know that you are serious and really do want some help.

Importance of information

The gathering and compiling of this information is the key to successful advocacy. The more relevant information your client has, the easier it will be for them to select the most suitable option to fulfil their needs.

For information to be useful to your client, it will need to be:

- Relevant to the situation
- Accurate
- Current.

Remember that it is essential for you to understand the information that you give to your client so that you can explain the details to them. You would be doing your client much more harm than good if you provide them with incorrect or misunderstood information. Aim to keep the content of the information easy to understand and in an appropriate format for your client.

Relevant information; To help your client select the best option available to them, you will need to provide them with information that is relevant to their situation. By providing only relevant information, you will help them to avoid confusion and to be able to spend their time concentrating on the important issues related to them.

Accurate: It is essential that all of the information you provide is correct. You must remember that your client will be determining their best option based on the information you provide.

Current: Finally, it is important that all of the information you give to your client is current. You must remember that things can change at any time and continue to change. Always check that the information you have received is still current. You must check that the information is correct and still current before you give it to your new client. When your client chooses to advocate for themselves, your role is one of support. You will need to help your client to select the option that is most suitable to their needs. To do this you will need to provide them with relevant, accurate and current information.

Element 2: Advocate in accordance with client preferences and requests to optimise client outcomes



Undertaking an assessment to identify client's ability to advocate for self

Assessing a client's ability to self-advocate

Depending on your relationship and knowledge of the client, you may have to get information from other people about the client's abilities to self-advocate. This may include their carers, family, workers or even therapists. Where possible, you should always try to assess a person's ability with them before involving others. The skills and knowledge a person needs to be able to self-advocate do not have to be exhaustive. Some issues may require a high level of negotiation skills and others may only need an understanding of a rule.

The basic knowledge a person requires includes an understanding of:

- How the organisation works and the decision-making process in the organisation
- Advocacy and limits in their own decision making
- Their rights
- Any policies, legislation to support their position.

If you needed to determine a client's ability to self-advocate, you could assess the client against the following skills:

- **Communication:** does the client have the ability to communicate confidently and effectively? Will they be able to get their message across?
- **Problem solving:** can the client think logically and objectively, as well as have the ability to be flexible?
- **Responsibility:** does the client have the ability to be actively responsible for, and able to make a commitment to, resolving the issue?
- **Organisation:** does the client have the ability to organise meetings and coordinate any activities with other people?
- **Networking:** does the client have access to, or knowledge of, people and organisations that may be able to assist?
- **Action planning and follow-up:** does the client know how to develop a plan of action including what has to be done, who needs to do it and how to review the plan?
- **Conflict management:** does the client have skills in negotiation and mediation? Negotiation is the ability to discuss a situation with another person and come to agreed outcomes. Mediation is when an independent person works with parties who disagree and steers a process allowing the parties to listen to each other and work towards solutions.

You may find that when you are assessing or planning to assess a client's ability to self-advocate there could be some cultural issues you may have to consider, for example:

- Is the client from a non-English speaking background? You may be required to use an interpreter to assist with communication
- In some cultures the family structure will dictate who can make decisions about a person. It is common for big decisions, or advocacy issues to be discussed with the extended network of senior family members before any decisions are made. And often the family will make the decisions for the person
- In some cultures it would not be appropriate for a female to self-advocate.

If a client has cultural issues that are going to influence their ability to self-advocate, you will need to work within those cultural boundaries, as long as they are not detrimental to the client. Remember the skills may not have to be at a high level. The issue will often dictate the level of skill and knowledge required. For example, if a client felt they were not getting the same level of support from the worker at night than the other clients, the client may only need to be able to tell the worker how they felt.

However, a client who was not happy about the way they were treated in an interview for a job, and felt they were discriminated against because they had a disability, may need a different set of skills if they wanted to self-advocate. They would need to know about the Disability Discrimination Act. They may also need a high level of communication skills, both written and verbal. They might need to know about equal employment and how to go about making a complaint. Each situation will be different and each client will need different support and skills to be able to successfully advocate.

Supporting a client to self-advocate

Sometimes a client will need your support in preparation for self-advocacy. There are a number of important steps in supporting a client. Let clients know about the rights they have in the service or program. The client may need to know if the service or program is under the Victorian or Commonwealth legislation.

They need to be aware of any policies the service may have in relation to client rights. Remember some clients may not be aware of their rights. When giving a client information on their rights you need to ensure that they receive information in ways that they can understand. This may range from requiring the worker to photocopy some information to make the print bigger to explaining something in simple language.

Identify with clients, the information, knowledge and skills they need to advocate in a particular situation, such as information on with whom they should discuss an issue, or skills in assertiveness. Support clients to gain the information, knowledge and skills they need. This does not always mean providing these yourself, but putting the client in contact with people who can assist them within the organisation or the community. If appropriate, spend time with an individual discussing the issue and how he/she will raise the issue. It may be useful to role-play the situation. Often people know what the issue is they want to raise, but are not confident in their ability to communicate. It can be useful to help a client plan how they may introduce the issue, what they actually want to say, and how they may respond to questions.

Pass on some of the information you have about advocacy, such as, some of the questions you need to consider when planning to advocate for example:

1. What is the issue?
2. Who is the advocacy for?
3. Towards or against what is the advocacy needed?
4. How to advocate?
 - You may need to inform the client of different techniques to use, letter writing, discussions, formal meetings, support from other advocacy agencies or formal complaints procedures etc.
 - Link individual clients with other people within the organisation who face a similar issue, for example, several individuals who want a better deal from their local club or sporting facility may join together for mutual support, exchange of ideas and to develop joint strategies
 - Let clients know of advocacy organisations that can assist them and link them with the appropriate organisations
 - Link clients to family members who may be able to assist with advocacy, remembering that some families have a 'lifetime' of skills and experience in advocating for their family member and that they can share their skills and knowledge with other people
 - Provide opportunities for clients to have a say in the program, such as, involvement in planning sessions. Clients can attend planning sessions and be given time to contribute to the planning, ask questions and be given the opportunity to make recommendations. Services often involve clients by asking them their opinions before a meeting or session and ask a client rep to present the information for them. This also helps clients have direct contact between managers and other users of the service
 - Involve clients in advocacy 'projects' in which workers may be involved, such as, advocacy to change staff attitudes at some community access facilities, or advocacy to make some of the local buildings physically accessible. Advocacy projects could be described as any planned activities that aim to change something that results in positive outcomes for people.

What if a client cannot self-advocate?

If it is identified that a client is not able to self-advocate, but still requires advocacy action then as a worker you have a responsibility to let the client know what other options may be available to them.

Again depending on the issue the options could be varied, for example, you could:

- Advocate on behalf of the client
- Ask the community service organisation to advocate
- Contact an independent advocacy service for assistance
- Ask a family member or friend of the client to act as an advocate.



Six

Undertaking an assessment to identify client's ability to advocate for self

What is the process in undertaking an assessment with the client, and if necessary with significant others and colleagues to identify client's ability to advocate for self?

Initiating, negotiating and implementing relevant strategies for addressing client rights and needs in collaboration with the client



Once the client has decided what options they would like to take in relation to an issue, the next step is to develop strategies to address their issues and develop a plan of action. Depending on the issue there may only be one action. For example if a client felt a worker was rude to them, the only action may be that the client has decided to tell them how they feel and ask for an apology. However if the issue is significant, it may need to have a series of actions and strategies to address the issue. Supporting a client with an issue may also require you to be responsible for implementing some of the strategies.

Assess your ability to assist the client: Before negotiating the strategies to assist the client in addressing their needs, you will need to assess your ability to assist. Do you have the time, knowledge, experience or the expertise to be able to afford the right level of assistance to the client? Do you know where to get information or are you aware of the different strategies that are available for the client? If you feel you do not have the ability to assist then you have a responsibility to help the client find a person who can help, either within the organisation or externally.

There may be organisational policies that restrict your involvement in working with a client. For example, a client may have a legitimate need to visit a massage therapist, however your organisation may have a policy that prevents workers from giving any assistance in that area. Alternatively you may not have the resources to spend a few weeks assisting the client in negotiation meetings, so you would need to find alternative resources.

Developing preferred outcomes: Before developing a plan of action you will need to list the preferred outcomes. A preferred outcome could be a change to something, a new procedure, wanting things done differently, improvements or even just the opportunity for the client to be heard. Remember that outcomes should be steered towards positive results and social justice.

Social justice is based on equity and fairness for all people. This means that when you are supporting a client with an advocacy issue, the strategies implemented to support the client in addressing their needs should not disadvantage other people or result in an unfair situation. This may not always be possible, however advocacy and social justice share a common goal to advance people's rights. After listing the preferred outcomes you will need to discuss with the client how they think the outcomes could be achieved. List what needs to happen to achieve the outcomes as well as who is doing what and by when.

There are many different formats used to document an action plan. Most action plans will have at least the following headings:

- **Outcome:** What is to be achieved?
- **Strategy or action:** What has to happen to achieve the outcome?
- **Resources:** What resources are needed to be able to implement the strategy or action?
- **Who:** Who is responsible for implementing the strategy or action?
- **Timeframe:** Dates and times the strategy or action will be done by.
- **Review:** A date and time each strategy or action will be reviewed, who by, and where this will take place.

After developing the action plan with the client it is important to recap what has been decided to ensure they agree to the plan and understand their responsibilities. If other people have been identified as responsible for parts of the action plan you or the client will have to negotiate with them.

Negotiation



Negotiation is a means to reach an agreement with someone else. The first step is to have some confidence in yourself, believing in, and being clear about the 'rightness' of what you are fighting for. This does not mean that you are resistant to change or listening to others' point of view, but it does mean that you maintain a firm and confident commitment to the issues at stake and to the basic principles of social justice and equity. You will find that your negotiations will be more successful when following those principles when discussing the rights and interests of your clients.

Preparing to negotiate

Before you start the negotiation process you need to be clear about the outcomes you are looking for, as well as having some ideas on how those outcomes can be reached. Most people focus on a problem without giving some thought on how to resolve the problem. When people are not clear they often find themselves coming out of a negotiation with less favourable outcomes. You need to know what outcomes can and cannot be sacrificed in the process of reaching an agreement. For example you may be negotiating a new transport service for a client.

The pick up and drop off addresses may not be negotiable, but you may have some room to be flexible on the time the client is picked up. Negotiation can involve a lot of give and take. You will also need to think about the other party's interests in the issue; what they may have to lose or gain in relation to what you are proposing. You may not be able to do anything about their interests but you might need to be ready to respond to any resistance that you could encounter.

Negotiating

Once you have worked out what it is you are negotiating for, it is important to keep the discussions centred on those issues as much as possible. It can be easy to get diverted or distracted from your basic points.

This can happen by:

- **Being sidetracked**—when people try to direct the conversation to other things that are not to do with the issues at hand.
- **Getting bogged down with emotions and personalities**—when people focus on how upset someone is or attack a person for having different views and then talk about their personality.
- **Being obsessed with winning rather than up holding rights**—this can occur when you start to accept any outcomes that are a positive for the client but not necessarily to do with the issue you are advocating.

These issues can lead to a lot of ground being lost in the negotiations and can take a lot of time and energy getting back on track. You need to listen to the other party to be able to respond. Listen to what the other people are saying, not what you think they are saying. If there are any points of agreement, these need to be highlighted, the more agreements that evolve during the negotiation the easier it will be to reach agreed outcomes.



Seven

Initiating, negotiating and implementing relevant strategies for addressing client rights and needs in collaboration with the client

Briefly describe how you may initiate, negotiate and implement relevant strategies for addressing client needs?

Identifying potential barriers as well as resources

Barriers clients face

Clients face many barriers in the general community and in relation to community services. When providing advocacy support to a client you need to be aware of possible barriers to ensure they do not get in the way of the advocacy action. Some of these barriers include the following.

Lack of understanding of individual needs: It is common for the community to see some people as more needy or different to the average person. Most people have needs for basic food, shelter and warmth, the need for support to do some things, to be safeguarded from abuse, the need for friendship and love and the need to have some sense of control over one's life. For most people these needs are met on a day-to-day basis, however some people often find that their needs are seen as 'special' and the community does not see it as their problem or responsibility to meet these needs.

Inappropriate and inaccessible services: Many services are limited in resources and this can lead to services that do not have the capacity to cater for individual needs. Often services are set in a way that clients have to fit the mould of the service rather than the service fitting the client. This can lead to services that are not well suited to some clients. Some services, because of fees, entry criteria or physical access, can lead to clients not being able to access those services.

Lack of, or inappropriate support, services or levels of support can also be a problem. Many people require a high level of physical, emotional and sometimes financial support. Due to the nature of funding available for clients and community service organisations it is common for clients to receive support that will just get them by.

Discrimination: Discriminatory attitudes and behaviour by members of the community and by staff in organisations can also be a serious impediment. Unfortunately some people are still seen and treated as not having the same value or worth in society. When any person is seen as less worthwhile than others they are treated differently, which can result in the person taking on negative attitudes, which reinforces negative behaviour.

Lack of knowledge of clients: Clients often lack knowledge about their rights as citizens and consumers of services, or lack experience in exercising those rights. Educating clients and the community about the rights of clients has only happened in the last 10 years or so. People have, in the past, been passive receivers of services. This means that many did not know about their rights or how to protect them, they just went along with events and this created a culture of compliance. Considering that education does not happen overnight, and people can be fearful of standing up for themselves, it is not surprising that there are still many who are not aware of their rights and have limited opportunity or experience in exercising them.

Lack of power of people: Some people, particularly people with a disability lack power and authority as a group in society. History shows how marginalised groups are seen as being less important and get in the way of the important and powerful people in society. This would not be acceptable in our current society, however the underlying attitudes are still evident which results in some people having less power than the rest of society.

Invisibility of people who access community services: Many of those who access community services are sometimes invisible to decision makers. Not so long ago many such people were placed in institutions, sometimes for most of their lives. Considering our history, their lack of power and difficulties faced when attempting to stand up for their rights, it is easy to see why they have not had ready access or interaction with decision makers. If people are not active in speaking up and being heard, or are not recognised as valuable, it is easy for them to become invisible.

Isolation: Some people may be isolated from people or networks whom normally support and advocate for them, such as family, friends and relatives.

Analysing barriers

When providing advocacy support for clients it is important to identify any barriers that a client may face in working towards the best possible outcome for the client. When defining the issue with the client you may need to go through the following questions to help identify any barriers.

- Have the client's needs been clearly communicated to the person or service that is the subject of the advocacy?
- Is the client receiving a service that suits their needs? Does the service have the resources to meet the client's needs?
- Does the client have access to, and knowledge on how to access support? Is there support available to the client?
- Has the issue arisen out of discriminatory behaviour and what was the behaviour? What impact did the behaviour have?
- Does the client know about their rights? Can the client communicate their rights? Does the client have any ideas on how to exercise their rights?
- Is the client in a position to assert their needs? What avenues are there for the client to voice their needs?
- Does the client know who to talk to about the issue? Is the client aware of the organisation's complaints procedures? Do they know which service to approach?
- Does the client have access to support networks and are those people able to support the client?

If you find there are barriers evident you will need to help the client overcome the barriers. Some of the barriers may not involve a lot of time or energy. For example it may just require you to help the client understand their rights or help them identify people who can support them.



Eight

Identifying potential barriers as well as resources

How would you support clients to overcome the following barriers?

1. English not being their first language.

2. Belief they should not 'rock the boat' or cause a problem for anyone.

3. Fear that services could be withdrawn or diminished if they speak up.

4. Disability affecting speech ability.

5. Lack of self-advocacy skills – the client is unsure how to self-advocate

Identifying and contacting the most appropriate individuals and/or organisations and representing the client to optimise outcomes for the client



There are many times when you may need to make contact with others, either on behalf of your client or as an assistant to your client. Let us now look at different ways of contacting relevant agencies or individuals and examine the types of information you may need to gather. When you first start working with your client you will need to contact others to gather information. This information can then be used to help you clarify issues with your client.

When your client has decided on their options, you may need to assist them in acting on this option. Often this includes making contact with relevant people or agencies. Remember, your role here will vary depending on the capabilities of your client. Your client may only need your assistance in working out who they need to contact or they may want you to initiate the contact. Make sure you understand exactly what level of involvement your client wants from you.

Depending on the issue facing your client, they may need to contact one of many outside people or agencies, eg:

- Local employers
- Police
- Health professionals or services
- Management
- Friends/family/community members
- Government departments
- Specific individuals
- Relevant advocacy organisation (eg: disability or aged care).

Depending on the situation, you may decide the best approach is to make contact by letter, in person, by telephone, or electronically.

Identifying appropriate individuals or bodies



Appropriate bodies: Your role as an advocate is to determine which is the correct body you need to represent your client's case to. It is important that you state the case clearly and effectively to the correct organisation, in the first instance. It is pointless asking a tribunal to make a decision about an issue over which they have no jurisdiction.

Appropriate individuals: Once you have determined the appropriate organisation, you will then need to seek the correct person within that organisation. You can increase the chance of success by approaching the right person first time. There is no point asking a person to make a decision who does not have the power to do so. Similarly, it is futile going to the top person as they will only refer you back down to the correct individual.

By approaching the correct body and/or the correct individual on behalf of your client, you will be acting in a way that is most likely to result in a positive outcome for your client. When contacting the appropriate individual always remember your goal to maximise the outcome for your client. It is important that you represent your client's views clearly and accurately, and continue to bear their wishes in mind. You are, as an advocate, acting on their behalf.

Methods of contacting relevant agencies or individuals

Contact by letter: This is the most formal method of contact available and often the preferable one when dealing with government bodies.

Some of the advantages of written contact are:

- The letter acts as a record of your contact
- You can send a letter to several organisations or individuals.

Some of the disadvantages of written contact are:

- It takes time to write the letter and wait for a response
- It is not a very personal approach
- Letters are sometimes mislaid or put aside to be dealt with later.

It is often possible to begin contact with a letter and to then follow up with either personal contact or by telephone. As you move from written contact to personal contact, your interaction becomes less formal, and as you then move to telephone contact, it becomes even less formal.

Contact in person: Some situations would be best suited to personal contact. When you actually meet someone, it is easier to get to know them and build up a friendly relationship. Because they know you, they will often take a personal interest in your situation.

Some of the advantages of personal contact include:

- You can build up a relationship and rapport
- The issue has a personal element
- The effort you have put into meeting someone is often considered positive.

Some of the disadvantages of personal contact are:

- People have limited time and may not be able to see you
- If you do not present well you can do more harm than good
- It may be difficult to remember the finer points of your discussion.

You must keep in mind that there are some situations where your client must actually meet an organisation or individual. This is especially true if they are acting on behalf of your client or have a duty of care over your client.

Contact by telephone: This is the most common method of contact. Although telephone contact is suitable in many situations, this is not always the case.

Some of the advantages of telephone contact are:

- It is quick and easy
- You receive an immediate response
- The issue or situation is kept at an informal level.

Some of the disadvantages of telephone contact are:

- You may not remember what was discussed
- Your timing may not be good
- You do not get to know the other person
- The issue or situation is kept at an informal level.

Contact electronically: This is becoming an increasingly popular form of making contact.

Some advantages of electronic contact include:

- It is quick and easy
- The contact is short and to the point
- Many professionals prefer this form of communication
- You have a record of your contact.

Some of the disadvantages of electronic contact include:

- You do not get to know the other person very well
- Your contact may not be returned as soon as you would like.

In fact, you may discover that a combination of contact methods is best for your client.

Ensuring the client's point of view is clearly represented

It can be hard to ensure a client's point of view is clearly represented even when using assertive statements.

To ensure a client's point of view is clearly represented you need to:

- Support the client to have their issue clearly documented including what the issue is, how it affects the client and what they would like the outcome to be in a fair manner
- Have ways that the client can check the person's understanding of the their point and check back with the client if they feel they are being understood
- Have all the information they may need to be able to support their position
- Ensure the interaction is clearly documented.

Remember, above all it is the client's choice in how they would best like to communicate their needs.



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Identifying and contacting the most appropriate individuals and/or organisations and representing the client to optimise outcomes for the client

Read the case study and answer the questions.

Case study

Angelica is 65. She lives with and cares for her mother, Regina, who is 87. Regina is frail and has Alzheimer's disease. Angelica 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 (Angelica being the client)?

2. What are the possible options for the client?

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

4. What people or services could be contacted to assist the client?

Ensuring information is kept in confidence unless authorisation is given to release it



Privacy and confidentiality is recognised as a basic human need. Historically clients of community services have not had their need/rights to privacy and confidentiality respected and upheld. Even now clients often do not realise that they have had their privacy and confidentiality violated, or if they do they may not know what to do about it. Clients need to be educated about their right to privacy and confidentiality. Also relatives, citizen advocates and caregivers can assist people with a disability to watch out and take action. Each client has the right to personal privacy, privacy in communications, and confidentiality of personal records and information.

If you think about your own personal information, records or documents you have had contact with in the last week, and what it would be like to have someone else in charge of keeping all that information confidential, it could be quite daunting. As a worker, you will come in contact with a lot of confidential information regarding your clients. At times it may be difficult to determine what information should be given to others to ensure a client receives the appropriate service, without breaking confidentiality.

Examples of maintaining confidentiality include:

- Individual files are locked and secured
- Support workers do not tell other people what is in a client's file unless they have permission from the client
- Information about clients is not told to people who do not need to know
- Clients' medical details are not discussed without their consent
- Adult clients have the right to keep any information about themselves confidential, which includes that information being kept from family and friends.

The types of information that is considered confidential can include:

- Name, date of birth, age, sex and address
- Current contact details of family, guardian etc
- Bank details
- Medical history or records
- Personal care issues
- Service records and file progress notes
- Individual personal plans
- Assessments or reports
- Guardianship orders
- Incoming or outgoing personal correspondence.

Other information relating to ethnic or racial origin, political opinions, religious or philosophical beliefs, health or sexual lifestyle should also be considered confidential. Adult clients have the right to determine what information they consider personal and confidential.

There is, however, no such thing as absolute confidentiality in the community services industry. Workers are required to keep notes on all interactions with clients and often to keep statistics about who is seen and what issues are addressed. As a worker, there will be times when you could be faced with some personal difficulties regarding confidentiality. You need to give your client an assurance that what is said will be in confidence (that it will stay secret between you and the client) because, unless you are able to do that, the client is unlikely to be open with you. However, you also need to be aware of the limits to the confidentiality that you are offering. There are several instances where total confidentiality is either impossible undesirable, or illegal.

These include:

- Cases where the law requires disclosure of information which will be if the health and/or welfare of a child or young person is at risk. You are required to contact department of community services and notify them of your concerns
- If your client tells you he/she has committed a serious crime. You are required to notify your supervisor or the police directly
- If a worker is subpoenaed to present information in a court of law
- When the client needs to be protected from harming themselves (e.g. if suicidal)
- Where others may need to be protected (if the client has threatened to harm others or will do so inadvertently)
- The need to keep records
- When working in conjunction with other professionals in caring for a client
- The requirements of professional supervision, training, workshops or seminars
- For more details go to the sections on Legislation governing confidentiality and Exceptions to the general rule of confidentiality.

It is always good practice to tell clients at the beginning of your contact with them that whatever they tell you is confidential except in the above circumstances. When writing up case notes you need to be careful about what you include and how you write this information up. Always remember that clients have the right to see files and read anything that has been written about them.

When working with other professionals it is good practice to obtain the written consent of the client before exchanging information. If you are going to be discussing a client and their situation in supervision, in a training session or at a workshop, you can always change the name and any information that may identify the client. Other workers in these situations are also bound by the same ethical and legal requirements relating to confidentiality that you are.

Confidentiality also extends to things like:

- Names and addresses of clients
- Phone numbers and addresses of staff and volunteers
- Names and personal details of people who donate money or time
- Details of funding agreements
- Information about strategic planning.

Importance of confidentiality

Confidentiality is important for several reasons. One of the most important elements of confidentiality is that it helps to build and develop trust. It potentially allows for the free flow of information between the client and worker and acknowledges that a client's personal life and all the issues and problems that they have belong to them.

One of the major purposes for obtaining a client's consent before speaking to a third party (such as another agency or a family member/carer) is to protect the confidentiality and privacy of the client. Informed consent (obtaining personal information with the formal permission of the client or a person who has the legal authority to provide permission on behalf of the client) is considered essential in maintaining the privacy of the client.

It is important to keep your clients' business as just that – their business. You should only discuss matters relating to your clients' business with co-workers, and then only what needs to be discussed. Discussions should take place in the workplace and not be audible to other members of staff or the general public. You should never discuss clients' business with family or friends.

Respect for client confidentiality and staff personal information should be a high priority for all community services to comply with legislation that governs disclosure of information. In this regard all organisations need to have policies and procedures that provide guidelines for workers. Appropriate worker behaviour can also be incorporated in a code of conduct.

To ensure confidentiality, workers should only access confidential information for work that is covered by their job description and the policies and procedures of the organisation. They should only disclose information to other parties where a client (or co-worker in relation to their personal information) has consented to the release of the information or where disclosure is required or mandated by legislation due to indications of risk of harm. Further workers need to ensure that any information that is collected is securely stored and disposed of.

Confidentiality agreement

All health facilities including aged care facilities take a very serious view of failure to observe confidentiality as it constitutes a breach of the patient's privacy. This places both the facility and the individual concerned at risk of legal action and its consequences and may constitute grounds for dismissal. When you begin working in an organisation regardless of whether it is residential or community based, you may be required to sign a confidentiality agreement. This statement means that it is absolutely essential to treat any personal details of medical, social or family history of a patient and any other information pertaining to the aged care facility and its operation as strictly confidential.

Client consent: If you are planning to make a referral to a worker from another agency or they contact you to request information, you must get the client's permission to share their personal information. Clients are often requested to sign an agreement that information will be shared where necessary. It is important that clients understand what they are signing and the reason that information needs to be disclosed to another worker. If you don't have a good reason, then don't share the information!

Exceptions to the general rule of confidentiality

There are few exceptions to the general rule of confidentiality, and they all have legal bases.

These include:

- If the client tells you they have committed a serious crime
- If the client is a child and is being abused or is at risk of abuse
- If you are concerned that the client might harm themselves or someone else.
- If a child is under the age of 16 years and especially under the age of 14, parents legally have the right to know what happens in counselling.
- Making records available to the police if they have a warrant to inspect documents
- Making information available in the case of suspected or confirmed physical or sexual abuse.
- Responding to a summons or subpoena
- Responding to a request under freedom of information legislation.

In the case where legal obligations override a client's right to keep information private and confidential, a community service organisation has the responsibility to inform the client and explain in a way that they can understand, the limits of confidentiality. Information may also be sought through a subpoena for court proceedings.

For example, in the case where a client may have been abused by a disability support worker, the police and court can request information from the community service organisation, without the client's consent. A subpoena can be challenged if it seems unreasonable of the information requested is unnecessary for the case.

Requests for information about clients

All workers who have a counselling role or work face-to-face with clients are ethically obliged to keep information about a client confidential except in the cases listed in the section *Exceptions to the general rule of confidentiality*. It is always good practice to tell clients at the beginning of your contact with them that whatever they tell you is confidential. This means that you if you do have to act to keep them safe, it is not a shock to them.

Requests for information about services provided

If service providers or members of the public request information about the services offered by an organisation, it is important to have clear guidelines about which staff members are responsible for giving out information, either in person, at a meeting or on the phone. The clearer the guidelines, the more efficient, reliable and consistent the organisation will be. Some organisations have an intake system, whereby a staff member is on duty to take all requests, while others delegate more responsibility to administrative staff.

Collecting information from a client

If you need to ask for personal information from a client you need to tell them:

- Why you need the information, for example, to contact them if something goes wrong
- How you are recording the information
- How the information is kept safe, and how they can see the information on request by asking the service manager.

You also need to ask your client ask about who it is OK to give the information to, e.g. the police, other agencies, and a doctor?

All records must be protected against unauthorised access, and not be shared with any person, except those for whom the information has been gathered. Information can only be shared with the client's written permission or unless legislation allows, for example, with a police request.

Release of information

Workers need to be aware of their own personal practice when talking on the telephone to clients, their family and workers from other organisations. Before providing any information to a client you need to ensure the client's identity. This may be done by asking for their date of birth, address or a client number as provided by the organisation. Information can only be provided to family and other workers (except where there a legislative requirement based on indicators of risk harm) when the client has given 'informed consent'. Clients also have the right to deny the release of information and this must be respected. All clients have rights, and their confidentiality must be respected. Unless it involves a disclosure of something that leads you to believe they are at risk of harm, don't share their information with others.

Guidelines for releasing client information

If confidential information has to be released, clients must understand what the information is needed for, before giving their consent.

A community service organisation or disability support worker cannot disclose personal information to another person, disability support worker, body or community service organisation unless:

- The client has understood the request and given their consent to disclose the information including withholding any part of the information requested
- The disclosure of information is required or authorised by law
- The person disclosing the information believes on reasonable grounds that it is necessary to prevent or lessen a serious and imminent threat to the life or health of the client.

If a community service organisation needs to release confidential information about a client who is unable to give informed consent, the service should ensure:

- That the person receiving the information needs to know the information provided
- The client information must only be used for the purpose it was obtained
- That providing the information will directly benefit the client
- That the person receiving the information will respect its confidentiality and not pass the information on to others
- That the clients' family, advocate, guardian or person responsible agrees to the information being released.

It is important to check with your individual clients as to what information they consider private and confidential. Some things like what they had for dinner would be private for some clients, where others would not consider that type of information private.

Breaches of confidentiality

All community service organisations have a responsibility to keep client or service-user information private and confidential. In some circumstances, clients can take legal action against a worker or an organisation under the law of negligence. We owe a duty of care to our clients to prevent any risk of harm. Most agencies have policies and procedures relating to privacy and confidentiality which identify the rights of clients and responsibilities of workers.

Often workers are asked to sign a confidentiality agreement when they begin working for an organisation. By signing this agreement workers are stating that they will respect and uphold the organisation's policies and procedures and ensure that client information is not disclosed without the client's informed consent. This is a legally binding document that clearly states a worker's obligation to treat all client information confidentiality.

If a worker breaks client confidentiality they are seen to have breached (If something is breached it has been violated or broken) the policies of the organisation and, as a result, he or she may be dismissed from their position—that is, sacked! This may also open the worker to legal action from a client.

If you, as a worker, notice that another worker seems to be breaching client confidentiality you should:

- See if they have the client's permission to share the information (you can either ask the worker or check in the client's file)
- Check to see what the agency's policy is regarding breaches of confidentiality and follow the procedures outlined
- If there isn't a policy, and if you feel comfortable enough, approach the worker and express your concern
- Talk with your supervisor and tell them what you have observed or overheard and express your concerns
- Ask that all staff receive training in confidentiality, why it is important and how to maintain it.

Breaching procedures

All agencies should have guidelines and procedures to store and maintain client information and they should have policies on what should happen if these guidelines and procedures are breached. Becoming aware that a fellow staff member is breaking confidentiality can create a dilemma for a worker. Should the worker ignore it and hope that it doesn't happen again? Should they talk to the staff member concerned or mention it to a supervisor and perhaps cause the worker to be sacked?

There is a range of specific circumstances where a worker will be excused from breaching confidentiality, where he or she discloses information to protect the public. Some of these exemptions are established through statute and others through judicial interpretation of the law.

Where a worker becomes aware, in the course of managing a client, that a risk to public safety exists, he or she will be excused from breaching confidentiality where he or she discloses information about this risk in order to protect the public. This includes instances where there is a risk to a particular individual. In circumstances where a worker considers that a client represents a risk to the public, they should carefully assess the level of risk before acting. It is a really good idea to discuss the situation with your supervisor.

Confidentiality and duty of care

Confidentiality applies to all information that a client or colleague tells you verbally or gives you in writing. It also applies to things that you learn through observation. All information in a person's health care record is confidential and may not be disclosed without permission from the client or their guardian. Confidentiality is a critical aspect of your duty of care.

Remember that all clients have the same rights as everyone else in the community, regardless of whether they have a drug and alcohol problem, a mental illness, or a physical or intellectual disability. Their confidentiality must be respected. This includes difficult clients and clients with dementia. Unless you believe a client is at risk of serious harm, don't share the client's personal information with others. Respect their right to privacy.

Only the client has the right to decide who to share their personal information with. Every service organisation should have a confidentiality policy. This policy will usually include an agreement, signed by workers and volunteers to uphold client confidentiality, and an authority, signed by the client, allowing you to discuss their personal information with specified others, but only in order to provide an effective service.

Consequently, you may be able to disclose aspects of the client's health care record including disclosing their personal information, but only if you get their permission first. Get permission in writing. Do not get 'blanket' approval. Blanket approval is where the client gives general approval for anyone at the organisation to disclose any information about them. Get approval for specific information to be shared, specify who you will share it with, and why you need to do so. Keep a record of who had access to the information and for what purpose. Most agencies get this permission when the client first comes to the organisation.

Written personal information must be carefully protected. Files need to be stored safely and protected from unauthorised access. Clients need to know how they can get access to their information. They may need to apply for this under the Freedom of Information Act, but usually community service organisations have agency policies that allow clients direct access to information about themselves. Community Services need to have a range of policies and procedure in place to ensure that workers comply with legislation and maintain a duty of care to not place clients at risk of harm.

These may include:

- Recruitment policies that include police checks
- Induction training of new workers and ongoing training of existing workers that includes policies and procedures on confidentiality, privacy and record keep
- Appropriate procedures for record collection, storage and disposal
- Policies on secure access of stored information
- Policies on how to deal with breaches.

Confidentiality and privacy

What is the difference between confidentiality and privacy?

Privacy is more often taken to mean ‘the right to be left alone’. The term privacy usually attaches to individuals. Confidentiality is a much broader concept. Information may be confidential that is not personal. Legally, organisations do not have privacy rights — individuals do. In community services personal information may become subject to confidentiality procedures and policies but that will not affect the rights of the individual who is the owner of that information. Information about an individual may be given to others for legitimate purposes under ethical standards of confidentiality. Privacy is an obligation to the individual who is the owner of the information and applies regardless of who is providing the information.

Confidentiality and security

There is no such thing as absolute confidentiality in our industry—especially when it comes to recording information about client contact or observations about clients. We are required to keep notes of our interactions with clients and often to keep statistics about who we see and what issues are addressed. There may be people authorised in your organisation, or working in other services that are authorised to see information about clients. As well, it is every client’s right to see the information recorded about them if they wish to do so. It is not; however, any client’s right to see information recorded about another person.

Confidentiality also extends to things like names and addresses of clients, consumers or residents, telephone numbers and addresses of staff and volunteers, names and personal details of people who donate money or time, details of funding agreements, and information about the organisation’s strategic planning. Therefore, workers must not disclose any information about other workers or people involved in the agency to anyone. It follows that it is essential that all information and documents that are confidential are kept secure. Upholding confidentiality and security involves keeping information and documents in a place that can’t be easily accessed by non-authorised people.

Storage of records



All community service organisations need to ensure that all records are correctly stored in line with legal requirements. Record storage must be secured in a place where there is no possibility that they could be damaged. The storage system must be easily accessed by authorised workers.

Secure spaces are:

- Rooms that are locked
- Filing cabinets that are locked
- Drawers that are locked
- Passwords on computers.

Store case notes, case management plans and files in filing cabinets and remember to lock filing cabinets when leaving the office.

Ways of maintaining confidentiality are to:

- Talk about clients in a private and soundproof place
- Not use client's names
- Only talk about clients to relevant people
- Keep communication books in a drawer or on a desk away from visitors to the agency
- Keep staff files in a locked cabinet in the manager's or coordinator's office
- Use case numbers when recording information about clients on a database
- Remove identifying information when discussing cases for teaching purposes.

Destruction of records Most records are kept for as long as they are in use by the organisation or for the length of time that the client receives a service. In some cases legislation requires the archiving of client files for 7 years and each organisation needs to be familiar with the legislation as it applies to their service and client group. Any confidential information must be shredded before it is sent for recycling.



Ten

Ensuring information is kept in confidence unless authorisation is given to release it

A disability support worker is assisting a client, who has cerebral palsy to join a swimming class run by the local council. When the disability support worker put in the enrolment form, the swimming instructor said they needed to read the client's file, just in case there is something they need to know before the client could be considered for the class.

1. What do you need to do before you give the instructor any information?

2. On what grounds should the instructor see the information?

3. What questions would you ask the instructor?

Element 3: Provide ongoing support to clients



Supporting and encouraging clients to exercise their rights and personal preferences without compromising their safety and that of others

Role of a worker

A worker who is advocating for a client must ensure the needs, rights and interests of the client, need to be presented in a way that does not further stigmatise or disadvantage the client. For example, avoid highlighting negative aspects or presenting the client as excessively needy when presenting their cause.

A worker needs to be aware of the risks for their client of any advocacy on their behalf, and safeguard the client against further discrimination or negative action. For example, making a complaint to another community service organisation may result in their attempt to dismiss the client from the organisation. Depending on the advocacy action and the issues, a client may face any number of possible risks. It is important to think about the outcomes a client wants to ensure they do not impact on the client in a negative way.

Some of the risks you may need to think about include the following.

- By obtaining a new service are they at risk of losing another?
- Is the information that is given to support the client's position putting them at risk of being treated differently?
- The degree to which you push the issue with others can lead to the client being labelled as difficult.
- If you are the voice for the client, the agency against whom you are advocating may see you as having the power and the client as powerless, which could lead to the agency not communicating with the client directly in the long-term.

By thinking about the actions that you are supporting the client with, you need to think about any impact certain actions may have in the long-term. It can be useful to think in terms of social justice for all concerned in the advocacy issue. Social justice is based on equity and fairness for all people.

This means that when you are supporting a client with an advocacy issue, the actions and decisions made to support the client should not disadvantage the client or other people or result in an unfair situation. This may not always be possible, however advocacy and social justice share a common goal to advance people's rights. Social justice can be described as the very straightforward notion that society is a place where everyone is of equal value and importance. As a worker you may need to work with the client to ensure any decisions or actions they would like to take in relation to upholding their rights do not result in negative consequences or disadvantage the client or others.



Eleven

Supporting and encouraging clients to exercise their rights and personal preferences without compromising their safety and that of others

Reflect on a recent interaction in a community services context, either as service user; or in a worker role (for those currently working in the industry).

1. In what ways did the exchange demonstrate respect for the client's personal preferences?

2. In what ways did the exchange foster client empowered/directed decision making?

Consulting with your supervisor, other support workers and the service about the interests, rights and needs of clients in a way that upholds their rights and supports their reasonable expectations

Ensuring your actions uphold clients' rights

Apart from the legislation that protects the rights of clients, workers need to ensure their actions or communication with others also upholds clients' rights in relation to:

- **Being respected and valued:** this means that you need to be aware that you are communicating on behalf of a client and do not take over the advocacy. Clients need to be seen as equal partners in the advocacy and as having value and are treated like all others.
- **Right to control their personal information:** deciding for themselves which information is passed to others. You may find that when you are communicating with others in the advocacy process that you are pushed to give information to others that you have not been given permission from your client to divulge.
- **Confidentiality and privacy:** often when advocating it can be tempting to give the whole history of a client to push for their cause. You need to keep focussed on the issue and the information that pertains directly to the issue. If you feel that giving personal or confidential information to others will help the client's cause, you need to ensure you have the client's permission first.
- **Client involvement in action:** you may find when supporting a client with advocacy that others will try to make the decisions about actions for the client without the client being involved in the consultation. You need to ensure you uphold the client's right to be involved in decisions by not agreeing to any actions without the client's involvement.
- **Address issue in a sensitive manner:** many advocacy issues can pertain to sensitive topics, for example, personal care or relationship issues. Whatever the issue it is important to remember you are working with a client on something that can affect their life. Clients have often been treated like numbers and their issues seen as not important. It is your role to remind others that you are all dealing with a person who has the same rights, feelings and emotions as others.

Whatever the issue it is important to remember that you are working with a client on something that can affect their life.

Expectations of the client

When supporting a client it is important to help them define their expectations. Often due to lack of experience or understanding clients' expectations may be valid in their eyes, however are not realistic in terms of expected actions, time and equality. When supporting a client in advocacy it can be useful to assess any expectations against the following questions.

Is the expected action realistic? How realistic is it? How can it happen? For example, if a client could not access the first floor of a movie theatre, where the film they wanted to see was being shown, it is not realistic to expect the movie theatre to knock down their building and rebuild it to be accessible. It may be realistic to ask the theatre to show the movie in a downstairs theatre.

Is the expectation realistic in relation to time? In the above example asking the movie theatre to show the movie in an accessible theatre is quite realistic, however it may not be realistic to ask them to change the program immediately if all the movies have been scheduled or they are just about to start.

Does the client's expectation support equality? Often people have expectations that do not support equality. Any expectations must be considered in relation to the premise that all people have equal rights and should be treated fairly. If the client's expectations result in a negative impact on other people or discrimination, it is your role to help the client see this and negotiate different expectations.

Meeting with others



Meetings are the most common arena used for advocacy. Below are some of the things to think about before, during and after a meeting.

The aim of meetings varies, including to:

- Build relationships
- Listen and collect information
- Share information and educate
- Persuade others, such as to change policy or practice, seek funding or work collectively towards a solution. This will include suggesting specific proposals for action.

Whatever the reasons for the meeting, you need to be clear about why you are having or attending a meeting and what you hope to achieve from it. You need to be ready to use both formal and informal meetings to your maximum benefit. Whilst meeting with others remember that as advocates you are always representing the wishes of your client. Your role is to ensure your client's needs are addressed and optimised.

While meeting and interacting with others it is helpful if you understand:

- The stages of a meeting
- The basis of planning a meeting
- Good meeting practice
- Brainstorming techniques.

Stages of a meeting

In essence, there are three different stages of a meeting:

1. The first stage is the introduction.
2. The second the discussion.
3. and the last the summing up.

The introduction part of the meeting: is where the purpose or reason for the meeting is explained. Each of the people is involved, the issue is presented and the meeting is outlined in order of structure. It is during this stage that your client will be introduced (if they are attending), you will be introduced as the advocate and you will stress the reason for your being there is to act on behalf of your client.

The next stage of a meeting is the discussion stage: where each of the people involved will have their say.

The last stage of a meeting is the summary: At this stage all of the ideas are summarised and then read out to the group. Any action that needs to be taken by any person is written down and allocated to the individual.

Planning a meeting: As an advocate you will find yourself often responsible for holding a meeting and therefore planning a meeting. There are important things you should remember while you are planning a meeting.

These include:

- **Who should be there?** It is essential that you have the correct person or persons present at your meeting to best improve the chances of the most favorable outcomes for your client. Where possible this person should be the decision-maker.
- **Where and when you will meet?** To do this you will need to consult with all of the people who should be present at the meeting, and find a date, time and place that is agreeable to all. Out of respect for their schedules, appropriate notice of meetings should be given for each individual.
- **What should be discussed at the meeting?** It is important that you have already worked out exactly which issues you want to address at the meeting with these specific people.
- **Preparing your-self for the meeting:** this means that you may need to find information, acquire information or place the information you have in a specific order. If, for example, your meeting is with the Guardianship Authority, you may need information such as referral letters from the client's medical practitioner, or letters from the nursing home concerning the abilities of your client.
- **Organising equipment:** there may be specific equipment you need to help you present your client's case. This may be equipment your client requires in order to assist them to communicate or it could be equipment such as an overhead projector or VCR.

If you do require any equipment it is essential that it is set up and ready to go prior to the meeting. It is also essential that you think of the comfort of the people attending the meeting. You may wish to provide tea and coffee, or light refreshments, depending on the time at which the meeting is taking place.

Good meeting practice: Good meeting practice means that you present yourself in a professional, orderly and effective manner. Good meeting practice will allow yourself and your client to get the most possible out of any meeting you attend. Good meeting practice includes issues like being on time, being organised are keeping your discussions to the core issue of the meeting.

Brainstorming: Brainstorming is an informal process to gather as many ideas and options as possible. You will probably have come across this process in studying a communication unit during your course. It is mentioned here because brainstorming is often a means to be able to include your clients in discussions or conversations.

The role of an advocate in meetings

As an advocate you need to be as effective as possible to maximise the outcome for your client.

Therefore as an advocate you should:

- Always be honest with your client
- Avoid putting forward unreasonable expectations for your client, or to your client
- Inform them on a regular basis what is happening
- Always respect the rights of your client – including their rights to express their wishes to be informed of what is happening, to participate in any discussions or decisions
- Communicate at a level your client can understand
- Avoid conflicts of interest
- Keep the client at the centre of all activities.

As an advocate it is important that you introduce strategies to address your client's needs.

The strategies that you use should uphold the rights and support the reasonable expectations of your client.



Twelve

Consulting with your supervisor, other support workers and the service about interests, rights and needs of clients in a way that upholds their rights and supports their reasonable expectations

1. Describe how you may raise issues with the most appropriate person/ people in a way that upholds the rights and supports reasonable expectations of the client?

2. Think about your organisation, or one you are familiar with, and list three other organisations that would be valuable in assisting you to uphold residents' rights and responsibilities when they require advocacy.

3. Peter, an 88-year-old man, has sustained a broken neck and femur and is now confined to bed. You need to organise a meeting with all concerned parties to advocate for the best outcomes for Peter. How would you organise this meeting?

Identifying situations of risk or potential risk and refer appropriately

Risks in advocacy

Advocacy isn't risk-free. The risks include:

- The person with power or authority in the situation may be angry that the advocacy occurred, and they may treat the client even worse as a result.
- The process might drag on and on and never seem to end, leading to frustration or apathy.
- Failure may contribute to the worker or client feeling powerless. (On the other hand, doing nothing can lead to anger, apathy or depression).
- The advocacy process may be much bigger or take longer than you expected. It might interfere with the worker's other work, or even contribute to burnout.

Issues in advocating for clients with high advocacy needs

Some of the issues involved might include:

- Ethical issues (e.g. accountability, confidentiality, client determination)
- Legal issues (duty of care, WHS, child protection)
- Trust
- Dependency
- Geography
- Resource intensive

Success (Despite all efforts, some clients' lives may remain chaotic for years. How do we measure our success as advocates in this situation?)

Vulnerable people who need support services are often perceived as being more likely to experience harm or be in a dangerous situation (for themselves, or for others). For example:

- Risks associated with impairment or disability such as falls accidents
- Risks associated with everyday activities that might be increased by a person's impairment or disability
- Risks of a carer being overwhelmed
- The use of medication
- The misuse of drugs or alcohol
- Behaviours resulting in injury, neglect, abuse, and exploitation by self or others
- Suicide or self-harm
- Aggression and violence

People who care about a vulnerable person want them to be safe. This can sometimes cause families, friends and support staff to be over-protective and form a negative perception about the risks of independence, choice and control.

What is Risk Management?

Risk management is the way in which adverse effects from risk are managed and potential opportunities are realised. The potential cascade effect of a failure to address a safety issue may affect the level or type of risk experienced in all areas of the organisation. It is essential that all your risk management processes and systems complement one another, fit within your organisation's culture and work in synergy towards the same goals. That may involve a combination of preventative, responsive and supportive actions to reduce the potential negative consequences of risk, and to promote the potential benefits of taking appropriate risks. Sometimes these might require temporary or longer term limitations where the risk of harm may have suddenly increased or become so serious that protective safeguards are needed. Risk management means making sure a duty of care has been considered and applied where risks (positive and negative) are identified.

What is Reasonable Risk?

Reasonable risk is about the balance between empowering people to make informed choices about services that will meet their specific needs, and ensuring that there are also safeguards to prevent harm, abuse or neglect.

Some people may not fully understand or be aware of the risks in their lives. People who care about them (carers – and for vulnerable people also paid care workers and other health and social care staff) need to work together to overcome this. Some people may make informed but risky choices and they have the right to do that. But this might be an unacceptable risk for others. People who care about them (carers – and for vulnerable people also paid care workers and other health and social care staff) need to work together to ensure the consequences are fully understood and risks are minimized to be reasonable. There may be circumstances where the risk of harm is too great. We have a responsibility to ensure that vulnerable people are safeguarded so, after exploring all possible ways of reducing the risk, it may not always be possible to support a choice.

Assessing and managing risks in a proportionate way

Risk is a common issue that arises around decision making for people with a disability. People with a disability should be able to do things that have a level of risk involved. This is sometimes referred to as dignity of risk. It assumes that a person has explored and understands the pros and cons of a decision or experience, including possibility of personal loss or injury, and still wants to go ahead.

It is important to remember that risk can be an experience in itself. Exploring, understanding and finding ways to address risk can be challenging but also highly rewarding. Approaches to risk should be undertaken positively and in partnership with the person and, where relevant, their supporters. This means working together to understand the nature of potential risks, consider creative measures to minimise any risks and determine the agreed action. Any measures

Referral

As community service workers you will often find yourself in situations where you can't provide an appropriate or on-going service to your clients. This might be because your agency policies state that you can only assess clients, or work with clients for a specified timeframe. It also might be because you don't have the skills necessary to deal with certain issues such as child abuse, sexual assault, marital issues, loss and grief and so on.

It is important to realise that acknowledging you haven't the necessary skills isn't a sign of failure but rather a professional assessment of your strengths and weaknesses. By referring a client on to someone who can help them with their particular issue you are effectively meeting your client's need and thus helping them move a step closer to resolve whatever is troubling them.

As a general principle regarding when to make referrals, make them if:

- You are in doubt of your own capabilities,
- You're over-identifying with your client
- You know or suspect that another agency or professional is more appropriate for a particular client.

Referral means putting people in touch with services that have the resources to help them achieve their goals. It is not just about handing out a number. You are responsible for bringing the person and the service together. When we make a referral, we are basically sending a person to another professional who specialises in working with particular needs or problems. Referring a client to another professional doesn't mean that we stop working with that client but rather that we work as part of a team to best meet all that person's needs.

When to make a referral

Usually you would refer the person who you are working with to another professional when:

- The client asks you to
- You need specialised information
- You do a needs assessment and realise that they need specialised assistance to make sure that their needs are met
- Your agency does not provide all the services that they need
- You are concerned about their physical, social or emotional state or well-being and want a specialised opinion or intervention
- There is a change in a person's physical, emotional or social situation and you need a specialised assessment to get new, different or more services
- The person is moving to a new area and needs to be linked to new workers and agencies
- You have ethical concerns about working with an individual and believe that someone else would be able to provide a more suitable service.

It is really important to remember that we do not refer clients because we have had enough of them and are finding them difficult to work with. While this is always a tempting option, especially when times are tough, it is not fair to the person and will not help them or their situation. It is much better to try and sort out why problems are happening and what can be done to help rather than 'passing the buck'.

Advocacy services

There is a range of advocacy services throughout the state. Advocacy services also include community legal services, legal aid and private solicitors. Some groups serve a specific portion of the population, such as women's legal services; others focus on a specific subject matter, such as the tenants' union. Others focus on a specific style of dispute management, such as mediation. An example would be the Dispute Resolution Centre.

Advocacy and legal support

Some organisations assist clients who may require an advocate to represent them in negotiating any aspect of their life, such as living arrangements, financial situation, family relationships, child custody or employment. These organisations and other related organisations may also be able to assist clients in a variety of legal issues such as providing legal representation, upholding clients' rights in a court of law, representing the client to the Guardianship Board.

Organisations that provide advocacy and legal services

Some examples include:

- Police
- Fines hotline
- Private lawyers
- Child support agency
- Legal services commission
- Victim support service
- Women's legal service
- Telephone legal advisory service
- Office of the Public Advocate
- Welfare Rights Centre Inc
- Disability Complaint Service
- Disability Action Inc
- Various advocacy agencies for the aged.

Health services

Some examples include:

- General practitioners
- The second story (youth health services)
- Private and public hospitals
- Child and youth health
- Community health centres
- Women's health centres
- Migrant health service.

HIV/AIDS

Some examples include:

- AIDS Council of SA (ACSA)
- Adelaide Counselling Team
- Adelaide Diocesan AIDS Council (ADAC)
- Gay and Lesbian Counselling Service of Vic.

Drug and alcohol services

Some examples include:

- Drug and Alcohol Services (DASSA)
- Alcohol Drug Information Service (ADIS)
- Needle Exchange Sites – phone through ADIS
- Aboriginal Drug and Alcohol Council
- Aboriginal Sobriety Group Inc
- Salvation Army Sobering Up Unit
- Narcotics Anonymous
- Women for Sobriety
- Uniting Care Wesley.

Mental health services

Some examples include:

- Assessment and Crisis Intervention Service (ACIS)
- Mobile Assertive Care (MAC)
- Child and Adolescent Mental Health Service (CAMHS)
- Anxiety Disorders Foundation of Australia
- Grow Groups (SA Branch) Community Mental Health Movement
- Mental Health Information for Rural and Remote Australia (MHIRRA)
- Mental Health Resource Centre
- Panic Anxiety Disorder Association (PADA)
- Association for Relatives and Friends of the Mentally Ill (ARAFMI)
- Multicultural Mental Health Access Program.

Remember that the resources listed are not intended to be a comprehensive listing. They are simply a guide to the broad range of services available. There are also contacts such as Lifeline that have lists of services available. Through developing your own knowledge of services appropriate to your client needs and eligibility and accessibility within your geographic location, you will be able to provide your clients with complex needs options which, hopefully, will be able to meet their range of interconnected needs.

How to make a referral

The following list of things to remember should help you when you are making referrals for a client:

1. Make sure you know what policies and procedures your agency has for making referrals.
2. Always know the agency or person to whom you make the referral. Don't send a client off to someone or some organisation you know nothing about. Remember, your clients will probably already be feeling anxious about seeking help, so to send them on to an 'unknown' will no doubt increase, their unease.
3. Contact the agency or worker you are thinking about referring your client to and see who their target group is, what services they provide and what their criteria for access is (that is, who they will accept and what information they need). Don't give out any identifying details about your client at this stage.
4. Explore the readiness of your client to be referred. Open and honest discussion about referral and the reason for it will enable your client to feel more in control of the situation. If there is a choice of services available, make sure your client has information about each service and can make an informed choice for themselves.
5. Discuss the possibility of referral with the other organisation or person before suggesting it to your client. Of course, you need to do this without breaching confidentiality. If you don't check out the possibility of referral, you may have encouraged your client to move on, only to discover this is not possible.
6. Explore with your client where she or he may have already sought help. It's no use referring on a client who has already been on the 'merry-go-round' of agencies. This would be extremely disempowering.
7. Talk with your client about the fact that you want to refer them to another worker or agency and why. Give them some information about the new agency or worker and give them time to ask questions and talk through the referral process.
8. Be very aware of confidentiality issues. Get your client's consent for you to contact the agency or worker and give their details to the new worker. Remember that they must give informed consent (know what it is that they are consenting to and the consequences of giving such consent).
9. Let your client make the appointment, rather than making it for them. Again, this is more empowering.
10. Help prepare your client for their first appointment—talk through with them what information they will have to provide, how to get to the appointment and what they will have to take (if appropriate). Some clients may want you to go with them as an advocate or as support.
11. Maintain your relationship with your client until the referral process is complete. It's no use, for example, referring a client to an organisation for an appointment in six weeks time and then leaving them without support in the interim. Sometimes, it's useful to continue support work with a client even though they may be receiving other services. This type of collaborative work is often useful in community services work as each worker has different areas of expertise that they can offer a client.

If the relationship between you and the client is particularly difficult or tense you might not be able to do all of this and you might just give them information about what other services are available. Regardless of how difficult things might be between you and the client it is important to remain professional, respectful and polite at all times, even though you might not want to!

Remember that every referral you make should be aimed at improving the person's quality of life and opportunities for increased independence. The referral process should be aimed at empowering the person so remember to give them as much information as is appropriate to their level of functioning and allow them to do as much as possible for themselves.

To ensure that you meet your duty of care and professional requirements make sure that you document everything that you have done. In the case notes you should provide an objective summary of what happened and why and what you did. So if a complaint is made you will have all the information necessary to show what you have done and why.

The referral letter

When you refer a client to another service you will need to write a letter of referral. The referral uses the parts of a letter combined with the introduction, body and conclusion of a report. The headings 'introduction' and 'conclusion' are not usually used; however, section headings are frequently included. Using a letterhead means that the report is written by you, representing your service.

Sample referral letter

Hillsvale Community Centre,

16th July 2011

The Manager

Homecare

Cc: Dr Martin

Mrs Enid Jones

Dear Madam/Sir

Re: Mrs Enid Jones DOB: 15.8.36

4/14 Loft Street, Hillsvale

Mrs Enid Jones was referred to our organisation by her local General Practitioner, Dr Joe Martin. Dr Martin was concerned that Enid was living alone at home and had some issues related to aging that was making it difficult to maintain her independence. Dr Martin felt that our service could assist Mrs Jones by providing support to people living in their home.

Hillsvale provides community services to residents in the local area. We provide assessment and direct support for people to assist in maintaining independence.

Current situation

Mrs Jones has been living in her family home for 40+ years. She has three children, none of which lives locally. She is a widow. Her husband passed away in 2005.

I first met Mrs Jones on the 10.7.2008 and arranged for her to be assessed by one of our care workers. Mrs Jones was functioning independently but had been finding some tasks now beyond her ability. Hillsvale have been providing drop in support for the past 6 months mainly focusing on home maintenance tasks.

Mrs Jones has until recently been able to look after herself but she has recently had a hip replacement.

Financial situation

Mrs Jones is in receipt of the aged care pension

Conclusion

Given Mrs Jones' current situation, her independent living needs and financial situation, I believe that access to some assistance with cleaning and personal care would be beneficial while she convalesces. I fully support her application for Homecare and am happy to provide you with more information if necessary.

Hillary Worner

Director

Hillsvale Community Centre



Thirteen

Writing a referral report letter

Write a referral letter to the Salvation Army shelter incorporating the following points. Use the example given above as a guide. Points to incorporate in the referral letter:

- Martin 37 years old
- Divorced three years, no children
- Unemployed, previously a taxi driver
- Depressed
- Long history of alcohol abuse
- Recently in detox and currently not drinking
- Homeless and needing accommodation
- No history of violence
- Well motivated to attend AA.

Applying work practices to minimise potential for harm to clients, self and others



You must be able to identify imminent risk or the need for emergency response to minimise negative or destructive impact on a client's welfare. Early identification is a key to risk minimisation. If you identify a risk situation, report it to your supervisor and ensure that you document your observations. Follow-up to ensure something is done to address the issue.

In the event where the client is in danger or there is an emergency — physical, psychological or social you will need to act immediately. All organisations have detailed policies and procedures for staff to follow in circumstances where there might be a potential emergency or crisis for the client. It is vital that all staff are fully conversant with these procedures. Training should occur for all staff involved in the direct care of clients. Staff must know their area of responsibility and their duty of care.

The unexpected or unknown can be challenging and impossible to plan for. So the question is; can you plan for the unexpected? Most of us would answer, not really. However, you can have contingency plans in place for when a situation changes or head in another direction. It is not so much what happens to us but how we respond that counts. Your response to a crisis situation will determine if there is a negative or positive outcome. Early intervention or prevention of an escalating situation — where the client could be at risk or exposed to potential harm is a major concern for all service providers. Your organisation will have strict procedures to follow and it is your responsibility to be familiar with them.

Procedures could include details such as:

1. What are the indicators of potential crisis?
2. What could be the consequence or outcome?
3. What responses or preventative strategies are available?
4. What internal or external resources/ services are available?
5. Who will provide support to the client?
6. What documents or reports need to be completed?

Where there is a lack of services, workers should remember that help lines are always open and can provide effective support. Encourage clients to use emergency services because that is precisely what they are for. While you are supporting them, try to build the client's self-sufficiency to ensure that they do not become too reliant on you, as this will wear you out. You can only do what you are permitted to and what is within your personal and professional boundaries.

Strategies to minimise risk

The minimising of risk is something that does not just happen once. It is an ongoing process a sequence of procedures and activities that all staff should participate in. Risk minimisation strategies are usually developed in conjunction with the work group and communicate via the supervisor and other colleagues. Implementation is usually systematic in its approach to ensure the right strategies or best practice is applied and then checked for its effectiveness.

Strategies and options for keeping vulnerable people safe

By now you would be well aware that the people you work with are particularly vulnerable in society. Part of your job, under duty of care, is to ensure that your clients are safe from foreseeable danger.

There are 3 approaches to keeping vulnerable people safe:

1. The advocacy and protective services approach.
2. The quality assurance approach.
3. The social and attitude change approach.

Conflict management



Communicating with others when there is an actual, or potential, for conflict, can be problematic and difficult. Your ability to communicate assertively will help with this tremendously. Communication is a basic human right for everyone. There is a statement of communication rights that should be acknowledged and upheld by all support workers and management in the community services sectors.

All people have the right to:

- Communicate and be listened to
- Be treated as an equal participant in conversations
- Choose his or her individual method of communication
- Express his or her feelings
- Request information, objects, events or actions
- Reject or refuse unwanted objects, events or actions
- Be included in social interaction
- Be communicated with in ways that are dignified and meaningful
- Be communicated with in ways that are culturally and linguistically appropriate
- Live and work in an environment that offers opportunities, promotes and supports their communication.

Conflict can and will occur even between the best of communicators. Rather than seeing conflict as always a negative occurrence it is helpful to think of conflict as just another aspect of communicating within a group or with others.

Positive effects of conflict can include:

- A creative approach to problem solving. This can shake you out of lethargy
- An increase in group and organisational unity. This can help team members identify and make clear their points of view. Conflict can stimulate team members to find different methods of approaching situations by exposing them to new ideas.

Negative effects of conflict can include:

- Violence, particularly where there is inadequate ability to put feelings and needs into words. This can result in relationship breakdown
- Breakdown in collaboration, because the purpose or agreement about how to work together is no longer shared
- Opposing views from which people can't back down
- Changes in the work or home environment which produce and reflect anger and anxiety
- Emotional devastation, because feelings are ignored, put down or misdirected.

Once you have identified the conflict, the next step is to utilise skills, which will enable you to resolve it in the most effective manner.

When dealing with a conflict situation, remember the following points:

- Be attentive to your client or co-worker
- Concentrate on the issue, not on the person
- Target the key points of the conflict
- Investigate by asking a full range of questions.

The Conflict Resolution Network has identified a number of stages, or levels of conflict: (adapted)

1. DISCOMFORTS	Problem may be difficult to identify. Things do not feel right. However, perhaps nothing is said yet.
2. INCIDENTS	A short sharp exchange occurs. Something occurs that leaves people annoyed or upset.
3. MISUNDERSTANDINGS	Motives often confused or misperceived; and people then becoming suspicious of others.
4. TENSION	Relationships soured by people having negative attitudes toward each other
5. CRISIS	Normal functioning is difficult. Extreme actions contemplated or carried out. Relationships ruptured.

A conflict resolution strategy involves using the following skills:

DISCUSSION	By simply talking about the problem two sides may be able to get their needs met, or find there wasn't such a gap after all
PROBLEM SOLVING	Using a series of steps parties to explore the causes of the conflict, and seek a solution, in a structured way
COUNSELLING	A neutral third party facilitates discussion, taking care to explore participants' emotional issues
MEDIATION	A neutral third party assists parties to reach an agreement
NEGOTIATION	A back-and-forth problem solving approach, often using a third party, which can also be used to prevent open conflict arising
ARBITRATION	A neutral third party considers the parties' positions and makes a judgment
CONFLICT MANAGEMENT	Not resolution, but making arrangements so unresolved conflict does not flare up destructively

Responses to Conflict

Conflict has the potential to do damage, but is also a catalyst for change. Either way, it is desirable to resolve it as quickly as possible. Unfortunately, people respond to conflict in all sorts of ways - and most of them just make things worse.

Here are some of the options:

AVOIDANCE	Pretending there is no problem; avoiding the discomfort of confrontation
AGGRESSION	Trying to bully or otherwise force the other party to change their position
COMPETITION	Trying to outdo the other party so they abandon their position; point-scoring
SUBMISSION	Giving in to the needs of the other party
ACCOMMODATION	Giving up on trying to change the situation, but not necessarily submitting
COMPROMISE	Agreeing to concessions so as to reach a solution that is inferior to that initially desired
MANIPULATION	Trying to trick, or outmanoeuvre the other party so they are unable to get their needs met
CONFLICT RESOLUTION	Actively seeking to satisfy the needs of both parties and minimise conflict

Instigating emergency procedures if required

If there is a high level of risk for self-harm or harm to others, you may need to instigate emergency procedures, such as referral to an in-patient facility, or 24-hour community-based care and support services. In general, support workers should consult with their supervisors in relation to these critical cases, as the level of responsibility and duty of care often requires the involvement of a more senior staff member.

In some cases, such as with mental health cases, you will need to be aware of the procedures to be followed in the case of involuntary admission to an in-patient facility. This will include the legal requirements necessary for involuntary admission and detention under the *Mental Health Act* which must be adhered to stringently, with accurate documentation using the required forms. Clear explanations of all procedures enacted under the *Mental Health Act* must be given to the client and significant others as soon as possible, including written explanations. Other situations besides risk of harm to self or others may call for emergency procedures related to referral. These may include welfare crises, such as lack of accommodation or food, and medical crises, such as drug intoxication or withdrawal. It would be useful to have a list of all available emergency resources, their contact numbers, and concise information on the nature of their services, located in the office.

The client-centred approach

The most important role of an advocate is to keep the client in the centre of all discussions and decision-making to maximise their outcomes. It is important that the advocate understands the expectations of the client and puts all their effort into fulfilling these expectations.

To be client-centred, it is important that the advocate:

- Focuses all their energy on the client
- Continually keeps the client informed on what is happening and what is going to happen
- Cares about the client and the client's level of happiness
- Asks the client for feedback and for their thoughts or evaluation on the process continually ask the client what it is they want and restructuring their strategy to fulfil this
- Continually making improvements to either the strategy or the style or the approach that they are taking.

To be client-centred is to be successful in your work. It is important that you remember the role of the advocate is to uphold the rights and support to the expectations of your client. The only way you can do this effectively is to make sure you are aware of what it is your client expects.

Conducting all activities in accordance with legal, organisation and duty of care requirements

Using legislation to uphold clients' rights

The role of a worker is to uphold the legislated rights of the client in their day-to-day activities by ensuring they are aware of the standards and follow policies and procedures set out by the organisation. As a worker you can use the standards when raising issues in advocacy to remind staff, management and other clients of the rights of all people when receiving a service from a community service organisation. As a worker the reasons you may use legislation to uphold the rights of a client may be varied and at different levels. On a day-to-day basis reminding other staff about things like confidentiality, clients' rights to make decisions, or support to make a complaint can be very effective with very little time involvement. On the other hand you may need to discuss legislation or discrimination with an organisation that has made a decision that impacts on the client's life in a discriminatory or negative way.

Policy and procedure: Most community service organisations have a set of policies and procedures that are developed to guide the organisation. Many policies are in place to ensure a client's rights are upheld. When advocating on behalf of a client it is important to obtain any policies that pertain to the issues and the rights of the clients within the service or agency. Using legislation, human rights and an organisation's own policy, can support the advocacy when looking after clients' rights.

Duty of care

In all areas of community work, the capacity to exercise a duty of care and operate within a legal and ethical framework is of paramount importance. The term 'duty of care' is a legal concept that defines those circumstances where the law will hold that one person is liable to another where, as a result of the first person failing to take reasonable care, that other person is injured. What constitutes 'reasonable care'? There is no single answer. It will depend upon all the circumstances. Exercising 'duty of care' does not mean following a set of prescribed steps. There is no checklist or instruction manual. The legal interpretation of Duty of Care is usually determined when considering breaches of Duty of Care – that is, after the event.

Such determinations on a case-by-case basis are informed by Commonwealth and State legislation and industry and organisational standards including:

- State/Territory legislation, for example, in relation to Mandatory Reporting
- Professional and occupational standards defining responsibilities and limitations of the job role
- Client service standards
- Organisational Codes of Conduct
- Definitions of job roles in position descriptions and industrial awards
- Training and skills of the worker
- Instructions from supervisors.

All community services workers have a duty of care responsibility at a number of levels:

1. **Workers have a duty of care responsibility to themselves as individuals.** They must ensure that all care is taken to remain safe and healthy in the workplace, to comply with accepted practices, codes, procedures and any relevant professional and/or occupational standards.
2. **Workers have a duty of care responsibility to others in their workplace and to their employers.** This usually involves compliance with workplace standards of conduct, and with accepted procedures and practices, including presenting the organisation to the public and to others. Under current WHS legislation, workers have responsibility in accordance with the scope of their job role to identify workplace hazards and to take action to reduce risk of harm.

3. Workers have a duty of care responsibility to clients. This can have many interpretations depending on the job role requirements. It could cover issues such as:

- Confidentiality of information
- Safety and security
- The quality of the services provided
- Taking action in specified situations
- Reporting, e.g. of child abuse.

Duty of care is a problematic area for community service workers whose clients are particularly vulnerable – for example due to age, disability or illness. While the worker's first instinct may be to help their client, for example by contacting family members for assistance, the worker may find that they have in fact not exercised a duty of care to their client by breaching their right to privacy.

Law of Negligence

The law of negligence is the requirement to act reasonably. If an organisation does not act reasonably and people are injured, the organisation will be held accountable. It is in the interests of the clients, as well as consistent with legal obligations, that disability services behave reasonably in delivery of their services to avoid injury and harm. There are three parts to the definition of negligence and all three elements must be present in any situation for an organisation or person working in the organisation to be considered negligent by a court:

1. A duty of care.
2. A breach of the duty of care through an action or omission.
3. Harm or injury to the client's body, property, mental wellbeing, financial status, or intimate relationships.

When you breach your duty of care, you have failed to meet the standard of reasonable care, and this has resulted in harm to someone. Reasonable is defined as what a reasonable person may or may not do according to service standards, laws, regulations and community values regarding acceptable behaviour.

Reasonable care will depend on:

1. The practicality of the situation.
2. The risks of harm.
3. The kind of harm.
4. Any foreseeable risk.

Any damages which form the basis of a claim for compensation will need to show that the harm or injury was the direct result of a breach of duty of care.

Legislative framework



While your work is very people-focused and your clients will be involved in much of the decision-making, there are also a number of legal and ethical aspects to your role. While understanding these will help you to complete your role according to the legislation and standards of your state or territory, it will also help you to do your job better, and provide an improved, more holistic and meaningful service to your clients. Many of these laws, standards and regulations differ between the states and territories.

Work Health and Safety Bill 2011: Work health and safety is the responsibility of everyone. Your employer has a duty of care for occupational health and safety to provide a safe working environment for workers and clients. All employers are required to consult with staff on any issues which may affect their health and safety.

Under the Work Health and Safety Bill 2011, each state and territory regulates its own health and safety legislation. There should only be very slight variations to that legislation between the states and territories. All states and territories and the Commonwealth have worked together to develop and implement model Work Health and Safety (WHS) legislation as the most effective way to achieve harmonisation of WHS laws in Australia. By reducing costs and eliminating unnecessary administrative processes, harmonisation is designed to make it easier for workers and for employers who conduct business across multiple states.

Disability Discrimination Act 1992: The Disability Discrimination Act 1992 prohibits discrimination against people with a disability in a range of areas including transport, education, employment, accommodation and public premises. While the Building Code of Australia contains specific provisions for access to and around new and existing buildings for people with a disability, the Disability Discrimination Act does not provide any technical details on how to provide that access.

Mental Health legislation: The Mental Health Act states that interference with the rights, privacy, dignity and self-respect of people with mental illness must be kept to the minimum necessary in the circumstances. The Act also establishes the procedures for beginning involuntary treatment, by making involuntary treatment orders and through independent review.

The current legislation in the states and territories is:

- New South Wales : Mental Health Act 2010
- Victoria: Mental Health Act 1986
- Queensland: Mental Health Act 2000 – subordinate legislation: Mental Health Regulation 2002
- Western Australia : Mental Health Act 1996
- Tasmania: Mental Health Act 1996
- Australian Capital Territory: Mental Health (Treatment and Care) Act 1994
- Northern Territory: Mental Health and Related Services Act 1998.

Medication Legislation and Regulations: The State and territory Legislation relevant to the aged care sector could include the following areas of Legislation, Regulations and Standards:

Relevant legislation is:

Freedom of Information Act 1982 (Commonwealth. No. 3, 1982): An Act to give to members of the public rights of access to official documents of the Government of the Commonwealth and of its agencies.

Equal Opportunity 2010 (VIC): Equal Opportunity legislation dictates regulations regarding equal treatment of staff and users of the service without discrimination on the grounds of race, sex, ethnic origin, pregnancy, marital status, age or religion. There are specific provisions that forbid sexual harassment. Harassment may not always be physical. Your organisation will have policies that reflect the requirements of the Act. Equal Employment Officers are trained to ensure that there is no discrimination or harassment in the workplace and that people who want to make a complaint are informed of the procedures to do so. Make yourself familiar with Equal Opportunity procedures that apply in your workplace and who the EEO contact person is.

Racial Discrimination Act 1975 (Commonwealth. No 52, 1975) : An Act relating to the elimination of racial and other discrimination.

Sex Discrimination Act 1984 (Commonwealth. No. 4, 1984): An Act relating to discrimination on the ground of sex, marital status, pregnancy, potential pregnancy or family responsibilities or involving sexual harassment .

Human Rights and Equal Opportunity Commission Act 1996 (Commonwealth. No. 126, 1986): Allows The Human Rights and Equal Opportunity Commission HREOC to investigate complaints under acts such as the Disability Discrimination Act 1992, Sex Discrimination Act 1992, and the Racial Discrimination Act 1975, as well as dealing with infringements of human rights. It states that people have a right to respect and dignity, assistance to become as self-reliant as possible, education, training and work, family and social life and protection from discrimination. www.hreoc.gov.au/about the commission.

Freedom of Information Act 1982: The Freedom of Information Act 1982 creates a general right of access to information in documentary form in the possession of Ministers and agencies limited only by exceptions and exemptions necessary for the protection of essential public interests and the private and business affairs of persons in respect of whom information is collected and held by agencies.

Guardianship and Administration Act 1986: The Guardianship and Administration Act 1986 establishes a legislative regime to enable persons with a disability to have a guardian or administrator appointed when they need a guardian or administrator. The Guardianship and Administration Act also governs the performance of medical and dental treatments, special procedures and medical research procedures on people aged 18 years or older who have a disability (intellectual impairment, mental disorder, brain injury, physical disability or dementia), where that person is incapable of deciding whether to consent to the procedure.

Health Records Act 2001: The Health Records Act 2001 creates a scheme to regulate the collection and handling of health information in Victoria. The Health Records Act does not override other legislative regimes for confidentiality (such as section 120A of the Mental Health Act) or access to information (such as freedom of information), but rather complements and supplements those regimes. The Health Services Commissioner administers the Health Records Act.

Aged Care Act (1997): Based on this Commonwealth Act the industry develops standards and guidelines:

- Standards and Guidelines for Residential Aged Care Services
- Home and Community Care National Service Standards
- Aged Care Accreditation Standards
- Disability Service Standards.

Home and Community Care Act 1985: The Commonwealth provides funding under the Home and Community Care Act 1985 (HACC Act) for a range of personal, health and domestic services to help frail aged and other people with disabilities and their carers. . These services are intended to help people with moderate, severe or profound disabilities to maintain independence in their homes and in the community.

The program developed from a consolidation of a number of Commonwealth and state- and territory-funded programs in 1985. As a result, there were numerous differences between the states and territories in its early operations, many of which persist. The variations have significant implications for Health in developing mechanisms to achieve national consistency in the administration of HACC, coordination with other support programs, and the equitable provision of HACC services between, and within, the individual states and territories.

Western Australian Legislation

Criminal Code Act 1913 (WA)

The present law that governs criminal offences in Western Australia is the Criminal Code Act Compilation Act 1913 which is known as the Criminal Code. The criminal law is predominantly based in statutory law which is the Griffith Code (enacted for Queensland in 1899) and was later enacted in Western Australia in 1902.

The Criminal Code Act 1913 which is the criminal law of Western Australia was enacted in 1913 after amendments were made to the original code. Prior to the enactment of the Code, criminal law in Western Australia is based on common law. Despite codification of the criminal law in Western Australia, the common law has remained an important source of law therein. And all offences are contained in legislation. The most serious offences are contained in the Code, and there are other offences established by other legislations such as Road Traffic Act 1974 (WA) and Misuse of Drugs Act 1981 (WA).

Equal Opportunity Act 1984 (WA)

The Equal Opportunity Act 1984 (WA) is a Western Australian law which makes it unlawful to discriminate against a person in certain areas of public life, including employment. This law is regulated by the Equal Opportunity Commission.

Working with Children (Criminal Record Checking) Act 2004

The *Working with Children (Criminal Record Checking) Act 2004* was passed by State Parliament on 26 November 2004, and was proclaimed on 1 January 2006. Since proclamation a number of amendments have been made to the Act and Regulations. These changes improve the effective administration of the legislation and also improve the protection of children in Western Australia. Legislation can be accessed from the website of the State Law Publisher of Western Australia, which is the official publisher of all Western Australian legislation.

Child Protection State Legislation & Reporting - WA

Local Legislation

The Department for Child Protection is responsible for overseeing and upholding child protection in Western Australia. Numerous Acts (laws) help to govern and guide the process of child protection.

These acts include:

Principal Acts:

- Children and Community Services Act 2004 (as amended in 2011)
- Children and Community Services Amendment (Reporting Sexual Abuse of Children) Act 2008 (from 1 January 2009, these mandatory reporting provisions will become a part of the Children and Community Services Act 2004)

Other relevant Acts:

- Working with Children (Criminal Record Checking) Act 2004
- Family Court Act 1997
- Adoption Act 1994
- Family Law Act 1975 (Cth)

Carers Recognition Act 2004 Western Australia

The Carers Recognition Act 2004 formally recognises carers as partners in the provision of care for people who are frail, chronically ill or have a disability. The stated aim of the WA legislation is to improve the culture of service providers by involving and partnering with carers in the delivery of care.

Other relevant WA legislation

- Equal Opportunity Act 1984 (WA) (as amended)
- Public Sector Management Act (1994) (WA) (as amended)
- Disability Discrimination Act (1992) (Commonwealth) (as amended)
- Disability Services Act (1993) (WA) (as amended)
- Racial Discrimination Act (1975) (Commonwealth) (as amended)
- Racial Hatred Act (1995) (Commonwealth) (as amended)
- Sex Discrimination Act (1984) (Commonwealth) (as amended)
- Human Rights and Equal Opportunity Commission Act 1986 (Commonwealth)
- Criminal Code (WA)
- State Records Act 2000 (WA) (as amended)
- Nurses Act 1992
- Nurses Amendment Act 2003
- Poisons Act 1964
- Nurses Board of Western Australia – medication recommendations

Child Protection Legislation in Australian States and Territories

JURISDICTION	PRINCIPAL ACT	OTHER RELEVANT ACTS/LEGISLATION
Australian Capital Territory (Office for Children, Youth and Family Support, Department of Disability, Housing and Community Services)	<i>Children and Young People Act 2008</i> (ACT) (NOTE: Not all provisions are in force)	Adoption Act 1993 (ACT) Human Rights Act 2004 (ACT) Human Rights Commission Act 2005 (ACT) Public Advocate Act 2005 (ACT) Family Law Act 1975 (Commonwealth)
New South Wales (Department of Community Services)	<i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW)	Children and Young Persons (Care and Protection) Amendment (Parental Responsibility Contracts) Act 2006 (NSW) Child Protection (Offenders Registration) Act 2000 (NSW) Crimes Act 1900 (NSW) Commission for Children and Young People Act 1998 (NSW) The Ombudsman Act 1974 (NSW) Family Law Act 1975 (Commonwealth) Reform: Children and Young Persons (Care and Protection) Amendment Bill 2009—introduced to make further provision with respect to out-of-home-care designated agencies and the provision of information to the Children’s Guardian and the Director-General of the Department of Community Services

Northern Territory (Children, Youth and Families, Department of Health and Families)	<i>Care and Protection of Children Act 2007 (NT) (NOTE: Not all provisions are in force)</i>	<i>Information Act 2006 (NT) Disability Services Act 2004 (NT) Criminal Code Act 2006 (NT) Family Law Act 1975 (Commonwealth)</i>
Queensland (Department of Communities)	Child Protection Act 1999 (Qld)	Commission for Children and Young People and Child Guardian Act 2000 (Qld) Education (General Provisions) Act 2006 (Qld) Public Health Act 2005 (Qld) Adoption of Children Act 1964 (Qld) Family Law Act 1975 (Commonwealth)
South Australia (Families SA; Department for Families and Communities)	Children's Protection Act 1993 (SA)	Young Offenders Act 1994 (SA) Adoption Act 1988 (SA) Children's Protection Regulations 2006 (SA) Family Law Act 1975 (Commonwealth) Family and Community Services Act 1972 (SA)
Tasmania (Child Protection Services, Department of Health and Human Services)	Children, Young Persons and their Families Act 1997 (Tas)	The Family Violence Act 2004 (Tas) Family Law Act 1975 (Commonwealth)
Victoria (Children Protection and Juvenile Justice Branch; Department of Human Services)	Children, Youth and Families Act 2005 (Vic)	Working with Children Act 2005 (Vic) Child Wellbeing and Safety Act 2005 (Vic) The Charter of Human Rights and Responsibilities Act 2006 (Vic) Family Law Act 1975 (Commonwealth)
Western Australia (Department for Child Protection)	Children and Community Services Act 2004 (WA)	Working with Children (Criminal Record Checking) Act 2004 (WA) Family Court Act 1997 (WA) Adoption Act 1994 (WA) Family Law Act 1975 (Commonwealth)

Child protection across all health and community services contexts, including duty of care when child is not the client, indicators of risk and adult disclosure



Under the Children, Youth and Families Act 2005 (VIC) the definitions of abuse and neglect is as follows:

- The child has been, or is being abused or neglected; or a person with whom the child resides (whether a guardian of the child or not) has threatened to kill or injure the child or has killed or neglected some other child or children and there is a reasonable likelihood of the child being killed, abused or neglected by that person; or,
- The guardians of the child are unable or unwilling to maintain the child, or are unable or unwilling to exercise adequate supervision and control over the child, or are dead, or have abandoned the child, or after reasonable enquiry cannot be found; or,
- The child is persistently truant from school; or the child is under 15 years of age and of no fixed address.

There are many issues within the Health Care Industry sector requiring Mandatory Notification and reporting, most of which deal with WHS requirements. However there are other certain issues that require mandatory notification to authorities.

Types of harm/abuse experienced by clients

Everyone who is employed to support or work with clients in the CSI has a legal, moral and ethical responsibility to ensure the physical and emotional safety and well-being of those people. At times, however, clients can live in situations or have experiences in their lives that are unsafe or where their wellbeing is threatened.

If we are to protect clients from abuse and neglect it is important that we understand what is meant by these terms:

- **Abuse:** physical and emotional pain or harm that is inflicted by one person on another. Threatening to inflict pain or violence is also considered abusive.
- **Neglect:** not providing appropriate care and protection or meeting the physical, emotional and social needs of someone in your care.
- **Risk:** exposure to the chance of emotional and/or physical abuse or neglect.

Physical assault

This is any touching of another person that is harmful, offensive or unwanted.

Examples include:

- Hitting, slapping, pushing, burning
- Physical restraint
- Over- or under-medication.

Sexual assault

This is when a person is subjected to sexual activities without their consent.

Examples include:

- Penetration of the vagina, anus or mouth by a penis, by any part of the offender's body or any object manipulated by the offender
- Sexual and genital fondling
- Unwilling exposure to exhibitionism or masturbation
- Suggestive behaviours, and comments that are inappropriate or make the person feel uncomfortable or intimidated
- Exposure to pornography.

Emotional abuse: Abuse that causes a person to feel fear, anxiety, loss of self-worth and rejection, through threats and humiliation.

Examples include:

- Severe verbal abuse
- Continual rejection
- Physical or social isolation
- Threats of abuse
- Harassment
- Frightening, dominating or bullying actions
- Humiliation
- Withholding of affection
- Threats of institutionalisation.

Financial/material abuse : The illegal or improper use of the person's property, resources, finances and other assets without their informed consent or where consent is obtained by fraud.

Examples of financial abuse:

- Denying a person access to or control over their money, assets when they have a demonstrated capacity to manage their own finances
- Denying a person access to information about their personal finances
- Taking a person's money or other property without consent (which is likely to also constitute a criminal offence) misappropriation of money, forging signatures on cheques
- Forced changes to wills or other legal documents, misusing power of attorney
- Using a person's belongings for personal use (e.g. using a person's vehicle for our own purposes, borrowing possessions even for a brief period, e.g. CDs, lawn mowers, personal use of phone by staff which is not recorded or reimbursed leaving the person to pay the cost of the calls).

Systems abuse: This is where bureaucratic processes are so tedious and involve so much hassle for the client that they feel very powerless and frustrated. For example, a child may be placed in foster care due to an unstable home environment, yet be subjected to a number of inappropriate foster placements, with a lack of continuity of carers and lengthy stressful court appearances.

Victimisation: This means singling someone out for unfair punishment or treatment.

Examples include:

- Verbal and physical harassment
- Inciting others to abuse or harm.

Neglect: This is the lack of reasonable care or attention; carelessness can also be considered as neglect. **Examples include:**

- Failure to provide adequate support, food, shelter, clothing or hygienic living conditions
- Failure to provide adequate information and education in the use of poisons, alcohol or other drugs
- Nutritional, medical or other physical needs being ignored or withheld
- When an individual is deprived of the basic human interactions required for the development of social behaviour.

There are many reasons why people may not tell someone about the abuse or neglect. This can be because:

- They may not have the necessary language or verbal communication skills
- They are unsure who it will be safe to tell
- They don't understand what is happening to them and that it is abusive and denying them their rights
- Previous attempts at communicating the abuse or neglect have been ignored
- They think that no one will believe them
- The person who is abusing them has threatened that they or someone they love will be harmed if they tell
- They may blame themselves for what is happening and take responsibility (inappropriately) for the abuse
- They may be ashamed and want to hide the abuse.

Even if someone doesn't tell you about the abuse or neglect there are usually some signs or indications of what is going on. Therefore, it's important to look at someone's behaviour and to think about why they may be behaving in that way. Never make assumptions or just label the behaviour as difficult or inappropriate but, rather, think about the behaviour as being a response to something that is happening.

Mandatory Notification

Child abuse and neglect are broad terms (defined more precisely in State legislation) where a child is in need of care and protection. Notification of child abuse, in keeping with the 'partnerships/whole of community' approach, is the responsibility of all members of the community. In other words, any member of the public is able to report concerns of child abuse to the relevant department in that State. Further to this, most jurisdictions have legislation that mandates certain professions to notify instances of abuse or suspected abuse. In other words, these jurisdictions specify professionals who are legally obliged to notify child protection services when they have formed a belief that there are reasonable grounds that abuse is occurring. At the time of writing, all States except Western Australia have mandatory notification legislation. You will need to check on the status of mandatory notification provisions in your State and, more specifically, who is legislated as a mandated notifier.

Who is mandated to make a notification?

The groups of people mandated to notify their concerns, suspicions or beliefs to the appropriate statutory child protection authority range from a limited number of specified persons in specified contexts (Western Australia, Queensland) through to every adult (Northern Territory).

The relevant Acts and Regulations in the Australian Capital Territory, New South Wales, Queensland, South Australia, Tasmania, Victoria and Western Australia contain lists of particular occupations that are mandated to report. Some states have a limited number of occupations listed, such as Queensland (doctors, departmental officers, and employees of licensed residential care services) and Victoria (police, doctors, nurses and teachers). Other jurisdictions have more extensive lists (Australian Capital Territory, South Australia, Tasmania) or use generic descriptions such as "professionals working with children".

Working with Children (Criminal Record Checking) Act 2004

The *Working with Children (Criminal Record Checking) Act 2004* was passed by State Parliament on 26 November 2004, and was proclaimed on 1 January 2006. Since proclamation a number of amendments have been made to the Act and Regulations. These changes improve the effective administration of the legislation and also improve the protection of children in Western Australia. Legislation can be accessed from the website of the State Law Publisher of Western Australia, which is the official publisher of all Western Australian legislation.

Child Protection State Legislation & Reporting - WA

Local Legislation

The Department for Child Protection is responsible for overseeing and upholding child protection in Western Australia. Numerous Acts (laws) help to govern and guide the process of child protection. These acts include:

Principal Acts:

- Children and Community Services Act 2004 (as amended in 2011)
- Children and Community Services Amendment (Reporting Sexual Abuse of Children) Act 2008 (from 1 January 2009, these mandatory reporting provisions will become a part of the Children and Community Services Act 2004)

Other relevant Acts:

- Family Court Act 1997
- Adoption Act 1994
- Family Law Act 1975 (Cth)

Guardianship



You may need to interact with a Guardianship Authority in your state. This is the body that has the power to make decisions for the wellbeing of your client.

The types of decisions that a Guardianship Authority is responsible for include:

- Appointing a guardian or a financial administrator to a person of limited mental capacity
- Resolving conflict to ensure the wellbeing of your client
- Consenting to medical or dental treatment on behalf of people with limited mental capacity
- The power to place people in nursing homes, residential care or hospitals against their will
- Having the final say or final decision-making power when your client has not agreed with their doctors, nurses or psychiatrists on any specific issue.

It is important to note here that the Guardianship Board makes decisions about appointing a person's guardian and financial administrators. These two positions are very different. The first – the role of the guardian – makes decisions about a person's wellbeing and daily lifestyle. The second – a financial administrator – makes decisions about the financial situation that your client is in.

There are two ways in which a person can become a guardian. The first is to be appointed by a guardianship body, either as a full guardian or a limited guardian, depending on the level of responsibility they have, and the remaining abilities of the individual in question. The second way is to gain enduring power of guardianship. This occurs when a person has previously nominated a guardian whilst in a position of full mental capacity. In other words, they have selected the person they wish to be their guardian for a future date.

If for any reason there is no appropriate person to be a guardian for an individual, the Guardianship Authority will appoint the Public Advocate to be their guardian. The Public Advocate has the role of guardianship and also several other responsibilities. It is important for you to understand the role of the Public Advocate as you may find yourself working closely with them at times.

Decision-making responsibilities

The Guardianship legislation outlines several principles that the advocate can use to argue on behalf of their client. These principles should also be used by the advocate whilst they carry out all functions of their work.

The principles outlined in the Guardianship legislation include:

- The principle of substituted judgement – that is, prime importance must be placed
- On considering the wishes of the individual, and the decision they would have
- Made if they still had the capacity to make that decision
- The present wishes of the person – these must be taken into account, even if they appear to vary considerably from their former wishes
- The principle of best interests – the legislation orders that all decisions must be in the best interest of the individual, in that they must uphold the person's rights, protect them and provide them with the proper levels of care and protection
- All existing arrangements are to be maintained wherever possible.

It is important that you familiarise yourself with the relevant legislation in your state and how it will affect both your clients and you in the role as carer and potential advocate. Your role as advocate is to maximise the outcomes for your client. You can fulfil this role if you understand who it is you should address and with what issues you should address them. There are a range of services available to people in our community. As an advocate, it is essential that you understand these services and the organisations that oversee them in order to optimise the outcome for your client.

Bias and discrimination

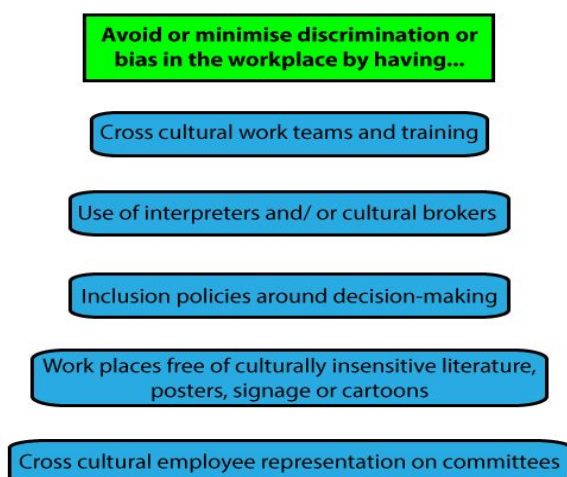
What is discrimination?

Discrimination toward or against a person or group is the prejudicial treatment of them based on certain characteristics. It can be positive behaviour directed towards a certain group, or negative behaviour directed against a certain group. Every person in the work place needs to work to eliminate any bias or discrimination against a group or individual. By learning more about your clients or co-workers you can often overcome issues that might arise through personal biases. Some discriminatory behaviour in the workplace can be racist jokes or cartoons, not giving people information in a format that they understand and segregation or stereotyping.

What is normal ?

The term 'normal' can end up causing many problems. Normal is a value-laden, excluding concept that often prevents acknowledgement of the diversity of people, their life experiences and situations.

You should avoid using the term 'normal', as it is incorrect and can be offensive.





Fourteen

Conducting all activities in accordance with legal, organisation and duty of care requirements

Think of a client with whom you or a colleague have worked, whose rights have not been safeguarded by your organisation, a different service or their family/friends. Reflect on this person's situation and answer the following questions:

1. What was this client's situation? What rights were not upheld?

2. What legal power do you or your agency have to intervene in a situation like this?

3. What obligations do you have to exercise these powers?

4. What responsibilities do clients have in this situation?

5. What consequences are there when workers and clients do not fulfil their responsibilities?

6. What processes must be followed in your organisation to deal with these issues?

Element 4: Support clients making a complaint



Discussing organisation and legal complaints mechanism and ensuring that clients are aware of rights and responsibilities

The management team of your organisation will ensure clients are aware of their rights, how to make a complaint and how to access an advocate. This will be done by providing information to clients in a client/family handbook and verbally explaining these rights and processes during client meetings when a client commences a service with the organisation. Discussions about client rights take place again at Individual Plan meetings, or as required, as well as informally through posters displayed around your organisation.

Where the organisation manages individual funding packages, clients will be provided with regular reports and information about their package. In instances where there is a legally appointed or authorised person who has specific authority to make financial decisions for the client, they will have access to information and records relating to the package. Clients have a right to complain if they are dissatisfied with an aspect of the service provided. It should be standard practice to inform them of the complaints processes used by your organisation.

Making a formal complaint

The responsibility of the worker is to explain the steps in the procedure, what the client may need to do, and help the client to identify who is involved at each step. The worker may need to assist the client in ensuring all the necessary documentation is attended to.

Example of a general complaints procedure:

Step 1. Resolve the issue with the person or service involved.

Step 2. Resolve the issue with the service manager.

Step 3. Resolve the issue with the next senior manager.

Step 4. Resolve the issue with the community service organisation's chief executive officer or equivalent.

Step 5. Refer the issue to an external agency.

If the issue is resolved at any step in the procedure, the agreed outcomes should be documented. Clients have the right to take the issue to an external agency at any time during the process, although the external organisation will want evidence to show what has already been tried to resolve the issue with the original organisation.

Assist the client in lodging a complaint

Deciding on options: Once a client has been given the information on all the possible options it can be difficult to decide which options to use. It can be helpful to go through the following questions to help the client decide which options to implement.

Is the option feasible? How feasible is it? How can it happen? : For example, a client might decide to meet directly with a service manager who is responsible for the person they had an issue with, but the service is located a long way from the client's home and the client cannot afford transport. The option to meet face-to-face may not be feasible, however the meeting could take place over the phone or the client and service manager could agree to meet half way. If however they can't meet face-to-face then the option would not be feasible.

Is it going to resolve the issue? Will it be enough? : Often options selected will not be all that is needed to resolve an issue. Just writing a letter to a service to make a complaint will not guarantee getting the outcome required. There may have to be a few actions to back up the letter like a follow up phone call and a meeting to discuss the issues. There will be times when the options chosen should lead to the outcomes required, however during the process of implementing the options it may become evident that other options may need to be implemented. It is useful to have a few options to follow and not rely on only one.

Is it fair ethically or legally?: Often people decide on options that are not fair either ethically, or, in extreme circumstances, could be breaking the law. Does choosing a particular option have a negative impact on other people, or is it a way of getting back at someone? If a client is unhappy with a person in an organisation because they feel the person has not been given the right training, it would not be fair to demand the person be sacked. It would be better to suggest that they may just require training. When a client decides on an option and that option is not fair, it is the responsibility of the worker to ensure the client is aware of this. When helping a client to decide the best option for them to take in resolving an issue it is important to think about the possible consequences of the decisions they make.

A worker may help the client think about:

- How choosing a particular option may affect them
- How choosing a particular option may affect others
- The advantages of choosing particular options
- The disadvantages of choosing particular options.

For example, if a client was refused entry to a movie due to the fact they were in a wheelchair and decided not to do anything about it, the consequences could include:

- They miss out on seeing the movie
- They may have paid for transport to get to the movies
- Other people in wheelchairs may continue to be refused entry.

If the client decides to act on the issue the possible consequences could include:

- Free entry to the movie
- An apology
- Staff at the cinema may be educated about the rights of people with a disability.

Whatever option a client decides to take, workers need to be supportive and assist the client where possible. If a worker was advocating for a client, they may contact the Anti-Discrimination Board, but they may not be able to go to the media. Some community service organisations have policies that prohibit staff talking directly to the media without consent of the organisation.

After discussing the options available, the client may decide they would like to contact an external organisation for support or more information. If this is the case, it is important to identify the most appropriate organisation, as many organisations will only assist in specific areas.

The Victorian Ombudsman handles complaints about government and non-government community service providers, where the Anti-Discrimination Board investigates complaints of discrimination, harassment and vilification. On the other hand some agencies are not able to help individuals but will take on systemic issues. Before contacting an external organisation for support, it is important again to ensure that the issue has been clearly defined, and that any attempt to resolve the issue has been documented including the outcomes.

As part of the initial contact with the organisation, you may have to give them some information regarding the client's needs including communication abilities. In relation to this it is of course vital to consider the client's confidentiality and check with them before giving any personal details to the external organisation. You may need to negotiate the time, place and how the meeting may proceed to ensure the client has every opportunity to participate fully and have their needs and concerns heard.

Referrals to external organisations

If a client decided that they would like to be referred to an external organisation for assistance with an issue, as a worker you may need to contact the organisation to find out if they have any specific referral procedures. Most organisations have an information telephone line that can answer any questions about referrals. Normally organisations will take a referral from the client themselves, a support worker or any person who is working with the client. Some community service organisations have staff that assist clients with information and referrals to external organisations. For example, the Spastic Centre of Vic has a CP Helpline, which is dedicated to assisting clients with cerebral palsy to find services and refer clients to other services. There are a large number of external government departments, organisations and advocacy services that can assist with advocacy issues and provide information.

Briefly they are:

- Human Rights and Equal Opportunity Commission investigates complaints of discrimination under the federal anti-discrimination legislation
- The Anti-Discrimination Board investigates and conciliates complaints of discrimination, harassment and vilification
- Family Advocacy is an independent community based social advocacy organisation, which works at a state level with families in which there is an adult or child who has a developmental disability
- Multicultural Disability Advocacy deals with individual and systems advocacy for people with a disability from non-English speaking backgrounds
- National Disability Advisory Council provides advice to the Minister for Family and Community Services on disability-related issues. It provides consumer focussed advice on matters referred by the Minister and participates on special working groups, conducting consultations on disability-related matters.
- The Victorian Disability Council researches and evaluates programs and services, establishes taskforces, holds seminars and workshops, represents people, prepares submissions, and consults people, all tasks geared towards people with a disability, their families and carers
- People with Disabilities Australia Inc is a statewide peak group that represents the rights and interests of people with a disability
- Self Advocacy Sydney is an organisation that is run by people with an intellectual disability for people with intellectual disabilities. They provide information and support to individuals and groups to promote awareness of their rights and responsibilities within the community
- Department of Ageing, Disability and Home Care have a disability advocacy service
- Domestic Violence Advocacy Service Vic (DVAS) provides assistance/mediation services for people dealing with domestic violence.
- The Aged-care Rights Service, NSW (TARS) provides advocacy for the residents of Commonwealth funded hostels and nursing homes, self-care retirement villages and recipients of in-home aged care in NSW
- Disability Advocacy NSW (DA) helps people of all ages with any type of disability or mental illness get fair treatment
- Veterans Advocacy provides free legal advice, assistance and representation to veterans and their dependents
- Mental Health Advocacy Service provides free legal advice and assistance about mental health law
- Ability Incorporated Advocacy Service is funded to advocate and support people with disabilities their families and carers.

For more information on where to find these and other services use an internet search engine.



Fifteen

Discussing organisation and legal complaints mechanism and ensuring that clients are aware of rights and responsibilities and assist the client in lodging a complaint

1. Go through the complaints procedures of two community services agencies – one government, eg: Centrelink, and one non-government. Note similarities and differences in complaints procedures.

2. Outline the complaints procedures, including the steps involved once the complaint goes beyond the organisation and into the court system.

Monitoring progress and provide ongoing support and information to client

To monitor something is to keep an eye on how it is progressing. Monitoring is an ongoing process. To evaluate something is to measure it in terms of success. While dealing in advocacy it is essential that you monitor and evaluate your progress, and that you share this information with your client.

You will need to continually monitor your progress to make sure that the work you are doing is still 'on track' and to modify any practical strategies if need be. Continuous evaluation will allow you to work out what you have achieved and how you have achieved it. Evaluation will also allow you to look at what still needs to be done. It is important that you develop some strategies for monitoring your progress. To assist you in doing this it will help to break your outcomes or goals down into steps and stages. Then for each of those steps you will need something to indicate success. These are called 'performance indicators'. There are many different types of performance indicators you could use.

Example :

Receiving a response from a medical practitioner could be a performance indicator, understanding the issues involved in the legal Act could be a performance indicator. Your client deciding on an option that they would prefer could be a performance indicator.

Performance indicators are all those things that help you check that you are on track and heading for your ultimate goals. Once again, remember your goal will always be to maximise the outcome for your client.

Process for evaluating outcome: It is essential throughout that you not only monitor your progress but you also evaluate your ongoing success. Continually monitoring and evaluating the success of your strategies will help you ultimately to maximise the outcome for your client.

To evaluate your advocacy you might use one of the following processes:

- List all of the outcomes you have achieved and then compare them to your goals. It is important here that your ultimate goal has been broken down into several steps or stages
- Look at any other outcomes that were not intended as a result of the advocacy
- Evaluate these outcomes and determine if they were helpful or not to your client
- List all of the outcomes you have achieved and then compare them to your goals. It is important here that your ultimate goal has been broken down into several steps or stages
- Look at any other outcomes that were not intended as a result of the advocacy
- Evaluate these outcomes and determine if they were helpful or not to your client
- Organise a meeting with your client and sit down and discuss your outcomes so far. Once again refer these to your ultimate goal and your stage-by-stage goals. It is important here that your client has some input into the continuation of the process
- You may wish to consult with other people or individuals who have certain expertise in the area. You would consult to ask them how they would evaluate your progress so far. Be careful here that you do not breach any confidentiality
- The main issue to keep in focus is if you have managed to optimise the outcomes for your client.

You need to continually ask yourself questions such as:

- Have the issues so far been resolved?
- Is there any further action that we need to take?
- If so, it is important that all of the further actions once again be discussed with your client.
- It is important throughout the process of monitoring and evaluating your progress that you allow your client to maintain control of the action plan. You will need to listen to what they have to say and ask them if they are happy with the progress so far. If your client is not happy with the progress so far, it is important that you stop, take a step back and then consider alternative methods of action. To do this you may need to return to the beginning and start again by listening to what your client wants and needs and then clarifying the situation.

Element 5: Review progress



Discussing progress and outcomes with the client and collaborating on further action as necessary

As a worker it is your role to keep the client informed of any progress to do with their issue. It is also the responsibility of the client to inform you of any difficulties they are having in relation to the issue so you can support them if required as well as any responses to the issue from actions that they have taken whether negative or positive.

Many issues can be resolved quickly with minimal work. The issues that are sensitive, big or require systemic action can take quite a while. It is important to work with the client to keep them up to date, to check how they are going and to monitor the outcomes and responses from strategies that have been actioned. Depending on the issue and the strategies developed to resolve the issue, it may be good to have regular meetings with the client to check the progress of the issue.

During the initial meeting with the client it is important to decide on the process you are going to use together to keep each other informed of the outcomes and further actions. To do this you may decide to have regular review meetings, keep in contact by phone, or even email. It is important to decide which process to use so that both parties know how and when the communication will happen.

No matter what process you decide to use you will also need to set expectations that ensure all follow up meetings have set an agenda, for example:

- Checking that the issue is still relevant
- Checking each other's continuing understanding of the issue
- Reviewing the goal
- Reviewing the strategies and checking any outcomes from strategies actions or not
- Deciding if the actions or strategies are still relevant
- Looking at who is going to do what next and by when
- Checking that any necessary supports are in place for the strategies to be achieved
- Document the minutes of the meeting and ensure the client has a copy
- Set a date and time for the next review meeting.

For each strategy or action, you need to discuss if it was completed, what the outcome was and if there is further action needed. If a client was to write a complaint letter to a manager, and they completed it by the time specified on the action plan, but have not yet received a response from the manager, you can support the client by looking at different options, which may require more strategies like:

- Send a copy of the letter again
- Contact the manager by phone and find out if they received the letter
- Send the letter to the next more senior service manager.

Most action plans are not set in concrete; they are what are referred to as a living document. A living document is one that can be changed, added to and amended as needed which is another reason to review progress regularly. It is possible that some of the strategies developed and then implemented do not get the desired outcomes. Therefore it may be necessary to develop more strategies and adjust the timeframes. It may be the case that a person responsible for certain strategies is no longer able to implement them, in this case you would have to work with the client to find someone else to assist.

It is essential that the client is involved in all parts of the process. The worker must continue to check in with the client at all stages of the process including completed actions, decision making or when receiving correspondence in relation to the issue. How this will be done should be part of the expectations and agreements made at the first meeting. Even after an issue has been resolved it is important to check back with the client as to how they feel their needs are being met. Did they achieve what they wanted to in the short-term and, if needed for the long-term? Continue to amend and review the action plan together with the client for as long as necessary to ensure both short- and long-term goals are met.



Sixteen

Discussing progress and outcomes with the client and take further action as necessary

When you discuss client progress and outcomes with them how do you inform them of further action you will be taking when necessary?

Ensuring follow up and links to other services as required and in accordance with client preferences

In order to provide the clients of your organisation with the best possible service, it is important that you establish, build and maintain your links with other providers. Developing a network for vulnerable clients is a complex process that requires multiple experiences and influences. No one provider is likely to be able to provide the range of services that individuals need to effectively manage their learning and work roles, alongside their family and community roles. To work effectively with clients, you need to understand how other organisations serve them and, where appropriate, work together to provide the best possible resources for their development.

Maintaining your links with other service providers

Identifying other relevant service providers is a first step only. If you wish to build your initial contact into a functional relationship, you will need to put effort into building that relationship. You might put in place arrangements for regular liaison in order to share experiences and exchange ideas on how you will work together to improve the services provided to users.

This might be as simple as:

- Scheduling a telephone call
- Agreeing to be on each other's mailing list
- Ensuring that brochures, pamphlets and information sheets are shared, and/or
- Ensuring that your organisational literature contains information and contact details about the services of others. If you have a website, you can use this technology to tell your users about other organisations and how their services relate to yours

Strengthening organisational links

If there is a sufficiently strong link between your service and that of others then you may wish to go even further. You may wish to put in place a simple charter or a Memorandum of Understanding (MOU) that formalises the ways in which your organisations might work together to improve outcomes for your clients.

Obtaining feedback and identify opportunities for improvement to own work and action as appropriate

Develop skills/undertake workplace training

Once you have commenced work within your organisation, it is important to look at developing your skills and undertaking workplace training.

The following information defines key areas, eg:

- Coaching and mentoring
- Working in a team
- Self development
- Feedback
- Continuous learning
- Training and development.

Coaching and mentoring

‘Coach: a person who trains others; to give instruction or advice’

‘Mentor: a wise and trusted counsellor; a trainer’

Macquarie Dictionary (1997)

Coaching and mentoring are terms of increasing currency within the workplace. They are often used interchangeably. Coaching is a process of providing someone with guidance and support to develop their skills and knowledge. It is a means for facilitating performance, learning and development in others. It is a process designed to allow staff to develop the confidence to take on new and expanded duties and to perform tasks with increased efficiency and success.

Mentoring is similar to (and may include) coaching. The connotation of the word ‘mentor’ is someone more senior or experienced in the workplace who is appointed or chosen to help or advise another. The mentor relationship is usually long-term. The mentor is generally chosen away from direct line management with the mentee (the person being mentored), to minimise the risk of role confusion.

Other processes that share some of the goals of coaching and mentoring include the following:

- Involving others
- Empowering others
- Developing the skills of others
- Encouraging self-responsibility for communication
- Encouraging commitment and motivation
- Encouraging communication competence – this takes the onus off you for ensuring effective communication at all levels.
- Sharing the workload, or delegating tasks that others could do as well as you – this frees you to devote yourself to tasks that are central to your role

Working in a team

Many people work in teams to help raise the efficiency of the organisation. The success of the team and your sense of belonging depend on the way that team members interact with each other. Any work plan is not only an individual's responsibility but also part of the team's work plan. A team is made up of three or more people who work together towards a common end. A good team incorporates cooperation and joint action. If there are more than 12 members of the team, the likelihood is that it will break into sub-groups. Teams may be composed of people from different backgrounds and skills who focus on a common purpose, such as administration or providing a particular service. All team members need to communicate well if they are to work together to provide an effective service to clients.

Effectiveness within the workplace depends on:

- Good time management
- Interpersonal skills of each member
- A commitment by each person to the goals of the team
- Active participation
- Open negotiation
- Ability to make decisions
- A willingness to share resources/knowledge.

Self-development

Training should be given to team members when there is new equipment or procedures, when new staff are appointed or when new organisational policies are implemented.

In defining your own training needs you will:

- Identify what gaps you have in your knowledge
- Make sure that the task you must do is clearly defined
- Ensure you attend any required training sessions
- Review your training to become familiar with relevant processes
- Break it up into small steps
- Put the small steps into the sequence that must be done
- Go through each step to refine or revise
- Ensure that all the resources are available to complete the task
- Ask for more help if you are uncertain.

Training may be:

- At your workstation, eg: learning a new computer program
- Part of an organisational training plan, perhaps with a consultant
- Part of your own personal training in an outside learning institution.

Opportunities may arise for you to move into another department, or to do some work experience as an exchange. Taking advantage of these occasions will give you the chance to develop your knowledge and skills. If you are studying for a formal qualification you may be given the opportunity to demonstrate the skills and knowledge that you have gained in your workplace. You may be given credit against relevant workplace competencies. Every staff member and manager should be committed to training those around them. Discuss a time in your work team or a team that you have been involved with where improvements could be identified. Describe how the team went about making improvements and how you as a team member felt about both the process and the outcome.

Using feedback to improve competence

360 degree feedback

The 360 degree feedback model is becoming increasingly popular as a way of obtaining feedback, especially in larger organisations. 360 degree feedback is a tool which is used to highlight the progress and performance of staff at any level. It is a method and a tool that provides leaders/managers with the opportunity to receive performance feedback from a range of people including: his or her supervisor, team members (or direct reports), peers, clients or customers. The purpose of the 360 degree feedback is to assist each individual to understand his or her strengths and to indicate development needs.

360 degree feedback is usually used as part of a performance appraisal. What will you do with feedback when you get it? Focus on the areas where people suggest you need some improvement. Ask yourself whether it is because you do not have the skills, or whether they do not see you in the situation. If it is the latter, you may need to ask someone else. Always regard feedback as 'positive', as it may identify ways for you to improve your skills and knowledge.

You are a crucial part of your own assessment and you should monitor your own performance against the standards of your job. Studies have suggested that in assessing ourselves we are usually quite lenient! Both formal and informal feedback will give you a good idea of how you are doing, provided it comes from someone who understands the expectations of your job. If you have set your goals based on what you need to do to perform competently in the workplace, you will know what areas of improvement you should address. Asking your colleagues and supervisor/manager for feedback shows that you are interested and willing to learn.

Maintaining continuous learning

Networking

It is important to recognise the importance of networking. To cultivate your network there are several things you can do.

- Think about the staff whom you feel comfortable talking to. This is more than just 'hello'.
- Keep in touch regularly and when you talk, keep the focus on business you share in common. Avoid gossiping or complaining
- Expand your network to include one person each week from people you do not know very well. You may consider these people interesting, fun, kind etc.
- Develop your network to include those with whom you have no relationship at all
- Find something in common to begin your conversation
- Ask. If you don't know how to do something, you cannot locate information, you don't know what is happening, ask someone who does. Many of us are reluctant to ask because we think that it shows weakness or incompetence, but unless you find out, nothing will change. Beware, however, of the opposite side of this coin. The person who constantly asks may be displaying a lack of initiative
- Get together to create new ideas. Share what you know with others in planning for a common goal. Build on each other's strengths and thoughts; discuss innovation and improvements. It is very empowering to build on an idea together and to develop a plan or action that you have all shared in creating
- Share your ideas. Communicating your thinking and ideas with others will help to expand them as others provide creative input. An incipient idea can become quite different and exciting when others join forces with you. Sometimes your new idea may get a flat response that causes you to feel a bit deflated. Don't give up on a good idea. Keep trying with others. Get as much support as you can. Your idea will grow and become more refined as others add their suggestions.
- Your networks can be expanded to include people in senior roles who can advise and inform you as needed. In this way you will be expanding and maintaining continuous learning.

Skill development

To gain a job in the first place, you required certain skills and knowledge. To ensure currency during the course of your employment, your skills will need updating. Skill development is a crucial part of any workplace setting. Skills must be updated constantly to meet legislation, improve efficiency, safety, care and for advancement in the workplace. Your immediate skill level, job responsibilities and the likelihood of advancement will usually determine any opportunity for development.

Situations where skill development may be assessed and subsequently required include:

- Performance plans
- Annual work plans
- Upgrade of policies/procedures
- Restructures within the organisation
- Opportunities for 'acting' in other positions.

When starting a new job position you may be required to use your current skills and to develop them further if needed. For example, the computers may have new software installed for which you require training. When gaining a promotion, skills must be developed further in order to fulfil the new job description and its requirements.

When new responsibilities are added to your current position you may need skill development in order to carry out those new responsibilities competently. For example, new legislation, laws or regulations may require you to have additional skills so that you

can continue to work in your position. WHS is another area that often requires skill development in order to comply with ever-changing WHS objectives and legislation. Updating current skills to new levels may be required due to the implementation of new policies and procedures within the workplace. For example, renovations to the workplace may require changes to the fire emergency response procedures; therefore skill development must occur.

Skill refreshment is a common form of skill development, which is used to reinforce existing skills so that skill levels remain high, eg: first aid certificates have expiry dates, so refresher courses are needed in order to maintain skills.

Having identified the options for accessing relevant skill development, the responsibility of delegating this skill development will usually rest with management and your immediate supervisors. The individual, however, should also be aware and identify areas within their job that may need skill development and report this to their superiors. It is your responsibility to identify future work/career directions and access relevant skill development.

External authorities may also be involved in accessing the need for skill development (eg: legislation and new laws); usually management will be made aware of this first, however. External businesses may also implement the need for skill development.

Training and development

A performance appraisal is a way of identifying training and development needs of workers. However, there are occasions when the need for training arises because of changes or an increase in workplace activities. They may also arise when new or different equipment or products are introduced at work that will involve some sort of training in their use. Many organisations encourage their staff to undergo some type of regular training so that workers gain additional knowledge, and extend their skills and learn new skills, or refresh current knowledge and skills.

For example, government funded organisations are required to:

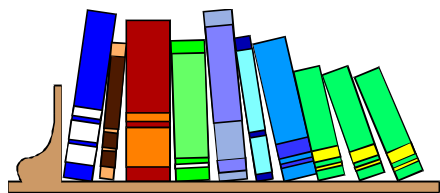
- Keep up with changes to their industry
- Offer training to employees so that they can continually improve the way they work
- Offer quality services to clients from appropriately trained and skilled staff.

Training might include:

- Workshops or short courses for computer training
- Workshops on communication and interpersonal skills
- How to write reports, letters or funding submissions
- Training in supervision or leadership
- How to use new equipment
- Updates on the impact of legislative changes

Refresher training to reduce workplace accidents and injury (eg: manual handling, correct posture when using computers).

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Web sites:

Community Information Strategies Australia web site

www.cisa.asn.au

Law Handbook

www.lawhandbook.vic.gov.au

Useful contacts

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