

COMPETENCIES

6 / 10

Communication

6 / 10

Critical Thinking & Decision Making

7 / 10

Accountability

7 / 10

Teamwork & Collaboration

8 / 10

Leadership

SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a participant is travelling overseas with their Australian team of support worker/s.

DISCLAIMER

This guideline is provided to help guide best practice in the disability, aged care and community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.

PURPOSE

This guideline is to assist:

- To ensure all Clients and their representatives have access to advocacy support which is culturally respectful.
- To ensure all clients are provided with choice as supported by their dignity of risk decisions.
- Ensure that all clients are treated with the same rights that is respectful to their; life experiences, choices, values and beliefs to the exclusion of discrimination, stigma, background, social, cultural, religious, spiritual, psychological, medical and care need.

DESIRED OUTCOME

- To maintain a quality and safe standard of service delivery support
- To treat all clients and staff equally and without discrimination or prejudice.

BACKGROUND

- Clients will have the right to use an advocate of their choice to represent their rights and interests.
- All staff will work cooperatively and inclusively with the Client advocate chosen and will show the same respect to the advocate as is shown to the Client.
- Where Clients cannot advocate for themselves, Client's interests will be supported through the use of a substitute decision maker.

DEFINITIONS & SUPPORTING INFORMATION

Support Worker - A paid person who assists people to perform tasks of daily living so as to participate in social, family and community activities in the person's home and their community. Support Workers have been commonly known in the past as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer.

Service Provider - Organisation or person accountable for the delivery of supports to Clients.

Carer - a person that provides supports to the Client at no cost (generally family or friend).

Support Worker Competency - trained and assessed as competent by a Registered Nurse or a person deemed competent by the provider to safely and appropriately perform a specified task as a support worker.

Client means the service user, participant, user, care recipient, consumer or person receiving the nursing or support services.

Plan means a Service Plan, Support Plan or Individual Plan (however titled – the plan) is a document developed in response to a request for service. It is developed by a Registered Nurse or a person deemed competent by the provider from the service provider, prior to the commencement of service delivery. It outlines the expected outcomes of the requested care/services and the tasks, duties and interventions required to meet the care and service needs of the client (within the parameters of the funding program). The plan guides and directs the individual support worker or Registered Nurse in their day-to-day delivery of the services.

Registered Nurse means a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered and licensed with the Australian Health Practitioner Regulation Agency (AHPRA) as a Registered Nurse.

Advocacy means offering information to people receiving aged care services about their rights and responsibilities and assisting them to uphold their rights.

Enduring Guardian - A person appointed to make lifestyle/medical decisions. Only comes into force when person themselves unable to consent.

Informal Advocate - A friend or family member or other person nominated by a Client as their personal advocate and who does not hold a legal status in relation to their advocacy role.

Legal Advocate - A nominated advocate, whose role has legal status, for example holding an Enduring Power of Attorney or Enduring Guardian

Advocate - A person who provides active support for a cause or a position that is important to a client. The advocate may assist as a client who may find it difficult to speak for him or herself in order to support a person's fundamental needs and interests.

Advocate is a person who is chosen by the client and may be a family member, friend or formal advocate from a government or non-government organisation. Whilst staff are not formally appointed advocates such as Power of Attorney or Guardians, there is an expectation that all staff advocate for a client in respect to their known wishes and rights.

Power of Attorney is a person legally appointed to make financial decisions. Comes into force as soon as the form is signed.

Client Decision Maker -Term used to describe a single person who is responsible to coordinate and communicate timely and accurate information to all other family members, friends and relevant other personnel regarding a client. This person should be the Enduring Power of Attorney or Enduring Guardian in order to rely on timely, accurate, legal and informed decisions made in the best interests of the client.

Key Stakeholders is a term used to refer to all family, key decision makers, carers, visitors, health professionals, staff and other resource personnel involved in the care and service provision of clients.

GUIDELINE

The Provider is committed to facilitating the retention of each of its clients personal, civic and client rights through the facilitation of their active participation in life choices within the service and in the broader community. This will be enhanced through a client focused organisational culture which seeks to ensure that knowledge about the client is used to improve, extend and personalise a contemporary and innovative service delivery (Australian Government, 2017; Ballantyne, 2008; Chenoweth et al., 2006; Chiu, 2021; Collins, 2006; Dogra et al., 2007; Dreachslin, 2007; Escallier & Fullerton, 2009; Haitana et al., 2021; Harrison et al., 2019; Huber, 2002; Jeon & Chenoweth, 2007; Krainovich-Miller et al., 2008; Nguyen, 2008; Oikarainen et al., 2018; Omeri & Malcolm, 2004; Scott & Scott, 2020; Smith & Foronda, 2021; Tahan, 2005; Taylor et al., 2019).

Clients are supported to participate in a wide range of interests and activities according to personal preferences and choices. Clients' interests and activity preferences are documented and considered as an integral part of holistic care planning. Staff understand and support the experiences and relationships that are unique to many clients.

Staff understand that clients' interests/needs may change over time and every effort is made to identify ways of increasing the variety of experiences and choices for clients.

Clients' choices to participate in activities involving reasonable risk taking are respected.

Clients are offered a variety of activities for their emotional, intellectual, social and spiritual well-being.

The clients' right to participate in activities which may involve a degree of risk is respected.

The Provider is committed to offering a range of services which are person centred and provide the individual with encouragement and/or assistance to be involved in activities, events, outings and interactions which are meaningful to them.

Services are aimed at supporting, challenging and enhancing the physical, psychological, emotional, social and spiritual well-being of clients. Underpinning the ongoing implementation of lifestyle services is standardised guidance for our services staff and a documentation suite for assessing, planning, delivering and evaluating aspects of the lifestyle services we offer.

Decision Making

As an overarching principle, participation in decision-making, and having one's will and preference respected, is conceptualised as a right. A rights-based approach to decision-making aligns broader principles of dignity and person-centred care. An adult with decision-making capacity has a right to make and enact decisions, unless these are unlawful, or unreasonably impinge on the rights of others. An adult who lacks decision-making capacity still has a right to have their will and preference respected, with consideration and balance of their other rights and the rights of others.

As a complementary principle, it should also be recognised that a person has the right to delay, defer or delegate decision-making to others, either by formal or informal means. If a person lacks decision-making capacity, this does not, on its own, justify excluding the person from decision-making or overriding their will and preference. We recommend adopting a presumption of respecting the person's current will and preferences, while considering their previously documented wishes, along with other rights, and the rights of others.

Providers responsibilities:

- Providers need to clarify the role of supporters, representatives and advocates with respect to the organisation and the individual client, as well as the principles underpinning supported and substitute decision-making. Clarifying roles and responsibilities in decision-making will assist clients, family members, staff and other practitioners in effectively working together to make decisions which are consistent with the key Decision Making Principles, as well as aligning with relevant Quality Standards.
- Define and provide recognition for the role of a 'supporter' in relation to the organisation and individual client.
- Clarify that this person has the role of assisting the client in their decision-making.
- Provide guidance as to how this person might function in their role (e.g. accessing the client's health information if they have permission).
- Define the role of 'representative' decision-maker in relation to the organisation and individual client, to ensure that this type of decision-making takes place only as a last resort, and subject to safeguards and regular review.

- Ensure that representative decision-makers are aware of their responsibilities to respect the person's will and preference wherever possible. Provide information for representative decision-makers about the 'substituted judgement principle', attempting to stand in the person's shoes and make the decision that they would have wanted.
- Clarify the role of 'advocates' with respect to the organisation and the individual client. This would include clear guidance on access to information and the nature of the advocacy relationship.
- Clarify that staff have a responsibility to provide support for a person's decision-making capacity, and should have access to clear guidance (e.g. policies and procedures) relating to how this might be implemented in the context of different types of decisions (e.g. healthcare, dietary, activities, sexuality and intimacy).

All adults have an equal right to make decisions that affect their lives and to have those decisions respected. With respect to decision-making, it would be recognised that:

- people make decisions in response to meaningful choices and options;
- people make decisions in differing contexts (e.g. relationships, environment, life situation, available resources) and that these contexts can support, or hinder, a person's ability to make decisions;
- decisions take place over time, with each decision embedded in the broader narrative of a person's life;
- decisions vary in complexity and risk; some are major while others are routine.

Personnel can work proactively to create contexts in which people experience meaningful choices and options, are enabled to participate in decision-making, and have their will and preference respected, to the maximum extent possible. Part of this includes working proactively with clients to establish social histories, life-story work, care plans and advance care plans, as documentation which might assist in future decision-making scenarios. Everyday contexts, relating to social and spiritual activities, meals and personal care are also contexts in which people can experience meaningful choices and options.

Persons who require support in decision-making must be provided with access to the support necessary for them to make, communicate and participate in decisions that affect their lives.

The will, preferences and rights of persons who may require decision-making support must direct decisions that affect their lives.

Laws and legal frameworks must contain appropriate and effective safeguards in relation to interventions for persons who may require decision-making support, including to prevent abuse and undue influence.

Ensure that safeguards are in place to deal promptly with suspected abuse or undue influence.

Provide guidance for staff in relation to monitoring decision-making processes and assessing for signs of concern, particularly from the client.

Clarify processes for staff to follow if there is concern about a supported or representative decision-making process.

This should include reporting pathways, and the need for documentation and communication to other members of the team. Provide guidance for staff as to the decision-making processes to be followed where 'supporters' and 'representatives' are involved in a decision-making process. This may draw on communication skills in the area of facilitation or mediation.

Abuse of Advocacy Position

- It is the responsibility of all staff members, volunteers and contractors to immediately report to the Manager suspected or actual abuse of Client advocacy by any person or organisation.
- The Manager or delegate must immediately take steps to prevent abuse as per Abuse, Reporting and Choice requirements of the organisation

The Provider must ensure:

- Staff are trained in their role as a client advocate;
- Have current contact details of advocate or Guardianship Tribunal manager;
- Ease of access to electronic and paper-based advocacy information for clients;
- Access to formal and informal advocacy support for all clients;
- Consultation with Clients representatives in relation to advocacy, e.g. via Client meetings, newsletters and quality system.

RESOURCE DOCUMENTS

- External ACIA Guidelines 002 – Care and Service Provision in the Community
- Australian Community Industry Standards ACIS
- Australian Government. (2017). *Aged Care Diversity Framework*. Canberra: Aged Care Sector Committee Diversity Sub-Group Retrieved from <https://www.health.gov.au/sites/default/files/documents/2019/12/aged-care-diversity-framework.pdf>
- Ballantyne, J. E. (2008). Cultural competency: highlighting the work of the American Association of Colleges of Nursing-California Endowment Advisory Group. *J Prof Nurs*, 24(3), 133-134. [https://doi.org/S8755-7223\(08\)00058-6](https://doi.org/S8755-7223(08)00058-6) [pii] 10.1016/j.profnurs.2008.04.002
- Chenoweth, L., Jeon, Y. H., Goff, M., & Burke, C. (2006). Cultural competency and nursing care: an Australian perspective. *Int Nurs Rev*, 53(1), 34-40. <https://doi.org/INR441> [pii] 10.1111/j.1466-7657.2006.00441.x
- Chiu, P. (2021). Advancing Nursing Policy Advocacy Knowledge: A Theoretical Exploration. *ANS Adv Nurs Sci*, 44(1), 3-15. <https://doi.org/10.1097/ANS.000000000000339>
- Collins, S. D. (2006). Is cultural competency required in today's nursing care? *Imprint*, 53(2), 52-54. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=16625891
- Dogra, N., Giordano, J., & France, N. (2007). Cultural diversity teaching and issues of uncertainty: the findings of a qualitative study. *BMC Med Educ*, 7, 8. <https://doi.org/1472-6920-7-8> [pii] 10.1186/1472-6920-7-8
- Dreachslin, J. L. (2007). Diversity management and cultural competence: research, practice, and the business case. *J Healthc Manag*, 52(2), 79-86. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=17447535
- Escallier, L. A., & Fullerton, J. T. (2009). Process and Outcomes Evaluation of Retention Strategies Within a Nursing Workforce Diversity Project. *J Nurs Educ*, 1-7. <https://doi.org/10.3928/01484834-20090610-02>
- Haitana, T., Pitama, S., Cormack, D., Clark, M. T. R., & Lacey, C. (2021). Culturally competent, safe and equitable clinical care for Ma ori with bipolar disorder in New Zealand: The expert critique of Ma ori patients and Wha nau. *Aust N Z J Psychiatry*, 48674211031490. <https://doi.org/10.1177/00048674211031490>
- Harrison, R., Walton, M., Chauhan, A., Manias, E., Chitkara, U., Latanik, M., & Leone, D. (2019). What is the role of cultural competence in ethnic minority consumer engagement? An analysis in community healthcare. *Int J Equity Health*, 18(1), 191. <https://doi.org/10.1186/s12939-019-1104-1>
- Huber, D. L. (2002). The diversity of case management models. *Lippincotts Case Manag*, 7(6), 212-220. <https://doi.org/00129234-200211000-00002> [pii]
- Jeon, Y. H., & Chenoweth, L. (2007). Working with a culturally and linguistically diverse (CALD) group of nurses. *Collegian*, 14(1), 16-22. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=17294682
- Krainovich-Miller, B., Yost, J. M., Norman, R. G., Auerhahn, C., Dobal, M., Rosedale, M., Lowry, M., & Moffa, C. (2008). Measuring cultural awareness of nursing students: a first step toward cultural competency. *J Transcult Nurs*, 19(3), 250-258. <https://doi.org/1043659608317451> [pii] 10.1177/1043659608317451
- Nguyen, H. T. (2008). Patient centred care - cultural safety in indigenous health. *Aust Fam Physician*, 37(12), 990-994. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=19142271
- Oikarainen, A., Mikkonen, K., Tuomikoski, A. M., Elo, S., Pitkanen, S., Ruotsalainen, H., & Kaariainen, M. (2018). Mentors' competence in mentoring culturally and linguistically diverse nursing students during clinical placement. *J Adv Nurs*, 74(1), 148-159. <https://doi.org/10.1111/jan.13388>
- Omeri, A., & Malcolm, P. (2004). Cultural diversity: a challenge for community nurses. *Contemp Nurse*, 17(3), 183-191. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=15551669
- Scott, S. M., & Scott, P. A. (2020). Nursing, advocacy and public policy. *Nurs Ethics*, 969733020961823. <https://doi.org/10.1177/0969733020961823>
- Smith, A., & Foronda, C. (2021). Promoting Cultural Humility in Nursing Education Through the Use of Ground Rules. *Nurs Educ Perspect*, 42(2), 117-119. <https://doi.org/10.1097/01.NEP.000000000000594>
- Tahan, H. A. (2005). Essentials of advocacy in case management. *Lippincotts Case Manag*, 10(3), 136-145; quiz 146-137. <https://doi.org/00129234-200505000-00004> [pii]
- Taylor, N., Riggs, D. W., Donovan, C., Signal, T., & Fraser, H. (2019). People of Diverse Genders and/or Sexualities Caring For and Protecting Animal Companions in the Context of Domestic Violence. *Violence Against Women*, 25(9), 1096-1115. <https://doi.org/10.1177/1077801218809942>

