CHAPTER 1

Australia's home and community care environment

TOPICS

This chapter covers the following topics:

- structure and profile of the Australian HACC sector
- the HACC program in Australia
- different sectors within community services
- different models of care work
- HACC funding
- HACC and aged care
- demography of ageing
- economic context of ageing
- the regulatory environment for aged care and HACC
- the statutory framework
- the states' and territories' carer legislation
- workplace regulations: HACC employer and employee responsibilities
- the aged care standards
- quality obligations and the HACC National Standards Instrument
- working ethically in the HACC context
- duty of care
- complaints mechanisms

- HACC and disability services
- models of disability
- regulatory framework for the disability sector
- disability service standards
- supporting individual empowerment for positive ageing
- challenging personal values and attitudes
- stereotypes
- perceptions of aged people among health professionals
- ageing as an individual process
- the importance of the Care Plan.

INTRODUCTION

THE CURRENT PROVISION of Home and Community Care (HACC) services in Australia presents as a complex arrangement of demographic trends, government and regulatory activity and professional clinical and service responses. This chapter will provide you with: an overview of the HACC sector in Australia; an introduction to the field of disability; and an introduction to the subject of ageing and HACC aged care provision.

This chapter addresses five main areas associated with the context and provision of HACC services in Australia in the 21st century:

1. the structure and profile of the Australian HACC sector
2. HACC's role in aged care
3. the policy, regulatory, legislative and legal requirements of the aged care and disability sectors
4. HACC's role in disability services and associated disability-specific legislation
5. supporting individual empowerment for positive ageing.

SECTION 1 THE STRUCTURE AND PROFILE OF THE AUSTRALIAN HACC SECTOR

The HACC program in Australia

The term 'Home and Community Care' is commonly referred to by its abbreviation—HACC. We will use both the phrase and abbreviation as interchangeable throughout our discussions. There are,

however, two different ways in which the term HACC is commonly used. First, it is used to generally describe a range of services that support individuals to receive care and thereby maintain their independence in their own domestic environment; and, second, it is used at times to describe a range of programs and services that receive funding under specific (and important) Commonwealth and state budgetary arrangements. Throughout our discussions we will use HACC in its general sense. When specific HACC funding programs are dealt with, we will indicate this in the discussion.

The HACC program is generally regarded as a very successful program across Australia. The program is, however, always under scrutiny in terms of how to improve effort. One criticism which is at times levelled at the HACC program is that it creates a dependency culture for those accessing its services. This concern has been addressed by the concept of an 'active services model' or approach to HACC service provision. In this approach greater attention is given to an individual's potential or actual capacities. It is argued that the active services model may prevent premature reduction in important physical and social activities such as shopping and cooking. The Victorian Government is particularly involved in developing this approach to HACC and is implementing it during the 2009–2011 period.

Different sectors within community services

This training manual primarily addresses the HACC services offered to aged persons in the community. However, HACC is commonly associated with support provided to three broad groups in our Australian community—the aged, those with a disability and primary carers. Our discussion therefore will seek to extend (where appropriate) the coverage of such HACC services to the disability sector because there is frequently considerable overlap in the skill sets required between these major HACC supported groups. Chapter 4—Clients with a disability in the HACC environment—will deal specifically with HACC support issues for clients with a disability. This emphasis on older clients in our HACC training manual also reflects the overall client profile of those in receipt of home and community care. The older age group by far has greater representation in the HACC service effort in comparison with disability groups. This HACC service bias towards the older person is also evident in HACC carers' experience of their clients.

We, of course, need to be aware that the community sector includes many groups in need of HACC support over and above the aged and individuals with a disability. The community services sector identifies the following areas of need as being included in its sector:

- aged care
- disability care
- support for individuals with alcohol and other drug addictions
- victims of family and domestic violence
- support for individuals with mental health issues
- community housing
- Aboriginal and Torres Strait Islander community development
- youth work and juvenile justice
- children's services including child protection.

We also need to be aware that this is not an exhaustive set of community sector needs and groups. As our Australian community grows and develops, new areas of service need and

priority also emerge. We could, for example, consider how Australia's response to refugee immigration has required a reshaping of our community services in different localities across the country.

Another important feature of the broader community sector is the range of service providers active in the community. Commonwealth and state/territory governments of course provide funding and programs to the community sector. However, there are major contributions also made by commercial, not-for-profit and volunteer organisations. The community sector is therefore a highly complex entity, and we must take care to be sensitive to the differing needs and profiles of the various components of the sector.

Different models of care work

Just as the community services sector covers an enormous range of support interests, the range and mix of models used in community services is similarly broad. In the course of our discussions on HACC support for aged persons and individuals with a disability, we will refer to such different models of work in the community sector as:

- **Service delivery.** This involves providing appropriate services to individuals living in the community and needing support to maintain their independence.
- **Developmental model.** This involves the early identification of problems and developing strategies to overcome or manage these problems.
- **Case management.** This involves developing a profile of services for a client against an initial and ongoing set of assessments. Case management links the client's ongoing needs to the service provider's skills and resources.
- **Person-centred model.** This involves a commitment to empowering the individual through participatory strategies such as decision making in terms of their care.
- **Working with families.** This involves including family members in the identification of care and service issues, and also in the identification of appropriate care strategies to support individuals in receipt of care.
- **Community development.** This involves a commitment to empowering the community into which services are being delivered. Often community education programs are a feature of such empowerment.
- **Advocacy.** This involves a commitment to meeting the individual client's needs and upholding their rights.
- **Inter-agency approach.** This involves bringing together a number of different services (or agencies) to meet the individual care profile of a client.

HACC funding

The federal and state governments' focus on HACC programs and services has the following aims:

1. It seeks to support the wellbeing of older Australians and younger people with disabilities. Associated with this central aim is a focus on supporting the carers of the aged and individuals with a disability.

2. HACC is central to the government's specific aged care policies.
3. HACC is a critical means for reducing demand pressures on aged care facilities—which at times are used to provide care for younger individuals with a disability.

Funding for the HACC program is provided for by the Commonwealth (approximately 60 per cent of funding) and by the state and territory governments (approximately 40 per cent of funding). The state and territory governments provide the program management for the HACC-funded programs. Funding for HACC is increasing given its strategic role in keeping pressure off the residential facilities. In 2008/09, $1.788 billion was provided nationally for the HACC program.

SECTION 1 ACTIVITIES

1. In what way does the active service model of HACC differ from current HACC approaches?
2. List four HACC services available to individuals with a physical disability.

SECTION 2 HACC'S ROLE IN AGED CARE

HACC and aged care

The main focus of our training manual is HACC's role in offering aged care services. With an increasing number of older people in the population and increasing associated health costs, ageing and aged care have gained a significant national profile. There is now a clearly recognised need for an appropriate range of choices in residential aged care services as well as community-based care and day-care centres. During the 1980s and 1990s a series of Commonwealth Government studies and reports established the framework for the funding and provision of aged care in Australia. Support for our ageing population is now seen to involve:

- more consideration of the issues affecting the older person's ability to be independent
- a focus on increased support provided by social and family networks
- increased assistance for the older person to remain at home, leading as active a life as possible
- increased recognition of the rights of the aged
- education of the aged to pursue their rights
- free access to multi-disciplinary health assessments
- use of institutional care only as a last resort
- varied institutional settings allowing for high-level care only when necessary
- emphasis on preventive programs.

One of the most succinct statements outlining our national focus and framework for aged care support is found in the 1999 'National Strategy for an Ageing Australia'. Developed by a ministerial

reference group, the strategy aimed to develop policies and programs to maintain and promote better health, better retirement incomes and more flexible employment and caring arrangements for older Australians. Its four broad themes are:

1. helping Australians to be independent and to provide for their later years through employment, lifelong learning and financial security
2. delivering quality health care through new approaches to service delivery, coordinated care and independent living
3. improving attitudes to older people and ageing—including lifestyle issues such as personal safety, housing, transport, recreation and community support
4. encouraging healthy ageing and the role of general practitioners in maintaining the wellbeing of older people.

The above was taken from 'The Government's Vision for Australia's Health Care System into the New Millennium', Keynote Address to the *Australian Financial Review* Health Congress by the Minister for Aged Care, February 1999. These themes remain as central to aged care service provision now as they were in 1999.

The Aged and Community Care Program in Australia

The purpose of government concerning aged care in Australia is to:

> *… enhance the quality of life of older Australians through support for active and healthy ageing and the provision of appropriate high-quality and cost-effective care services for frail older people, people with disabilities and carers.*
>
> [*Aged Care in Australia*, Commonwealth Department of Health and Aged Care, August 1999.]

As we noted earlier, Commonwealth and state governments cooperate in the funding and provision of aged care services on a systematic delivery basis.

Figure 1.1
Aged care—enhancing the quality of life for older Australians

Delivery of aged care

Delivery of aged care in Australia is in two main forms, offering a range of support depending on assessment of needs and circumstances. The assessment and delivery framework is broadly outlined in Figure 1.2.

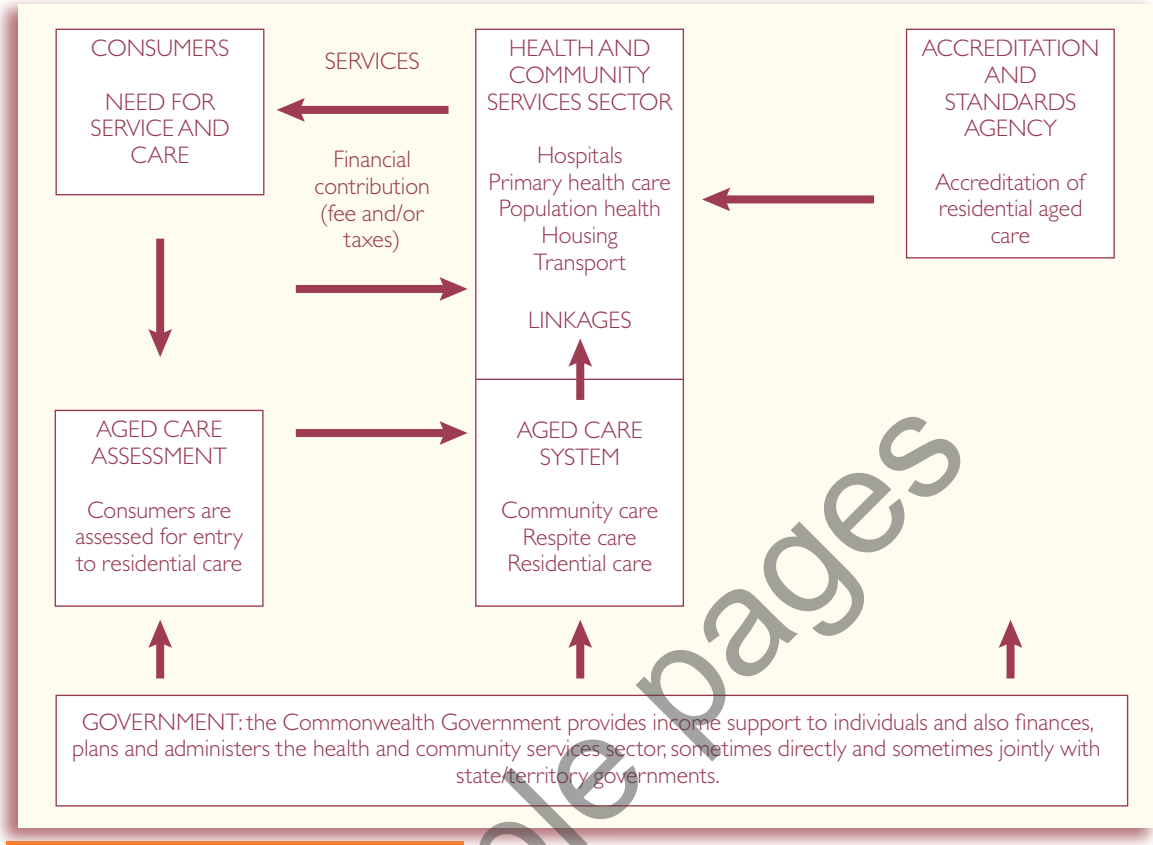

Figure 1.2
Australia's aged care framework

RESIDENTIAL AGED CARE

Residential aged care is mainly funded and regulated by the Commonwealth, consisting of:

- high-level or nursing home care
- low-level or hostel care
- facilities offering all levels of care, allowing residents to 'age in place'. There is a broad government commitment to the principle of 'ageing in place'. This means that the older person is encouraged to remain in their own home for as long as is practicable and the older person in an aged care facility may progress to higher levels of care within their original facility as they age.

COMMUNITY-BASED CARE

Community-based care is mainly jointly funded and administered by Commonwealth and state or territory governments, and consists of:

- Community Aged Care Packages (CACP)—a community alternative for the frail elderly who would qualify for low-level residential care

- Home and Community Care (HACC) Program—a home-based program for the frail elderly, people with disabilities and their carers
- Extended Age Care in the Home (EACH) and Extended Age Care in the Home—Dementia (EACHD) programs
- Department of Veterans' Affairs community care packages
- Respite programs (National Respite for Carers Program, NRCP) that focus on frail aged persons who are cared for at home by family or other significant persons. Respite is provided to allow the carer to have a break from their commitment to the aged person. This can involve a range of options—from a few hours to several weeks in a hostel or nursing home.
- Community-based care programs are also provided through Mental Health initiatives and Disability Services.

Where older Australians reside

Only a small percentage of people over the age of 65 live in nursing homes. Currently there are more than 2.7 million people in Australia over the age of 65. Available data indicates that the majority of older persons continue to manage in their own homes, live with family or live in retirement communities.

Access to community care

Community care is a major part of the system of aged care, providing programs that allow people to remain in their own homes and retain their lifestyles. Community care programs support older people to remain independent and living in their own homes. They are a more cost-effective way of providing health care for the older population.

A variety of services exists in the community. Older people, however, do not always have adequate knowledge of the existing services. Also, access to these services is not always easy, particularly for those in remote and rural regions and for Indigenous people.

The bulk of government funding is applied to two major programs: CACP and HACC Program. The government also funds a further range of community care programs: EACH, EACHD, NRCP, Department of Veterans' Affairs community care, Disability Services community services and Mental Health community services.

Community Aged Care Packages

Community Aged Care Packages provide a choice for the frail elderly whose dependency and healthcare needs would qualify them for a place in a residential care facility. Community Aged Care Packages are individually designed following assessment for eligibility by an Aged Care Assessment Team (ACAT).

Aged Care Assessment Teams are independent teams of specialist health and welfare personnel aiming for solutions that are most satisfactory to the client and that meet the client's needs. The assistance can be short or long term.

Home and Community Care Program

The Home and Community Care Program provides access to community nurses, health services and personal care. Services include meals on wheels, home help, transport assistance and community respite care.

Innovative options

Given the government's concerns about our ageing population, new approaches to care are always under review. One such scheme that has been implemented in recent years is the EACH scheme. This scheme supports high-care clients to be cared for in their own home. A similar care package is provided for in-home care services for clients with dementia and their carers.

Carelink

Carelink is a Commonwealth service to simplify access to community services. A single telephone call gives access to information on services and eligibility for community care assistance. This system is geared to provide a link between health and community care and enable health professionals and service providers, as well as family and clients, to gain easy access to information about the whole range of agencies providing support services in a particular region.

Figure 1.3
Aged care provision focuses on social support as well as personal care

Rural and remote service provision

Rural and remote service provision for the aged care sector has been recognised as an access issue. Both state and Commonwealth resources need to be applied to give better access to aged care to people in regional and remote Australia. This is planned through the development of community care packages that also target the Indigenous population. In addition, grant funding has been made available to support aged care training for carers in regional and remote Australia.

Demography of ageing

Australia, in line with worldwide trends, has an ageing population. This means that there is an increasing proportion of the population in the older age groups. The number of people aged 65 years and over is growing faster than any other age group. The proportion of the population aged 65 and over is projected to grow from 11.2 per cent in 1991 to over 19 per cent around 2030. This represents a growth from two to five million older Australians.

Life expectancy for Australians is high due to low mortality rates among the young and falling mortality rates in older age groups. Since 1960 the mortality rate for those aged 60–69 has fallen by 2.8 per cent for men and 2.4 per cent for women. Due to increasing life expectancy, the number of people over the age of 80 has risen by 49 per cent in the past decade.

As people grow older and experience changes related to age, their relationships with others may also change. The increasing number of older people may cause society and its expectations of and attitude to older people to change.

Apart from increased life expectancy, why are we experiencing such an increase in the older population in Australia? Some reasons include:

- large numbers of immigrants who arrived after World War II are now reaching old age
- government policy that encouraged family reunion immigration resulted in many older people entering the country
- from 2010 the baby boom generation (people born soon after World War II) is reaching old age.

There has also been a decline in the reproduction rate in Australia, which has led to a larger proportion of older people in the population.

All these factors have led to an increase in the 'dependency burden' or 'dependency ratio'. This is a term used to describe the numbers of aged population compared with the numbers of working-age population. The growing size of the ageing population will particularly place stress on the provision of health and welfare services in the near future. There is an urgent necessity for forward planning in aged care for the changing demographic situation.

In a major government response to establishing baseline data about Australia's ageing population, in 2003 the Australian Bureau of Statistics (ABS) released a study on ageing in Australia. This study describes the number and characteristics of persons over age 65 years, explores the ageing process in Australia and examines trends over time. Its focus areas are: population, cultural diversity, living arrangements, work and economic environment, transport, education and technology. Such a wide range of focus areas points to the critical impact that an ageing population will have in the Australian community.

STEVEN

'My mother and father sometimes joke with me about my decision to train as an aged care worker. They reckon it's the best insurance policy they've got. When all their baby boomer friends reach old age, my parents at least will have a son who really knows how to care for them.'

Economic context of ageing

The aged care industry in Australia is big business and an important part of the economy. It is a major employer of around 537 000 people, 40 per cent being doctors and nurses. Aged care provision is a mix of government, state, religious, charitable and private enterprise. The private sector operates just over a quarter of residential care services and almost half of all high-care services and it is very active in community care.

Aged care has become a significant part of the economy; indeed, for some private providers of aged care it is a major commercial opportunity. However, as Australia moves further into the 21st century, it is clear that ageing and aged care have become almost a national economic obsession. This is because governments and the media are now alert to the potential economic impact of the 'greying of Australia' as a result of the ageing 'baby boomers'. A quote from a 2004 *Financial Review* article illustrates this concern:

> *The effect of longevity on a world that is already short of children … is scary reading [it shows] a generational debt of $US45 trillion in America that someone's kids are going to have to pay … The social implications of an ageing population are mind boggling. Imagine: walking frames will outnumber strollers, incontinence pads will outsell nappies.*
>
> [*Macken 2004, p.* 28.]

As well as the media debates on ageing and the economy and critical economic structures such as tax and superannuation, government reports and papers are also debating the issue. For example, we find *Queensland 2020: A State for All Ages—A discussion paper about the ageing of the population in Queensland* (Department of Families 2003). While perhaps the most influential report so far—the 2010 Intergenerational Report—assesses the fiscal and economic challenges of Australia's ageing population and warns that immediate action has to occur in order to avoid severe social disruption in services over the next 30 years. (Refer to the following link for a full text of the document: <www.treasury.gov.au/igr/igr2010/default.asp>.)

SECTION 2 ACTIVITIES

1. What do you consider to be the advantages of HACC-supported aged care?
2. List some of the economic impacts that an ageing population might have on Australia over the next 50 years.

SECTION 3 THE REGULATORY ENVIRONMENT FOR AGED CARE AND HACC

All the work you do in your aged care industry is conducted within a legislative, regulatory and policy framework. Government creates laws and regulations that industry and organisations must follow. In response, your employer develops policies and procedures to ensure they work within the laws and that the organisation operates smoothly, effectively and safely for employees and clients. Employers can be prosecuted if they do not ensure that they operate within the law.

Laws, regulations and policies influence your daily activities and place rules and limits on some of your duties and responsibilities. It is in your own interest, as well as those of your employers and

clients, that you not only broadly know the law regarding aged care and how it affects your work practices, but also carefully follow the policies and procedures set by your organisation.

Laws relating to health practices in aged care are mainly state or territory legislation. The most relevant legislation for the health professional is legislation dealing with negligence. You should be aware of the different types of laws and regulations:

- Criminal laws deal with acts that endanger public welfare or safety and are enforced by the police service.
- Civil laws deal with rights and duties and other legal relationships between individuals.
- Policies are the rules and regulations of your organisation, designed to guide the safe and efficient delivery of services in your organisation.
- Practices/procedures are the ways your organisation works to implement policies and ensure quality care and services.

Closely related to law is a code of ethics. This is concerned mainly with reasons behind the way you act. A code of ethics is a system of rules of good or moral conduct based on what is believed to be right and wrong. **Ethical conduct** means selecting the right actions and rejecting the wrong ones. Difficulties can arise as ethical views differ between individuals and between cultures. The nursing code of ethics is provided on the Australian Nursing Council website: <www.agedcare.org.au>.

Laws set standards for conduct. Actions outside these standards result in a punishment set down by courts of law. In health care the law imposes a duty to act in certain ways. Table 1.1 shows some responsibilities of workers and employers under the law.

An employer is legally liable for the work practices of its employees in the course of their duty. Although you may work under supervision, you are still personally liable for your actions at work. All workers should refuse to give care that is:

- beyond their role
- unable to be performed safely due to lack of adequate training or practical experience
- unclear, unethical, illegal or contrary to the policies and procedures of the organisation.

Table 1.1
Employee and employer responsibilities

The worker's common law obligations	The employer's common law and statutory obligations
To obey all lawful and reasonable commands of the employer. The definition of reasonable depends on individual cases.	To ensure employees possess the required qualifications and competence and are registered, if required.
To show care and competence in the performance of duties.	To pay wages and provide other agreed-on conditions of employment.
To disclose information received that might be relevant to the employer's business.	Not to discriminate against persons in employment.
To be loyal to the employer's interests.	To provide a safe working environment.

Policies are requirements of government authorities, health organisations or professional bodies and relate to particular subjects. They do not have the force of law, but they are necessary for the regulation of practices and the smooth and safe operation of health services and organisations. Disciplinary action may result from workplace policies not being followed.

We will now outline the regulatory environment relating to aged care and will broadly address:

- the statutory framework
- the states' and territories' carer legislation
- workplace regulations: HACC employer and employee responsibilities
- the aged care standards
- quality obligations and the HACC National Standards Instrument
- working ethically in the HACC context
- duty of care
- complaints mechanisms.

Statutory framework

This concerns the Acts and legal framework that guide you in your workplace. It is not necessary for you to know every detail of these Acts; however, you should know the issues relevant to you in your daily work. The main Acts you should be aware of and that can impinge on your daily activities are described below.

Aged Care Act 1997

All Commonwealth-funded aged care services operate under the *Aged Care Act 1997*. Providers of aged care (the employer) and their employees must meet their obligations as set out in the Act. The Act applies to residential care services, community care services and respite services. Meeting the Standards for Aged Care is a requirement of the Act.

Some of the main areas covered by the *Aged Care Act 1997* are:

- funding
- the range and standard of aged care services to be provided
- equal access to aged care services
- supporting the rights and choices of the aged person.

2008 review of aged care legislation

In December 2008, the *Aged Care Amendment (2008 Measures No. 2) Act 2008* (the Amending Act) was passed by the Commonwealth Parliament. The changes to the regulatory environment for aged care in Australia provided for in this legislation include:

- improved regulation of approved providers
- better protection for aged care residents with regard to lump sums and bonds
- changes to hardship provisions
- improved formal notification where residents are reported missing
- reduction of unnecessary assessments by Aged Care Assessment Teams.

The regulatory package also requires police checks to cover all people working in aged care. This came into effect on 1 July 2009.

Further information about the 2008 review can be found at <www.health.gov.au/internet/main/publishing.nsf/Content/ageing-legislat-acaamend-bill-2008.htm>.

Freedom of Information Act 1982

Under the Commonwealth *Freedom of Information Act 1982* clients can now access their medical and health records. Access may be denied if the medical or psychiatric information is judged to be likely to have an adverse physical or emotional effect on the applicant. There is, however, also provision for limited access. Third parties may apply for access to medical records. In general these are released only with the consent of the client.

Acts supporting individual rights

Aged care provision must work within the legislative framework of a number of Acts designed to protect individual rights and ensure equity of service. The key Commonwealth Acts are:

- *Racial Discrimination Act 1975*
- *Sex Discrimination Act 1984*
- *Age Discrimination Act 2004.*

ACCESS AND EQUITY IN AGED CARE

A commitment to the principles of access and equity includes:

- the creation of a client-centred culture
- a non-discriminatory approach to all people using the service, their family and friends, the general public and colleagues
- ensuring the work undertaken takes account of and caters for differences, including:
  - cultural
  - physical
  - religious
  - economic
  - social.

Each person is an individual and has the right to be treated as such and as an equal with all others. Differences must not only be respected but provided for, so all clients have an equal opportunity to maintain their individuality and quality of life.

The frail older person must be able to gain access to available care services appropriate to their needs. This includes ensuring proper access to information, proper assessment of the needs of older people and ensuring that care is provided in their environment, or that transport is available to allow them to reach care services.

ANTI-DISCRIMINATION IN AGED CARE

A person discriminated against on the basis of race, sex, ethnicity, marital status, religious or political beliefs, or physical or intellectual disability may complain to the relevant anti-discrimination board or the Equal Opportunity Commission.

Five principles are important to be considered:

1. respect for persons—respect for client goals, attitudes, beliefs and culture
2. autonomy—the rights of clients to informed consent, independence and self-reliance
3. non-malfeasance—avoiding any deliberate harm during care
4. beneficence—active promotion of good
5. justice—fairness and equity in all care.

It is important to observe the following two rights at all times:

- The right of access to appropriate health care of high quality, delivered in an environment in which one feels safe, free from discrimination, intimidation and abuse, and without regard for ability to pay. Individuals have the right to protection of health by measures to prevent and relieve disease and disability.
- The right to respect and dignity, the right to the best care possible, to be treated as an individual and to be respected at all times. Services are to be free of discrimination and exploitation. Persons should be facilitated and supported in their attempts to maintain their self-respect and self-esteem.

State laws

In addition to Commonwealth legislation, a raft of state legislation deals with aged care together with broader health provision. The legislative situation is, of course, in a constant state of change. Prior to July 2010, for example, regulations and requirements for nurses were under state laws. These are now under the national banner of the Australian Health Practitioner Regulation Agency (AHPRA): see <www.ahpra.gov.au>.

Depending on your state of residence, you will need to ensure that you are acquainted with the relevant legislation affecting aged care provision. As a Personal Care Worker (PCW), you should approach your supervisor for guidance on this matter.

Another means of acquainting yourself with this state legislation is to access the following internet sites:

- Australian Capital Territory <www.health.act.gov.au>
- New South Wales <www.dadhc.nsw.gov.au>
- Northern Territory <www.nt.gov.au/health>
- Queensland Health <www.health.qld.gov.au>
- South Australia <www.health.sa.gov.au>
- Tasmania <www.dhhs.tas.gov.au>
- Victoria <www.dhs.vic.gov.au>
- Western Australia <www.health.wa.gov.au>

Occupational health and safety Acts

Occupational health and safety (OHS) laws promote safe and hygienic working conditions and practices in workplaces and facilities including HACC respite centres and senior citizen centres. Occupational health and safety legislation sets the standards to be maintained for the provision of safe and healthy work systems and procedures, the provision of safe storage and the use of plant

equipment and substances. It aims to ensure that all in the workplace are free from the risk of disease or injury that could be created or caused by the workplace and activities in it.

Accredited aged care organisations must have a Workplace Health and Safety Committee and a designated workplace officer to support adherence to occupational health and safety principles in the workplace. These committees and officers are useful resources for the carer in sorting out any concerns or issues associated with occupational health and safety.

Poisons regulations and medication regulations

An Act of Parliament usually does not deal with specific details but establishes broad principles. The specific details are set out in delegated legislation in separate documents known as **regulations**, which give precise directions that must be followed in order to comply with the particular Act.

Medications and poisons regulations give precise directions for health professionals, including nurses, in all aspects of dealing with drugs and poisons. This legislation permits medical practitioners (and veterinary surgeons and dentists) to prescribe medications. While nurses may possess and administer medications as permitted in their level of registration, they are not allowed to prescribe. Such regulations also set guidelines for health and safety in the administration and storage of drugs and poisons. Drugs and poisons are classified by law into Schedules. Each Schedule describes in general terms the properties of substances that fall into its area. The Schedules list the drugs and poisons according to the degree of control recommended over their availability to the public. Poisons for therapeutic use (drugs) are in Schedules 2, 3, 4 and 8—the higher numbers representing increasingly stricter control. Healthcare organisations establish their own policies relating to safe administration of medications that meet Commonwealth and state regulations but that are suited to the size of the institution, the services it provides, the staff it employs and its access or isolation from other services. These organisational policies are often quite restrictive in order to provide tight controls to prevent errors in medication. Nurses are responsible for following legal provisions, but they must also strictly follow the policies set out by their organisation. It is important to note the distinction in the health network between 'prescribe', 'dispense' and 'administer', namely:

- medical practitioners prescribe
- pharmacists dispense
- nurses (and other health professionals) administer.

An organisational carer (whether residential or community) may not administer medications. They may, however, assist competent elderly clients in the self-administration of their medications. If you have any doubts about your role regarding medication, always refer the issue to your supervisor.

State carer legislation

Most states and territories have legislation and policies that deal with the role of primary carers in the community services sector in general and in aged care in particular. Important examples of such legislation and policy include:

- ACT: Caring for Carers in the ACT—A Plan for Action 2004–2007
- New South Wales: NSW Carers' Statement 1999—*Anti-Discrimination Act 1977* (NSW)—Carers' responsibilities amendment

- Queensland: Carer Recognition Policy 2003
- South Australia: Carers' Charter—Carer Recognition legislation—State Carers' Policy
- Victoria: Recognising and Supporting Care Relationships Policy Framework 2006 (Department of Human Services); Action Plans for Aged Care, Mental Health & Disability
- Western Australia: *Carer Recognition Act 2004*

It is likely that copies of the relevant legislation and policies for your particular state will be held by your employing organisation or service.

Workplace regulations: HACC employer and employee responsibilities

As a care worker in the community, you will often work in a flexible and independent fashion. Your supervisor will typically not be in the same work environment. It is important, therefore, that you fully understand what your role entails and your employer's responsibilities towards you as a HACC employee.

EMPLOYER AND EMPLOYEE RESPONSIBILITIES

You should expect that your role and conditions of employment are set out in your Role Statement or Position Description and in your Contract of Employment. Typically, your Contract of Employment will also outline your employer's responsibilities towards you.

ORIENTATION TO THE WORKPLACE

You should also expect to participate in an initial orientation session where Role Statement and contract information is again presented to you. Normally, employer and employee responsibilities will include such things as:

- pay rates and pay schedules
- leave arrangements
- hours of attendance and rostering requirements
- union issues
- enterprise agreements
- confidentiality and privacy issues
- grievance procedures
- termination procedures
- workplace health and safety policies and requirements
- legal issues, such as duty of care
- anti-discrimination and workplace harassment provisions.

ONGOING STAFF DEVELOPMENT NEEDS

Staff development of carers, whether in the HACC or residential setting, is critical to ensure that workers are kept informed of changes to legislation, guidelines and organisational procedures and to upgrade and update skills. However, the HACC worker is particularly in need of staff development

because of the specific nature—or complex nature—of care required by some clients, usually in their home. You should expect that an experienced colleague', a registered nurse or an appropriate health professional will provide training for you to competently undertake the care task.

Aged care standards

As a carer it is important for you to understand that service delivery in the aged care sector is also governed by a standards framework. Although you may work primarily in the HACC sector of aged care, many of your HACC colleagues will have experience in the residential aged care environment. It is important for you to also have some understanding of the residential aged care framework.

Residential aged care service standards

Residential aged care standards are standards set by government for quality assurance. Their purpose is to ensure that care provided is of excellent quality, in good physical surroundings and the personal rights of clients are respected.

Standards require that residents are encouraged to live as they wish and participate in a range of social experiences; accommodation is homelike with privacy and dignity respected; health is maintained at the optimum level; and the environment is safe and free from risk of injury and accident. Standards focus on the end product of the service—the standard of care and lifestyle for the residents. It is the concern of the providers to meet these outcomes. Services must document continuous improvement.

The Aged Care Standards and Accreditation Agency assesses residential aged care services for accreditation against these standards. This agency plays a leading role in ensuring that residential aged care facilities achieve and maintain high standards of care and accountability. It also ensures accountability for the billions of dollars of taxpayers' money presently spent on residential care. The standards are a structured approach to the management of quality in the industry.

HACC National Service Standards

The HACC National Service Standards were developed in 1991 against the backdrop of a series of HACC program reviews in the 1990s. They represent the standard of service against which all service providers must benchmark their work. They also form the basis of compliance audits.

The Standards are available from the Commonwealth Department of Health website <www.health.gov.au> by using the search facility to find 'HACC National Service Standards'. In summary, there are seven service objectives and 27 associated service standards. The objectives are:

- Objective 1—Access to Services
- Objective 2—Information and Consultation
- Objective 3—Efficient and Effective Management
- Objective 4—Coordinated, Planned and Reliable Service Delivery
- Objective 5—Privacy, Confidentiality and Access to Personal Information
- Objective 6—Complaints and Disputes
- Objective 7—Advocacy.

These standards should be available to all carers who work in a community context. Typically they would be introduced and discussed during a carer's orientation to their work within the organisation. A copy of the HACC Standards Manual should be available to you through your supervisor.

State and territory HACC guidelines

Based on the HACC National Service Standards the states and territories have developed their own guidelines against all or part of the standards. The Northern Territory, for example, requires all HACC providers to use its *Northern Territory Home and Community Care (HACC) Personal Care Guidelines*.

Quality obligations

As outlined earlier, Commonwealth, state and territory governments have agreed to a national set of service standards for HACC, which aim to ensure consistent quality of service provision across all Australian HACC providers. These quality standards are called the **HACC National Service Standards**.

Figure 1.4
The Personal Care Worker–Community Nurse partnership is critical for effective HACC service delivery

In order to provide a means of measuring and monitoring compliance with the HACC National Service Standards, a HACC National Service Standards Instrument has been developed and is in the process of being implemented.

The various governments around Australia make major budgetary commitments to HACC services. The measurement of needs and outcomes is essential to ensure that appropriate strategies are identified for the further development of the national HACC Program and that the services funded by clients and governments achieve the service outcomes required of HACC service providers.

Other means of collecting strategic and qualitative information are:

- Consumer Survey Instrument—this seeks to collect consumer input into the assessment of HACC services.
- HACC Minimum Data Set—this structures the information collected with regard to HACC services in a manner that facilitates data use for strategic planning and performance monitoring.

Working ethically in the HACC context

At their most basic, an individual's ethics are driven by what that individual believes to be right or wrong in their everyday lives. Care workers find that working ethically in HACC involves aligning:

1. their individual ethics of everyday right and wrong
2. their responsibilities as employees—usually defined by employment contracts and position descriptions that include supervision arrangements
3. their legal responsibilities under a range of legislation and common law considerations.

In the HACC context—as indeed for most of the healthcare industry—such alignments are not always easy to achieve. For example, frequent interaction with frail or dependent individuals can lead to personal attachments that may bring your caring role into conflict with the directions provided by your supervisor. These ethical conflicts are never easy to resolve and they are certainly not given to resolution by formula-driven advice. However, some principles that may be useful to guide you are:

- work professionally—work within the limits of your training, skill and experience
- work within your role—as a care worker do not seek to make diagnoses or communicate information inappropriately
- work within organisational policies and procedures
- work with an awareness of the rights of the client and the primary carer—all care providers must respect these rights guaranteed by legislation and enforced by sanctions for failing to observe them
- where conflicting ethical positions arise, discuss them with your supervisor and seek to find a way forward
- where conflict continues, ultimately be true to yourself and consider such approaches as looking at grievance procedures and seeking alternative employment.

Duty of care

'Duty of care' is a term that refers to the legal requirement that places responsibility on **everyone**—that is, employers, employees and others—to follow healthy, safe and considerate work practices.

Duty of care is a legal term and it describes a duty to work responsibly where your action(s) may **foreseeably** affect someone else.

Duty of care is part of the legal concept of negligence covered by common law. A duty of care exists when someone's actions or failure to perform actions could **reasonably** be expected to affect another person. As a carer, you are in a position where someone else is likely to be affected by what you do, or do not do, and where, if you are not careful, it is reasonably predictable that the other person might suffer some harm. You have a duty to be careful, as what you do (or do not do) might affect your client. You therefore need to ensure you understand exactly what the support you are providing is and how it affects the client, that the client knows the nature of the support and its consequences and agrees with your provision of the support. To be successful in a claim for negligence a client must show that:

- you owed them a duty of care
- you breached that duty of care
- as a result of this they—as the client—suffered some loss that was foreseeable.