

Module One

Rights and Responsibilities

Transporting Older People: A Training Resource for Community Transport

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Module 1. Rights and Responsibilities

Module Outline

Module Overview

This Module provides an overview of the organisation and the role of volunteers within the organisation. It introduces the rights and responsibilities of the organisation, its volunteers and its clients including the concept of duty of care, privacy and confidentiality and grievance procedures.

Module Objective

The objectives of this Module are to provide volunteers with an understanding of:

- the organisation and their role within it;
- their rights and responsibilities;
- the rights and responsibilities of the organisation;
- the rights and responsibilities of the clients;
- the concept of duty of care;
- confidentiality and privacy; and
- grievance procedures.

Module Contents

This Module comprises these segments:

- Introduction
- Rights and Responsibilities
 - Definition and Principles of Volunteering
 - Volunteer Rights and Responsibilities
 - Organisational Rights and Responsibilities
 - Client Rights and Responsibilities
- Introduction to the Organisation
 - Overview of Organisation
 - Organisational Philosophy
 - Mission and Vision Statements
 - Organisational Structure
- Volunteer Role
 - Volunteer Position Descriptions
 - Establishing Boundaries in the Volunteer-Client Relationship
 - Establishing Limits to the Volunteer Role
- Duty of Care
- Risk Management
- Privacy and Confidentiality
 - Privacy & Confidentiality: Everyone's Right
 - Privacy Legislation
 - Privacy & Confidentiality in Practice
- Grievance Procedures

Learning Outcomes

At the completion of this module, volunteers should be able to:

Learning Outcome 1

Discuss the application of volunteer rights and responsibilities in their work

Learning Outcome 2

Discuss the application of client rights and responsibilities in their work

Learning Outcome 3

Demonstrate an understanding of the organisation

Learning Outcome 4

Outline their responsibilities in their volunteer position

Learning Outcome 5

State clearly the limits and boundaries of their volunteer role

Learning Outcome 6

Define the concept of duty of care

Learning Outcome 7

Demonstrate a basic awareness of the meaning of duty of care

Learning Outcome 8

Outline their role in risk management

Learning Outcome 9

Explain the importance of privacy and confidentiality

Learning Outcome 10

Describe the organisation's complaints procedures

Module Symbols

The following symbols in the text are designed to assist you to prepare and deliver your training:



Insert organisational specific material



Amend or tailor the material to your organisation



Indicates where you should exercise caution or thoroughly consider any changes.



Estimated time for activity, including overhead transparencies



Pairs activity



Small group activity



Group activity



Feedback



Overhead transparency

Module 1. Rights and Responsibilities

Trainers Guide

Introduction

Resource Material

The relevant resource material for this segment is:

- Activity 1: Imagine If, incorporating
 - OHT 1.1: Introduction

Background Material



There are hundreds of sources for generic icebreakers and 'get to know you' activities but Activity 1 (Imagine If) is a transport related icebreaker. It can be used to help the volunteers get to know each other as initially they work together in pairs and then in small groups.



It is a helpful activity to introduce the concepts of community transport and the service system available to support older people.



Community transport plays an important role in supporting the health, well-being and independence of people living in the community.

OHT 1.1

Volunteers are a vital resource in the delivery of this service to older people who are transport disadvantaged.

As organisations involving volunteers are so dependent on their commitment, it is important to have appropriate volunteer management practices in place. The following segment on Volunteer Rights and Responsibilities addresses some of these practices.

Handouts

There are no handouts provided for this segment.

References

Activity 1 is adapted from activities in these training programs:

- Barton Institute of TAFE (1996). *Training Model for Volunteers in Home and Community Care Social Support Services*. Melbourne: Ethnic Home and Community Care Services Group. The Department of Human Services funded this project.
- South Port Day Links Orientation Training Program.
- Volunteering Victoria (2000). *An Introduction to Volunteering in HACC Funded Services*. Melbourne: Volunteering Victoria. Eastern Region HACC funded this project.

The authors wish to thank South Port Day Links, the South West Volunteers Network, Vision Australia and the South West Community Transport Development Program for their assistance.

Rights and Responsibilities

Assumptions

This module assumes that your organisation has a volunteer management system that complies with the *National Standards for Involving Volunteers in Not-For-Profit Organisations* (Volunteering Australia, 2001a) and is based on the Model Code of Practice for Organisations Involving Volunteers, as specified in the National Standards document.

Model Code of Practice for Organisations Involving Volunteers

This Model Code of Practice is reproduced from the *National Standards for Involving Volunteers in Not-For-Profit Organisations* (Volunteering Australia, 2001a, Appendix 3):

"In order to enhance the volunteers' experience and comply with legislation and duty of care (name of organisation) will:

- interview and employ volunteer staff in accordance with anti-discrimination and equal opportunity legislation;
- provide volunteer staff with orientation and training;
- provide volunteer staff with a healthy and safe workplace;
- provide appropriate and adequate insurance coverage for volunteer staff;
- not place volunteer staff in roles that were previously held by paid staff or have been identified as paid jobs;
- differentiate between paid and unpaid roles;
- define volunteer roles and develop clear job descriptions;
- provide appropriate levels of support and management for volunteer staff;
- ensure volunteers are not required to take up additional work during industrial dispute or paid staff shortage;
- provide all staff with information on grievance and disciplinary policies and procedures;
- acknowledge the rights of volunteer staff;
- ensure that the work of volunteer staff complements but does not undermine the work of paid staff;
- offer volunteer staff the opportunity for professional development;
- reimburse volunteer staff for out of pocket expenses incurred on behalf of the organisation;
- treat volunteer staff as valuable team members, and advise them of the opportunities to participate in agency decisions; and
- acknowledge the contributions of volunteer staff."

The definition of volunteering, the principles of volunteering and the rights of volunteers as presented in this module are those recommended in the *National Standards for Involving Volunteers in Not-For-Profit Organisations* (Volunteering Australia, 2001a).

However, the statement on the rights of volunteers from the National Standards document is not included as an overhead transparency master. Instead, a blank overhead transparency is provided for you to insert your own organisational material. It is important that an organisation has carefully considered the involvement of volunteers and is committed to its volunteer management system. Specifically, every organisation should consider the material presented in the National Standards document and tailor the information to suit its individual circumstances.

Policy and Procedures

It is assumed that your organisation has volunteer management policies and procedures in place that guide the involvement of volunteers in your organisation and that comply with the National Standards.

If you do not have such policy and procedures you may wish to seek assistance from Volunteering Victoria or refer to the documents, *National Standards for Involving Volunteers in Not-For-Profit Organisations* (Volunteering Australia, 2001a) and *National Standards Implementation Guide for Not-For-Profit Organisations Involving Volunteers* (Volunteering Australia, 2001b).

Please be aware that:

“The national standards are generic. ... the standards endeavour to make explicit what is required for best practice whilst leaving it up to the organisation to decide how the requirement of each standard can best be met. This approach recognises that the needs of organisations involving volunteers vary and that the design and implementation of a management system must reflect the unique conditions and circumstances of an organisation.” (Volunteering Australia, 2001a, p.8).

Resource Material

The relevant resource material for this segment is:

- Activity 2: What is Volunteering?, incorporating
 - OHT 1.2: What is Volunteering?
 - OHT 1.3: Principles of Volunteering
- Activity 3: Rights and Responsibilities, incorporating
 - OHT 1.4: Your Rights are
 - OHT 1.5: Your Responsibilities are
- OHT 1.6: Organisation’s Responsibilities
- OHT 1.7: Organisation’s Rights
- OHT 1.8: Client’s Rights
- OHT 1.9: Client’s Responsibilities

Background Material

Definition and Principles of Volunteering



In Activity 2 (What is Volunteering?) the volunteers are asked for their thoughts on volunteers, volunteering and the reasons why people volunteer. Their responses are then used to introduce the definition and principles of volunteering.



OHT 1.2

“Formal volunteering is an activity which takes place in not for profit organisations or projects and is undertaken:

- to be of benefit to the community and the volunteer;
 - of the volunteer’s own free will and without coercion;
 - for no financial payment; and
 - in designated volunteer position only”
- (Volunteering Australia, 2001a, Appendix 1).

As well as a definition of volunteering, there are important principles of volunteering.



The principles of volunteering are:

1. "Volunteering benefits the community and the volunteer.
2. Volunteer work is unpaid.
3. Volunteering is always a matter of choice.
4. Volunteering is not compulsorily undertaken to receive pensions or government allowances.
5. Volunteering is a legitimate way in which citizens can participate in the activities of their community.
6. Volunteering is a vehicle for individuals or groups to address human, environmental and social needs.
7. Volunteering is an activity performed in the not for profit sector only.
8. Volunteering is not a substitute for paid work.
9. Volunteering respects the rights, dignity and culture of others.
10. Volunteering promotes human rights and equality".

(Volunteering Australia, 2001a, Appendix 1).

Volunteer Rights and Responsibilities

"Unlike paid staff, volunteers are not covered by award conditions or work place agreements. Volunteers, however, do have rights, some of which are enshrined in legislation and some of which are the moral obligations of an organisation involving volunteers" (Volunteering Australia, 2001a, Appendix 2).



In Activity 3 (Right and Responsibilities) the volunteers are asked to identify volunteer rights and then to identify the corresponding responsibilities.



Please use the blank OHTs supplied to present your organisation's volunteer rights and volunteer responsibilities.

Alternatively, explain your organisation's volunteer rights and responsibilities using a printed handout.

During this activity you may wish to explain particular rights and responsibilities in more detail. For example, volunteer insurance and reimbursement.

If you do not have a Statement of Volunteer Rights and Responsibilities the following information and examples are presented for your consideration.

According to the *National Standards for Involving Volunteers in Not-For-Profit Organisations* (Volunteering Australia, 2001a, Appendix 2), the rights of volunteers are:

- to work in a healthy and safe environment;
- to be interviewed and employed in accordance with equal opportunity and anti-discrimination legislation;
- to be adequately covered by insurance;

- to be given accurate and truthful information about the organisation for which you are working;
- to be reimbursed for out-of-pocket expenses incurred on behalf of the organisation for which you are working;
- to be given a copy of the organisation's volunteer policy and any other policy that affects your work;
- not to fill a position previously held by a paid worker;
- not to do the work of paid staff during industrial disputes;
- to have a job description and agreed working hours;
- to have access to a grievance procedure;
- to be provided with orientation to the organisation;
- to have your confidential and personal information dealt with in accordance with the principles of the Privacy Act 1988; and
- to be provided with sufficient training for you to do your job.

Example: Volunteering Victoria

As a volunteer you have the right to:

- information about the organisation for which you are volunteering
- a clearly written job description
- know to whom you are accountable
- be recognised as a valued team member
- be supported and supervised in your role
- a healthy and safe working environment
- be covered by insurance
- say no if you feel you are being exploited
- be reimbursed for out-of-pocket expenses
- be advised of the organisation's travel reimbursement policy
- be informed and consulted on matters which directly or indirectly affect you and your work
- be made aware of the grievance procedure within the organisation
- orientation and training

Example: South Port Day Links

Volunteers have the right to:

- a job description clearly stating the aim of the job and tasks to be undertaken by the volunteer
- receive orientation about the organisation— its policies, its people and its programs
- receive training for the initial job, then continuing education providing information about new developments
- be given clear lines of responsibility and accountability
- receive supervision, support and leadership
- be reimbursed for reasonable out of pocket expenses
- receive feedback and recognition
- job satisfaction by being assigned work that can use, enhance or develop their skills and be within considered capabilities
- be a trusted and valued member of the team
- be heard, to be shown respect, to feel free to make suggestions

Example: South Port Day Links (cont)

Volunteers have a responsibility to:

- understand the purpose and philosophy of the organisation before committing to it
- abide by the rules and guidelines of the organisation
- be loyal to the organisation
- seek and accept support, guidance and supervision
- participate in planning and feedback about the job
- be accountable and reliable
- work as a team member
- maintain confidentiality
- not to impose your personal values and beliefs on others

Example: Northern Care and Share

Northern Care and Share acknowledges that its volunteers have the right to:

- information about Northern Care and Share and its programs
- a job description
- know to whom they are accountable
- be recognised as a valued team member who is treated with dignity and respect
- be supported and encouraged in their role
- an environment that is non-exploitative, non-judgemental and non-discriminatory
- be covered by insurance
- be reimbursed for out-of-pocket expenses
- have access to information and resources
- be consulted on matters which directly or indirectly affect them or their work
- ongoing training and skills development

Northern Care and Share volunteers have a responsibility to:

- perform their duties in accordance with Northern Care and Share policies and procedures
- be realistic and reliable in their commitment to Northern Care and Share
- respect confidentiality and clients personal views
- speak up if they do not understand or have a problem
- value and support other team members
- be accountable
- participate in ongoing training and skills development
- support HACC program guidelines on Client Rights and Responsibilities
- carry out the work they have agreed to do responsibly and ethically
- give notice before leaving Northern Care and Share

Organisational Rights and Responsibilities

The volunteer and the organisation both have obligations to each other. If you have a statement of organisational rights and responsibilities you should discuss this with the volunteers.



If appropriate, please use the blank OHTs supplied to present your organisational rights and responsibilities.

Alternatively, use a handout to explain your organisation's rights and responsibilities.

If you do not have a Statement of Organisational Rights and Responsibilities, these examples are provided for your consideration.

Example: South Port Day Links

South Port Day Links has the right to:

- receive a commitment from the volunteer
- expect from the volunteer clear and open communication at all times
- expect reliability and punctuality
- expect loyalty, enthusiasm and belief in the work the organisation is doing
- assess the performance of the volunteer
- know that the volunteer is treating the clients with respect and dignity
- know that the volunteer will not go beyond their capabilities or capacities with the clients or the organisation
- be able to trust the volunteer
- terminate the services of a volunteer

South Port Day Links has the responsibility to:

- provide adequate insurance for all volunteers
- provide orientation to the organisation
- provide clear job descriptions and clear lines of responsibility
- accept and trust the volunteer as we would with paid staff
- reimburse out of pocket expenses
- provide and finance appropriate training as and when required
- not to exploit or coerce volunteers
- ensure safety and security of volunteers
- maintain their confidentiality
- provide feedback, support and recognition
- keep appropriate records
- include volunteers in decision-making where decisions affect volunteer's work

Client Rights and Responsibilities

Your clients have rights and responsibilities too. If you have a statement of client rights and responsibilities you should discuss this with the volunteers.



If appropriate, please use the blank OHTs supplied to present your client rights and client responsibilities.

You may need to alter this overhead to reflect the terminology used by your organisation.

Alternatively, use a handout to explain this material.

If you do not have a Statement of Client Rights and Responsibilities this information from the Home and Community Care (HACC) program is provided for your consideration, as are the example policies on client rights and responsibilities. Please note that HACC refers to clients as consumers and organisations as service providers.

The Home and Community Care: Statement of Rights and Responsibilities was developed in 1990, to provide service providers and consumers with a clear picture of what is expected of them in the provider/consumer relationship. The Statement of Rights and Responsibilities aims to ensure that consumers are aware of their rights and responsibilities and can be confident in exercising them.

The six key consumer rights are:

- The Right to respect for their individual human worth, dignity and privacy.

Every person is to be valued for who they are. This value does not depend on their intellect, income, occupation, or cultural background, but on the fact that every person is a human being. Everyone is of equal value and should be treated as such. When caring for a consumer it is important that service providers respect their difference, respect their privacy and maintain their dignity.

- The Right to be assessed for access to services without discrimination.

Consumers' access to services should be based on needs and the ability of a service to meet that need. Access to services should be fair and equitable, not based on one person's judgement or discrimination.

- The Right to be informed about available services.

Consumers have a right to know which HACC services are available, so that they can make their own decisions.

- The Right to choose from alternatives.

Each consumer must be told of all possible alternatives so that they can decide which services they feel will meet their needs.

- The Right to pursue any complaint about service provision without retribution.

Consumers have the right to lodge a complaint about the service, any complaints must be dealt with fairly and quickly.

- The Right to involve the advocate of their choice.

All consumers have the right to have a person (advocate) of their choice speak on their behalf if they feel they cannot do so themselves. An advocate can be involved at any stage of the service delivery process i.e. during the assessment, to resolve complaints or developing a care plan.

Along with their rights, consumers within the HACC Program also have responsibilities. The HACC Program Statement of Rights and Responsibilities identifies three key responsibilities of consumers, which are:

- The Responsibility to respect the human worth and dignity of the service provider, staff and other clients.
- The Responsibility for the results of any decisions they make.
- The Responsibility to play their part in helping the service provider to provide them with services.

Example: Policy on Client Rights and Responsibilities

All clients accessing this service will be informed of their Rights and Responsibilities. Staff and volunteers, as appropriate, will endeavour at all times to provide current, relevant and timely information to clients regarding existing services, to enable them to make informed choices from alternatives available. Information on Rights and Responsibilities will be provided to clients in a sensitive and culturally appropriate manner.

Our organisation recognises that carers play a vital role in maintaining the independence of the frail aged and people with a disability, enabling them to remain living at home and in the community. We will ensure that each carer is informed about his or her rights and responsibilities in relation to the services, programs and activities we provide, and consulted about any changes required. This will include making a copy of the Statement of Rights and Responsibilities available to each carer and, where required, explaining the Statement of Rights and Responsibilities in a manner sensitive to any special linguistic, cultural, physical or intellectual requirements of the carer.

Example: Do Care, Wesley Central Mission

Rights and Responsibilities of Clients

We provide a social support service that addresses social isolation and assists individuals to become involved with and remain in their community. This enables the person to have a range of social opportunities and choices. Volunteers have a vital role in this process.

Your Coordinator is: _____

Telephone: _____

1. Your rights are to:
 - a) Receive appropriate information about the program and the volunteer;
 - b) Have your dignity and privacy respected;
 - c) Have access to the coordinator and/or other staff to:
 - i) Discuss any concerns about your involvement;
 - ii) Make any suggestions regarding the program;
 - d) Receive support – your coordinator will contact you on regular and ongoing basis particularly during the early stages of involvement;
 - e) Be informed of our Grievance Procedure;
 - f) Withdraw from the program.
2. Your responsibilities are to:
 - a) Maintain your commitment;
 - i) To participate as agreed;
 - ii) To advise the volunteer or the office if you will not be available for your regular visit or activity;
 - b) Discuss with the coordinator if you have any problems in maintaining your agreed commitment;
 - c) To respect;
 - i) Confidentiality;
 - ii) The other person's need for privacy;
 - iii) The other person's personal views, eg politics, religion;
 - iv) The other person's decisions;
 - d) Exercise the same level of care and discretion as you would in any personal relationship;
 - e) Advise of the following;
 - i) Changes in your address or telephone number;
 - ii) Changes in circumstances which may affect your involvement, eg health, family, holidays;
 - iii) Any problems relating to your involvement.
3. You should not:
 - a) Accept or give any gifts other than of nominal value, including monetary gifts and Testimonial Bequests. The exchange of any gifts should be restricted to special occasions such as birthdays or Christmas and should never be expected or required as part of the relationship;
 - b) Permit volunteers to become involved in the management of your financial affairs or accept responsibility for your property;
 - c) Volunteers are provided for social support only. You should not ask them to do other duties such as housework, shopping and personal care.

I agree to:

- The Rights and Responsibilities set out in this document
- Information exchange to occur between relevant others regarding myself when necessary
- Have my address and telephone number given to volunteers providing support

Signed: _____ Date: _____

Name: _____

Address: _____

Signed: _____ Date: _____

(Coordinator)

Handouts

There are no handouts provided for this segment. However, if relevant you may wish to have these organisational handouts available:

- Your Volunteer Policy
- Statement of Volunteer Rights and Responsibilities
- Information on Volunteer Insurance and Reimbursement
- Statement of Organisational Rights and Responsibilities
- Your Policy on Client Rights and Responsibilities
- Statement of Client Rights and Responsibilities

References

The primary sources for this segment were:

- Effective Change (1999). *HACC Workplace Orientation Training Package*. Melbourne: Department of Human Services.
- Volunteering Australia Inc. (2001a). *National Standards for Involving Volunteers in Not-For-Profit Organisations*. 2nd ed. Melbourne: Volunteering Australia Inc.
- Volunteering Australia Inc. (2001b). *National Standards Implementation Guide for Not-for-Profit Organisations Involving Volunteers*. Melbourne: Volunteering Australia Inc.

The documents related to the National Standards can be ordered from Volunteering Australia by phone or via their website (www.volunteeringaustralia.org). The documents can be ordered via this link:

[Ordering Information for National Standards Documents](#)

You can access information on Volunteering Victoria by visiting their website (www.volunteeringvictoria.com.au). Volunteering Victoria, and a number of other organisations, regularly conduct training on Volunteer Management.

You can access information about HACC by contacting your regional office of the Department of Human Services or by clicking on the following link to the Commonwealth Department of Health and Ageing

[HACC Program Information](#)

Thank you to South Port Day Links, Northern Care and Share, Do Care - Wesley Central Mission and Volunteering Victoria for the examples used.

Introduction to the Organisation

Assumptions

It is assumed that your organisation has written information that you can access to prepare overhead transparencies to introduce the organisation, its philosophy, mission statement, vision statement and organisational structure.

Furthermore, it is assumed that you have access to information about the sources of funding for your organisation, particularly HACC and local government. Whilst it is acknowledged that many organisations providing transport services receive HACC funding, detailed information about the HACC program has not been detailed in this training resource. However, appropriate sources of information on the HACC program are listed under the References for this segment.

Resource Material

The relevant resources for this segment are:

- OHT 1.10: About Our Organisation
- OHT 1.11: Our Values
- OHT 1.12: Our Mission
- OHT 1.13: Our Vision
- OHT 1.14: Our Organisational Structure

Background Material

Volunteers have the right to be provided with an orientation to your organisation and their role within it.

For this segment you need to prepare information on your organisational philosophy, mission, vision, services and staff as an introduction for the volunteers. You should also provide information about the sources of funding for your organisation. For example, if you receive funding from HACC as a social support service you should include this in the orientation to your organisation.

An example for a fictitious organisation, Community Transport Inc, is provided for your information.

Overview of Organisation



OHT 1.10

Please use OHT 1.10: About Our Organisation to present an overview of your organisation.

Alternatively, use your organisation's promotional material.

Example:

Community Transport Inc is a not for profit organisation, established in 1975. Managed by a Board of Directors drawn from our local community, we provide a range of HACC services in the northern suburbs of Melbourne.

We provide community transport and social support services to the frail aged, people with a disability and their carers. Volunteers are an integral part of our service delivery because we believe our clients benefit from the skills and knowledge volunteers are able to offer.

Organisational Philosophy

An organisational philosophy describes the underpinning principles, values or ideology of an organisation. An organisational philosophy reflects the shared common values of an organisation, providing a basis from which an organisational culture will develop. Volunteers are expected to apply the organisation's principles and values in all aspects of their work.



OHT 1.11

Please use OHT 1.11: Our Values to present your organisational philosophy.

You may need to alter this overhead to reflect the terminology used by your organisation.

Alternatively, use your organisation's promotional material.

Example:

Our organisation is committed to the delivery of flexible and individualised services to clients, which at all times meet or exceed the National HACC Standards. All staff and volunteers will meet our quality care requirements in a professional and competent manner.

Our Community Transport program:

- will provide high quality transport services to our clients;
- will meet or exceed every appropriate transport standard and regulation;
- will meet or exceed the National Standards for involving volunteers in our organisation;
- respects the right of individuals to maintain independence;
- respects the cultural beliefs and values of all clients;
- operates using a pool of competent, committed and well-resourced volunteers; and,
- actively encourages client participation in all aspects of service delivery.

Mission and Vision Statements

Mission Statement

A Mission Statement outlines the organisation's reason for existing, defining its purpose; target groups; services offered; and competitive edge.



Please use OHT 1.12: Our Mission to present your organisation's mission statement.



OHT 1.12

You may need to alter this overhead to reflect the terminology used by your organisation.

Alternatively, use your organisation's promotional material.

Example:

Community Transport Inc is committed to enhancing the independence of the frail aged and people with a disability by providing a range of community transport services and social support services that enable them to participate in community life whilst remaining in their own home.

Vision Statement

A Vision Statement sets out what your organisation is trying to achieve in the future.



Please use OHT 1.13: Our Vision to present your organisation's vision statement.



OHT 1.13

You may need to alter this overhead to reflect the terminology used by your organisation.

Alternatively, use your organisation's promotional material.

Example:

Community Transport Inc aims to provide high quality, flexible and individualised community transport and social support services through effective management and continuous improvement in service delivery.

Organisational Structure

An organisational structure, usually illustrated through the use of an organisational chart, sets out reporting relationships and the lines of responsibility for the operation of an organisation. The organisational chart assists staff, volunteers, clients and carers by:

- setting out the lines of responsibility of different work roles;
- showing levels of accountability between members of the organisation; and
- mapping out how the organisation is administered i.e. Volunteers report to the Community Transport Coordinator, who reports to the Executive Officer, who reports to the Committee of Management.



Please use OHT 1.14: Our Organisational Structure to show your organisational structure.



OHT 1.14

You should highlight the lines of accountability and levels of reporting that are relevant to the volunteers.

Other Relevant Organisational Issues

In this segment, you should consider including other information about your organisation that may be relevant to the volunteers, particularly those that are linked to your Statement of Volunteer Rights and Responsibilities.

For example, if you state that volunteers have the right to participate in service planning and development then you should outline how this would occur. Similarly, if you have volunteer representatives on your Committee of Management you may like to provide the volunteers with more detailed information about your membership and your Committee of Management.

Please note that blank OHT masters have not been provided for this segment.

Service Information

You should provide information to the volunteers about specific aspects of the transport services you provide.

Consider incorporating:

- an overview of your transport services;
- the reasons your organisation provides transport;
- the clients you assist;
- the type of activities you provide transport to; and
- eligibility criteria.

It may be useful to refer back to Activity 1 (Imagine If) and use the feedback on transport related assistance and other assistance, to explain how your organisation, its transport services and, importantly, the volunteers fit into the overall service system.

Please note that blank OHT masters have not been provided for this segment.

Handouts

There are no handouts provided for this segment. However, you may wish to have relevant material on your organisation, such as brochures and Annual Reports, available as handouts.

Alternative Presentation Ideas

These suggestions are offered as alternative presentation ideas.

- Have your senior manager or the Chairperson of the Committee of Management present the information about your organisation.
- Invite other staff, Committee of Management and existing volunteers to join the training session just before morning tea, lunch or afternoon tea as an “interactive” organisational chart.

Work through the organisational chart and ask each person who is present to introduce themselves and give a brief explanation of their role/duties.

- Pair a volunteer with a staff member, Committee of Management member or an existing volunteer and give them time to introduce themselves. You could structure this activity by using specific questions, such as position within the organisation, length of time involved, etc. After a set time, ask each person to introduce his or her partner to the group.

References

The source for this segment is:

- Effective Change (1999). *HACC Workplace Orientation Training Package*. Melbourne: Department of Human Services.

You can access information about HACC by contacting your regional office of the Department of Human Services or by clicking on the following link to the Commonwealth Department of Health and Ageing

[HACC Program Information](#)

Volunteer Role

Policy and Procedures

In accordance with the *National Standards for Involving Volunteers in Not-For-Profit Organisations* (Volunteering Australia, 2001a) it is assumed that your organisation has position descriptions for each volunteer role.

If do not have such policy and procedures you may wish to seek assistance from Volunteering Victoria or refer to the documents, *National Standards for Involving Volunteers in Not-For-Profit Organisations* (Volunteering Australia, 2001a) and *National Standards Implementation Guide for Not-For-Profit Organisations Involving Volunteers* (Volunteering Australia, 2001b).

Resource Material

The relevant resource material for this segment is:

- OHT 1.15: What's in a Position Description?
- OHT 1.16: What's Not in a Position Description?
- OHT 1.17: Always Follow Instructions
- OHT 1.18: What are the Limits of my Role?

Background Material

Volunteer Position Descriptions

A position description sets out job requirements including:

- main duties;
- position objectives;
- reporting relationships; and,
- required skills, knowledge and attributes.

The work of the volunteers in their role as drivers, assistants, administrative workers, etc. should be guided by their position description.

A position description should:

- describe the volunteer's role;
- state the tasks the volunteers are expected to perform;
- specify the skills and knowledge the volunteers are expected to have;
- outline the volunteer's responsibilities; and,
- nominate the position the volunteer reports to.

It is important for volunteers to understand that the decisions they make and the actions they take must be within their position descriptions.



Before presenting these OHTs you should distribute a copy of their position descriptions to the volunteers. As you present each OHT, relate the information back to the position descriptions. In particular, you should:

- emphasise the volunteer's role;
- outline their boundaries and limitations;
- explain their level of decision-making authority; and
- explain how, when and who they report to.



OHT 1.15

- A position description tells you things like:
 - what your role is;
 - who you report to;
 - what tasks you are expected to do;
 - what your responsibilities are; and,
 - what knowledge and skills you need.
- Your position description is there to help you understand what your role is and what is expected of you.



OHT 1.16

- Although a position description tells you what to do, it does not tell you things like:
 - how to handle Mrs Smith's refusal to wear a seat belt;
 - what to do if Mr Nyugen wants to be dropped at a different address; or
 - how to deal with Mr Blackburn never being ready on time.
- When you come across situations such as these, you should follow procedure, always report the situation and ask your Coordinator for guidance.



OHT 1.17

- You should follow your Coordinator's instructions as they:
- may have access to information about your passenger that you do not have;
 - will often make an informed decision about what action to take based on information you may not have;
 - may have received direction from the family on a particular course of action to take;
 - are aware of certain policies and procedures that may influence their decision or direction;
 - will be aware of funding restraints; and
 - may have had more involvement with the passenger and will base their decision or judgement around their knowledge of the person.

(Source: *Working Within Duty of Care Requirements (A4)*, published by ANTA in the series National Training Materials for the Community Service and Health Industry).

Establishing Boundaries in the Volunteer-Client Relationship

It is important that volunteers understand the nature of their relationship with the clients and that professional boundaries are established. Relationships between volunteers and clients often become close with both the volunteer and the client considering themselves to be friends. However, the volunteer must understand the limits of such friendships in terms of their “professional relationship”.

Whilst friends may know each other’s personal details and histories, give advice and exchange gifts, there must be professional boundaries established around these aspects of the volunteer-client relationship.

Professional boundaries work two ways. They are important for the safety of the client and also for the privacy and safety of the volunteers. Volunteers should keep their personal details confidential, including their phone number(s) and address, and be cautious about revealing personal and confidential information.

It is *not* the role of the volunteer to give advice to a client on any personal, medical or financial matter, nor should volunteers seek advice from the clients. Clients’ should be referred to the Volunteer Coordinator for referral to an appropriate service for professional advice.

Volunteers should be discouraged from accepting gifts or money from clients. The exchange of gifts and money confuses the role and the relationship between the client, the volunteer and the organisation. However, as it may be difficult for clients to understand why they cannot give a gift of appreciation, particularly when they value the volunteers’ input in their lives, some organisations make specific exceptions. For example, small gifts such as biscuits or flowers, limited to particular celebrations like Christmas and birthdays, might be acceptable. However, volunteers should be aware of organisations guidelines on what to do if more valuable gifts are offered.

Establishing Limits to the Volunteer Role



You may need to alter OHT 1.18 to accurately reflect the limits/boundaries your organisation place on its volunteer drivers and assistants. If you have particular policies/procedures in place you should elaborate as appropriate.



An important part of knowing what is expected of you, is knowing the limits of your role.

OHT 1.18

As a volunteer you are not permitted to:

- assist with personal care or attendant care tasks (toileting, dressing);
- carry out nursing or similar duties (assisting with medication);
- assist a passenger who cannot weight bear to transfer to/from a wheelchair;
- offer financial or personal advice to passengers; and,
- accept gifts of any monetary value.

You should also discuss with the volunteers other relevant aspects of the volunteer-client relationship such as being cautious about disclosing personal information about themselves and not giving the client personal contact information like phone numbers.

Handouts

There are no handouts provided for this segment but you will need copies of the volunteer position descriptions.

If you have any policies or procedures related to the volunteer-client relationship or limits on the volunteer role you may wish to distribute copies to the volunteers.

References

The source for this segment is:

- Effective Change (1999). *HACC Workplace Orientation Training Package*. Melbourne: Department of Human Services.

Duty of Care

Policies and Procedures

It is assumed that your organisation has policies and procedures related to duty of care. If you do not have such policies and procedures you may wish to consider this example:

Example:

All staff and volunteers know that they have a Duty of Care to clients, families and carers and that all staff, clients and families have a legal duty of care to each other. Our organisation will ensure that all staff employ safe work practices, are aware of their duty of care, and have adequate training.

Resource Materials

The relevant resource material for this segment is:

- OHT 1.19: Do Volunteers Have a Duty of Care?
- OHT 1.20: What is Duty of Care?
- OHT 1.21: What is Negligence?
- Activity 4: Duty of Care and Negligence, incorporating
 - OHT 1.22: Duty of Care
 - OHT 1.23: Standard of Care
 - OHT 1.24: Breach of Duty of Care
 - OHT 1.25: Harm or Loss
 - OHT 1.26: What are Our Policy/Procedures?
- Activity 5: Duty of Care in Practice, incorporating
 - OHT 1.27: Duty of Care - Case Study 1
 - OHT 1.28: Duty of Care - Case Study 2
 - OHT 1.29: Duty of Care - Case Study 3
 - OHT 1.30: Duty of Care - Case Study 4
 - OHT 1.31: Duty of Care - Case Study 5

Background Material

Duty of care places into a legal form, a moral and ethical duty to anticipate possible injuries and do everything reasonably practical to remove or minimise possible causes of harm.



OHT 1.19

Every organisation, and every person working in an organisation, has a duty of care. As a volunteer you have a duty of care to:

- the clients of the organisation;
- families and carers of the clients;
- yourself;
- other volunteers;
- the organisation; and,
- other people who are likely to be affected by your actions.



- Clients have a right to expect that all those who provide care will take reasonable care to avoid harming them, and to protect them from foreseeable risk of injury.
- You must act at all times with the diligence and skills of a reasonable person in the same circumstances - that is, a person with training, knowledge, experience, skills and job role.
- As a volunteer you must take all reasonable steps available to ensure the safety of your passengers and other people who may be affected by your actions. You are responsible and independently accountable for their actions at all times.



In Activity 4 (Duty of Care and Negligence) the volunteers are asked to discuss a case study and answer a series of questions. The case study introduces the concept of negligence and the relevant legal elements of proximity; foreseeability; standard of care; breach of duty of care; and harm or loss.

Key points are given relating these elements to the case study. Space is provided for you to note key points about your policy and procedures

Duty of care is part of the legal concept of negligence. These elements have to be proved in any case of negligence:



- Duty of Care;
- Standard of Care;
- Breach of Duty of Care; and,
- Harm or Loss.

There are four key areas to any case of negligence:



Duty of Care

- A duty of care exists when someone's action could reasonably be expected to affect other people.
- Anyone in our organisation who provides care owes a duty of care to our clients.

Reasonable foreseeability is an important element of negligence. A person must take reasonable care to avoid acts (action) or omissions (inaction) that he or she could reasonably foresee are likely to cause injury or harm. A risk is foreseeable, even though it is unlikely to occur, as long as it is not far-fetched or fanciful (Source: Andrew Gagalowicz (1995). *Wheels within Wheels: A guide to safe vehicle travel for wheelchair users*. Practical Answers, on behalf of the NRMA ACT Road Safety Trust).



Standard of Care

- The standard of care is the way a reasonable person would act in the same circumstances (job role, training, knowledge, experience and skills).
- The standard of care will vary according to the situation and the relationship between the people involved. The more reliant someone is on someone else, the higher the standard of care.

The only “burden” imposed on organisations by law to avoid the risk of negligence is the requirement to act reasonably. However, every activity has an element of risk attached. Risk is the combination of hazard severity and hazard likelihood. Balancing risk involves weighing up the consequence of the hazard, the likelihood of the hazard, the precautions that could be taken against that hazard and the benefits of the activity.

Duty of care requires that reasonable precautions be taken. A number of factors are taken into account to determine what is reasonable and practical. These factors include:

- Nature and severity of the hazard to be avoided
- Knowledge of severity of the hazard
- Knowledge of solutions
- Availability of solutions
- Common standard of practice
- Cost of solution
- Benefits

Example:

If your organisation was considering purchasing and installing a particular type of restraint, you would need to consider the practical application of these factors:

- Nature and severity of the hazard to be avoided
Funds spent on occupant restraints to prevent major injuries
- Knowledge of severity of the hazard
Even slow speed crashes can kill and seriously injure
- Knowledge of solutions
Restraints of a particular type are available
- Availability of solutions
Restraints being made available
- Common standard of practice
As represented by (say) an Australian Standard, statutory requirement or current professional or best practice
- Cost of solution
Affordability given the hazard to be avoided
- Benefits
No injuries to passengers



OHT 1.24

Breach of Duty of Care

- A breach of duty of care is the failure to meet the required standard of care and can occur as a result of unreasonable action or unreasonable inaction.

Hence, duty of care is breached if a volunteer behaves unreasonably, that is a volunteer must have done something a reasonable person would not have done in a particular situation or omitted to do something which a reasonable person would have done in the same circumstances (job role, training, knowledge, experience and skills).

It is important for volunteers (and staff) to understand that duty of care involves:

- working within their defined role, as specified in their position description;
- adhering to organisational policies and procedures; and,
- following specific directions from their Coordinator.

A volunteer who follows organisational policy and procedure is acting “in the course of employment”. However, a volunteer who chooses not to follow organisational policy and procedure may have to bear sole responsibility for any negligent action.

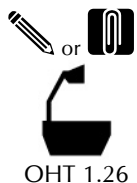


OHT 1.25

Harm or Loss

- The person to whom the duty of care was owed has to be able to show that the breach of that duty of care resulted in some sort of harm or loss.
- The harm or loss may be physical injury, financial loss or emotional shock.

To be sued for negligence some harm must have been caused to the person because of unreasonable action or unreasonable inaction.



OHT 1.26

Please use the blank OHT supplied to present your policy and procedures related to duty of care.

In your explanation, be specific about the level of autonomy the volunteers have to make decisions. For example, if the volunteers are required to discuss problems they may encounter with their Coordinator, emphasise this aspect of your procedures. Although you do not want to alarm anyone, it is vital that the volunteers understand the limits and boundaries of their role.

Alternatively, use a handout on your policy and procedures.



In Activity 5 (Duty of Care in Practice) case studies are used for the volunteers to demonstrate their understanding of duty of care, the limits/boundaries of their volunteer role and the importance of following organisational procedures.

For each case study, key points are given and space is provided for you to note key points about your policy and procedures.

Handouts

The handout provided for this segment is:

- Duty of Care



You should check that the information on this handout is relevant to your organisation, particularly your policies and procedures.

You may also wish to make available to the volunteers any organisational policies or procedures relevant to duty of care.

References

The primary sources for this segment are:

- Effective Change (1999). *HACC Workplace Orientation Training Package*. Melbourne: Department of Human Services.
- Department of Human Services & Bendigo Regional Institute of TAFE (1996). *Home and Community Care Personal Care Training Package*. Melbourne: Bendigo Regional Institute of TAFE.
- Villamanta Legal Service website (www.villamanta.org.au).

On the Villamanta Legal Service website there is a fact sheet on Duty of Care and Negligence. The information is specifically written to answer some of the questions people who have a disability often ask about this particular area of the law. If you wish to use any of this information in your training or handouts you would need to alter the wording accordingly. You can access this fact sheet by clicking on this link:

[Fact Sheet on Duty of Care and Negligence](#)

If this link does not work correctly, go the Villamanta website (www.villamanta.org.au). There is not a search facility on the website so check on the Home Page for Free Information. If you cannot locate the fact sheet, select Contact Us on the Home Page to send an email.

If you do not have access to the Internet contact Villamanta and enquire about fact sheets and publications on Duty of Care.

Risk Management

Resource Material

The relevant resource material for this segment is:

- OHT 1.32: Steps in Risk Management
- OHT 1.33: Steps in Risk Management
- OHT 1.34: A Risk Management Example
- OHT 1.35: How Can You Be Involved?
- OHT 1.36: Our Risk Management Process
- OHT 1.37: Our Incident Reporting Procedure

Background Material

In order to address duty of care and reduce the likelihood of harm or loss, a process called risk management is used. According to the Australian Standard on Risk Management (AS/NZS4360: 1999), risk is defined as the chance of something happening that will impact upon an organisation's objectives, such as the safe transporting of passengers. Risk is measured in terms of consequences and likelihood. Risk management then may be defined as the culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects.

Organisations should employ a risk management process that involves organisational policies, procedures and practices to the tasks of establishing the context, identifying, analysing, evaluating, treating, monitoring and communicating the risk inherent in the services they provide.

The stages of risk management are:



OHT 1.32

Context

What job or task are we doing?

Identifying

What things can go wrong that would cause injury to staff, volunteers or the client? This step is usually called a risk assessment.

Analysing

How would these injuries occur? What are the steps leading up to the injury?

Evaluating

Is the consequence of the injury serious enough and likely to occur so that we should take action?



Treating

Accept and monitor low-priority risks. For other risks, develop and implement a plan. This plan should include consideration of funding.

Monitoring and Reviewing

Monitor and review the plans that have been put in place and changes that might affect it.

Communicate and Consult

Consult with those involved in performing the job or task and communicate its risks.



This example of the risk management process looks at a new step to be fitted to a minibus. Please note this example is illustrative only and a full risk assessment of your particular circumstances is necessary.



Our duty of care means that clients must be able to get on and off the vehicle without injuring themselves or the volunteer. To discharge our duty of care we undertake a risk assessment of the new step, working through these stages:

- Setting the Context;
- Risk Identification;
- Risk Analysis;
- Risk Evaluation;
- Risk Treatment;
- Monitoring and Review; and
- Communication and Consultation.

As you present OHT 1.34: A Risk Management Example, provide a more detailed explanation of each step using this information:

Setting the Context

Our context is the goal of the organisation, which is for the clients and volunteers to get on and off the mini bus without being injured.

Risk Identification

We then use a group of experienced people who have used this type of step before to identify the risk. This analysis may have been done for you by the manufacturer or by the release of an Australian Standard. Experienced volunteers could also be involved in helping to identify the risks. We should document our findings.

Risk Analysis

We need then to separate the minor risks from the major risks to decide which risks to treat first and those that can be addressed later. We allocate a consequence and likelihood to each of the risks identified.

Risk Evaluation

We now need to rank the risks from most serious consequence/most likely to happen to least serious/least likely. Those risks that are ranked as most serious get addressed first, while those ranked as least serious may be dealt with later.

Risk Treatment

We may be able to reduce the likelihood of some risks or even avoid some. For example, we may be able to reduce risk by removing sharp edges, providing warning signs, painting the step, developing procedures or training staff in its proper use. A back injury to a volunteer would be one of the most serious and most likely risks. So we would need to ensure that volunteers are aware of the correct manual handling technique to minimise this risk. We may be able to reduce the likelihood of another risk by always parking the mini bus on level ground.

Monitoring and Review

We now have to monitor and review our risk treatments to ensure that they are effective. Monitoring can be done by periodic inspection (or audits) of the step use. Review may include the assessment of complaints and accidents involving the step or seeking feedback from volunteers. From this review we may decide to use the step in a different manner; change its installation somehow; change procedures; or provide more specific training.

Communication and Consultation

Communication is essential for risks to be minimised. Procedures and training are both methods of communicating the risk associated with the step and the reasons it is operated in a certain way to avoid/minimise the risk.

Consultation and communication, via procedures and training, assist in ensuring that safe practices are used.



OHT 1.35

- Volunteers are an important part of a risk management process.
- You can be involved by:
 - following organisational procedures at all times;
 - reporting any accident, no matter how minor;
 - reporting any event which should not normally happen in the day-to-day running of the service;
 - reporting any potential danger or hazard;
 - reporting any concerns about health and safety;
 - giving feedback on procedures; and,
 - attending training.

If people consistently report even minor incidents or concerns then this information can be fed back into the risk management process. Thorough and consistent collection of evidence is a useful tool to reduce risk.



OHT 1.36

If your organisation has a formal risk management process in place, you may wish to use the blank OHT supplied to explain to the volunteer's their role in this process.



OHT 1.37

If you have formal incident reporting procedures, you may wish to use the blank OHT supplied to explain the procedures.

Handouts

There are no handouts provided for this segment. However, you may wish to make available to the volunteers any policies or procedures relevant to risk management, such as incident reporting procedures and/or forms.

References

The primary source for the material in this segment is the Australian Standard on Risk Management (AS/NZS4360: 1999). This Standard was kindly loaned by Creative Systems International Pty Ltd. However, Australian Standards can be purchased from Standards Australia by clicking on this link:

[Standards Australia](#)

If you already own a copy of an Australian Standard, you can download amendments free of charge by clicking on this link:

[Amendments to Australian Standards](#)

You can be automatically notified of updates to relevant Standards by joining [Standards Watch](#), a **free** email based notification service that notifies you of updates to nominated Standards.

If these links do not work correctly, go to the Standards Australia website (www.standards.com.au) and use their Search facility.

If you do not have access to the Internet, contact Standards Australia by phone.

Privacy and Confidentiality

Resource Material

The relevant resource material for this segment is:

- Activity 6: Confidentiality, incorporating
 - OHT 1.38: What Information is Confidential?
- OHT 1.39: Rules of Confidentiality
- OHT 1.40: Is it Ever OK to Break Confidentiality?
- OHT 1.41: What are Our Policy/Procedures?
- Activity 7: Privacy and Confidentiality in Practice, incorporating
 - OHT 1.42: Privacy & Confidentiality - Case Study 1
 - OHT 1.43: Privacy & Confidentiality - Case Study 2
 - OHT 1.44: Privacy & Confidentiality - Case Study 3
 - OHT 1.45: Privacy & Confidentiality - Case Study 4
 - OHT 1.46: Privacy & Confidentiality - Case Study 5
 - OHT 1.47: Privacy & Confidentiality - Case Study 6
 - OHT 1.48: Privacy & Confidentiality - Case Study 7
 - OHT 1.49: Privacy & Confidentiality - Case Study
- Activity 8: Privacy and Confidentiality Dos and Don'ts

Background Material

Privacy & Confidentiality: Everyone's Right

Clients, staff and volunteers have a right to expect their personal information be treated confidentially and their privacy respected. It is important to remember that personal information is the property of the individual. Maintaining confidentiality is a matter of decency and demonstrates respect for the person.



In Activity 6 (Confidentiality) a case study is used to define the types of information that should be treated as confidential and to identify when confidentiality has been breached.

Volunteers are entrusted with a great deal of personal information about clients, staff and other volunteers. Some of the information that should be treated as confidential includes:



OHT 1.38

- Identifying data like given name, family name and address;
- Personal information like age and religion;
- Medical or health information;
- Financial matters;
- Family situation;
- Legal issues;
- Personal history;
- Living arrangements;
- Sexuality;
- Social life;
- Personal habits;
- Services being used;

- Political views;
- Criminal history; and,
- Employment history.

Volunteers should be aware that there are limits on the scope and nature of the information they may disclose. No one has an automatic right to personal information about clients, staff or volunteers.



You may need to alter the following OHT to accurately reflect your organisational protocol on the exchange of information about a client between volunteers. The OHT is based on the assumption that relevant and necessary information about a client would be passed to the Coordinator who would then in turn pass it onto others as necessary.

As general rules:



OHT 1.39

- Any information that is specific or could identify an individual is confidential.
- Information of a personal nature about anyone is confidential and should NOT be passed onto anyone outside the organisation.
- Information that is essential to meeting a client's needs should be passed onto the Coordinator.
- Information should be passed on only with the permission of the person concerned.



OHT 1.40

- The right to privacy and confidentiality has to be balanced with duty of care responsibilities.
- Breaking confidentiality is acceptable:
 - if the volunteer is involved in legal proceedings where they are required to divulge specific information
 - when there is threat of injury or harm to the client or someone else.



If you have specific procedures in place to deal with breaking confidentiality you should amend OHT 1.40 to reflect your organisation's procedures.

Where there is a threat of injury or harm, the volunteer should still seek permission from the client before reporting any relevant confidential information to their Coordinator.

Privacy Legislation

The collection and handling of personal health information is now governed by The Health Records Act 2001 (Vic) and Privacy Principles. This legislation became legally binding on 1st July 2002.

Health information means all identifying personal information collected to provide a health or medical service. The Health Privacy Principles are designed to provide privacy protection,

promote client autonomy, effective service delivery, continued improvement of health services and protection of public health and safety.

The 11 Health Privacy Principles, listed below, govern the life cycle of information and cover collection, use, disclosure, quality, security and disposal of information.

Health Privacy Principles

1. Collection
2. Use and disclosure
3. Data quality
4. Data security and retention
5. Openness
6. Access and Correction
7. Identifiers
8. Anonymity
9. Transborder Data Flows
10. Transfer/closure of practice of health service provider
11. Making information available to another health service



As the Health Records Act and Health Privacy Principles are legally binding, you should explain any policies and procedures your organisation has implemented to comply with the legislation and that involve the volunteers.



OHT 1.41

Please use the blank OHT supplied to present your policy and procedures.

Alternatively, use a handout to explain your policy and procedures.

Privacy & Confidentiality in Practice



In Activity 7 (Confidentiality in Practice) volunteers can demonstrate their understanding of privacy and confidentiality by discussing a series of case studies. The case studies include client and volunteer examples to illustrate that everyone involved with the organisation – clients, volunteers and staff – has the right privacy and confidentiality.

Key points are given for each case study and space has been provided for you to note key points you wish to make about your policy and procedures.



In Activity 8 (Privacy and Confidentiality Dos and Don'ts) the volunteers develop a Do and Don't checklist on privacy and confidentiality for your organisation.

Example Do and Don't Checklist:

Do

- Always ask if it is OK to pass on personal information
- Check with your Coordinator if you are unsure
- Pass on information you believe threatens a person's health and safety to your Coordinator
- Treat any specific information that can identify the person as CONFIDENTIAL
- Think how the person would feel if they heard you passing on confidential information

Don't

- Gossip about anyone
- Discuss clients with other volunteers unless necessary to assist the client

Please note this example is illustrative only. The checklist you develop should reflect your organisation's policies and procedures.

The Do and Don't list can be typed up and handed out to the volunteers, either at the training or later. Alternatively, leave the list on the noticeboard. This way people can add other ideas later.

Handouts

There are no handouts provided for this segment but you may wish to distribute the Do and Don't Checklist the volunteers develop. You may wish to make available to the volunteers any organisational policies or procedures relevant to privacy and confidentiality.

References

The sources for this segment were:

- Barton Institute of TAFE (1996). *Training Model for Volunteers in Home and Community Care Social Support Services*. Melbourne: Ethnic HACC Services Group. The Department of Human Services funded this project.
- Effective Change (1999). *HACC Workplace Orientation Training Package*. Melbourne: Department of Human Services.
- South Port Day Links Orientation Training Program.
- Volunteering Victoria (2000). *An Introduction to Volunteering in HACC Funded Services*. Melbourne: Volunteering Victoria. Eastern Region HACC funded this project.

The authors wish to thank Southport Day Links for their assistance as well as the South West Volunteers Network and Vision Australia for permission to use an activity on confidentiality.

Grievance Procedures

Policies and Procedures

It is assumed that your organisation has a policy and procedures related to grievance procedures. If do not have such a policy and procedures you may wish to consider these examples:

Example:

To formally lodge a complaint you must:

1. Contact the Coordinator in writing or by telephone, stating the areas of concern. The Coordinator will record the nature of the complaint and try and resolve it. You will be given feedback on the outcome of this process.
2. If you do not feel the matter has been satisfactorily addressed, the matter can be referred, in writing or by telephone, to the Chairperson of the Committee of Management who will consult with you in order to resolve the matter.
3. If the matter is not resolved to your satisfaction, you will be given the opportunity to take the matter to the Committee of Management for a final decision.

Example: Wyndham City Council

STATEMENT

Volunteers have the right to raise and have resolved any grievances they may have without fear of retribution.

All grievances shall be handled in a confidential and sensitive manner.

Wherever possible grievances should be resolved in the least formal manner.

Wyndham City Council will treat every concern or complaint seriously and is committed to resolving any issues quickly.

PROCEDURE

Should a grievance or claim arise between the Council, or employee of Council, and a volunteer the parties shall confer in good faith with a view to resolving the matter by conciliation in accordance with the following procedure:

1. Should any matter occur which gives cause for concern to a volunteer, he/she shall raise the matter with his/her immediate contact staff member.
2. If the issue is not settled to his/her satisfaction the volunteer may raise the matter with the next level Coordinator.
3. If the issue is not settled to his/her satisfaction the volunteer may raise the matter with the Manager.
4. Although it is preferable and often more effective to try to address the issue with the most immediate supervisors and manager, volunteers have the right to take their concern directly to any level within Council. If they wish to do this the relevant contacts are:
 - Director Corporate and Community Services
 - Chief Executive
 - Councillors

Example: Mediation, Wyndham City Council

Guidelines for Mediation

The following notes have been put together to outline the proposed mediation process to assist individuals in their decision-making.

A successful mediation is likely to produce a result in which:

- All disputants feel heard.
- Relationships can be maintained or improved and trust re-established.
- Resolution will be fast and avoids legal or other costs.
- Agreements reached will be fair, practical and have durability.
- And if subsequent issues arise there will be agreed resolution processes

Ground Rules

- mediation is a voluntary process where participants must be realistic and optimistic about the chances for success and bring a degree of good faith to the table
- initial individual meetings will be held separately with the possibility of group meetings if required or seen as desirable
- the mediation process will not attempt to prove guilt or innocence but will operate on the basis that any one person's experience is valid and does not necessarily require facts or evidence to support the experience
- everyone is respectful and nobody talks over each other in meetings
- each person must be allowed their turn to express their view
- debriefing or reflection breaks can be called whenever required

Seven Steps

1. Setting the Scene - to explain the ground rules, the mediators role and the basic steps of the process to be used
2. Storytelling - where the disputants present their perspectives on the dispute and express their feelings and emotions
3. Identifying Disputants Interests - where the mediator asks questions to attempt to determine the underlying interests of each disputant, moving beyond positions
4. Determining the Issues - seeking to identify issues that will potentially satisfy each disputant's interests
5. Generating Options - that will offer potential solutions, without prejudice, to the conflict for the mutual gain of the disputants
6. Selecting Options - examine options using objective criteria, such as what is fair and what precedents exist, disputants choose one or more options that will satisfy both of their interests, (achieving promises or lock in?)
7. Agreement - agreed options should be better than each disputant's best alternative. Disputants draft a written agreement, incorporating contingency plans for the future

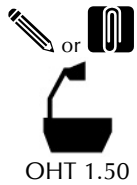
Resource Material

The resource material for this segment is:

- OHT 1.50: What are Our Policy/Procedures?
- OHT 1.51: Key Points

Background Material

Everyone in an organisation has the right to make a complaint, sometimes referred to as a grievance. It may be that the matter can be resolved informally. However, it may be that the complaint needs to be dealt with in a more formal manner.



Please use the blank OHT supplied to explain your grievance procedures. If the process differs depending on who is making the complaint you should include this information, eg. if a client is making a complaint against a volunteer or a volunteer is making a complaint about another volunteer.

If you have a disciplinary procedure in place for volunteers, it would be appropriate to discuss the procedure in this segment.

Alternatively, use a handout to present the relevant policies and procedures.

Please ensure that volunteers are aware of these fundamental rights in the grievance process:



- You have the right to involve an advocate.
- If you lodge a complaint about another person they have the right to have their say.
- Each person involved has a right to privacy so you should not speak to other people about your complaint.

Handouts

There are no handouts provided for this segment. However, you may wish to make available to the volunteers any relevant organisational policies or procedures such as your grievance procedures and volunteer disciplinary procedures.

References

The sources for this segment were:

- Barton Institute of TAFE (1996). *Training Model for Volunteers in Home and Community Care Social Support Services*. Melbourne: Ethnic HACC Services Group. The Department of Human Services funded this project.
- Effective Change (1999). *HACC Workplace Orientation Training Package*. Melbourne: Department of Human Services.
- Volunteering Victoria (200). *An Introduction to Volunteering in HACC Funded Services*. Melbourne: Volunteering Victoria. Eastern Region HACC funded this project.
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The authors wish to thank Wyndham City Council for their assistance.

Module 1. Rights and Responsibilities

Resource Material

Introduction

This section contains the following resource material for Module 1. Rights and Responsibilities:

- Activities
- Activity Appendices
- Overhead Transparency Masters
- Handouts

Activity 1: Imagine If

Aim

The aims of this activity are:

- for the volunteers to get to know each other; and,
- to introduce the concepts of community transport and the service system available to support older people.

Timing for the Activity



25 minutes

The estimated time for this activity is 25 minutes, including the OHT.

You can reduce the time by deleting the icebreaker activity or changing it to a group activity. For a group activity, ask each person the question but do not record the responses. However, note down a couple of responses that would be suitable to use for the second small group activity.

Then, for the second small group activity allocate a response and a profile to each group. As well, you could limit the discussion to these questions: How might you get to and from the activity? and What other help might you or your carer and family need on a daily basis?

Facilitating the Activity



Ask the volunteers to work with the person on their left.

Ask them to briefly discuss this statement.

If I had a free day tomorrow to do whatever I wanted, I would do _____.



Ask the volunteers to introduce each other and give their partner's response to the statement.

List the responses on butcher's paper.



Now divide the volunteers into small groups of 3 or 4.

Allocate to each group one of the activities from the list of responses and one profile from the list that follows. There is a copy of the profiles for distribution to the groups in the Activity Appendices for this Module.

As this training resource is aimed primarily at transporting older people you will need to match the profiles with a feasible activity. For example, a 10 kilometre bike ride would not be an appropriate activity for a person with emphysema, regardless of their age.

Profiles

- You are a frail, 85 year old woman with severe arthritis, osteoporosis and a history of heart problems. You live alone on a pension and you do not drive. Your only daughter lives in rural Victoria.
- You are a 50 year old man with memory loss, right-sided weakness, limited speech and epilepsy as a result of a stroke. You live with your wife, who works part time, and three children aged 15, 13 and 8. After your stroke a year ago you were forced into early retirement and your family now struggles financially.
- You are a 60 year old woman with multiple disabilities. You use a wheelchair for mobility and need assistance for all tasks of daily living such as dressing, showering and eating. You live with your husband, who is in his late 60s and has health problems of his own, including diabetes and high blood pressure.
- You are a 70 year old man with emphysema. You live with your wife who is in her mid 60s. Your wife cares for your 4 year old grandchild during the week.

Now ask each group to discuss these questions as if they were the person in the profile.

Questions

What assistance would you need to get ready for the activity?

How might you get to and from the activity?

Would you need assistance to do the activity?

What other help might you or your carer and family need on a daily basis?

There is a copy of the questions for distribution to the groups in the Activity Appendices for this Module.



List the feedback from each group on butcher's paper.

Group the responses in two columns – one headed Transport and one headed Other Services.



OHT 1.1

Use this OHT as an introduction to a brief discussion on the role that transport plays in the overall service system.

Introduction	
<ul style="list-style-type: none">• Community transport plays an important role in supporting the health, well being and independence of people living in the community	
<ul style="list-style-type: none">• Volunteers are a vital resource in the delivery of this service to older people who are transport disadvantaged	
<small>Module 1: Rights and Responsibilities</small>	<small>OHT 1.1</small>

Please keep this feedback as you may wish to refer to it during other segments of the training.

Tailoring the Activity to Your Organisation

You may wish to alter or add to the profiles for this activity to better reflect your client base. Although this training resource is primarily aimed at volunteers transporting older people, you may wish to include profiles that are representative of the age range of your clients.

Activity 2: What is Volunteering?

Aim

The aim of this activity is to give the volunteers an understanding of the principles of volunteering and the reasons people volunteer.

Timing for the Activity



10 minutes

The estimated time for this activity is 10 minutes, including the OHTs.

You can reduce the time for this activity by simply presenting the OHTs.

Facilitating the Activity



Write this statement on butcher's paper.

What is volunteering?



Ask the volunteers for their input.

Write their responses on the butcher's paper.



Next write this statement on another sheet of butcher's paper.

Why do people volunteer?



Ask the volunteers for their input.

Write their responses on the butcher's paper.

Use the responses from the volunteers to introduce the OHTs on the definition of volunteering and the principles of volunteering.



OHT 1.2

What is Volunteering?

Formal volunteering is an activity which takes place in not-for-profit organisations or projects and is undertaken:

- to be of benefit to the community and the volunteer
- of the volunteer's own free will and without coercion
- for no financial payment
- in designated volunteer positions only



OHT 1.3

Principles of Volunteering

- Volunteering benefits the community and the volunteer
- Volunteer work is unpaid
- Volunteering is always a matter of choice
- Volunteering is not compulsorily undertaken to receive pensions or government allowances
- Volunteering is a legitimate way in which citizens can participate in the activities of their community
- Volunteering is a vehicle for individuals or groups to address human, environmental and social needs
- Volunteering is not a substitute for paid work
- Volunteering is an activity performed in the not for profit sector only
- Volunteering respects the rights, dignity & culture of others
- Volunteering promotes human rights and equality

Module 1: Rights and Responsibilities

OHT 1.3

De-brief Pose this question to the volunteers so they can demonstrate their learning from this activity:

Why do you think the principles of volunteering have been developed?

Activity 3: Rights and Responsibilities

Aim

The aim of this activity is for the volunteers to recognise that they are entitled to certain rights in their volunteer role but they must also fulfil certain responsibilities.

Timing for the Activity



20 minutes

The estimated time for this activity is 20 minutes, including the OHTs.

You can reduce the time for this activity by simply presenting the OHTs.

Facilitating the Activity



Divide the participants into small groups of 3 or 4 people.

Ask the groups to list in two columns all of the volunteer rights and responsibilities they can think of.

Give the groups 10 minutes for this part of the activity.



On the whiteboard or butcher's paper write the heading Rights and Responsibilities.

Ask each group in turn for a Right.

Continue until all of the responses for Rights have been recorded.

Then ask each group in turn for a Responsibility.

If appropriate, as each group responds match the Responsibility to a Right, if appropriate. For example, match the Right to receive training with the Responsibility to attend training.

Write any Responsibilities that you cannot match at the bottom of the list. Discuss these Responsibilities and decide if a corresponding Right should be added to the list.

Discuss any Rights for which there is not a corresponding responsibility and decide if one should be added to the list.

Compare the list of Rights and Responsibilities developed by the volunteers with your organisational Statement of Rights and Responsibilities presented on OHTs 1.4 and 1.5.



Your Rights are

Module 1: Rights and Responsibilities OHT 1.4

Your Responsibilities are

Module 1: Rights and Responsibilities OHT 1.5

Explain as necessary each Right and Responsibility. For example, you may wish to outline your organisation's volunteer insurance or reimbursement policy.

De-brief Pose this question to the volunteers so they can demonstrate their learning from this activity:

How do you think your Rights and Responsibilities affect your volunteer role?

Activity 4: Duty of Care and Negligence

Aim

The aim of this activity is for the volunteers to identify relevant factors in duty of care including the concept of negligence and the relevant legal elements of proximity; foreseeability; standard of care; breach of duty of care; and harm or loss.

Timing for the Activity



15 minutes

The estimated time for this activity is 15 minutes, including the OHTs.

It is recommended that this activity is not altered.

Facilitating the Activity



Divide the participants into small groups of 3 or 4 people.

Read this case study to the volunteers.

Case Study

Garry is a volunteer driver and today he is taking a group of older people on an outing to a community lunch. Many of the group are frail and require assistance to get on and off the mini-bus and help with their seatbelts. Mary is helping as an assistant and she is sitting in the rear of the mini-bus to help the passengers. Ahmed, is a new volunteer and he is riding along for the day.

When they pick up Mrs McGowan, their last passenger, Mary has trouble doing up the seatbelt. Garry checks it but the seatbelt buckle is broken. There are no other seats available on the bus. Garry and Mary decide that Mary should swap seats with Mrs McGowan. As they believe they have solved the problem they do not contact their Coordinator.

It has been drizzling with rain all day and the roads are wet and slippery. Garry is travelling along the freeway when the traffic in front of him brakes very suddenly. Garry manages to stop but the truck behind him does not – it crashes into the rear of the mini-bus. Mary, who was not wearing a seatbelt, is thrown forward. Her head hits the head of Mrs McGowan, who is sitting in front of her. Both Mary and Mrs McGowan are seriously injured. Some of the other passengers suffer minor injuries such as bruising from the seatbelts.

Use these questions to generate discussion on this case study.

Questions

Were Garry and Mary expected to show care to safeguard their passengers from injury?

Were the injuries to Mary and Mrs McGowan foreseeable?

Did Garry and Mary take reasonable steps to protect the passengers?

What about each other?

What could reasonably be expected of them in this situation?

Did they take appropriate actions by not consulting with their Coordinator?

There is a copy of the questions for distribution to the groups in the Activity Appendices for this Module.

Give the groups 5 minutes for discussion.



Ask each group in turn for their feedback and record their responses on the whiteboard or on butcher's paper.

Use the following overheads to highlight the key elements of negligence, referring back to the feedback from the volunteers.



OHT 1.22

Duty of Care	
• A duty of care exists when someone's action could reasonably be expected to affect other people.	
• Anyone in our organisation who provides care owes a duty of care to our clients.	

Module 1: Rights and Responsibilities OHT 1.22

Key Points Garry and Mary owed a duty of care to the passengers, to Ahmed and to each other.

The risk of injury to Mary and other people in the mini-bus was reasonably foreseeable given that Mary was not wearing seat belt.

Insert key points about your Policy and Procedures



Standard of Care

- The standard to which a given activity must be performed to meet the duty of care is the standard which a reasonable person would try to meet.

Module 1: Rights and Responsibilities OHT 1.23

Key Points Garry and Mary did not act reasonably under the circumstances. The severity of risk and likelihood of risk outweighed the benefits of the activity. By not wearing a seat belt Mary also broke the law.

Insert key points about your Policy and Procedures



Breach of Duty of Care

- A breach of duty of care is the failure to meet the required standard of care and can occur as a result of unreasonable action or unreasonable inaction.

Module 1: Rights and Responsibilities OHT 1.24

Key Points Duty of care was breached in the scenario given. The injuries suffered by Mary and Mrs McGowan were the result of unreasonable action.

Insert key points about your Policy and Procedures



Harm or Loss

- The person to whom the duty of care was owed has to be able to show that the breach of that duty of care resulted in some sort of harm or loss.

Module 1: Rights and Responsibilities OHT 1.25

Key Points Mary and Mrs McGowan suffered physical injuries as a direct result of Mary not wearing a seat belt.

The other passengers were injured but not as a result of Garry and Mary's decision.

Insert key points about your Policy and Procedures



Use this OHT to present your organisational policy/procedures.

What are Our Policy/Procedures?

Module 1: Rights and Responsibilities OHT 1.26



Based on your organisational procedures, discuss the action the volunteers should take if faced with a similar situation.

De-brief Pose this question to the volunteers so they can demonstrate their learning from this activity.

How important is following organisational procedure in protecting/supporting you in your volunteer role?

Activity 5: Duty of Care in Practice

Aim

The aim of this activity is for the volunteers to demonstrate their understanding of duty of care, the limits/boundaries of their volunteer role and the importance of following organisational procedures.

Timing for the Activity



20 minutes

The estimated time for this activity is 20 minutes, including the OHTs.

You can adjust the time by selecting a couple of case studies and giving each to more than one group. This approach will reduce the time needed for discussion. Alternatively, select a couple of case studies for a group discussion.

Facilitating the Activity



Divide the volunteers into small groups of 3 or 4.

Give each group a case study from the Activity Appendices for this Module.

Ask them to decide if there was a breach of duty of care. They should also discuss the action they would take in the situation considering duty of care, the limits/boundaries of their role and your organisation's policies/procedures.



Present the OHT for each case study.

Ask the relevant group(s) for their feedback and note key points from the group on the whiteboard or butcher's paper.

Discuss the group's findings for each case study.

During the discussion emphasise your organisation's policies and procedures.



OHT 1.27

Duty of Care - Case Study 1

Mr Smith has an acquired brain injury with short-term memory loss and epilepsy. Graham, a volunteer, is taking Mr Smith home from his planned activity group. Mr Smith asks Graham to stop at the local drive-through bottle shop. Organisational procedure is to check any changes in the transport schedule with the Coordinator.

As the detour will not take too long, Graham decides to stop so Mr Smith can buy some beer. Later at home, Mr Smith drinks the beer and the alcohol reacts with his medication - Mr Smith has to be rushed to emergency.

Module 1: Rights and Responsibilities

OHT 1.27

Key Points Organisational procedure was not followed.

Insert key points about your Policy and Procedures



Duty of Care - Case Study 2

When Maria, a volunteer, arrives at Mrs Smith's home to drop her off, Mrs Smith's daughter, Penny is not there. Maria contacts her Coordinator as Mrs Smith is not usually left on her own. The Coordinator calls Maria back to explain that Penny is caught in traffic and should be there in a few minutes. The Coordinator asks Maria to wait. Maria waits for another ten minutes but Penny is still not home. Maria mentions to Mrs Smith that she is worried about being late. Mrs Smith tells her not to fret as she will be fine on her own – she will sit on the front porch and wait for Penny. Relieved, Maria agrees and quickly leaves. Mrs Smith gets impatient waiting and decides to try the back door. While climbing the back steps Mrs Smith falls and breaks her hip.

Module 1: Rights and Responsibilities

OHT 1.28

Key Points It would be reasonable to assume that Mrs Smith was not left at home on her own for a reason.

A specific instruction given by the Coordinator was not followed.

Insert key points about your Policy and Procedures



Duty of Care - Case Study 3

There is a problem with a railway boom gate and Lucy, a volunteer, is stuck in traffic at the railway crossing. Lucy does not want Mr Omar to be late to his specialist appointment so rather than wait in the traffic, she decides to take another route to the hospital. Lucy does not let anyone know she is running late. The traffic is very heavy because of the problem with the boom gate and Lucy does not manage to make up any time. Mr Omar is becoming very distressed about being late and is complaining constantly to Lucy. Mr Omar wants her to drive faster to get to his appointment. In her haste to get Mr Omar to his appointment, Lucy runs a red light and is hit by another vehicle. Mr Omar is injured in the collision.

Module 1: Rights and Responsibilities

OHT 1.29

Key Points Lucy did not take reasonable care when she broke the law and ran a red light. It was foreseeable that an accident may have occurred as a result of her action.

Insert key points about your Policy and Procedures



Duty of Care - Case Study 4

Leo, a volunteer, always opens the door for Mrs Vella and sees her safely inside her home. Mrs Vella missed out on her cup of tea at the club, so she asks Leo if he would mind making her some tea. Leo happily agrees. Leo and Mrs Vella get chatting and time runs away. Leo explains that he must go and offers to take everything back to the kitchen. Mrs Vella tells him not to worry as she is going to have another cup. Mrs Vella falls asleep in her chair and is woken by a foul smell. Leo forgot to turn the stove off so the kettle boils dry.

Module 1: Rights and Responsibilities

OHT 1.30

Key Points Leo did not take reasonable care. He should have checked the kitchen before leaving Mrs Vella's home.

Insert key points about your Policy and Procedures



Duty of Care - Case Study 5

Danielle uses a scooter around her home but she is always transported in her manual wheelchair. Leanne, a personal care attendant, who accompanies Danielle to her weekly social group, transfers her into her manual wheelchair. Eric regularly transports Danielle to her weekly social group. Today when Eric arrives Danielle is not in her manual wheelchair and there is no sign of Leanne. Eric's mobile phone rings – it is Leanne – her car has broken down and she is running late. Leanne knows that Eric has worked as an attendant before so she asks him if he can transfer Danielle into her wheelchair. Eric agrees. During the transfer Eric stumbles, dropping Danielle who fractures her wrist.

Module 1: Rights and Responsibilities

OHT 1.31

Key Points Regardless of Eric's skills and experience, he acted outside his role as a volunteer when he assisted with the transfer. Eric was not acting "in the course of his employment".

Insert key points about your Policy and Procedures

Tailoring the Activity to Your Organisation

You can tailor the case studies to better reflect likely scenarios within your organisation.

Activity 6: Confidentiality

Aim

The aim of this activity is to define the types of information that should be treated as confidential and for volunteers to identify when confidentiality has been breached.

Timing for the Activity



20 minutes

The estimated time for this activity is 20 minutes, including the OHT.

You can adjust the time by altering the sequence of the latter part of the activity. Present the OHT, read the case study and then conduct the de-brief. Alternatively, do not present the case study.

Facilitating the Activity



Ask the volunteers to close their eyes and think of some information about themselves that they would not like anyone else to know.

With their eyes still closed ask the volunteers to imagine how they would feel if this information about them was to be made public and discussed.



Ask the volunteers to share how they just felt. For example, people may have felt angry, depressed, scared, sad, embarrassed, etc.

They do not have to share the information just how they felt.



Read this case study to the volunteers.

Case Study

Mia is a volunteer with Community Transport Inc. She overhears this conversation between two other volunteers.

Don: Hello, my name is Don – you're new here aren't you?

Aristos: Yeah, I needed to do something to get out of the house. I was retrenched from work 12 months ago.

Don: How are you finding it?

Aristos: Some of the people we drive have it hard don't they.

Don: Who have you driven today?

Aristos: Mrs Kovic and Mr Christie.

Don: I know Mr Christie – he's the one in Goode Street isn't he? He has a drinking problem and his wife is a real nutter. No wonder they live the way they do – he drinks all their money.

Aristos: He does live in Goode Street but I don't know much about him.

Don: Well, I reckon they should have told you he has a drinking problem. I don't think we get told enough about the people we drive around. We have a right to know.

Aristos: I didn't have any problems so it was OK.
Don: How have you found the other volunteers?
Aristos: Great so far.
Don: Yeah most are OK but you don't want to work with Lena cause I hear she has had a nervous breakdown and is a bit, well, strange.
At this point, Mia decides to interrupt the conversation.



Ask the volunteers what types of information should be considered confidential about the clients.

List their responses down the left hand side of the whiteboard or butcher's paper.

Next ask what types of information they think should be kept confidential about the volunteers.



What Information is Confidential?

- Identifying data like given name, family name and address
- Personal information like age and religion
- Medical or health information
- Financial matters
- Family situation
- Legal issues
- Personal history
- Living arrangements
- Sexuality
- Social life
- Personal habits
- Services being used
- Political views
- Criminal history
- Employment history

Module 1: Rights and Responsibilities

OHT 1.38

De-brief Pose this question to the volunteers so they can demonstrate their learning from this activity.

In this case study, was confidentiality breached? If so, whose and how?

Activity 7: Confidentiality in Practice

Aim

The aim of this activity is for the volunteers to demonstrate their understanding of the relationship between confidentiality, privacy and your organisational policy and procedures.

Timing for the Activity



25 minutes

The estimated time for this activity is 25 minutes.

You can adjust the time for this activity by choosing one or two case studies and discussing as a group. Alternatively, you could reduce the number of questions to be discussed.

Facilitating the Activity



Divide the volunteers into small groups of 3 or 4.

Give each group a case study from the Activity Appendices for this Module.

Ask them to discuss these questions:

Questions

Is the conversation necessary or is it just gossip?

What information in the case study should be treated as confidential?

Was confidentiality breached? If so, how and was it justified?

Was the action taken appropriate? If not, what should have happened?

Was the action consistent with organisational policy and procedures?

There is a copy of the questions for distribution to the groups in the Activity Appendices for this Module.



Present the OHT for each case study.

Ask the relevant group(s) for their feedback and note key points from the group on the whiteboard or butcher's paper.

Discuss the group's findings for each case study.

During the discussion emphasise your organisation's policies and procedures.



Privacy & Confidentiality - Case Study 1

Romano, a volunteer, approaches John, the Coordinator, and asks for Liam's phone number. Liam is another volunteer and Romano wishes to invite him to go fishing on the weekend. John explains that he cannot give him Liam's phone number without his permission. John offers to pass on Romano's phone number to Liam and ask Liam to contact him.

Module 1: Rights and Responsibilities

OHT 1.42

Key Points Any personal information, such as phone numbers, should be treated as confidential.

Always ask permission to pass on personal and confidential information.

Insert key points about your Policy and Procedures



Privacy & Confidentiality - Case Study 2

During a conversation between Sally, a volunteer, and Mrs Moro, a passenger, the subject of teenage children comes up. Sally explains to Mrs Moro that her eldest daughter has started dating a boy Sally doesn't like very much. Mrs Moro suggests that Sally should chat to Bryan, another volunteer, as his daughter is living with a man none of the family trust. Sally is uncomfortable with this information about Bryan so she changes the subject. Sally reports the incident to her Coordinator.

Module 1: Rights and Responsibilities

OHT 1.43

Key Points Volunteers should be cautious about sharing personal information about themselves with clients.

Breaches of confidentiality should be treated seriously and reported to the appropriate person.

Insert key points about your Policy and Procedures



Privacy & Confidentiality - Case Study 3

Johanna is carrying Mr Vella's shopping into the kitchen, when the phone rings. Mr Vella asks Johanna to answer it. Johanna notices a bank statement by the phone that shows a balance of several thousand dollars. When Johanna returns to the office she asks the Coordinator why Mr Vella does not make a donation. The Coordinator explains that she cannot discuss Mr Vella's personal or financial situation with Johanna as it is confidential. Johanna then reveals that she saw the bank statement so she already knows what his financial situation is.

Module 1: Rights and Responsibilities

OHT 1.44

Key Points The information about Mr Vella's financial situation should have been treated as confidential and not passed on, as it was NOT essential to Mr Vella's well-being.

Insert key points about your Policy and Procedures



Privacy & Confidentiality - Case Study 4

Albert and Lucinda are having a coffee before leaving to pick up a group of clients. Lucinda asks Albert if he normally works on a Saturday. He replies that he doesn't and is only doing it to help out as Paul is not available. Albert has heard on the grapevine that Paul was sacked from his job and is working part-time on weekends at the footy to make ends meet as Paul and his wife are expecting another baby any minute. On Monday, Lucinda asks the Coordinator if she could organise a collection to help out Paul and his wife.

Module 1: Rights and Responsibilities

OHT 1.45

Key Points It was not necessary for Albert to pass on any information about Paul's personal circumstances.

If in doubt always check with your Coordinator.

Insert key points about your Policy and Procedures



Privacy & Confidentiality - Case Study 5

During his pre-trip check of the mini-bus, William notices a dent and large scrape down the passenger side of the vehicle. William approaches Valda, the receptionist, and demands to know who was driving the mini-bus when it was damaged. Although Valda knows she does not think it is her place to tell William. She suggests to William that he discuss the matter with the Coordinator. Later Valda hears William demanding the same information from someone else. Valda interrupts the conversation and asks William if he has spoken to the Coordinator yet.

Module 1: Rights and Responsibilities

OHT 1.46

Key Points It would have been inappropriate for Valda to pass on any information about the vehicle damage.

Knowing who caused the damage was not necessary for William to do his job. However, he should have reported the damage in case it had not already been reported.

Insert key points about your Policy and Procedures



Privacy & Confidentiality - Case Study 6

Mrs Rajah is limping and has a bruise on her arm. Han is concerned so he comments on her limp. Mrs Rajah admits she had a fall and says she has been feeling dizzy lately. She tells Han she is not happy with her new doctor and has stopped taking one of her new medicines because it made her sick. She thinks the old medicine was better so has started taking that again. Han is worried about her health so he asks Mrs Rajah if he could talk to his Coordinator about her fall and her feeling dizzy. Mrs Rajah agrees as long as no one talks to her doctor.

Module 1: Rights and Responsibilities

OHT 1.47

Key Points It is reasonably foreseeable that Mrs Rajah's health could be affected if she is not taking the medication prescribed by her doctor. Hence, breaking confidentiality is acceptable as there is a threat of injury or harm.

Han obtained Mrs Rajah's permission before disclosing the information to her Coordinator.

Only information that was relevant to Mrs Rajah's health was disclosed to the Coordinator.

Insert key points about your Policy and Procedures



Privacy & Confidentiality - Case Study 7

Thomas and Sarah are volunteers in a small, country town. Sarah runs into Thomas at the supermarket. Both Sarah and Thomas regularly drive Frank Nicholson. Sarah explains to Thomas that Frank may be upset when Thomas picks him up tomorrow as she is taking him to his brother Bert's funeral shortly. Carl who knows them both approaches them to say hello. Carl overhears part of their conversation. Carl asks Sarah to pass on his condolences to Frank as Bert and Carl's Dad used to play football together.

Module 1: Rights and Responsibilities

OHT 1.48

Key Points Disclosing any personal information, even given names, may be enough to identify an individual.

Insert key points about your Policy and Procedures

Tailoring the Activity to Your Organisation

You may wish to alter these case studies or include case studies relevant to your organisation. OHT 1.49: Privacy & Confidentiality Case Study is provided for this purpose.

Consider including some case studies that incorporate your procedures for recording or storing personal information, such as a volunteer contact list or client files.

Activity 8: Privacy & Confidentiality Dos and Don'ts

Aim

The aim of this activity is for the volunteers to prepare a Do and Don't list on privacy and confidentiality.

Timing for the Activity



15 minutes

The estimated time for this activity is 15 minutes.

It is recommended that you do not alter this activity, as it is a useful method for volunteers to demonstrate their understanding.

Facilitating the Activity



Explain to the volunteers that they are going to create a checklist of Do's and Don'ts on privacy and confidentiality.

Write headings of Do and Don't on the whiteboard or butcher's paper.



Ask the volunteers for their input.

List the Dos and Don'ts suggested by the volunteers to create the checklist.

Discuss any suggestions that are inappropriate.

De-brief

Pose this question to the volunteers so they can demonstrate their learning from this activity.

How will you use this list on a day-to-day basis?

Tailoring the Activity to Your Organisation

If you have suggestions or procedures, write these up on the whiteboard or butcher's paper before you ask for ideas from the volunteers.

Activity 1: Imagine If

Profile

You are a frail, 85 year old woman with severe arthritis, osteoporosis and a history of heart problems. You live alone on a pension and you do not drive. Your only daughter lives in rural Victoria.

Questions

What assistance would you need to get ready for the activity?

How might you get to and from the activity?

Would you need assistance to do the activity?

What other help might you or your carer and family need on a daily basis?

Profile

You are a 50 year old man with memory loss, right-sided weakness, limited speech and epilepsy as a result of a stroke. You live with your wife, who works part time, and three children aged 15, 13 and 8. After your stroke a year ago you were forced into early retirement and your family now struggles financially.

Questions

What assistance would you need to get ready for the activity?

How might you get to and from the activity?

Would you need assistance to do the activity?

What other help might you or your carer and family need on a daily basis?

Profile

You are a 60 year old woman with multiple disabilities. You use a wheelchair for mobility and need assistance for all tasks of daily living such as dressing, showering and eating. You live with your husband, who is in his late 60s and has health problems of his own, including diabetes and high blood pressure.

Questions

What assistance would you need to get ready for the activity?

How might you get to and from the activity?

Would you need assistance to do the activity?

What other help might you or your carer and family need on a daily basis?

Profile

You are a 70 year old man with emphysema. You live with your wife who is in her mid 60s. Your wife cares for your 4 year old grandchild during the week.

Questions

What assistance would you need to get ready for the activity?

How might you get to and from the activity?

Would you need assistance to do the activity?

What other help might you or your carer and family need on a daily basis?

Activity 4: Duty of Care and Negligence

Case Study

Garry is a volunteer driver and today he is taking a group of older people on an outing to a community lunch. Many of the group are frail and require assistance to get on and off the mini-bus and help with their seatbelts. Mary is helping as an assistant and she is sitting in the rear of the mini-bus to help the passengers. Ahmed, is a new volunteer and he is riding along for the day.

When they pick up Mrs McGowan, their last passenger, Mary has trouble doing up the seatbelt. Garry checks it but the seatbelt buckle is broken. There are no other seats available on the bus. Garry and Mary decide that Mary should swap seats with Mrs McGowan. As they believe they have solved the problem they do not contact their Coordinator.

It has been drizzling with rain all day and the roads are wet and slippery. Garry is travelling along the freeway when the traffic in front of him brakes very suddenly. Garry manages to stop but the truck behind him does not – it crashes into the rear of the mini-bus. Mary, who was not wearing a seatbelt, is thrown forward. Her head hits the head of Mrs McGowan, who is sitting in front of her. Both Mary and Mrs McGowan are seriously injured. Some of the other passengers suffer minor injuries such as bruising from the seatbelts.

Questions

Were Garry and Mary expected to show care to safeguard their passengers from injury?

Were the injuries to Mary and Mrs McGowan foreseeable?

Did Garry and Mary take reasonable steps to protect the passengers?

What about each other?

What could reasonably be expected of them in this situation?

Did they take appropriate actions by not consulting with their Coordinator?

Activity 5: Duty of Care in Practice

Duty of Care - Case Study 1

Mr Smith has an acquired brain injury with short-term memory loss and epilepsy. Graham, a volunteer, is taking Mr Smith home from his planned activity group. Mr Smith asks Graham to stop at the local drive-through bottle shop. Organisational procedure is to check any changes in the transport schedule with the Coordinator.

As the detour will not take too long, Graham decides to stop so Mr Smith can buy some beer. Later at home, Mr Smith drinks the beer and the alcohol reacts with his medication - Mr Smith has to be rushed to emergency.



Duty of Care - Case Study 2

When Maria, a volunteer, arrives at Mrs Smith's home to drop her off, Mrs Smith's daughter, Penny is not there. Maria contacts her Coordinator as Mrs Smith is not usually left on her own. The Coordinator calls Maria back to explain that Penny is caught in traffic and should be there in a few minutes. The Coordinator asks Maria to wait. Maria waits for another ten minutes but Penny is still not home. Maria mentions to Mrs Smith that she is worried about being late. Mrs Smith tells her not to fret as she will be fine on her own – she will sit on the front porch and wait for Penny. Relieved, Maria agrees and quickly leaves. Mrs Smith gets impatient waiting and decides to try the back door. While climbing the back steps Mrs Smith falls and breaks her hip.

Duty of Care - Case Study 3

There is a problem with a railway boom gate and Lucy, a volunteer, is stuck in traffic at the railway crossing. Lucy does not want Mr Omar to be late to his specialist appointment so rather than wait in the traffic, she decides to take another route to the hospital. Lucy does not let anyone know she is running late. The traffic is very heavy because of the problem with the boom gate and Lucy does not manage to make up any time. Mr Omar is becoming very distressed about being late and is complaining constantly to Lucy. Mr Omar wants her to drive faster to get to his appointment. In her haste to get Mr Omar to his appointment, Lucy runs a red light and is hit by another vehicle. Mr Omar is injured in the collision.



Duty of Care - Case Study 4

Leo, a volunteer, always opens the door for Mrs Vella and sees her safely inside her home. Mrs Vella missed out on her cup of tea at the club, so she asks Leo if he would mind making her some tea. Leo happily agrees. Leo and Mrs Vella get chatting and time runs away. Leo explains that he must go and offers to take everything back to the kitchen. Mrs Vella tells him not to worry as she is going to have another cup. Mrs Vella falls asleep in her chair and is woken by a foul smell. Leo forgot to turn the stove off so the kettle boils dry.

Duty of Care - Case Study 5

Danielle uses a scooter around her home but she is always transported in her manual wheelchair. Leanne, a personal care attendant, who accompanies Danielle to her weekly social group, transfers her into her manual wheelchair. Eric regularly transports Danielle to her weekly social group. Today when Eric arrives Danielle is not in her manual wheelchair and there is no sign of Leanne. Eric's mobile phone rings – it is Leanne – her car has broken down and she is running late. Leanne knows that Eric has worked as an attendant before so she asks him if he can transfer Danielle into her wheelchair. Eric agrees. During the transfer Eric stumbles, dropping Danielle who fractures her wrist.

Activity 7: Confidentiality in Practice

Privacy & Confidentiality - Case Study 1

Romano, a volunteer, approaches John, the Coordinator, and asks for Liam's phone number. Liam is another volunteer and Romano wishes to invite him to go fishing on the weekend. John explains that he cannot give him Liam's phone number without his permission. John offers to pass on Romano's phone number to Liam and ask Liam to contact him.

Questions

Is the conversation necessary or is it just gossip?

What information in the case study should be treated as confidential?

Was confidentiality breached? If so, how and was it justified?

Was the action taken appropriate? If not, what should have happened?

Was the action consistent with organisational policy and procedures?

Privacy & Confidentiality - Case Study 2

During a conversation between Sally, a volunteer, and Mrs Moro, a passenger, the subject of teenage children comes up. Sally explains to Mrs Moro that her eldest daughter has started dating a boy Sally doesn't like very much. Mrs Moro suggests that Sally should chat to Bryan, another volunteer, as his daughter is living with a man none of the family trust. Sally is uncomfortable with this information about Bryan so she changes the subject. Sally reports the incident to her Coordinator.

Questions

Is the conversation necessary or is it just gossip?

What information in the case study should be treated as confidential?

Was confidentiality breached? If so, how and was it justified?

Was the action taken appropriate? If not, what should have happened?

Was the action consistent with organisational policy and procedures?

Privacy & Confidentiality - Case Study 3

Johanna is carrying Mr Vella's shopping into the kitchen, when the phone rings. Mr Vella asks Johanna to answer it. Johanna notices a bank statement by the phone that shows a balance of several thousand dollars. When Johanna returns to the office she asks the Coordinator why Mr Vella does not make a donation. The Coordinator explains that she cannot discuss Mr Vella's personal or financial situation with Johanna as it is confidential. Johanna then reveals that she saw the bank statement so she already knows what his financial situation is.

Questions

Is the conversation necessary or is it just gossip?

What information in the case study should be treated as confidential?

Was confidentiality breached? If so, how and was it justified?

Was the action taken appropriate? If not, what should have happened?

Was the action consistent with organisational policy and procedures?

Privacy & Confidentiality - Case Study 4

Albert and Lucinda are having a coffee before leaving to pick up a group of clients. Lucinda asks Albert if he normally works on a Saturday. He replies that he doesn't and is only doing it to help out as Paul is not available. Albert has heard on the grapevine that Paul was sacked from his job and is working part-time on weekends at the footy to make ends meet as Paul and his wife are expecting another baby any minute. On Monday, Lucinda asks the Coordinator if she could organise a collection to help out Paul and his wife.

Questions

Is the conversation necessary or is it just gossip?

What information in the case study should be treated as confidential?

Was confidentiality breached? If so, how and was it justified?

Was the action taken appropriate? If not, what should have happened?

Was the action consistent with organisational policy and procedures?

Privacy & Confidentiality - Case Study 5

During his pre-trip check of the mini-bus, William notices a dent and large scrape down the passenger side of the vehicle. William approaches Valda, the receptionist, and demands to know who was driving the mini-bus when it was damaged. Although Valda knows she does not think it is her place to tell William. She suggests to William that he discuss the matter with the Coordinator. Later Valda hears William demanding the same information from someone else. Valda interrupts the conversation and asks William if he has spoken to the Coordinator yet.

Questions

Is the conversation necessary or is it just gossip?

What information in the case study should be treated as confidential?

Was confidentiality breached? If so, how and was it justified?

Was the action taken appropriate? If not, what should have happened?

Was the action consistent with organisational policy and procedures?

Privacy & Confidentiality - Case Study 6

Mrs Rajah is limping and has a bruise on her arm. Han is concerned so he comments on her limp. Mrs Rajah admits she had a fall and says she has been feeling dizzy lately. She tells Han she is not happy with her new doctor and has stopped taking one of her new medicines because it made her sick. She thinks the old medicine was better so has started taking that again. Han is worried about her health so he asks Mrs Rajah if he could talk to his Coordinator about her fall and her feeling dizzy. Mrs Rajah agrees as long as no one talks to her doctor.

Questions

Is the conversation necessary or is it just gossip?

What information in the case study should be treated as confidential?

Was confidentiality breached? If so, how and was it justified?

Was the action taken appropriate? If not, what should have happened?

Was the action consistent with organisational policy and procedures?

Privacy & Confidentiality - Case Study 7

Thomas and Sarah are volunteers in a small, country town. Sarah runs into Thomas at the supermarket. Both Sarah and Thomas regularly drive Frank Nicholson. Sarah explains to Thomas that Frank may be upset when Thomas picks him up tomorrow as she is taking him to his brother Bert's funeral shortly. Carl who knows them both approaches them to say hello. Carl overhears part of their conversation. Carl asks Sarah to pass on his condolences to Frank as Bert and Carl's Dad used to play football together.

Questions

Is the conversation necessary or is it just gossip?

What information in the case study should be treated as confidential?

Was confidentiality breached? If so, how and was it justified?

Was the action taken appropriate? If not, what should have happened?

Was the action consistent with organisational policy and procedures?

Duty of Care

Duty of care places into a legal form, a moral and ethical duty to anticipate possible injuries and do everything reasonably practical to remove or minimise possible causes of harm.

Every organisation, and every person working in an organisation, has a duty of care. As a volunteer you have a duty of care to:

- the clients of the organisation;
- families and carers of the clients;
- yourself;
- other volunteers;
- the organisation; and,
- other people who are likely to be affected by your actions.

Clients have a right to expect that all those who provide care will take reasonable care to avoid harming them, and to protect them from foreseeable risk of injury.

You must act at all times with the diligence and skills of a reasonable person in the same circumstances, that is with the same job role, training, knowledge, experience and skills. As a volunteer you must take all reasonable steps available to ensure the safety of your passengers and other people who may be affected by your actions.

You are responsible and independently accountable for their actions at all times.

Duty of care is part of the legal concept of negligence. These elements have to be proofed in any case of negligence:

- Duty of Care;
- Standard of Care;
- Breach of Duty of Care; and,
- Harm or Loss.

There are four key areas to any case of negligence:

Duty of Care

A duty of care exists when someone's action could reasonably be expected to affect other people.

A person must take reasonable care to avoid acts (action) or omissions (inaction) that he or she could reasonably foresee are likely to cause injury or harm. A risk is foreseeable, even though it is unlikely to occur, as long as it is not far-fetched or fanciful.

Standard of Care

The standard of care is the way a reasonable person would act in the same circumstances (job role, training, knowledge, experience and skills).

The standard of care will vary according to the situation and the relationship between the people involved. The more reliant someone is on someone else, the higher the standard of care.

Breach of Duty of Care

A breach of duty of care is the failure to meet the required standard of care and can occur as a result of unreasonable action or unreasonable inaction.

Duty of care is breached if someone behaves unreasonably, that is done something a reasonable person would not have done in a particular situation or omitted to do something which a reasonable person would have done in the same circumstances (job role, training, knowledge, experience and skills).

At all times you must:

- work within your defined role, as specified in your position description;
- adhere to organisational policies and procedures; and,
- follow specific directions from their Coordinator.

Harm or Loss

The person to whom the duty of care was owed has to be able to show that the breach of that duty of care resulted in some sort of harm or loss.

The harm or loss may be physical injury, financial loss or emotional shock.

Module 1. Rights and Responsibilities

Learning Checklist

Learning Outcomes	Learning Checklist	Forms of Evidence	Evidence Demonstrates Competence	
			√Yes	×No
<p>Learning Outcome 1 Discuss the application of volunteer rights and responsibilities in their work</p>	<ul style="list-style-type: none"> ▪ Describes their volunteer rights and responsibilities ▪ Identifies relevant policies and procedures, eg: <ul style="list-style-type: none"> - volunteer reimbursement - privacy and confidentiality - occupation health and safety ▪ Outlines volunteer policy ▪ Identifies who to report/discuss issues with 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies ▪ Simulations & role plays ▪ Observation 		
<p>Learning Outcome 2 Discuss the application of client rights and responsibilities in their work</p>	<ul style="list-style-type: none"> ▪ Describes client rights and responsibilities, eg: <ul style="list-style-type: none"> - privacy and confidentiality - duty of care ▪ Identifies relevant policies and procedures, eg: <ul style="list-style-type: none"> - duty of care - complaints procedures ▪ Outlines client policy ▪ Identifies who to report/discuss issues with 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies ▪ Simulations and role plays ▪ Observation 		
<p>Learning Outcome 3 Demonstrate an understanding of the organisation</p>	<ul style="list-style-type: none"> ▪ Outlines organisation's philosophy ▪ Explains organisation's mission and vision ▪ Describes organisation's structure ▪ Defines services provided ▪ Describes organisation's rights and responsibilities 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies 		

**Module 1. Rights and Responsibilities
Learning Checklist**

Learning Outcomes	Learning Checklist	Forms of Evidence	Evidence Demonstrates Competence	
			√Yes	×No
<p>Learning Outcome 4 Outline their responsibilities in their volunteer position</p>	<ul style="list-style-type: none"> ▪ Describes the purpose of a position description ▪ Outlines their responsibilities and their tasks ▪ Describes their role and key reporting mechanisms ▪ Identifies to whom they report 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies ▪ Simulations & role plays ▪ Observation 		
<p>Learning Outcome 5 State clearly the limits and boundaries of their volunteer role</p>	<ul style="list-style-type: none"> ▪ Explains the limitations of their decision-making authority ▪ Outlines the concept of 'professional boundaries' ▪ Describes the limits of their volunteer role, eg: <ul style="list-style-type: none"> - not giving advice - limits on accepting gifts - not giving personal data to client ▪ Identifies tasks and duties outside their volunteer role, eg: <ul style="list-style-type: none"> - personal and attendant care tasks - nursing duties - administering medication - transferring clients who cannot weight bear 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies ▪ Simulations & role plays ▪ Observation 		
<p>Learning Outcome 6 Define the concept of duty of care</p>	<ul style="list-style-type: none"> ▪ Identifies key points of duty of care: <ul style="list-style-type: none"> - anticipate possible injury - take reasonable care ▪ Explains the concept of a 'reasonable person' ▪ Identifies to whom they owe a duty of care 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Simulations and role plays ▪ Case studies ▪ Observation 		

Learning Outcomes	Learning Checklist	Forms of Evidence	Evidence Demonstrates Competence	
			√Yes	×No
<p>Learning Outcome 7 Demonstrate a basic awareness of the meaning of duty of care</p>	<ul style="list-style-type: none"> ▪ Identifies and describes the elements of negligence: <ul style="list-style-type: none"> - duty of care - standard of care - breach of duty of care - harm or loss ▪ Explains the relationship between organisational policies and procedures and duty of care ▪ Describes their role and the role of their supervisor in relation to duty of care ▪ Explains their responsibility in relation duty of care 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies ▪ Simulations & role plays ▪ Observation 		
<p>Learning Outcome 8 Outline their role in risk management</p>	<ul style="list-style-type: none"> ▪ Outlines the organisation's risk management system ▪ Explains the relationship between risk management and duty of care ▪ Describes their role in risk management ▪ Identifies relevant policies and procedures, eg: <ul style="list-style-type: none"> - incident reporting - fault reporting - occupational health and safety 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies ▪ Simulations & role plays ▪ Observation 		

Learning Outcomes	Learning Checklist	Forms of Evidence	Evidence Demonstrates Competence	
			√Yes	×No
<p>Learning Outcome 9 Explain the importance of privacy and confidentiality</p>	<ul style="list-style-type: none"> ▪ Lists types of personal data that should be treated as confidential ▪ Describes organisation's policy on privacy and confidentiality ▪ Describes organisation's procedures relevant to privacy and confidentiality ▪ Describes procedures for reporting/revealing confidential information ▪ Identifies when confidentiality has been breached ▪ Explains when it is appropriate to break confidentiality ▪ Identifies who to report/discuss issues with 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies ▪ Simulations & role plays ▪ Observation 		
<p>Learning Outcome 10 Describe the organisation's complaints procedures</p>	<ul style="list-style-type: none"> ▪ Describes organisation's complaints procedures ▪ Identifies their rights in the complaints procedures ▪ Identifies their responsibilities in the complaints procedures 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies 		