



# Consumer dignity and choice

Standard 1 |





# Consumer dignity and choice

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### Consumer outcome

- 1(1) *I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.***

### Organisation statement

- 1(2) *The organisation:***
- 1(2) (a) *has a culture of inclusion and respect for consumers; and***
- 1(2) (b) *supports consumers to exercise choice and independence; and***
- 1(2) (c) *respects consumers' privacy.***

### Requirements

- 1(3)** The organisation demonstrates the following:
- 1(3)** (a) Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
- 1(3)** (b) Care and services are culturally safe.
- 1(3)** (c) Each consumer is supported to exercise choice and independence, including to:
- (i) make decisions about their own care and the way care and services are delivered; and
  - (ii) make decisions about when family, friends, carers or others should be involved in their care; and
  - (iii) communicate their decisions; and
  - (iv) make connections with others and maintain relationships of choice, including intimate relationships.
- 1(3)** (d) Each consumer is supported to take risks to enable them to live the best life they can.
- 1(3)** (e) Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.
- 1(3)** (f) Each consumer's privacy is respected and personal information kept confidential.



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### Purpose and scope of the Standard

Standard 1 is a foundation Standard that reflects seven important concepts. These concepts recognise the importance of a consumer's sense of self. They also highlight the importance of the consumer being able to act independently, make their own choices and take part in their community. These are all important in fostering social inclusion, health and well-being.

#### Dignity and respect

Being treated with dignity and respect is essential to quality of life. It includes actions to recognise consumer's strengths and empower them to be independent. It means communicating respectfully and recognising and respecting a consumer's individuality in all aspects of care and services. Dignified and respectful care and services will help consumers to live their lives the way they choose, including social and intimate relationships.

#### Identity, culture and diversity

All aged care organisations are expected to deliver care and services that are inclusive and do not discriminate. Care and services are expected to be responsive, inclusive and sensitive to culturally and linguistically diverse consumers. They are also expected to be responsive, inclusive and sensitive to consumers who are lesbian, gay, bisexual, transgender and intersex. They are also expected to be responsive, inclusive and sensitive to consumers who are Aboriginal and Torres Strait Islander.

The consumer defines their own identity and this should be respected and not questioned. Respecting the identity, culture and diversity of a consumer, means understanding their needs and preferences. Organisations are expected to provide care and services that reflect a consumer's social, cultural, language, religious, spiritual, psychological and medical needs.

#### Cultural safety

The consumer defines what cultural safety is. It's their experience of the care and services they are given and how able they feel to raise concerns. The key features of cultural safety are; understanding a consumer's culture, acknowledging differences, and being actively aware and respectful of these differences in planning and delivering care and services.



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#### Choice

The consumer's right to make informed choices, to understand their options, and to be as independent as they want, all affect quality of life. The organisation needs to provide genuine options that support choice. The workforce needs to involve, listen to and respect the consumer's views and communicate with the consumer about their choices.

Consumers who need support to make decisions are expected to be provided with access to the support they need to make, communicate and take part in decisions that affect their lives. When a representative is appointed to make decisions for a consumer, it's expected that an organisation manages this according to relevant law and best practice guidance.

Providing choice also includes care and services that the organisation might not provide itself, that it could help the consumer to access. These services could be from other specialist providers or individuals, or they could be services from other organisations that are better placed to support the consumer's needs.

The location or environment may limit access to particular care and services. There may also be situations where consumers won't be able to have unlimited choice, such as if their choice negatively affects other people. In these situations, it's expected that the organisation will take reasonable steps to find alternatives that can help meet the consumer's needs and preferences.

In all cases, it's expected that organisations manage consumer choices in line with the Aged Care Charter of Rights, their agreement with the consumer and other responsibilities under the *Aged Care Act 1997*, as well as their obligations under competition and consumer law.

#### Dignity of risk

Dignity of risk is about the right of consumers to make their own decisions about their care and services, as well as their right to take risks. Organisations need to take a balanced approach to managing risk and respecting consumer rights. If a consumer makes a choice that is possibly harmful to them, then the organisation is expected to help the consumer understand the risk and how it could be managed. Together, they should look for solutions that are tailored to help the consumer to live the way they choose.

Organisations have other responsibilities for the health and safety of the workforce and others in the service environment. In meeting these obligations the organisation is expected to show how they involve the consumer and look for solutions that have the least restriction on the consumer's choices and independence.



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### Information

Giving consumers timely information in a form and language that they understand is vital to their ability to make an informed choice and make sure they can get the most out of their care and services. The needs and abilities of each consumer will affect the kind of information and how it's communicated. Organisations are expected to address barriers to effectively communicating information, taking into account health status, cognitive or sensory ability, and language.

### Personal privacy

A key part of treating a consumer with dignity and respect is making sure their privacy is respected. The organisation needs to make sure the behaviour and interactions of the workforce and others don't compromise consumer privacy. Organisations are also expected to respect each consumer's right to privacy in how they collect, use and communicate the consumer's personal information and manage this according to relevant law and best practice guidance.

### Assessment against this Standard

**For each of the requirements, organisations need to demonstrate that they:**

- **understand the requirement**
- **apply the requirement, and this is clear in the way they provide care and services**
- **monitor how they are applying the requirement and the outcomes they achieve**
- **review outcomes and adjust their practices based on these reviews to keep improving.**



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### Linked Standards

Standard 1 supports all of the other Quality Standards and is essential to providing consumer-centred care.

### Relevant legislation

- *Aged Care Act 1997 (Cth), User Rights Amendment (Charter of Aged Care Rights) Principles 2019*
- *Aged Care Act 1997 (section 11.3) Meaning of people with special needs*
- *Privacy Act 1988 (Cth), Schedule 1, Australian Privacy Principles*

### Resources and references

- Aged Care Sector Committee Sub-Group (2017). *Aged Care Diversity Framework*<sup>1</sup>
- Aged Care Sector Committee Sub-Group (2019). *Aged Care Diversity Framework action plans*<sup>2</sup>
- Australian Health Ministers' Advisory Council (2016). *Cultural Respect Framework for Aboriginal and Torres Strait Island Health 2016-2026*<sup>3</sup>
- Centre for Cultural Diversity in Ageing, *Inclusive Service Standards*<sup>4</sup>
- Cognitive Decline Partnership Centre (2018). *Supported decision-making in aged care: A policy development guideline for aged care providers in Australia. (2nd edition)*<sup>5</sup>
- La Trobe University (2013). *Sexuality Assessment Tool (SexAT) for residential aged care facilities*<sup>6</sup>
- La Trobe University (2016). *The Rainbow Tick Guide to LGBTI Inclusive Practice*<sup>7</sup>

1 <https://agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/aged-care-diversity-framework>

2 <https://agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/aged-care-diversity-framework-action-plans>

3 <http://healthbulletin.org.au/articles/cultural-respect-framework-2016-2026-for-aboriginal-and-torres-strait-islander-health/>

4 <http://www.culturaldiversity.com.au/service-providers/inclusive-services-standard>

5 <http://sydney.edu.au/medicine/cdpc/documents/resources/SDM-Policy-Guidelines.pdf>

6 [https://www.latrobe.edu.au/\\_\\_data/assets/pdf\\_file/0008/746711/DCRC-Sexuality-Assessment-Tool-SexAT.pdf](https://www.latrobe.edu.au/__data/assets/pdf_file/0008/746711/DCRC-Sexuality-Assessment-Tool-SexAT.pdf)

7 <https://www.latrobe.edu.au/arcshs/health-and-wellbeing/lgbti-ageing-and-aged-care/resources-reports-and-training>

# Standard 1

## Requirement (3)(a)



***Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.***



## Consumer dignity and choice

### Standard 1 | Requirement (3)(a)

#### Intent of this requirement

People are all shaped by personal characteristics, experiences, values and beliefs. Aged care consumers have the same diversity of characteristics and life experiences as the rest of the community. Each consumer has social, cultural, language, religious, spiritual, psychological and medical needs that affect the care, services and supports they need.

No two consumers' lived experiences are the same. What is respectful or dignified for one consumer might not be for another. This means organisations need to take the time to listen to and understand each consumer's personal experience. They need to work with consumers in an inclusive and respectful way, using a consumer-focused approach.

It's important for an organisation to address diversity, whether or not a consumer has told them about their unique life experiences or characteristics. Using strategies to support the organisation's commitment to diversity helps consumers to feel confident sharing their identity and helps the workforce to see them as a whole person.

#### Reflective questions

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**How does the workforce support the rights of consumers in line with the Charter of Aged Care Rights?**

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**How would a consumer know that the organisation is inclusive and would support them to express their culture, diversity and identity if they wanted?**

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**Does the organisation collaborate with others or look for expert advice to support it respond to a consumers' diverse needs?**

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**How does the organisation support the workforce to understand how their own culture, personal attitudes, values and beliefs affect the way they deliver care and services?**

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**Are there ways for consumers to report disrespectful care or discrimination in how their care and services are delivered? What processes does the organisation have for handling consumer-to-consumer discrimination while maintaining the dignity of all involved?**

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## Consumer dignity and choice

### Standard 1 | Requirement (3)(a)

#### Examples of actions and evidence

##### Consumers

- Consumers say they are treated with dignity and respect at all times.
- Consumers say they feel accepted and valued whatever their needs, ability, gender, age, religion, spirituality, mental health status, ethnicity, background or sexual orientation.
- Consumers say they are treated fairly and don't experience discrimination.

##### Workforce and others

- The workforce can describe what treating consumers with dignity and respect means in practice and what they would do if they thought a consumer's dignity wasn't being upheld.
- The workforce can describe how they respect and promote cultural awareness in their everyday practice.
- The workforce show how they recognise, promote and value diversity, including differences in culture, beliefs, relationships and sexuality.
- Workforce orientation, training or other records that show how the organisation supported the workforce to meet this requirement.

##### Organisation

- Strategic documents, policies and procedures have an inclusive, consumer-centred approach to delivering care and services. They explain the organisation's commitment to diversity.
- A diversity action plan, or similar document, shows that the workforce has put strategies in place for inclusive care and service delivery and these are followed.
- Records show how consumers are involved in defining dignity and respect, and ways they believe dignity and respect can be maintained.
- Evidence that the organisation tells consumers about their rights, including their right to have their dignity maintained, be treated with respect and how it supports the identity, culture and diversity of consumers when delivering care and services.

# Standard 1

## Requirement (3)(b)



***Care and services  
are culturally safe.***



## Consumer dignity and choice

### Standard 1 | Requirement (3)(b)

### Intent of this requirement

Delivering culturally safe care and services is about recognising, respecting and supporting the unique cultural identities of consumers by meeting their needs and expectations and recognising their rights. An understanding of a consumer's cultural identity can lead to better care and service outcomes for consumers. What is culturally safe for one consumer can be different to what is culturally safe for another consumer. This can be true even among people who identify as being from the same group.

Delivering care and services that are culturally safe, means working with the consumer, and any other people they want to involve, so that their cultural preferences and needs can be understood. It goes further than just respecting diversity. It means that organisations know what to do to make each consumer feel respected, valued and safe.

Achieving culturally safe care and services means that an organisation must demonstrate its inclusive care and support for cultural diversity for each consumer throughout the Quality Standards.

### Reflective questions

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**How does the organisation consider family and community connections, and support cultural customs, beliefs, needs and practices when planning care and services?**

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**How does the management of the organisation communicate to the workforce about culturally safe service practices in relation to the unique needs of their consumers?**

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**Is the organisation's commitment to cultural safety clear to consumers, potential consumers and the workforce?**

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**How has the organisation embedded safe and inclusive practices in how it delivers care and services and within its service environment?**

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**Do forms, surveys and information use inclusive and gender-neutral language?**

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**Do forms, surveys and information provide options that allow people to share their identity and their health and support needs?**

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## Consumer dignity and choice

### Standard 1 | Requirement (3)(b)

#### Examples of action and evidence

##### Consumers

- Consumers say members of the workforce delivering care and services understand their needs and preferences and know what to do to make sure they feel respected, valued and safe.
- Consumers can give examples of ways that members of the workforce have delivered care so that they feel comfortable and safe (for example, respecting their ethnicity, spirituality, culture, sexuality and relationship status).
- Consumers say the workforce make all their visitors feel welcome. Consumers feel that people who are significant in their life are also comfortable displaying affection and support in front of the workforce and others.
- Consumers say they have been asked to share their experiences of care and services, and they have given feedback on whether the organisation has met their expectations of cultural safety.

##### Workforce and others

- The workforce can describe how they adapt the way care and services are offered so they are culturally safe for each consumer.
- The workforce can describe how they address misconceptions, bias, stereotypes and other barriers to delivering culturally safe care and services.
- Management of the organisation shows a clear understanding of events and preferences that may affect what is culturally safe for people with special needs, as identified in the *Aged Care Act*.
- Workforce orientation, training or other records that show how the organisation supported the workforce to deliver culturally safe care and services and to meet this requirement.

##### Organisation

- Evidence that strategic documents, policies and procedures have an inclusive, consumer-centred approach to organisational practices and care and service delivery.
- Evidence that the organisation is proactive rather than responsive to cultural safety issues and supports the workforce to work in cross-cultural settings in a positive way.
- Management of the organisation has asked for and considered the opinions of consumers and their representatives when reviewing how they can improve the cultural safety of care and services.
- Records show that the organisation has delivered care and services in a way that reflects what culturally safe care means for individual consumers. For example, demonstrate the steps taken to meet the consumer's preference for the gender of the care worker to deliver the care or service.

# Standard 1

## Requirement (3)(c)



***Each consumer is supported to exercise choice and independence, including to:***

- (i) make decisions about their own care and the way care and services are delivered; and***
- (ii) make decisions about when family, friends, carers or others should be involved in their care; and***
- (iii) communicate their decisions; and***
- (iv) make connections with others and maintain relationships of choice, including intimate relationships.***



## Consumer dignity and choice

### Standard 1 | Requirement (3)(c)

### Intent of this requirement

This requirement recognises that making decisions about life, and having those decisions respected, is an essential right of each consumer. This principle means as much as possible that decisions are made by consumers themselves.

A consumer may choose to involve others as representatives in making their decision. For example, the consumer may choose to have a relative, partner, friend as a representative involved in decisions about their care. Where a consumer lacks the capacity to make decisions they may have a court or tribunal-appointed guardian to make decisions on their behalf.

Organisations are expected to recognise the consumer's social networks, and support each consumer to choose their social connections, including their close or intimate relationships.

Wherever consumer choice is mentioned in this document, it includes the need for consumers to have options and information to support their choice. There may also be situations where consumers won't be able to have unlimited choice, such as if their choice negatively affects other people. In these situations, it's expected that the organisation will take reasonable steps to find alternatives that can help meet the consumer's needs and preferences.

In all cases, it's expected that organisations manage consumer choices in line with the Aged Care Charter of Rights, their agreement with the consumer and other responsibilities under the *Aged Care Act 1997*, as well as their obligations under competition and consumer law.

### Reflective questions

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**How does the organisation support each consumer to make decisions about the way they live and understand the care and service options available to them?**

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**How does the organisation make sure the workforce doesn't limit a consumer's choices because they have made a judgement about the wisdom of that choice or what the outcome will be?**

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**How does the organisation support the workforce to manage issues of consent and work out a consumer's ability to make decisions?**

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**If a consumer wants to pursue an intimate or sexual relationship, how would the organisation support them to do this? How would the consumer know the organisation supports this?**

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## Consumer dignity and choice

### Standard 1 | Requirement (3)(c)

### Examples of actions and evidence

#### Consumers

- Consumers say the organisation supports them to make and communicate decisions affecting their health and well-being and that they can change these decisions at any time.
- Consumers say they are recognised as an expert in their own experiences, and their personal preferences, lifestyle and care and services choices are respected.
- Consumers say they have as much control over the planning and delivery of care and services as they want to.
- Consumers say the workforce respect their independence, including their right to intimacy and sexual expression.

#### Workforce and others

- The workforce can describe how they have achieved the level of skills or knowledge they need to support consumers to exercise choice.
- The workforce can give examples of how they help consumers make day-to-day choices and help with access to any support the consumer needs to make or communicate decisions, such as an interpreter.
- The workforce can describe the problem-solving steps they take to reach an outcome for a consumer when they aren't able to meet the consumer's choice or when a consumer's choice affects the rights or well-being of others.
- Workforce orientation, training or other records that show how the organisation supported the workforce to meet this requirement.

#### Organisation

- Evidence of how the organisation manages situations where the consumer's decision is different to what another person, such as a family member, might think is in their 'best interest'.
- Evidence of how the organisation supports consumer choice and independence, and how agreements are reached if they aren't able to meet a consumer's choice.
- Records include details of consumer's representatives and show the key decisions that consumers have made about care and services.
- Evidence the information that the organisation provides to consumers and their representatives, supports their ability to understand the choices available to them.

# Standard 1

## Requirement (3)(d)



***Each consumer is supported to take risks to enable them to live the best life they can.***





## Consumer dignity and choice

### Standard 1 | Requirement (3)(d)

### Intent of this requirement

All adults have an equal right to make decisions about things that affect their lives and to continue to make those decisions as they get older. Making decisions in everyday life involves risks. This requirement is about how the organisation respects a consumer's wishes and preferences relating to the risks they choose to take.

Dignity of risk supports a consumer's independence and self-determination to make their own choices, including to take some risks in life. If consumer choices are possibly harmful to them, organisations are expected to help the consumer understand the risk and how it could be managed to help them live the way they choose.

Organisations have other responsibilities under law to manage risks to the health and safety of the workforce and others in the service environment. In meeting these obligations the organisation is expected to show how they involve consumers and look for solutions that are the least restrictive of their choice and independence.

### Reflective questions

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**How does the organisation plan, adopt and review ways to support consumer choice and decision-making, including when it involves risk?**

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**What methods or strategies does management of the organisation and the workforce use to support consumers to make choices, including when a choice may include risks to the consumer?**

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**Do interactions between consumers and the workforce show that they support consumers to make choices which involve risk?  
Do these interactions show that they respect the consumer's decisions?**

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**How does the organisation review risks that they have identified?  
How do they use risk mitigation to inform future risk management approaches and problem solving to improve outcomes for consumers?**

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**How does the organisation support the workforce to respect a consumer's decisions and choices, even when they feel uncomfortable about the risk involved?**

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## Consumer dignity and choice

### Standard 1 | Requirement (3)(d)

#### Examples of actions and evidence

##### Consumers

- Consumers say the workforce understand what is important to them and aren't judgemental about choices they make.
- Consumers say they feel heard when they tell members of the workforce what matters to them and what they want.
- Consumers say they are supported to understand benefits and possible harm when they make decisions about taking risks in day-to-day life and over the long term.
- Consumers say they are an active partner in decisions that involve risk and problem-solving solutions to reduce risk where possible.

##### Workforce and others

- The workforce can describe how they use problem-solving solutions to minimise risk and tailor solutions to help the consumer live the life they choose.
- The workforce can describe examples of how the organisation has supported consumers to have choice and control, including when that choice involves risk.
- The workforce can describe how the organisation takes reasonable care to avoid risks without limiting the ability of consumers to take responsibility for their own decisions and choices.
- Workforce orientation, training or other records that show how the organisation supported the workforce to meet this requirement.

##### Organisation

- Evidence of policies and procedures that support the workforce to manage any tension between consumers taking risks, or refusing care or services, and their professional or legal obligations.
- Examples of problem-solving tools or decision support processes that combine a consumer's values, goals and preferences with information about benefits and risks, to achieve consumer-centred solutions.
- If a consumer's choices and preferences are restricted, there are policies and procedures that make sure these restrictions are limited and tailored and proportionate to the risk.

# Standard 1

## Requirement (3)(e)



***Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.***



## Consumer dignity and choice

### Standard 1 | Requirement (3)(e)

### Intent of this requirement

Timely and easily understood information is vital for consumers to be able to make informed choices. It's expected that organisations communicate clearly and supply helpful resources about their care and services, including the care and services they offer, commitments and obligations.

Each consumer's needs and ability will affect the kind of information they need and the way it needs to be communicated. Sensory impairments, such as vision or hearing loss, are common in older people. This means it's vital to provide help or communication aids to make sure sensory impairments do not affect a consumer's ability to exercise choice and be a partner in the care and services choices they make.

Providing information in an appropriate format, through different channels and in languages consumers understand, will help consumers get the most out of their care and services.

### Reflective questions

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**How does the organisation identify the communication needs of consumers?**

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**How does the organisation communicate information to consumers with low literacy levels, sensory or hearing impairments, language barriers or poor cognition?**

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**What strategies and communication aids does the organisation use to adapt communication to meet the diverse needs of consumers?**

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**Do members of the workforce who provide information to consumers have knowledge and understanding of the care and services on offer?**

**Can they answer any questions consumers have?**

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**How does the organisation involve consumers in developing information-based resources, for example, through focus groups or consultations?**

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# Consumer dignity and choice

## Standard 1 | Requirement (3)(e)

### Examples of actions and evidence

#### Consumers

- Consumers say they get the right information, at the right time and in a way they can understand.
- Consumers say they can access translation services and communication tools when they need to and members of the workforce support them to use these.
- Consumers say they are involved in discussions or meetings and are encouraged to ask questions.
- Consumers say they can make choices and get information about risks, possible outcomes and options when making decisions that can involve balancing risk and quality of life.

#### Workforce and others

- The workforce can describe different ways information is communicated to make sure it's easy to understand and accessible to diverse consumers.
- Management of the organisation can describe how often they review the information provided to consumers, so it's current and relevant.
- The workforce can describe how information is combined when multiple organisations provide care and services, so that each organisation has access to current, accurate and timely information.
- The workforce can describe strategies to communicate information to consumers with poor cognition. They can also describe strategies to communicate information to consumers who need visual aids or hearing assistance.
- Workforce orientation, training or other records that show how the organisation supported the workforce to communicate with diverse consumers and to meet this requirement.

#### Organisation

- Evidence that each consumer or their representative has all the information they need to make informed choices and decisions about all aspects of care and services.
- Evidence of accurate, timely and relevant recording and communication of information.
- Evidence that the organisation provides each consumer, or potential consumer, with information in a way that meets their needs. This allows them to make informed choices, understand their rights and the services available to them.

# Standard 1

## Requirement (3)(f)



***Each consumer's  
privacy is respected  
and personal information  
kept confidential.***



## Consumer dignity and choice

### Standard 1 | Requirement (3)(f)

### Intent of this requirement

A key aspect of dignity and respect is making sure a consumer's privacy is respected. The organisation needs to make sure communication, behaviour and interactions of the workforce and others don't compromise a consumer's privacy. For example, if the workforce talk about the consumer to others not involved in providing care and services without consent or are careless about how they enter the consumer's room or home, this can affect the consumer's dignity.

Organisations have access to a range of personal information about a consumer. This includes health information which is regarded as one of the most sensitive types of personal information. It is essential that organisations respect a consumer's right to privacy, in how they collect, use and communicate personal information.

The *Privacy Act 1988* and the *Aged Care Act 1997* both permit the disclosure and sharing of health information if the information is necessary to provide health services to individuals, for example, between aged care services and hospital services.

### Reflective questions

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**Do day-to-day interactions between consumers, the workforce and others show respect for consumer privacy and confidentiality?**

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**How does the organisation make sure other consumers, families and visitors also respect each consumer's privacy and confidentiality?**

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**Does the workforce know each consumer's preferences for personal privacy, for example, showering or entering their room (including when they are with visitors)?**

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**What practical steps does the organisation take to make sure consumer's information is kept confidential and only those who need to know have access to the information?**

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**What practical steps does the organisation take to ensure accurate health information is safely transferred to those providing health care?**

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## Consumer dignity and choice

### Standard 1 | Requirement (3)(f)

#### Examples of actions and evidence

##### Consumers

- Consumers say the organisation protects the privacy and confidentiality of their information.
- Consumers are satisfied care and services, including personal care, are undertaken in a way that respects their privacy.
- Consumers say the workforce and others consistently respect their privacy and confidentiality in how they communicate and interact with them.
- Consumers say the organisation respects their personal space and privacy when their friends, partners or significant others visit.

##### Workforce and others

- Observed delivery of care and services is respectful of consumer privacy.
- The workforce can describe how they support consumers to communicate their preferences for how they want their privacy maintained (including their information, their space, and how they are treated or cared for).
- The workforce can give examples of how they maintain the privacy of individuals in the delivery of care and services, and demonstrate their understanding that consumers receiving personal care can feel vulnerable.
- The workforce can show they clearly understand the importance of confidentiality and describe (relevant to their role) how they collect, use and communicate any personal information to maintain privacy.
- Workforce orientation, training or other records that show how the organisation supported the workforce to respect a consumer's right to privacy and to meet this requirement.

##### Organisation

- The workforce can describe how the organisation maintains and shares records to protect privacy and confidentiality, in line with consumer preferences.
- Evidence that information is available to relevant members of the workforce and others providing care in a timely manner and is provided in a way that protects the confidentiality and integrity of the information.
- Processes or procedures support the workforce to manage requests for information from others, such as family members or significant others, in a consistent, professional, sensitive and appropriate way.