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Submission: Review of Canberra Health Services Procedure: Home Visiting

Submitted by email to:

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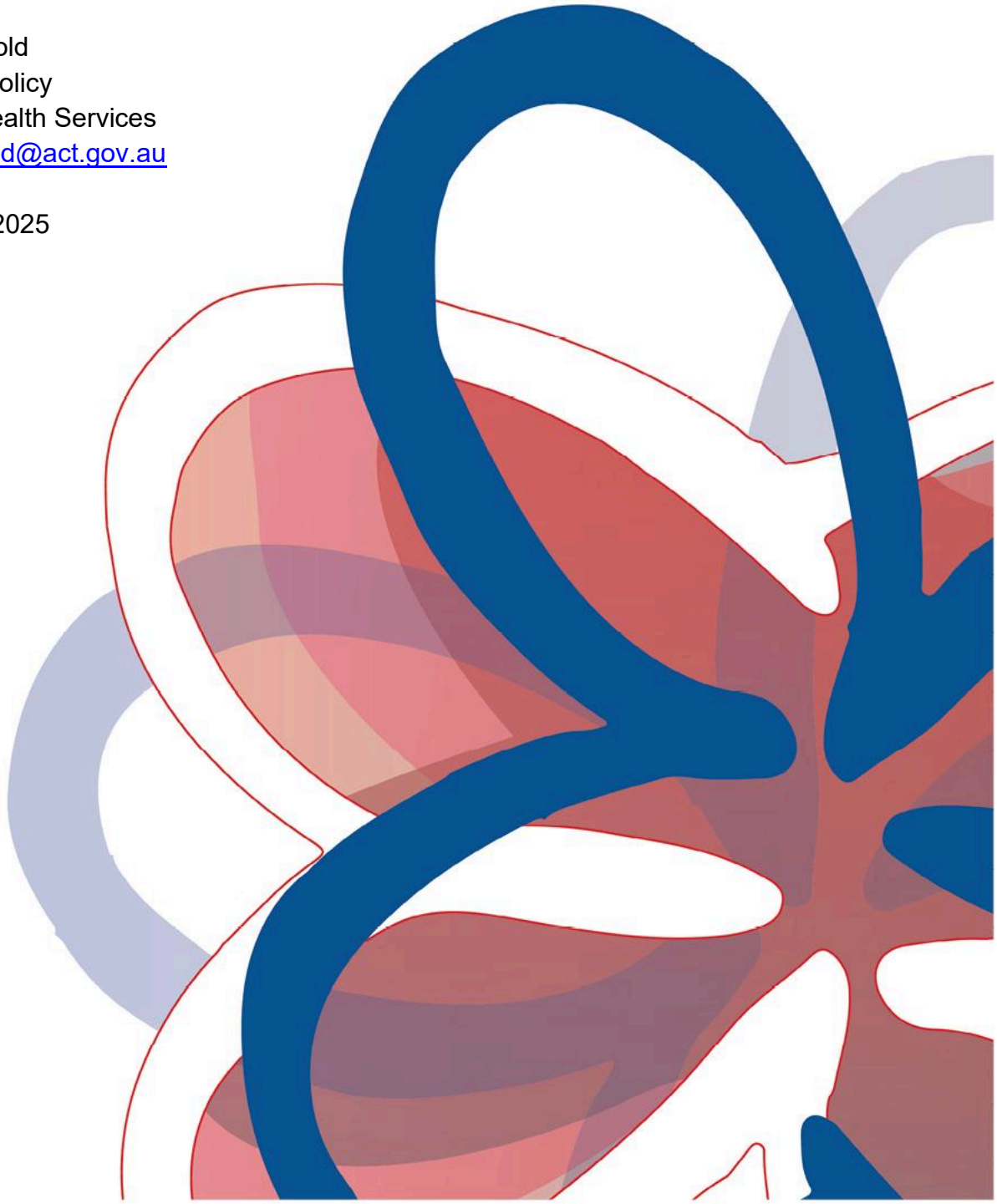

Submission: Review of Canberra Health Services Procedure: Home Visiting

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the invitation from the Canberra Health Services (CHS).

Acknowledgment of Country

We wish to acknowledge the Ngunnawal people as traditional custodians of the land upon which we sit and recognise any other people or families with connection to the lands of the ACT and region. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people may be reading this submission, and we recognise the ongoing contributions of all Indigenous peoples to ACT society and Australia more broadly.

Recognition of lived experience

We wish to recognise people with mental health illness whose resilience and work contributes to creating a better mental health system for the Australian Capital Territory (ACT) and a more compassionate society for all.

The ACT Mental Health Consumer Network

The Network is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is committed to social justice and the inclusion of people with experience of mental illness. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community.

A meeting of the Policy Reference Group was held, and additional feedback was sought via email in relation to the CHS Procedure: Home Visiting (the Procedure). This submission incorporates both verbal and written feedback from consumers.

General comments.

The Network welcomes this opportunity to contribute to the Procedure. Overall, consumers agreed that the updated version of the Home Visiting Procedure represents an improvement on the previous iteration. Consumers indicated that some areas of the document would benefit from greater clarity and consistency. For example, in Section 4 the Procedure includes statements such as “recognise how your position may be perceived” and “acknowledge that you hold a certain level of power/authority” (p. 10), which could be illustrated with examples. Similarly, under the subsection Occupational violence risk factors (p. 6), the Procedure states that

staff need to be aware of a consumer's history of self-harm. However, it lacks clear guidance on how this information should be recorded and fact-checked in the risk assessment process. Consumers expressed concern that the lack of clarity could lead to misinterpretation in some circumstances. We therefore recommended that these items be elaborated to strengthen accuracy and practical usability.
Consumers outlined additional areas of concern regarding:

- Background briefing on consumer supports;
- Use of language and acronyms;
- Cultural appropriateness; and
- Home visiting safety.

Each of these matters is discussed below, followed by a list of recommendations provided by consumers.

Identifying and incorporating consumer supports

Consumers expressed strong concern that the Procedure does not provide guidance about identifying the consumer supports that can be utilised to enhance consumer safety, support, experience and so on. For example, a consumer may have a therapy animal that helps with their stress management. The Procedure guides staff to assess animals as risks (p. 6) but does not guide staff to assess or take into consideration how a consumer's therapy animal may facilitate a safe home visit. Consumers also noted that Attachment 2 (p. 28) directs staff to refer to Safety Management and/or Behaviour Support Plans but this direction is not reflected in Section 2. Consumers therefore strongly recommended that Section 2 of the Procedure should explain how staff can support and meet consumer needs by referring to and actioning Safety Management and/or Behaviour Support Plans.

In addition, consumers suggested clarifying Section 2, Table 1 (p. 5) to strengthen its content. Specifically, the source of information for Occupational Violence (OV) Risk Factors, such as Aggression History, Behavioural Concerns and Cognitive Concerns, should include the consumer, their family and/or Nominated Person as appropriate to the consumer. Consumers noted that, depending on the frequency of home visits, the source of information may vary and this flexibility should be reflected to ensure accuracy and individualised assessment.

Use of Language and Acronyms

Consumers noted that some language and acronyms in the document are unclear and not explained. This may hinder new staff from effectively implementing the Procedure, particularly those conducting home visits for the first time. For example,

“FYI Flag” and “SHEQSY” are acronyms that should first be spelled out in full and the abbreviation indicated in parentheses.

Consumers observed that the use of certain terminology presumes prior experience that may result in misinterpretation. Notably, the phrase “break the glass” (p. 6) obscures rather than clarifies the circumstances relating to how staff are permitted to access confidential consumer information. Consumers emphasised that using idiomatic language in a procedure obscures the instruction rather clarifying it. Inappropriate access to consumer information constitutes a breach of a consumer’s right to privacy. It is therefore important that the Procedure is unambiguous about when and how such information can be accessed and by which staff. Consumers also noted potential linguistic issues that could affect understanding of consent. For example, the first paragraph under Home Visit Consent and Agreement (p. 5) could be clarified to ensure consumers clearly understand the nature of their consent for home visits.

In Section 2 (p. 5) and in Attachment 2 (p. 29), consumers noted that the term ‘Demographic factors’ should refer to characteristics such as a consumer’s age, gender, sexuality and other identity-related attributes. Instead, the factors referenced in this Procedure appear to be circumstantial in nature. That is, they are factors that may or may not be present at the consumer’s place of residence, such as other people, hazardous materials or weapons. For clarity, consumers recommended that, unless there is a specific clinical reason otherwise, the term ‘Circumstantial factors’ should be used instead of ‘Demographic factors’ in the risk assessment.

Cultural Appropriateness

Consumers noted that Section 4 (p. 10), which addresses cultural appropriateness, requires further development. The needs of Aboriginal and Torres Strait Islander peoples, as well as people from culturally, sexually and gender diverse backgrounds, demand careful attention due to systemic and historical contexts. These needs can be complex and sensitive. Therefore, cultural considerations should be clearly identified, actioned and respected to ensure that home visits are conducted safely and appropriately. Consumers recommended that “Consumer Rights” be included as a distinct subsection within the document. They further advised that this section incorporate additional information on cultural safety and identity. It should also affirm the rights of consumers to have their cultural needs recognised and supported during home visits.

Home Visiting Safety

Consumers expressed concern about how safety considerations are addressed for both staff and consumers during home visits. They emphasised that supporting consumer safety is a core element of overall home visiting safety and that clear guidance on creating and maintaining a safe environment benefits all parties. Consumers noted that the Environmental Safety section, along with Attachment 2 (p. 5; p. 27) does not include mention of fire hazards, alarms or extinguishers, which are important components of environmental risk assessment. Similarly, issues such as infection control and manual handling tasks are discussed in general terms but do not address the specific realities faced by consumers in public or rental housing. Consumers recommended that these environmental and situational factors be incorporated into risk assessment guidance to improve clarity and safety outcomes.

Recommendations

Recommendation 1:

In Section 4 (p. 10), clarify and provide illustrative examples for items in the document that rely on interpretation, including “recognise how your position may be perceived” and “acknowledge that you hold a certain level of power/authority”.

Recommendation 2:

In Section 2, emphasise consumer support and distress management as key components of the risk assessment process, with practical examples such as Safety Management or Behaviour Support Plans.

Recommendation 3:

Amend Section 2, Table 1 (p. 5) to include the consumer, family and/or Nominated Person, as appropriate to the consumer, as potential sources of information for Occupational Violence Risk Factors.

Recommendation 4:

Define and explain all acronyms and specialised terms, including but not limited to “FYI flag,” “break the glass” and “SHEQSY,” either within the text or in a glossary.

Recommendation 5:

Throughout the document, where references are made to ‘Demographic’ factors, this should be changed to ‘Circumstantial Factors’.

Recommendation 6:

Avoid idiomatic expressions such as “break the glass” and instead use clear, direct

language to ensure staff understand when and how confidential consumer information may be accessed, and to support informed consumer consent.

Recommendation 7:

Expand Section 4 to strengthen guidance on cultural appropriateness, and create a standalone subsection outlining consumer rights and cultural safety principles.

Recommendation 8:

Enhance the Environmental Safety section and Attachment 2 (p. 5; p. 27) to include fire safety considerations, infection control measures and specific guidance relevant to different living environments (e.g. rental or public housing).

Editorial recommendations

Review the document for consistent terminology and plain language phrasing to improve readability and comprehension.

Conclusion

Consumers welcomed the opportunity to provide feedback on this important Procedure. The recommendations presented here are intended to enhance the Home Visiting Procedure by improving clarity, consistency and cultural responsiveness, and by strengthening safety for both consumers and staff. The Network looks forward to continued collaboration with ACT Health on the development of safe, consumer-centred home visiting practices.