



Submission to the Department of Health

Consultation on draft Charter of Aged Care Rights

Prepared by

COTA Australia

October 2018

COTA Australia

COTA Australia is the national consumer peak body for older Australians. Its members are the State and Territory COTAs (Councils on the Ageing) in each of the eight States and Territories of Australia. The State and Territory COTAs have around 30,000 individual members and more than 1,000 seniors' organisation members, which jointly represent over 500,000 older Australians.

COTA Australia's focus is on national policy issues from the perspective of older people as citizens and consumers and we seek to promote, improve and protect the circumstances and wellbeing of older people in Australia. Information about, and the views of, our constituents and members are gathered through a wide variety of consultative and engagement mechanisms and processes.

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Introduction

COTA Australia welcomes the opportunity to contribute to the consultation on the draft Charter of Aged Care Rights (the Charter). We are pleased to see that the Charter has a strong focus on consumers and care recipients within aged care and maintains the existing rights of consumers under the current charters.

In the development of this submission we have promoted the consultation to older Australians so that Government can directly hear their views through the Consultation Hub. We also sought input from State and Territory COTAs, their policy councils and officers, and their members, on the specific questions outlined in the online consultation.

COTA broadly supports the consolidation of the existing four Charters of Rights into a single Charter of Aged Care Rights, and the legislated component of the Charter of Consumer Rights. In principle, COTA supports the simple, direct and succinct approach of the draft Charter of Rights. However, COTA is concerned about a number of key themes relating to how the draft Charter would operate including:

1. How rights contained within other legislation referred to in the preamble may still be used by aged care regulatory processes, particularly when considering individual complaints by consumers. Therefore, we caution against the removal of specific rights on the basis that other law protects them without some mechanism to codify such rights within the aged care regulatory framework so that related measures can be considered during complaints (and other regulatory) processes.
2. How the lack of specificity or detailed articulation of key aspects could lead to various interpretations of the Consumer Rights by different individuals or providers. In this submission COTA has taken the approach of providing suggested amendments to the Charter of Consumer Rights. Potentially many of these issues could be resolved by an accompanying Handbook or Guide to the Charter of Consumer Rights, elaborating how the Department intends its subordinate legislation to be interpreted by both consumers and providers. However, such an approach would need to have a high degree of confidence that the interpretation would be enforceable.
3. If it is proposed that the Charter of Aged Care Rights continues to be a poster that must be displayed in all residential aged care facilities (which we support) COTA strongly suggests that the proposal includes the requirement for the Charter to be displayed next to a poster that articulates the eight consumer outcome statements from the new Aged Care Quality Standards. Only when these two posters or documents are read together can the full suite of protections be understood by consumers. We discuss this further in our response.

In addition, COTA Australia notes its deep concern that the Charter only applies to consumers once services commence. Given long waiting times for home care and the critical role of assessment teams, COTA believes that the rights afforded to consumers under the Charter should apply equally to registration, screening, assessment and all other stages of the aged care journey before services commence. Importantly, it must be made clear that the protection of the Charter of Aged Care Rights extends to consumers as potential clients through the process of seeking information and discussing options with potential providers, prior to receiving services. This should include the proposed new rights around consumers accessing and receiving information to enable them to make an informed choice about their provider.

COTA welcomes the opportunity to provide this submission and will be happy to discuss the matters raised with the Department at its convenience.

COTA Australia's Response to the draft Charter of Aged Care Rights

COTA provided a response to the first eleven questions of the online consultation form, documenting our organisational and contact details to ensure our response was captured in the Department's data. This additional response contains detailed answers to the remaining questions as numbered in the online consultation. We also refer to the 'Intent of the Aged Care Rights' statement that was available through the online form process and include it as an attachment to our response for ease of reference (see Attachment 1).

12. Does the Charter cover what you think is important?

COTA Australia supports a single Charter of Aged Care Rights on the basis that consumers and care recipients maintain all existing rights under the current four Charters. We are concerned that the transition of some rights previously contained in the Charter/s may have been lost in the move to a single Charter. We are concerned that rights omitted from the Charter because of other legislative protection of the same rights (mentioned at Preamble paragraph 2) could not be enforced or considered as part of determinations within the aged care regulatory framework. This is particularly so when considering individual complaints by consumers, where in many cases the Charter of Rights is used as a mechanism to achieve resolutions to the issues being raised that satisfy consumers. COTA cautions against the removal of specific rights on the basis that other law protects them, without some mechanism to codify such rights within the aged care regulatory framework so that related measures can be considered during complaint and other regulatory processes.

We acknowledge the attempt to apply simple language in this version of the Charter and strongly support the focus on 'rights' alone rather than 'rights and responsibilities'. We suggest that a check of the document using the reading age now being applied to My Aged Care documents and web pages may enable further simplification of the language used without diluting the original intent.

The lack of specificity or detailed articulation of key aspects could lead to various interpretations of the Consumer Rights by different individuals or providers. Additional rights relating to information about financial matters and costs in care arrangements, religion, safety (feeling safe when receiving care), and intimacy have been raised by consumers and their representatives and are discussed at question 16 and/or 18. Some consumers have suggested that there could be a statement about the ability to undertake activities that have an element of risk, and accepting responsibility for those actions, while others have asked that meaningful engagement with activities of choice, facilitated as required, are included as part of the right to 'maintain my independence'.

COTA has taken the approach in this submission of providing suggested amendments to the Charter of Consumer Rights. Many of these issues could perhaps be resolved by an accompanying Handbook or Guide to the Charter of Consumer Rights elaborating how the Department intends its subordinate legislation to be interpreted. Such an approach would require a high degree of confidence that the 'interpretation' of the legislation by the Department would and could be enforceable through regulatory processes. COTA Australia commends the *Accompanying Guide to the European Charter of rights and responsibilities of older people in need of long-term care and*

assistance as a model when considering an explanatory guide or handbook as discussed in our introductory remarks.¹ This document provides a very good example of what each right means in practice, how it can be applied by groups such as carers, service providers, and older people's organisations. It also provides examples of good practice and a checklist of recommendations for each stakeholder group. While we realise that the European Charter has a much broader application than the Charter of Aged Care Rights, we believe this approach would be well received by consumers to support the adoption and practical application of the Charter.

We also note that while there is a Single Charter of Rights, there may be different nuances of how the Charter can be applied within the context of residential and in-home care. Such nuances can be better explained in the accompanying documentation.

13. Does the introduction/preamble require clarification or any further information?

COTA Australia understands that the Charter of Consumer Rights would be embedded within subordinate legislation and that the preamble would not be part of the legislative framework. Accordingly, it is not clear what gives the preamble authority or who has power to enforce it. In its current form, the preamble could be seen as simply a document with no legally binding status. COTA also notes that the preamble does not explain the legal status of the Charter and should include the Australian Government logo when published.

COTA Australia has received a number of comments that the Charter in its final form will become a poster for use within residential aged care and an attachment to home care agreements within home care. With this understanding in mind, it has been suggested that the one page Charter should include reference to what a consumer can do if they feel that their aged care provider has violated their rights (i.e. to whom they should complain and how to complain.)

Regarding the limitation of the Charter to Commonwealth subsidised aged care only, we believe consideration should be given to how the Charter might be extended to include all aged care services whether Commonwealth subsidised or private services. Consumers and their representatives are often unclear about the Commonwealth subsidisation of aged care. COTA Australia notes in the Sex Discrimination Act religious exemptions apply to all providers in all situations, regardless of funding source, whenever the organisation receives any Commonwealth-funding. That is, if an organisation is an Approved Provider or a CHSP provider, the Charter of Rights would be applicable to all services delivered by the organisation, not just the ones that are Commonwealth subsidised. We see no reason why this should not be the case.

COTA is concerned that the final paragraph in the preamble to the Charter undermines the concept of 'rights'. On the one hand the Charter is making strong statements about individual rights and places the focus on the person receiving care. On the other hand, the preamble effectively says that sometimes these rights can be overridden at the discretion of providers. We believe this is not in keeping with the spirit of the Charter and diminishes the rights of the person receiving care and implies that the service provider has discretion. Accordingly, COTA Australia believes the final two sentences of the preamble should be deleted.

Given the mention of the *Aged Care Act 1997*, Aged Care Quality Standards, rights under Consumer Law and anti-discrimination law in the preamble, a number of consumers have asked where they

¹ The document can be found here: https://www.age-platform.eu/sites/default/files/22204_AGE_charte_europeenne_EN_v4.pdf

can find copies of these 'other laws'. COTA suggests it would be useful if the Charter 'poster' notes a location where such information - including a summary of the applicability of these other rights, a list of contact numbers, and web links to the specific documents - can be easily obtained. Where the Charter could be provided with a double page side to side, specific expansion could be printed on the other side of the Charter and expanded upon in the companion guide suggested by COTA in our response to question 12. All components would need to be promoted as part of the single Charter, both when it is launched and in ongoing marketing.

14. Should the Charter be phrased in the first person, 'I have the right to' or 'you have the right to'?

COTA Australia supports the use of the first person ('I have the right to') as empowering and consumer focused.

However, several responses received by COTA Australia suggested that if this Charter is to be presented as part of a contract or agreement between the consumer and provider, then the second person ('you have the right to') may be required.

15. Are the rights in the draft Charter easy to understand? If no, suggest alternative wording.

COTA Australia is supportive of the clear and easy to understand language although we remain concerned that the reading level required may still be too complex. We repeat our suggestion that an accompanying guide would support implementation and ensure clarity of meaning that is not possible in a one-page-poster or two-page Charter.

We believe it will also be helpful to include the statements of Intent for each right that were provided as part of the online submission process for this consultation in the accompanying materials. These statements have already assisted consumers to understand the framing of each right and have guided suggestions about expanding content. They are attached to this submission for easy reference.

Many consumers commented on aspects they would like to see explicitly included in the consumer rights for aged care, but which we feel would be better handled by explanations in the accompanying or explanatory guide, perhaps as case studies or examples. Suggestions included food and nutrition as part of high quality care, along with access to a range of other health professional services.

The accompanying guide could also explain where the consumer outcomes of the new Standards provide protection for consumers, with more detail than can be included in the Charter. We reiterate our suggestion that the Charter of Consumer Rights be displayed adjacent to a similar poster of the Consumer Outcomes of the new Standards in residential settings and provided to home care consumers as companion documents.

Changes to the wording of individual rights are suggested to add detail, and to clarify meaning and ease of understanding. These are itemised at Question 18.

16. Would you add any additional rights to the Charter? If yes, give details.

COTA Australia received many suggestions from consumers and consumer representatives about additional rights for inclusion in the Charter. While emphasising their concerns about the wording in the preamble that implies providers can withhold rights from consumers, many also considered

that consumer rights should include a reference to consumer responsibilities and to note that providers also have rights, as do other consumers.

We remain committed to the Charter of Consumer Rights as a positive consumer focused document and suggest that responsibilities be covered in other material. We believe this single purpose helps to assure consumers and providers that the single Charter is applicable across all care and service delivery settings, including our belief stated earlier that the scope of the Charter should encompass all parts of the service system including provision of information, registration, screening, assessment and all other components of the aged care journey that occur before services commence.

COTA received a number of additional suggestions from stakeholders we consulted regarding the right to be “meaningfully engaged in activities” and that things will be done “with me and for me, not just to me”. The related ‘Intent’ statement adds some appropriate wording to *Right d) I have the right to maintain my independence*. We suggest, however, that additional elements of such ‘rights’ are more appropriately articulated through the context of the Aged Care Quality Standards and in particular the consumer outcome statements as well as through examples in our proposed accompanying guide.

Consumers and their representatives have also identified a number of key areas they think should be covered by additional rights. While COTA Australia presents these for consideration under two topic headings, we note that an explanatory guide as suggested in our response to question 12 might allow for sufficient expansion to indicate where some of these are intended to be covered in other rights but are not explicit in the wording.

Care workforce

As noted in our response to question 18, consumers have asked for an expansion of the wording for *Right a)* so that it refers to the right to work with appropriately trained and recruited care staff. We have suggested wording amendments and additions in responses to question 18 but note that issues raised in the Aged Care Workforce Strategy Taskforce Report ‘*A Matter of Care – Australia’s Aged Care Workforce Strategy*’² highlight the need for whole of industry reforms.

Information about costs and financial impacts of care choices

Many consumers identified the need for additional information about the costs of care and appropriate information about their specific rights relating to the financial commitments they would have to make, particularly in residential care arrangements. Many prospective or current aged care clients have characteristics that detract from their market power as informed consumers and this raises the risks of exploitation or poor choice.

While we accept that a single statement of rights is unlikely to capture all the comments we received, this is another area in which an accompanying guide could be more specific about financial risks and protections. It also relates to our earlier statement that we believe the scope of the Charter should encompass all parts of the service system including registration, screening,

² Aged Care Workforce Strategy Taskforce, ‘*A Matter of Care Australia’s Aged Care Workforce Strategy*’, Department of Health, p.91, Canberra, June 2018, <https://agedcare.health.gov.au/aged-care-workforce-taskforce-strategy-report>, (accessed 13 September 2018).

assessment and all other components of the aged care journey that occur before services commence.

Further comments about risks and financial implications of poor decision making suggested that these could be mitigated by recognising that prospective and current aged care clients, and where relevant their authorised representatives, have the right to access respite care without obligation, and be informed about sources of support in decision making. These suggestions could be explained in the accompanying guide using case studies and examples, identifying clearly those that apply in the more complex financial world of residential care entry, those that apply only in home care, and those that apply in all settings.

COTA Australia believes that good financial and cost information is essential for consumers when choosing providers or selecting the best mix of home care services and this should be covered by the Charter and available to consumers prior to beginning services.

17. Would you remove any rights from the draft Charter? (please select all that apply)

No, COTA Australia supports retaining all the current rights listed.

18. Would you change any rights in the draft Charter? If yes, which right and what are your suggested changes.

COTA Australia has identified several issues raised by consumers and their representatives in our responses. Consumers found it confusing to differentiate answers to question 15 and question 18, as they seem to ask similar responses. We present our suggested amendments to the Charter here rather than at 15, with new wording in **bold** type.

Re Right a) I have the right to receive safe and high quality care and services

Consumers have requested that *Right a)* be expanded to include “timely service provision” and “appropriately skilled and qualified staff” with an “aptitude for working with older people”. The expansion in the Intent for this right is about provider actions and does not connect well to the request from consumers. Our suggested rewording is:

Right a) I have the right to receive safe and high quality care and services **in a timely manner from appropriately trained staff who are carefully selected to work with older people and whose performance is regularly reviewed.**

Re Right b) I have the right to be treated with dignity and respect and to have my individuality valued

The additional wording contained in the statement of Intent expands the concepts of Right b), but we agree with our consumers’ suggestion to add “supported” to the end of the sentence as an active statement that is easier to measure. The suggested wording reads as follows:

Right b) I have the right to be treated with dignity and respect and to have my individuality valued **and supported.**

Re Right c) I have the right to have my identity, culture and diversity valued and supported

There is little clarification in the statement of Intent for Right c). Consumers have suggested that religion should be specifically mentioned, and we believe it fits here. While some might suggest that culture includes religion, it is clearly not commonly understood that way by those who

responded to COTA. Plain language interpretations can be quite different for older Australians. COTA's suggested rewording is:

Right c) I have the right to have my identity, culture, **religion**, and diversity valued and supported

Re Right f) I have the right to be informed about my care in a way that meets my needs, have access to information about my rights, care, accommodation and anything else that relates to me personally, and get the information I need in a timely way

COTA Australia is still concerned that issues of timely provision of information remain, given that the timeliness of such information would often relate to a period when consumers are still in the process of selecting their providers or suite of services. We repeat that the whole consumer experience should be included here – from registration through screening and assessment. If not, this right is meaningless because the rights of consumers are not protected in one of the most important and challenging parts of their journey into the aged care system.

Consumers have also requested that the need for information about costs and financial impacts be included in this right, and we suggest the amendment below.

Should the Government agree to our earlier request that the Charter protect rights prior to the commencement of services, specifically in relation to the information and behaviours provided in order for consumers to make choices about their care, then the concept of “informed decisions” should be added to right “f” as indicated below

Right f) I have the right to be informed about my care in a way that meets my needs, have access to information about my rights, care, accommodation, **financial costs and commitments** and anything else that relates to me personally, and get the information I need in a timely way, **so I can make informed decisions.**

Re Right g) I have the right to maintain control over, and continue to make decisions about, my care and personal and social life

COTA Australia received feedback from consumers indicating that in their understanding this right was too limited. They raised issues with us regarding their right to take risks, and to manage other areas of life with the same control over decision making as they have had all their lives. The expanded context in the Intent reflects these matters, but COTA is concerned that this scope is not visible to consumers and others reading the Charter.

We suggest that the wording of the Intent for Right g) be included in the accompanying guide or is explicitly referenced in the right itself. Possible wording could be:

Right g) I have the right to maintain control over, and continue to make decisions about, my care and personal and social life, **including to take risks to live the best life I can, to choose who to have relationships with, and to express views in matters that affect me.**

Re Right h) I have the right to be listened to and understood

Consumers have suggested that this passive expression of the right would be improved by adding words to reflect their concern about being accepted (or not) for their views and opinions. The statement of Intent emphasises that this is a staff responsibility, as the active participant, but also extends to acknowledging what the consumer is saying and makes reference to varying methods of

communication to be used as needed. These are important clarifications for consumers and are not clear in the original wording. Right h) could then read:

Right h) I have the right to be listened to, understood **and have my views acknowledged and respected**

Re Right j) I have the right to complain, and to have my complaints dealt with fairly and promptly

Consumers have told COTA Australia that they feel strongly about the need to add **without fear of repercussion** to clarify the importance of the freedom to complain with confidence. In compiling this response, we believe that this reference to fear of repercussions is broader than the area of complaints and is better reflected in Right k), so we note the issue here but do not propose to amend Right j).

Re Right k) I have the right to exercise my rights without it adversely affecting the way I am treated

The expansion of information in the statement of Intent is helpful, but the wording of both the right and the intent is less emphatic than the consumer feedback received by COTA Australia that suggests 'without fear of repercussion' is an important statement that applies broadly to all the rights, not, as noted above, just relating to complaints (Right j)). The concept of fear in the care and service setting is an inevitable outcome of a power imbalance and every consumer should have the right to be free from fear.

COTA Australia supports the addition of this wording so that Right k) reads:

Right k) I have the right to exercise my rights without it adversely affecting the way I am treated **and without fear of repercussions**

Re Right l) I have the right to personal privacy and to have my personal information kept confidential

Consumers have asked that this right explicitly mention intimacy as part of the respect for personal privacy. The expanded concepts in the statement of Intent are all about privacy of personal and health information and do not reflect the need for privacy in the consumer's personal space. COTA Australia believes that this interpretation is important for consumers in all settings and support the inclusion of the right to intimacy. Our suggested rewording is:

Right l) I have the right to **have my** personal privacy, **including the right to intimacy, respected** and my personal information kept confidential

Excerpt from the online submission form leading in to Questions 19 and 20: Your final say.

Providers are currently required to act in accordance with the Charters and to give consumers information about their rights and responsibilities. This includes:

- informing consumers about their rights before they enter care, and
- assisting consumers to understand this information.

It may also include:

- displaying the Charter in the aged care service, and
- including the Charter in the consumer's care agreement.

19. How else could consumers be made aware of their rights under a single Charter?

COTA objects to the use of the term "may" before the dot points "display the Charter of Rights in the aged care service and in the Consumer care agreement". COTA firmly believes that such action must be a minimum, mandatory requirement, in relation both to display and the care agreement.

The Charter of Consumer Rights should be displayed in an obvious place in all residential aged care homes and be provided to every aged care consumer with their aged care agreement.

COTA Australia received a variety of additional suggestions about how consumers can and should be made aware of their rights. Consumer rights are often addressed during the admission/registration process when consumers and their families may be highly emotional about the change in circumstances and living arrangements. Ensuring that there is a further opportunity for discussion about rights was a key concern for many of our contributors.

We also repeat our suggestion of an explanatory or companion guide to the Charter (see Question 12 and other responses), as it would help with the awareness and understanding of the Charter and ensure that consumers have supporting information about their rights.

Advocacy organisations and community visitors have both been identified as services that visit people in residential and/or home care settings that could have a role in promoting the Charter.

The Charter can also be promoted through COTA Australia and the State and Territory COTAs in newsletters and information sessions, on websites, and through distribution of hard copies of the Charter along with other aged care resources.

The Charter needs to be made available in both electronic and hardcopy formats and meet accessibility standards and should be readily available on the My Aged Care website.

Aged care staff can promote the Charter and ensure a hard copy is provided early in the care relationship, and at any time there is a significant change of care level and services.

When consumers and providers undertake an annual review, especially in home care, it would be ideal to ensure that distribution of the Charter is signed off by both parties.

Community/resident meetings should include open discussion around the actual and practical implications of the Charter as a standing agenda item.

20. Do you have anything further to add? (there is opportunity to attach/upload documents here)

COTA draws attention to the importance of ensuring that there is training for aged care staff regarding the implementation of the Charter, and we repeat our strong position that the Charter must be readily available and visible to all consumers receiving aged care.

We attach the Statement of Intent for each right as it was presented on the Consultation Hub at Attachment 1 as a helpful tool that could be included in any accompanying guide or explanatory materials and used in conjunction with the Charter of Consumer Rights.

COTA Australia's Recommendations

1. Rights from other legislation that are applicable to aged care consumers but not included here should be referenced as part of the Aged Care Regulatory Framework and described accordingly so they can still be used by aged care regulatory processes.
2. An accompanying guide or handbook should be developed to assist consumers to understand the Charter and to support its adoption and practical application.
3. The last two sentences of the 'preamble' to the Charter of Consumer Rights should be deleted to ensure providers do not have the right to override consumer rights.

4. Government should ensure that subordinate legislation covers the requirement that the Charter of Consumer Rights must be displayed in every residential aged care home and provided to every aged care consumer with their aged care agreement.
5. The Charter should apply to all components of the consumer journey including their enquiry phase of seeking information, screening, registration and assessment for care to ensure that they are able to make informed decisions at each step.
6. Consumers' rights to live without fear of repercussion when making choices, expressing views and making complaints should be explicitly addressed within the Charter of Consumer Rights, any accompanying guide and materials and required legislation.

Ends

Attachment 1 over

Attachment 1

INTENT OF THE AGED CARE RIGHTS – FROM CONSULTATION HUB FORM

a) I have the right to receive safe and high quality care and services

Consumers have the right to receive safe and high quality care and services. Providers need to understand and respond appropriately to consumers' needs; ensure consumers understand the care and services they are to receive; and deliver services with professional skill and competence.

b) I have the right to be treated with dignity and respect and to have my individuality valued

Being treated with dignity and respect means recognising consumers' strengths and empowering them to maintain their independence and communicating respectfully. It also means understanding the life that the consumer has lived, the life they want to live and who they are, and having the consumers' best interests at heart, while being respectful of their personal choices.

c) I have the right to have my identity, culture and diversity valued and supported

Respect is valued and shown for consumers' beliefs, values, personal characteristics, culture and diversity.

d) I have the right to maintain my independence

Consumers are supported to explore additional services (including technology) that can allow them to continue to have a meaningful life and be independent as they age. Consumers are also supported to participate in ongoing assessment and planning, and to continue to make decisions about, their own care and services.

e) I have the right to live without abuse and neglect

The provider's workforce is kind and caring and respectful of each consumer such that consumers feel emotionally and physically safe and secure in their care environment.

f) I have the right to be informed about my care in a way that meets my needs, have access to information about my rights, care, accommodation and anything else that relates to me personally, and get the information I need in a timely way

Consumers receive open, relevant and timely information about their care and services. Providers ensure consumers understand the information provided to them. Providers need to be alert to signs of confusion or misunderstanding. Information should be provided in a format that the consumer understands. This may require making arrangements to meet language or communication needs.

g) I have the right to maintain control over, and continue to make decisions about, my care and personal and social life

Consumers are supported to maintain control and make decisions, including to: take risks to live the best life they can; choose who to have relationships with; enjoy social engagements outside the service; and express their views in matters affecting them. Consumers can say no or change their mind at any time.

h) I have the right to be listened to and understood

Taking the time to listen to, understand and acknowledge what the consumer is saying helps consumers to feel heard. This may require different methods of communication to be used.

i) I have the right to choose to have another person speak on my behalf

Consumers can choose someone else, or a number of different people to speak on their behalf and represent their interests, especially in formal situations or when the consumer doesn't feel confident or able to speak up.

j) I have the right to complain, and to have my complaints dealt with fairly and promptly

Consumers should be able to provide feedback on or complain about their care and services without retribution. Consumers should be supported to articulate their concerns as feedback and complaints can help improve services. Consumers should be informed about different options for raising concerns if they are not comfortable doing so with the provider. Providers need to respond to concerns attentively and efficiently.

k) I have the right to exercise my rights without it adversely affecting the way I am treated

Consumers feel supported to use their rights, and raise issues about their rights freely without judgement, disapproval, criticism, being taken advantage of, or pressured.

l) I have the right to personal privacy and to have my personal information kept confidential

Personal and health information is kept secret and hard copy documents are securely stored. The workforce shows respect for consumers and does not discuss consumers in front of others without permission of the consumer.