Australian Government

Department of Education, Employment and Workplace Relations

HLTCR403C Support community access and participation

Release: 1

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Modification History

Version 4	Version 5	Comments
HLTCR403B Support community access and participation	HLTCR403C - Support community access and participation	Unit updated in V5. ISC upgrade changes to remove references to old OHS legislation and replace with references to new WHS legislation. No change to competency outcome.

Unit Descriptor

Unit Descriptor

This unit of competency describes the skills and knowledge required to work with clients to optimise community access and participation in the context of a rehabilitation plan

Application of the Unit

Application

Skills and knowledge are applied according to a *rehabilitation plan*, under the direct or indirect supervision of a health professional and in line with jurisdictional regulatory requirements

The word 'client' should be read to mean client and significant others

Licensing/Regulatory Information

Not Applicable

Pre-Requisites

Not Applicable

Employability Skills Information

Employability Skills This unit contains Employability Skills

Elements and Performance Criteria Pre-Content

Elements define the essential outcomes of a unit of competency.

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.

Elements and Performance Criteria

ELEMENT	PERFORMANCE CRITERIA
1. Clarify *client access issues* identified in the *rehabilitation plan*	1.1 Clarify rehabilitation plan details with the *supervising health professional* 1.2 Work with the supervising health professional to identify *client access support requirements* 1.3 Work with the supervising health professional to identify community rehabilitation's function in supporting client access 1.4 Participate in rehabilitation planning that involves the client and relevant professionals, where appropriate 1.5 Clarify with the supervising health professional concerns about client safety in relation to community access and participation

ELEMENT	PERFORMANCE CRITERIA
2. Work collaboratively to maximise opportunities for community access and participation	2.1 Work with the health team and supervising health professional to identify other *community workers*/ *services* providing community access to the client 2.2 Under the *supervision* of the health professional provide information to client about how accessing and participating in the community will contribute to rehabilitation goals 2.3 Under the supervision of the health professional, work with the client and health team to identify concerns about community access and participation 2.4 Work with the client and health team to identify strategies to enable community access and participation 2.5 Discuss access and participation strategies outside the rehabilitation plan with supervising health professional
3. Support the client to access and participate in the community under the supervision of a health professional and according to the rehabilitation plan	3.1 Identify access and participation opportunities and barriers in the community 3.2 Under the supervision of the health professional, work with the client to develop a *plan for access and participation* 3.3 Under the supervision of the health professional, identify *aides*, *appliances*, *supports and other services* that would facilitate community access and participation 3.4 Identify client access and participation needs and desires outside the rehabilitation plan and discuss with the relevant supervising health professional 3.5 Work with the client to develop safeguards to maximise safe access and participation in the community 3.6 Provide support to the client to facilitate interest and desire for community access and participation

ELEMENT	PERFORMANCE CRITERIA
4. Monitor impact of community access and participation on rehabilitation goals	4.1 Monitor outcomes that indicate community access and participation is supporting the rehabilitation goals 4.2 Identify any negative impact of community access and participation and report to supervising health professional 4.3 Under the supervision of a health professional, apply strategies to involve the client in the monitoring and evaluation process 4.4 Provide client with regular feedback of progress 4.5 Work with the client to self monitor progress
5. Document client information	5.1 Use accepted protocols to document information relating to the rehabilitation program in line with organisation requirements 5.2 Provide regular feedback to the client's care team, including positive impact on the client 5.3 Use appropriate terminology and format to document the client's progress, including any barriers or challenges to the rehabilitation plan

Required Skills and Knowledge

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge:

The candidate must be able to demonstrate essential knowledge required to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

This includes knowledge of:

- Community care service providers including managers, supervisors, coordinators, assessment officers and case managers
- Importance of community access and participation to client well being
- Motivational strategies to promote client interest in accessing and participating in the community
- Work health and safety (WHS) issues and requirements, risk assessment and risk management associated with working in client homes and the community
- Philosophy and values of community rehabilitation
- Range of aides, appliances and services that facilitate community access and participation
- Relevant national and/or state-based community services and programs such as HACC, CACPS, veteran's home care
- The importance and meaning of home and belongings to clients and the nature and significance of working in the client's home and community settings
- Understanding of principles and practices of self management

Essential skills:

It is critical that the candidate demonstrate the ability to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

This includes the ability to:

- Analyse opportunities and concerns about community access and participation
- Apply language, literacy and numeracy (LLN) competence appropriate to the requirements of the organisation and client group:
    - this may include, for example, oral communication skills for working with clients

REQUIRED SKILLS AND KNOWLEDGE

and health team, literacy skills for clarifying the rehabilitation plan, developing a plan for access and participation and for documenting client information
  - language used may be English or a community language
- Apply WHS knowledge in home and community settings, particularly in relation to supporting community access and participation
- Communicate effectively with relevant people in a community rehabilitation context, including:
  - verbal and non-verbal communication with clients and colleagues, including members of multidisciplinary teams
  - cross cultural communication
  - communication that addresses specific needs of people with disabilities
- Facilitate client access and participation in community within the context of rehabilitation plans and under supervision of an identified health professional
- Facilitate client involvement and participation in the rehabilitation process
- Identify and confirm opportunities for, and barriers to, access and participation in community
- Motivate client and build self esteem
- Work within a multidisciplinary team

Evidence Guide

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

Critical aspects for assessment and evidence required to demonstrate this competency unit:	• The individual being assessed must provide evidence of specified essential knowledge as well as skills • The assessment of the skills and knowledge should include observation of workplace performance • 'Workplace performance' may need to be demonstrated under simulated conditions which approximate the workplace, in order to address safety requirements or in order to assess skills and knowledge which may not be possible to assess in the workplace • Evidence of workplace application should be

EVIDENCE GUIDE

	provided as detailed in the unit of competency • Where observation is undertaken in the workplace for assessment purposes, the assessor must ensure that safety of practice and duty of care requirements are addressed appropriately • Assessment should be conducted on more than one occasion to cover a variety of circumstances to establish consistency • A diversity of assessment tasks is essential for holistic assessment
Access and equity considerations:	• All workers in health and community services should be aware of access and equity issues in relation to their own area of work • All workers should develop their ability to work in a culturally diverse environment • In recognition of particular issues facing Aboriginal and/or Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on Aboriginal and/or Torres Strait Islander people • Assessors and trainers must take into account relevant access and equity issues, in particular relating to factors impacting on Aboriginal and/or Torres Strait Islander clients and communities

EVIDENCE GUIDE

Context of and specific resources for assessment:

- This unit can be assessed independently, however, holistic assessment practice with other health and community services units of competency is encouraged
- Resource requirements include access to all relevant resources commonly provided in the rehabilitation context, including:
  - relevant organisation policy and procedure manuals, legislation and standards
  - organisation mission statements, strategic and business plans
  - other documentation relevant to the work context such as:
  - rehabilitation plans
  - reports from allied health professionals
  - client consent

Method of assessment:

- Observation in the work context
- Written assignments/projects and/or questioning should be used to assess knowledge
- Case study and case scenario as a basis for discussion of issues and strategies to contribute to best practice
- Health professional feedback
- Assessment practices should take into account any relevant speech, language or cultural issues related to Aboriginality, gender, disability or English as a second language
- Where the candidate has a disability, reasonable adjustment should be applied during assessment
- Language and literacy demands of the assessment task should not be higher than those of the work role

Range Statement

RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

Community rehabilitation refers to:	• Support that contributes to reducing hospitalisation stay, minimising hospitalisation and easing the transition back to the community by supporting quality of life and community engagements of clients through:
	  • supporting allied health and nursing professionals
	  • providing direct and where relevant indirect support to clients
	  • working within a community service and health framework
	  • operating, under supervision and task delegation service models, in a multidisciplinary framework to maintain, optimise and enhance client functioning in the community

RANGE STATEMENT

Client access issues may include:

- Client endurance
- Cognitive and psycho-social limitations
- Cognitive/perceptual barriers
- Communication limitations
- Confidence limitations
- Cultural barriers
- Environmental issues
- Financial limitations
- Geographical limitations
- Language barriers
- Physical limitations
- Safety risk issues

Rehabilitation plan refers to:

- A plan which:
  - is developed by a health professional in collaboration with the client and significant others
  - includes client focused goals with defined rehabilitation outcomes
  - may be multidisciplinary
  - includes time limited activities
  - is regularly reviewed

Supervising health professional may include one or more of:

- Cardiac rehabilitation nurse
- Diabetes educator
- Dietitian
- General practitioner
- Occupational therapist
- Physiotherapist
- Podiatrist
- Psychologist
- Registered/division one nurse
- Social worker
- Specialist
- Speech pathologist

RANGE STATEMENT

Client access support requirements may include:

- Aids and appliances
- Coaching and support
- Supportive communication strategies
- Transportation

Delegation refers to:

- The delegating health professional conferring authority on a worker to perform specific activities
- Delegation within the context of the rehabilitation plan
- The authority specific to an individual client within a specific rehabilitation context and is not transferable to any other client
- Delegation instructions that must include:
  - specific rehabilitation requirements and their purpose
  - possible contra-indications, risks and how to respond
  - any other relevant instructions or information, especially information specific to the client

Other community workers/ services may include:

- Case managers
- Church groups
- Community care service providers including managers, supervisors, coordinators, assessment officers and case managers
- Community mental health team
- Community nurse
- Community transport
- Disease/condition specific groups
- Home and community care
- Local support networks
- Meals on wheels
- Other community rehabilitation providers
- Outpatient services
- Volunteer organisations

RANGE STATEMENT

Supervision refers to:

- Instructing, advising and monitoring another person in order to ensure safe and effective performance in carrying out the duties of their position
- The nature of supervision is flexible and may be conducted by various means including:
  - in person
  - through use of electronic communication media such as telephone or video conferencing, where appropriate
- Frequency of supervision will be determined by factors such as:
  - the task maturity of the person in that position
  - the need to review and assess client conditions and progress in order to establish or alter treatment plans
  - the need to develop non-clinical aspects such as time management, communication skills and other factors that support the provision of clinical care and facilitate team management
  - a person under supervision may not require direct (immediate and/or face to face) and continuous supervision, however, the method and frequency will be determined by factors outlined above

Plan for access and participation may include:

- Client calendar or diary
- Formal component of rehabilitation plan
- Informal plan

Aides, appliances, supports and other services may include:

- Communication aids and devices
- Family
- Friends
- Memory and organisational devices
- Mobility aids
- Transport

Unit Sector(s)

Not Applicable