

COLLECTIVE DIGNITY GUIDEBOOK

A guide for Shared Support Collectives and their shared Service Provider to navigate the Collective's dignity of risk within laws, policies and the need for safety.



Part of the Shared Support Collective Resource Pack, published by Enliven Community.
An output of the National Community Cooperative Pilot Project.

Shared Support Collective Resource Pack

This Guidebook is part of the Shared Support Collective Resource Pack.

These resources are designed to support groups of people who share disability supports to have genuine and actualised choice and control of their shared supports - and their Facilitators.

They have been developed by Enliven Community through the Pilot Project (see page 3) and are based on learnings and insights from this project.

This Guidebook can be used alone. It can also be complimented by the information and meetings in the Member and Facilitator's Guidebooks, and supported with the Tools & Resource Kit.

Shared Support Collective Resource Pack

Other resources in this Pack are:

- Shared Support Collective Members' Guidebook (for Members)
- Shared Support Collective Facilitator's Guide
- Tools & Resources Kit

You can also see the resource summary in a video, describing each.

Born from the National Community Cooperative Pilot Project

This resource was created by Enliven Community as part of the National Community Cooperative Pilot Project. This is sometimes called the ‘Pilot Project’.

This project was generously funded through a philanthropic grant, and by Enliven Housing.



The Pilot Project worked with eight Shared Support Collectives across Australia, with a team of Shared Support Facilitators.



It operated in different home and living environments (10+1 apartment complexes; villas; living under one roof)



The Pilot Project was independently evaluated by a team at La Trobe University to gain honest feedback from participants and how they feel the service could be improved.



The Pilot Project was shaped and governed by the following groups: (see final page for organisations)

1. The Steering Committee
2. The Lived Experience Advisory Group*
3. The Sector Advisory Group*

**With Members both from within and outside of the Pilot Project*

Note - The Shared Support Collective is called a ‘Community Cooperative’ under Enliven.

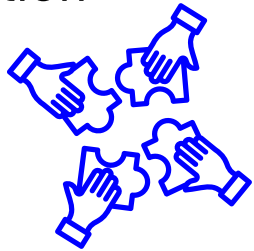
Collective Dignity Guidebook

A guide for Shared Support Collective's and their shared Service Provider to navigate the Collective's dignity of risk within laws, policies and the need for safety.

This Guidebook offers guidance and tools to facilitate group discussions. It specifically aims to address tasks or decisions where potential risks are involved.

What is the purpose?

To promote discussions with a Collective. To promote transparent communication of rights and responsibilities for both the Collective and the provider.



Does it replace a risk assessment?

No. Currently most service providers would have individual assessments that are completed with participants. This guide is not designed to replace individual systems - it only looks at Collective matters.

Collective Dignity Guidebook



What is the intended result/outcome?

At the end of the journey the Collective and their shared support provider will have discussed and agreed on how they will work together to uphold safety of everyone whilst maintaining the rights and dignity of the Collective within their homes.



What is the end-product?

You will have developed a Charter, which is an agreement of what you want the culture of the home to look like. This is led by the Shared Support Collective and addresses the parameters of organisational policies and procedures.

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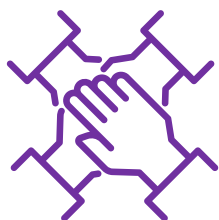


About this Guidebook

Purpose



Promote conversations between the Collective and shared Service Provider about choices related to Collective dignity.



Set a Charter together with an agreed understanding of how services will be delivered for this Collective.

How it can be used



In a meeting with a Shared Support Facilitator.

OR



Directly with the service provider. Ensuring the right person in the role is there for the conversation.

Why this book was made

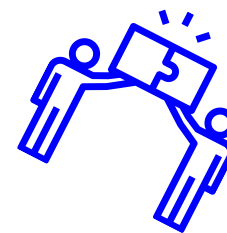
Sometimes there is a conflict between what a Shared Support Collective wants to happen, and what a provider needs to do as a ‘Duty of Care’, or thinks is best for Collective members. This may include how services are delivered, or what members are and are not allowed to do.

Negotiating risks is a part of everyday life and relationships. This Guidebook reframes this ‘conflict’ to something the Collective and Service Provider can collaborate on together to meet solutions.

Some human rights can be enjoyed equally by all without creating potential conflicts. In some situations, different rights come with conflict—for example, the right to choose who supports you in your home conflicts with the right of employers to employ whom they see as the right fit for the role.

This Guidebook will help the Shared Support Collective and Shared Service Provider to think about:

- This is what risk looks like, what does duty of care look like?
- What limitations does the service provider have when it comes to safeguarding?
- How can human rights of the Collective can be upheld when providing service?



Benefits for the Collective



Co-Designed
service delivery



Document the
Collective's culture



Simple and
accessible



Support to build and
maintain relationships



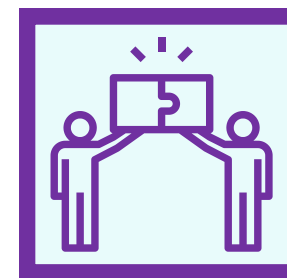
Maintaining dignity
within the home



Addresses power
dynamics



Discussing how we
keep everyone safe



Helps everyone to
feel involved in the
decision-making

Benefits for the Provider



Discussing the
limitations of
safeguarding



Formalises
accountability



Customer
satisfaction



Minimising
conflict



Clear collective
purpose



Discussing Duty
of Care



Clear understanding of
what customers want

Will this replace my individual Risk Assessments?	No. Each individuals needs and supports will not be affected. This supports the groups needs and preferences.
Do I need a Facilitator to help complete this?	This can be completed without a Facilitator, though it can be helpful, particularly to have an unbiased support.
What happens when someone moves out or in?	Each group will agree on the review periods and situations. Reviewing any changes within the group is recommended.
What is a Charter?	A Charter is a written agreement that explains the rights, duties, or rules for how an organisation or group should operate support the culture, needs and preferences of the Collective.
What if a Restrictive Practice is in place for a Collective member?	Each group will have different circumstances and individual support plans/needs are not overpowered by this Charter.



Activity #1 - Discussion

WHO?

Together the shared Service Provider AND the Shared Support Collective should discuss the information and ideas on the following pages.

WHY?

This will help to set the scene and understand where everyone may be coming from when discussing dignity.

WHAT?

Work through the information and ideas in the following pages in a way that makes sense for everyone.

Make sure there is time to discuss, and for everyone to ask questions.

Dignity of Risk, Duty of Care

What is 'Dignity of Risk'?

'Dignity of Risk' is another way of saying that a person has the right to live the life they choose, even if those choices may involve some risk. Dignity of risk is about understanding the risks involved and weighing up the benefits.

Risk is a normal part of everyone's life and is different for everyone. If this is somebody's everyday life - then it is important that decisions can be made that give them opportunities to explore risk.

What is 'Duty of Care'?

'Duty of Care' is a responsibility, to take reasonable care for people's safety and wellbeing. This includes both clients and staff. Policies and procedures are developed to help guide practices of service providers to uphold duty of care.

Sometimes requests can be made by Collectives which requires support or response that falls outside of the parameters of the organisation's policies. Consideration and conversations should be had to ensure the Collective's voice has been heard when responding.

Considerations



Providers will always need to consider **safety** of individuals and staff. This includes Work Health & Safety law, and organisation policies and procedures.



Participants have a **right to dignity**, choice and living the life they choose.



This Guidebook is not designed to overpower or replace current processes/rules, but to consider how the **participant's rights** can be met **within them**.



There's value in naming the conflict and **power imbalance** between service provider and residents. This should always be taken into consideration during conversations.

Human Rights Model of Support

Everyone has many layers to who they are; a person is not defined by their disability. We should ensure that our policies and practices support Human Rights and encourage full inclusion and participation for Individuals with Disabilities.

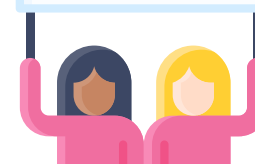
The human rights model, as the name suggests, is based on basic human rights principles. It recognises that:

- Disability is a natural part of human diversity that must be respected and supported in all its forms.
- People with disability have the same rights as everyone else in society.
- People with disability have the right to enjoy the same rights as other members of the community.
- A person's impairment must not be used as an excuse to deny or restrict people's rights.



It does not matter where you are from, how old you are, if you have a disability, what language you speak, who/what you believe in, who you love/like, what gender you are - Human rights are for everyone.

RIGHTS



The Law and your Rights

The Australian Government makes rules for people living in Australia. These are called laws.

There is a law called The Australian Human Rights Commission Act 1986.

This law makes sure all Australians have human rights.



Everyone has the right to:

- be free and safe
- freedom of expression (to speak up)
- privacy
- be listened to
- be treated in a good way
- have somewhere to live
- be treated the same as everyone else
- be able to do things like everyone else can
- be able to make your own choices and decisions
- be treated as an adult

Restrictive Practices

Restrictive Practices are sometimes used to help keep people safe. If a situation imposes a restriction on the Collective then this should be carefully considered before implementing. All Restrictive Practices affect Human Rights.



Restrictive Practices can stop people from:

- Going where they want
- Doing what they want

The law says:

- Restrictive Practices can only be used if there is a risk to safety right at that time.
- The type of Restricted Practice used must be the least restrictive way.

Restrictive practice can only be used in special situations

- When it is the last option.
- It must be used for the shortest time possible.



Decision Supporters

Collectives will be involved in making decisions about their shared supports. Everybody is welcome to involve important people in their life who can support them with decision-making.

Decision Supporters can be legally appointed, they can also be someone the person trusts such as a family member or friend. The Decision Supporter's role is to support individuals to make well-informed decisions.



Decision Supporters can support in discussions:

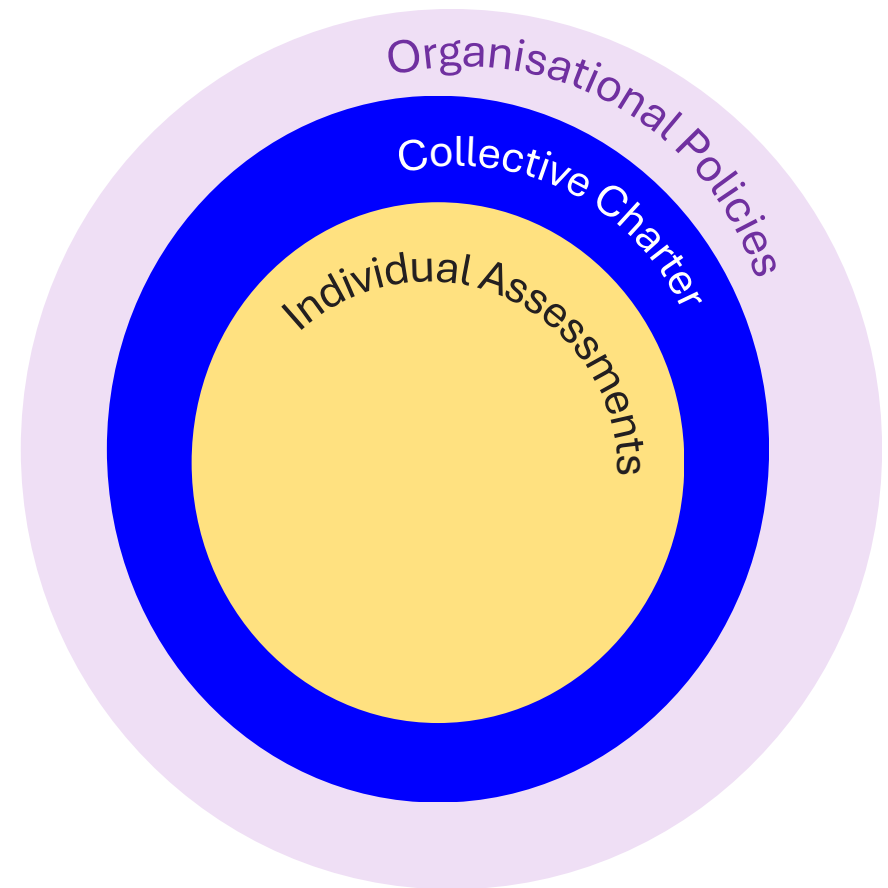
- As a communication partner
- To help individuals understand and interpret information
- To help individuals to ask questions
- To help individuals express their experiences and preferences

Setting the Scene

Service providers have policies and procedures which influence and guide the service they provide the Collective.

A Collective Charter documents how the service provider can uphold their duty of care whilst maintaining the groups rights and dignity.

Participants will have individual assessments or plans completed to address any individual risks or situations that are present.



Tips for Successful Workshops between Collective and Provider



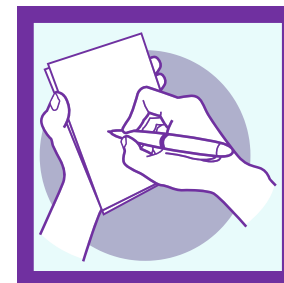
Prepare any visual tools or resources



Involve the Collective's support networks



Share any information to help prepare



Have someone take notes



Allocate roles on who will be doing what before, during and after the meeting



Ensure everyone has the opportunity to contribute



Prepare an agenda



Have someone allocated as the 'go to person' for any questions or input after the meeting



Activity #2 - Risk

WHO? Together, the shared Service Provider AND the Shared Support Collective.

WHY? To practice conversations about risk.

WHAT? Examples of situations where Shared Support Collectives want something that may be perceived as a risk.

- Rate the risk: Together, rate how much risk you feel is present.
- Importantly - When people have different ideas, make sure you discuss this, to hear each other's perspective, and learn from one another.

TOOLKIT

- Butchers paper, whiteboard, rating scale.
- Icebreakers are a good way to begin.
- Visuals or any other communication aides required.
- Post-it notes, stickers for marking, pens or textas.

Activity - Icebreaker

Everyone attending, lets rate how confident each of us feel to speak up in groups.



1



2



3



4



5

For those who feel comfortable, name something that helps you feel safe?

Activity - Feelings of risk

What to do:

1. Read through the case studies below
2. Have each person rate what level of risk they feel is present.
3. If comfortable, have everyone share their score and reasoning, to get to know each other's perspective.

What level of risk do you feel is present?

				
1	2	3	4	5

Case Study #1

Description -

Four individuals lived together in a group home, supported by a service provider. Two of the residents, Sam and Alex, expressed a desire to go out to the local pub for dinner on Friday night. They planned to enjoy a meal together and might have wanted to have a drink

The challenge -

The service provider expressed concerns about the safety and well-being of Sam and Alex if they consumed alcohol. The staff worried about how they would manage the situation and provide appropriate support if Sam and Alex drank alcohol. Due to these concerns, the provider was hesitant to allow the outing.

Sam and Alex felt that they should have the freedom to go out for dinner and enjoy a drink, just like anyone else. They believed they could handle themselves responsibly and wanted to enjoy social time together.

The outcome –

A Shared Support Facilitator could have brought everyone together to discuss the issue openly. The Facilitator would have ensured that Sam and Alex's desires were heard while also addressing the concerns of the staff and service provider.

Case Study #2

Description -

Ten people were living independently in their own SDA units. They shared supports provided by an Onsite Service Provider, offering 24/7 interruptible supports. Four of the people living in the building took over-the-counter medication for pain relief, such as Panadol. They wanted the service provider to be able to administer this without needing a doctor's authorisation.

The challenge -

The Service Provider had policies and procedures in place to ensure duty of care was maintained, along with medical advice for the staff to follow.

The four people saw this type of medication as an everyday medication. If they were not people with a disability, would a medical certificate have been needed in someone's everyday life?

The outcome –

A conversation was held between the Collective and the Service Provider. It was agreed that they would list the medication as part of the Individual Profile for the client, where the client signed off to acknowledge that they took full responsibility for managing their own medications and could instruct staff and supervise the administration.

Case Study #3

Description -

Ten people were living independently in their own SDA units. They shared supports provided by an Onsite Service Provider, offering 24/7 interruptible supports.

Four people living in the building required support with their mobility and had all the necessary equipment in their homes to support this. Recently, four people fell in their homes at separate times, and the service provider was unable to help them off the floor as there was not a second staff member. This meant they had to wait on the floor until the ambulance arrived, which took several hours for each incident.

The challenge -

Four Collective members and two representatives from their Onsite Service Provider met. During the meeting, the Service Provider explained that their staff were not allowed to offer lifting support to individuals.

They stated that this was due to their policies, which were in place to ensure the safety of both the staff and the individuals they support.

The outcome –

It was agreed that conversations would be had with each Collective members' OT to explore other suggestions that could meet the needs of the person while maintaining the safety of the staff.

Case Study #4

Description -

Eddy kept going into Steve and Roshni's room and taking things without asking. Steve and Roshni asked the support provider to install locks on their bedroom doors to protect their privacy and belongings.

The challenge -

The support provider was concerned that installing locks might be unsafe. They worried that if someone got locked in their room and could not open the door, it could lead to a dangerous situation, especially in an emergency.

The outcome –

The Collective and Service Provider talked about other ways to keep everyone's belongings safe, like:

- Putting in locks that staff can open in an emergency.
- Setting clear rules about not going into each other's rooms without permission.
- Helping Eddy understand why it's important to respect other people's space.

Case Study #5

Description -

Four people who lived in a group home usually celebrated each person's birthday by singing "Happy Birthday" and sharing a cake. The Service Provider had a rule that the person couldn't blow out the candles because they might spray spit on the cake, which was intended for everyone.

The challenge -

People's everyday experiences are impacted. Most of us accept this risk as part of participating in a culturally significant activity, like birthday cakes at a party. On the other hand, individuals with health conditions that are at risk of serious consequences from colds, flus, or chest infections might have a different perspective.

The outcome –

The group agreed on a new way to celebrate birthdays that keeps the tradition of candles while making sure everyone feels comfortable and safe. This included using a separate, extra cupcake for the candle or finding another creative solution.

Case Study #6

Description -

Four women who lived in their own units on a shared property with shared support used to enjoy going out to get pizzas. However, they did not have their own keys to the front gate or their individual units, so they relied on the staff for access, to return home.

The challenge -

The service provider was worried that the participants might lose the key if given one. Since each woman's unit door used the same key, providing each person with a copy to their own unit would mean that each person could potentially access someone else's unit.

The outcome –

The provider decided to change the locks on each unit so that each person would not have access to others' spaces. This way, each woman could be provided with her own key, along with a key to the front gate, allowing her to go out for pizza independently.



Activity #3 - Workshops

WHO? Together, the shared Service Provider AND the Shared Support Collective.

WHY? This is how the parties will can work towards a way forward, when there are different needs (duty of care/dignity of risk).

WHAT? Work through the templates below. There are prompt headings, however the template can be used for any matter.

HOW? Use the flow chart on the next page to ensure (1) it is a 'collective' matter (in scope) and (2) a satisfactory outcome is achieved.

Discussion topics

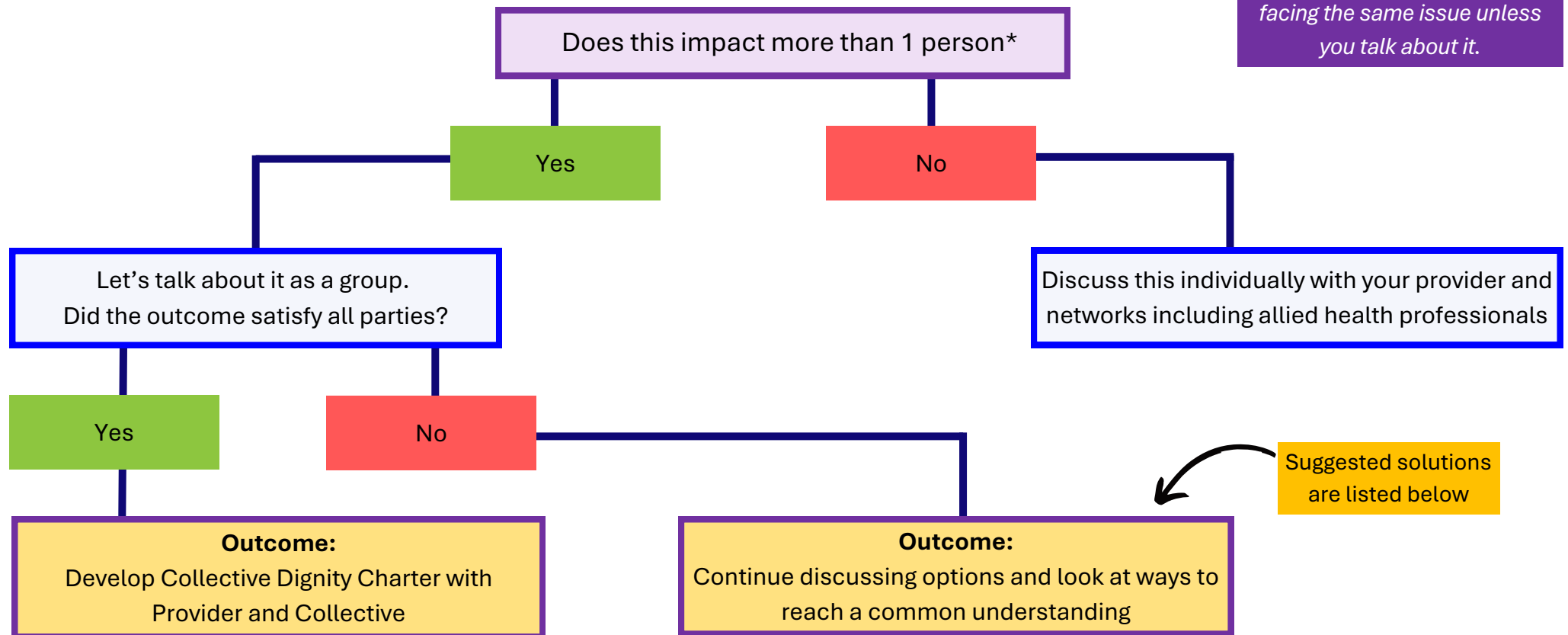
- Rights
- Privacy
- Independence
- Relationships
- Safety

The following can be used as an online template, however works best printed in A2. Adapt to suit the needs of the people using.

Shared Support Collective Journey

Use this journey map to help guide your conversations and decisions throughout the following activities.

** Consider how the Shared Support Collective can have conversations amongst themselves to identify what is a systemic concern. You don't know who else is facing the same issue unless you talk about it.*



Example workshop from Case Study #4

What is important to the Collective in our every day life? <i>Having our privacy maintained</i>		When will we review this? <i>Annually or as the needs of the Collective change</i>
What concerns does our provider have? <i>They worry that locks could be dangerous if someone gets stuck in their room and can't get out.</i>	What solutions do we suggest? <i>Putting in locks that staff can open in an emergency. Setting clear rules about not going into each other's rooms without permission. Helping Eddy understand why it's important to respect other people's space.</i>	How can we make this happen together? <i>It was agreed that bedroom locks would be installed that staff can open in an emergency. This would give Steve and Roshni the privacy they need while ensuring that safety concerns are addressed.</i>

Workshop Template - SAFETY

What is important to the Collective in our every day life?		When will we review this?
What concerns does our provider have?	What solutions do we suggest?	How can we make this happen together?

Workshop Template - RIGHTS

What is important to the Collective in our every day life?		When will we review this?
What concerns does our provider have?	What solutions do we suggest?	How can we make this happen together?

Workshop Template - PRIVACY

What is important to the Collective in our every day life?		When will we review this?
What concerns does our provider have?	What solutions do we suggest?	How can we make this happen together?

Workshop Template - INDEPENDENCE

What is important to the Collective in our every day life?		When will we review this?
What concerns does our provider have?	What solutions do we suggest?	How can we make this happen together?

Workshop Template - RELATIONSHIPS

What is important to the Collective in our every day life?		When will we review this?
What concerns does our provider have?	What solutions do we suggest?	How can we make this happen together?

Not sure a solution?





The Charter

The Charter aims to provide a common understanding of what is important to a Shared Support Collective, their key principles and how they want to maintain a healthy culture within their home.

The Charter can be helpful in the following ways:

- Having a common understanding of the house culture for both the Shared Support Provider and The Shared Support Collective.
- Help set the tone of how the Collective want to be supported in the home.
- The Shared Support Collective may like to create a set of values.
- The Charter could be displayed in the home as a reminder to the Collective and the support staff.
- An annual meeting could be held to review and refresh The Charter.
- The Charter could be used as a guide when talking to potential new house mates.
- The Charter could be used as a guide when training new staff.



Our Charter

Shared Support Collective:

Our Values:

Our Goals:

Our Charter:

Thank you to all supporters

Enliven Community wishes to acknowledge and thank each person and organisation who generously shared their time, thoughts, experiences and stories to support the National Community Cooperative Pilot Project.



- All of the **participants** for their time, efforts, and feedback.
- Our generous **funders**:
 - Philanthropic grant
 - Enliven Housing
- The organisations who partnered with us to **deliver the project** -



- Individuals and organisation representatives, who contributed their time and expertise, to guide the project through their involvement in our **governance groups** (Lived Experience Advisory Group, Steering Committee, Sector Advisory Group)

- Deborah Pragt
- Jacob Darkin
- Jennifer Henry
- Sarah Bown



- Our team of **Shared Support Co-Facilitators**
 - Bramble Henrich-McPartlan
 - Lee Archer
 - Marissa Mellick
 - Stuart Hurst