



**Advocacy
Training and
Development
Program**

WELLBEING SUPPORT OFFICER'S HANDBOOK

INTRODUCTION

This Handbook has been developed as part of a suite of Handbooks that provide information to volunteers and paid staff of Ex-Service Organisations (ESOs) who provide assistance and support to veterans and veteran's families. The other Handbooks in the suite are:

- Rehabilitation and Compensation Advocate's Handbook
- Wellbeing Advocate's Handbook

Wellbeing Support Officers (WSOs) provide a wide range of valuable support services to veterans and their families, but this does not include providing any form of advice about:

- compensation claims, or
- wellbeing support.

Any advice to veterans or veteran's families **MUST** come from trained and accredited Compensation or Wellbeing Advocates who has been authorised by their ESO to provide these services on their behalf.

The types of services provided by WSOs include, among other things:

- visits to home, hospital and aged care facilities;
- providing simple services such as driving, shopping trips etc;
- arranging for simple domestic assistance or home maintenance service;
- assisting with administrative duties (eg. within the ESO office) in a non-paid position;
- assisting with the administration of social clubs within a service club environment in a non-paid position;
- organising and conducting social, family and sporting activities; and
- provide support to a veteran's family during time of grief, loss and bereavement (serious illness or death of a veteran or war widow/er).

Note:

If you are a volunteer and work within the community, it is mandatory that you have a current National Police Certificate. If you are involved in visiting families eg. home visits where children **may** be present you will also be required to have an additional **State specific check** for working with children. Working with the elderly may also require a **State specific check** for working with vulnerable people. You must check with your ESO about the requirements in your location.

Information on National Police Certificates is provided in the section on Hospital and Aged Care Facility Visits.

CONTENTS

INTRODUCTION	2
GENERAL INFORMATION	4
<i>Caring For Yourself</i>	<i>4</i>
<i>Indemnity Insurance.....</i>	<i>4</i>
HOSPITAL AND AGED CARE FACILITY VISITS	6
NATIONAL POLICE CHECKS	6
PRIVACY AND CONFIDENTIALITY	8
VISITOR ETIQUETTE	11
<i>In Hospitals</i>	<i>11</i>
<i>In Aged Care Facilities.....</i>	<i>11</i>
<i>Dealing with Information</i>	<i>12</i>
<i>Discharge Planning.....</i>	<i>12</i>
FUNERAL SERVICES	16
<i>Suggested Process.....</i>	<i>16</i>
USEFUL INFORMATION ON CONDUCTING AN RSL FUNERAL SERVICE	18
<i>Burial Ritual.....</i>	<i>18</i>
<i>Flag Procedure at RSL Funerals</i>	<i>19</i>

GENERAL INFORMATION

Caring For Yourself

The role you have taken on can be arduous and emotionally draining.

Volunteering can be:

- satisfying,
- uplifting,
- helpful with your self-esteem and feelings of being valued, and
- helpful to others.

It can also be:

- demanding and time consuming,
- expensive in time not spent on relationships with family and friends,
- sad and sometimes can leave you feeling depressed, and
- financially impacting.

You may find that what you once enjoyed has become less enjoyable and a burden.

The following are some strategies that you can use to avoid that happening, or if it has happened, to allow you time-out to restore your wellbeing:

- Have realistic expectations of your volunteer work.
- Schedule “time out” from giving time to the community.
- Maintain interests away from volunteer work.
- Understand when you are under stress and what to do to limit it.
- Make sure you say “NO” to being overtasked.
- Distribute the workload fairly.
- Develop a ‘buddy’ system with other volunteers.
- Have a debrief system in place for your own relief and confirmation about your actions.

Indemnity Insurance

The Veterans’ Indemnity and Training Association Inc. (VITA) provides access to professional indemnity insurance at an affordable cost for members of ex-service organisations (ESOs) and incorporated groups who provide advice and advocacy services to members of the ex-service community about government pensions, benefits and community support services.

VITA also maintains an insurance policy providing basic protection for VITA members’ advocates for accidents that occur at a client meeting, while travelling to and from a client meeting, and for travel to training.

As WSOs provide neither advice nor advocacy services to veterans, you are **NOT** covered by VITA insurance arrangements, even if your ESO is a

member of VITA. It is therefore vital that you **DO NOT** put yourself in a situation where anyone could think that you are providing advice or advocacy services. If these are required by a veteran or family member, arrange for them to talk to a competent and authorised Compensation or Wellbeing Advocate.

You should check with your ESO in relation to insurance coverage for your volunteer activities, such as vehicle accidents while travelling to a home or hospital visit or personal injury sustained while undertaking volunteer tasks.

HOSPITAL AND AGED CARE FACILITY VISITS

WSOs often visit sick and/or aged veterans and their widows/ers in hospitals and aged care facilities. This is an extremely valuable aid to the wellbeing of veterans and their families.

Requirements of WSOs undertaking this service include:

- to abide by the instructions of the facilities they visit regarding visiting hour and specific arrangements;
- to have undertaken a National Police Check and have a current Police Certificate;
- to uphold the principles of confidentiality and privacy, and to not discuss the veteran's condition with others without the veteran's express permission;
- to only deal with matters within their role;
- to refer matters relating to compensation or welfare support to the appropriate Advocates in their ESO.

National Police Checks

Under the *Aged Care Act 1997*, all aged care facilities must abide by the *Accountability Principles 2014* made pursuant to the Act. This includes a requirement for all staff and volunteers involved with the facility to undergo National Police Checks.

Public and private hospitals also commonly require volunteer visitors to produce a current Police Certificate.

Note. A National Police Certificate is a report of a person's criminal history. A National Police Check is the process of checking a person's criminal history to produce a National Police Certificate. The two terms are often used interchangeably.

Aged care National Police Check requirements were first implemented in 2007, and strengthened in 2009 as part of the Australian Government's ongoing commitment to protect the health, safety and wellbeing of vulnerable aged care recipients.

National Police Checks are part of an approved provider's responsibility to ensure all staff are suitable to provide care to the aged. Approved providers are also responsible for having appropriate systems and processes in place in relation to visitors, health professionals and contractors.

Note. There is a cost associated with gaining a National Police Certificate. You should negotiate with your ESO to meet that cost.

A National Police Certificate that satisfies requirements under the Act is a nationwide assessment of a person's criminal history prepared by the Australian Federal Police (AFP) or a State or Territory police service.

Staff members and volunteers who have been citizens or permanent residents of a country other than Australia at any time after turning 16 must also make a

Statutory Declaration before starting work in any aged care service, stating that they have never:

- been convicted of murder or sexual assault; or
- been convicted of, and sentenced to imprisonment for, any other form of assault.

This Statutory Declaration is in addition to a current National Police Certificate, as the Certificate reports only those convictions recorded in Australian jurisdictions.

National Police Certificates may have different formats, including printed certificates or electronic reports, depending on the jurisdiction issuing the Certificate. Every police certificate or report must record:

- the person's full name and date of birth;
- the date of issue;
- a reference number or similar.

Although Ex Service Organisations do not have formal arrangements such as exist with the Community Visitors Scheme (CVS), it is recommended that a similar arrangement be set up by ESOs at all aged care facilities, hospitals and hospices their WSOs visit.

“Community Visitors Scheme (CVS) Volunteers

CVS volunteers are required to undergo a Police Check and these are undertaken and assessed by the CVS auspices prior to a volunteer commencing with the program. Community Visitors will provide approved providers with a ‘Letter of Introduction’ confirming the date of expiry of their Police Certificate and that they have made a Statutory Declaration if they have lived permanently overseas after they turned 16. Provided that the letter is current, the home is not required to view the original Police Certificate or Statutory Declaration. The home may keep a copy of the ‘Letter of Introduction’ to assist with compliance requirements.”

More information is available at:

http://agedcare.health.gov.au/sites/g/files/net1426/f/documents/04_2017/polic_e_certificate_guidelines_april_2017.pdf

Applications for a National Police Check/Certificate can be completed online through the AFP or State and territory police service. Australia Post also provides an online application process nationally.

- **Australia Post (National)**
<http://auspost.com.au/police-checks?&ecid=p11147695890>
- **AFP/Australian Capital Territory**
<http://www.afp.gov.au/what-we-do/services/criminal-records/national-police-checks>
- **New South Wales**
http://www.police.nsw.gov.au/online_services/criminal_history_check

- **Queensland**
<http://www.police.qld.gov.au/corporatedocs/purchase/national-police-certificate/>
- **Victoria**
http://www.police.vic.gov.au/content.asp?Document_ID=274
- **South Australia**
<http://www.police.sa.gov.au/services-and-events/apply-for-a-police-record-check>
- **Western Australia**
<http://www.police.wa.gov.au/Police-Direct/National-Police-Certificates>
- **Northern Territory**
<http://www.pfes.nt.gov.au/Police/Community-safety/SAFE-NT.aspx>
- **Tasmania**
<http://www.police.tas.gov.au/services-online/police-history-record-checks/>

Privacy and Confidentiality

The [Privacy Act 1988](#) (Privacy Act) regulates how personal information is handled. The Privacy Act defines personal information as:

“...information or an opinion, whether true or not, and whether recorded in a material form or not, about an identified individual, or an individual who is reasonably identifiable.”

Common examples are an individual's name, signature, address, telephone number, date of birth, medical records, bank account details and commentary or opinion about a person.

The Privacy Act includes thirteen [Australian Privacy Principles](#) (APPs), which apply to some private sector organisations, as well as most Australian and Norfolk Island Government agencies. These are collectively referred to as 'APP entities'. The Privacy Act also regulates the privacy component of the consumer credit reporting system, tax file numbers, and health and medical research. See www.oaic.gov.au/privacy-law/privacy-act/

This Act impacts on your role as a Wellbeing Support Officers when reporting back to your ESO meetings on those members in hospital or aged care facilities. In general, any information that would identify an individual, their medical condition, their medical diagnosis etc. would be considered private information and should not be disclosed. There are exceptions that include:

- the individual has consented to the use or disclosure for that purpose; or
- the use or disclosure is required by law.

In the context of reporting back to ESO members, you should obtain the veteran's permission to disclose information, what information can be disclosed and to whom. Additionally, you should ascertain if there is any

information the veteran does not want disclosed. An example Information Disclosure Permission Form is provided overleaf.

With the veteran's or widow's/ers permission, you should provide a written report back to your ESO listing the following:

- who you visited;
- in what location eg, home, aged care facility; etc
- wellbeing of those visited;
- topic's that were discussed ;

Based on the information provided in the WSO report, the ESO should determine if follow-up visits are required by either a Wellbeing or Compensation Advocate

The originals of signed Permission Forms should be returned to the ESO Office and stored in a secure place.

(ESO LETTERHEAD)
INFORMATION DISCLOSURE PERMISSION FORM

Name:

Address:

.....

Name of Hospital/Hospice/Facility:

.....

I give permission for the following information to be released to members of my Ex-Service Organisation:

Admitted to Hospital/Hospice/Facility

Medical Condition/Diagnosis

I do not wish the following information to be released to members of my Ex-Service Organisation:

I would like members to visit me.

Yes No

Signature: **Date:**.....

Name of Wellbeing Support Officer:

Signature of Welfare Support Officer:

Visitor Etiquette

You may visit veterans or their families in hospitals, aged care facilities or even a veteran's residence. The following etiquette is provided as a guide to any visitation situation irrespective of location.

It is highly advisable to introduce yourself to Charge Staff on arrival and explain your role. Nursing staff are there primarily to look after the patient, however it is in the best interest of the patient, and it will assist the nursing staff, if you follow the guidance of the nursing staff.

As a minimum:

- Do not enter a closed ward or curtained bay without asking staff.
- Adhere to visiting hours of the unit.

In Hospitals

Be aware that some acute wards such as Coronary Care, Recovery, and Palliative Care have guidelines that may only allow family members to visit.

You should keep in mind that infection is a very real problem within hospitals. The following guidelines will help ensure that you do not introduce infections into the hospital environment:

- Wash your hands on entry to the ward.
- Wash your hands in between visiting each person, and after shaking hands.
- Do not put papers, bags or notes on one bed and then onto another bed.
- Do not visit if you have a cold, or feel unwell.
- Do not visit if you are on antibiotics for an infection of any sort.
- Do not give food or drinks to a patient unless you check with staff.
- Do not empty any containers of body fluids without checking with staff.
- Do not visit until 7 days after a gastric incident with vomiting or diarrhoea.

Be aware of where you have been prior to visiting; perhaps it would be better to change shoes if you have been to the cattle sales, the garden, or playing with the dog.

In Aged Care Facilities

Similar rules apply, however from time to time "tummy bugs" play havoc within a facility and it has to close to visitors for a period.

The following guidelines can help ensure that you do not introduce infections into the aged care environment: —

- Strict hand washing procedures need to apply.
- Do not give food to a person unless you first check with staff.

- Do not attempt to stand or walk a person without checking with staff.
- Be observant of security measures and do not leave an external door open.

Dealing with Information

The following is typical of the information you could seek/receive from a hospital or aged care resident and the actions that you should take on receiving that information:

- Is the condition being treated related to service, and is the treatment being provided through DVA? Discuss with the patient, as it may be appropriate to arrange contact for the patient with a Compensation Advocate.
- If liability for the condition has been accepted by DVA, has it worsened? Discuss with the patient, as it may be appropriate to speak to a Compensation Advocate about submitting another claim or reviewing current DVA arrangements.
- Is there anything the patient can be assisted with in the short term?
- Will the patient require assistance upon discharge? It may be appropriate to arrange support through a Wellbeing Advocate.

This list is not extensive and individual patients have differing states of health and different needs. Talk to the patient and listen to them. Listen to their carers, listen to the facility staff and use your knowledge and contacts to facilitate the wellbeing of the patient, especially when they are discharged from hospital.

Remember that your job is not to provide advice or provide information about support services to the veteran, but to obtain information about the veteran's needs that can be provided to a competent and accredited Compensation or Wellbeing Advocate.

Discharge Planning

Most hospitals have a Discharge Planner; some even have one dedicated to assisting aged patients and veterans. It is worthwhile making yourself known to that person.

The Checklist below is only for your information, as the Discharge Planner would normally put these arrangements in place. You are not expected to participate in any of the arrangements, however you might be able to assist the Veteran to receive the services to which they are entitled.

If you believe it worthwhile, discuss the veteran's post-discharge needs with a Wellbeing Advocate. There are many forms of assistance that may be available to the veteran through DVA, including:

- household services,
- attendant care,
- nursing care,

- aids and appliances,
- household modifications,
- vehicle modifications.

Patient Discharge Planning Checklist

Anticipated Time and Date of Discharge

Effective discharge planning begins at the point of admission. It may even start at a pre-admission clinic. Establish the expected time and date of discharge to identify potential problems that may impact on the patient's discharge.

Provide details to the patient, their family and carer.

Carers

Determine if the patient has a carer (e.g. family member, friend, neighbour, other). Establish the carer's capability and willingness to assist.

Involve the carer throughout the discharge planning process.

Mobility and Independence

If there are concerns regarding post-discharge independence or safety, consult an Occupational Therapist or other relevant allied health professional e.g. Physiotherapist, Respiratory Physician, Podiatrist, Dietician, Speech Pathologist.

Discuss the supply of aids and appliances, and the need for any home modifications.

Assist with providing or arranging instruction on the use of aids or appliances as necessary.

Community Nursing

Confirm with patient/family/carer whether or not Community Nursing services are already in place. Forward a timely referral and discharge plan, with appropriate clinical information, to the Community Nursing agency.

Medication

Arrange for sufficient quantities of medication to last until the next consultation. Check that the patient understands the purpose, dosage, frequency and side effects of their medication, and that no confusion exists between past and present medications.

Recovery and Special Instructions

Discuss expected recovery path and confirm understanding. Provide any necessary or special instructions in writing.

Medical and Other Appointments

Arrange all necessary appointments. Provide the patient or carer with written details of the appointments. Ensure relevant clinical information in writing is provided to health professionals.

Nutrition

Discuss future nutritional needs and organise services to meet these if necessary.

Discharge Summary for the Patient's GP

Arrange the issue of a discharge summary to the patient's GP and referring doctor at the time of discharge, with a copy given to the patient/carer.

Patient's Medical/Other Property

Ensure the patient takes with them any private x-rays, scans, medical documents, medicines as well as all personal belongings.

Travel Assistance

Organise transport home and to follow-up appointments as early as possible. Note that the patient may have the option of claiming reimbursement of travel expenses from the Department of Veterans' Affairs.

FUNERAL SERVICES

WSOs may be asked to assist family members following the death of a veteran. This may include liaising with funeral homes, DVA, ADF Records, the deceased's family, ESO members and the ESO committee in the organisation of appropriate input to the funeral or memorial service when requested by the family of the deceased.

The RSL has national guidelines for the conduct of RSL Funeral Services for its members (copy attached). Other ESOs may have similar process in place, but in the absence of processes or procedures you may consider adapting the RSL guidelines to suit your ESO's requirements.

Suggested Process

- Make contact with local funeral directors to make them aware of your role and the method of contact.
- When the death of one of your ESO members occurs, make contact with the family to enquire:
 - if they would want an ESO tribute at the funeral;
 - if they have a particular ESO member that they would wish to perform the tribute service; and
 - advise (if appropriate) who will receive the flag.
- Notify the following:
 - DVA Bereavement Section;
 - ADF records, requesting the deceased's records for eulogy purposes;
 - The ESO Secretary, advising that eulogy records will arrive and the time and date of the funeral so members can be advised;
 - The ESO President;
 - The ESO Wellbeing Advocate team – who will notify Legacy in the case of a surviving Widow/widower;
- Prepare for the service by:
 - collecting together the ADF eulogy notes,
 - The flag (if used),
 - a printout of service certificate if available.
 - a copy of the RSL Tribute (or equivalent , if used)
 - Place all the above appropriate notes in a presentation folder to be given with the flag to the chosen next of kin at the service.
- At the service;
 - ensure all ESO Members have poppies;

- liaise with the Funeral Director and the Priest/Minister/Civil Celebrant;
- ensure there is a recording of “Last Post” and “Reveille” and establish a cue for their playing.
- ensure a member is selected to present the flag to the relative chosen by the family to receive it.
- After the Service:
 - maintain a Funeral Record Book, and
 - discuss War Grave entitlements with the ESO Welfare Advocate team.

Be aware that attending funerals and dealing with grieving relatives can take a toll on your own wellbeing. Share the load with others and seek assistance when you need it. You should establish, with the assistance of the ESO Wellbeing Advocate team, training/briefing to all members about the importance of funeral tributes and develop a list of those members willing to undertake the role.

Useful Information on Conducting an RSL Funeral Service

Burial Ritual

The drill below may be adapted to suit cremations.

Members assemble at Cemetery Entrance before arrival of the hearse and are handed poppies by the Sub- Branch.

Members march ahead of the hearse to the gravesite where they form up to make an avenue, between the hearse and graveside, through which the flag draped casket is borne. As casket passes through, members fall in behind the mourners and, at the gravesite, go to the left (facing Minister).

After the religious service, a League member taking the minister's place says:

"We are assembled here to pay a last tribute to a beloved comrade (name) who served in defence of our nation. (Statement of Defence Force Service in war or peace).

How well he served his fellow man, in addition to that service, is well known to his fellow members of the RSL who stand with me, here mourning the passing of one who was a loyal co-worker with us.

As we stand here remembering his many qualities, we join in a silent pledge to sink whatever differences we may have with each other and to extend the hand of comradeship and to carry on our tradition of unselfish service to the disabled, to the bereaved and to the highest ideals of citizenship".

Wherever possible, RSL commemoration ceremonies should follow a standard order of service.

At the appropriate time of the commemoration the sequence of events for RSL ceremonies shall be as follows:

- The Ode shall be spoken by the designated person.
"They shall grow not old, (short pause)
As we that are left grow old, (longer pause)
Age shall not weary them, (short pause)
Nor the years condemn, (longer pause)
At the going down of the sun, (short pause)
And in the morning, (longer pause)
We will remember them" (short pause).
- The gathering repeats 'We will remember them.'
- The Last Post shall be played (if available).
- A period of not more than two minutes' silence shall then be observed.
- The designated person shall say 'Lest We Forget' and the gathering will repeat 'Lest We Forget'.
- Rouse or Reveille shall then be played.

Note: Rouse is the bugle call more commonly used in conjunction with the 'Last Post' and to the layman is often incorrectly called 'Reveille'. Although associated with the 'Last Post', 'Reveille' is rarely used because of its length.

The ceremony is ended. The words 'thank you' shall **NOT** be spoken to end the ceremony.

While it is expected that the form of service shall be used at the routine RSL commemoration ceremonies, variations may occur from time to time.

However, where the RSL is the organising and/or coordinating authority of a commemoration ceremony every attempt should be made to have the ceremony follow the sequence detailed above.

Led by the speaker, poppies are placed on the casket or in the grave, and members retire.

Flag Procedure at RSL Funerals

It should be noted that it is RSL policy that the Australian National Flag should be used at all RSL funerals except in the circumstances where the deceased member was a British Ex- Serviceman, and the next of kin expressly request the use of the Union Jack.

In laying the flag over the casket, the hoist or jack must be placed over-the left shoulder of the deceased - Tassels or other adornments to the flag should not be used.