Advance Care Planning & Advance Care Directives

A Practical Guide for CHSP Providers

This fact sheet supports Commonwealth Home Support Program (CHSP) providers to understand their responsibilities and boundaries when discussing Advance Care Planning (ACP) and Advance Care Directives (ACDs) with clients. It aligns with the Aged Care Act (2024), Strengthened Quality Standards and the CHSP Manual.

Disclaimer: This document provides general information only and does not constitute legal advice. Developed as a Sector Support and Development initiative, under the Australian Government Department of Health, Disability and Ageing, to support providers across Australia delivering CHSP. This document is developed by the City of Onkaparinga, the Grampians Sector Development Team, the Hills Positive Ageing Project and the Southern Services Reform Group it does not necessarily represent the views or policies of the Australian Government.

1. What You Need to Know – Key Facts

- Advance Care Planning (ACP) supports people to have their values and preferences known and respected if they lose decision-making capacity.
- ACP is voluntary and may involve conversations, documents, or both.
- Around 50% of people are unable to make decisions at the end of life.
- Dementia is diagnosed in Australia approximately every 6 minutes.
- Laws, forms and terminology differ across states and territories.
- CHSP providers support awareness, discussion and referral — not document completion.

2. Connection to Strengthened Standards

Advance Care Planning supports compliance with the Strengthened Quality Standards by promoting person-centered practice (Standard 1), embedding consistent and ethical intake, documentation and referral processes (Standard 2), and ensuring care and services are aligned with each client's values, goals and future wishes as needs change (Standard 3).

3. ACP and ACD – What's the Difference?

Term	Descriptions	CHSP role
Advance Care Planning (ACP)	Ongoing conversations about values, preferences and future care	Ask, listen, document responses, and refer.
Advance Care Directive (ACD)	A legal document recording treatment preferences and/or substitute decision makers.	CHSP role: Identify if one exists, respect it, and refer appropriately.
Enduring Power of Attorney	Financial/legal decision making.	Outside CHSP scope and require referral to legal professional.
Will	Distribution of assets after death.	

4. CHSP Responsibilities and Boundaries

CHSP providers are responsible for:	CHSP providers are **not** responsible for:
• Asking clients at intake or review if an ACD exists • Respecting a client's choice to decline discussion • Documenting responses factually • Providing neutral information and referrals • Communicating in a person-centered, culturally safe way	• Completing ACDs • Providing legal advice • Persuading or pressuring clients • Acting as substitute decision makers • Mediating family disputes

5. Communication and Documentation

Use neutral phrasing such as:

- "We ask all clients this as part of our standard process."
- "It's completely your choice."

Document facts only. Do not record opinions, interpretations, or verbal statements as an 'official' ACD.

6. Decision Making Roles and Scope

Decision-Making Capacity **is** a person's ability to understand information, weigh options, make and and communicate that decision. Capacity is assumed unless assessed otherwise and may fluctuate over time.

Registered Supporter (Aged Care Act)

A person chosen by the older person to support them to understand information, communicate their wishes and make their own decisions about aged care services. A Registered Supporter:

- supports decision-making but does not make decisions
- only operates while the person has capacity
- applies to aged care decisions only
- cannot consent to health care, complete an ACD, or override the person's wishes

Substitute Decision Maker (SDM)

A person legally appointed (e.g. through an ACD, guardianship or consent laws) to make decisions on someone else's behalf when that person no longer has capacity. CHSP staff cannot be SDMs for clients.

When Does the Role Change?

- While a person has capacity, they may use a Registered Supporter to help them understand options and express their choices.
- If the person loses capacity, the Registered Supporter role ends.
- Decision-making responsibility then transfers to:
    - the Substitute Decision Maker named in an ACD, or
    - the relevant state or territory consent hierarchy.

For additional free resources, the Exploring Diversity & Wellness Toolkit offers guidance and reflective activities to support diversity, inclusion, wellness, and reablement. Developed by the Grampians Sector Development Team, it includes practical tools and case studies to support culturally responsive practice. www.csdgrampians.org.au/exploring-diversity-and-wellness