CHCLAH004
Participate in planning leisure and health programs for clients with complex needs

Release 1

Learner guide

aspire
learning resources

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Aspire version 1.4

Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	January 2019	Minor corrections as part of our continuous improvement program
Release 1, version 1.3	July 2019	Updated to reflect the new Aged Care Quality Standards
Release 1, version 1.4	November 2019	Updated in line with changes to the Home and Community Care (HACC) program.

Contact details

Participant

Name: ....

Start date: ....

Phone number: ....

Email: ....

Work location

Name: ....

Address: ....

Postal address: ....

Workplace supervisor name: ....

Phone number: ....

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Contents

Before you begin

This learner guide is based on the unit of competency *CHCLAH004 Participate in planning leisure and health programs for clients with complex needs*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete. The features of this learner guide are detailed in the following table.

Feature of the learner guide	How you can use each feature
Learning content	▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples and case studies	▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help
Summary	▶ Key learning points are provided at the end of each topic.
Learning checkpoints	▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Participate in profiling people's specific needs	1A Determine people's specific issues, characteristics and symptoms	☐ Confident ☐ Basic understanding ☐ Not confident
	1B Identify the impact of issues, characteristics and symptoms on participation	☐ Confident ☐ Basic understanding ☐ Not confident
	1C Determine strategies and modifications that will maximise participation in programs	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 2 Promote inclusion and empowerment	2A Follow principles of integration in recreational and leisure activities	☐ Confident ☐ Basic understanding ☐ Not confident
	2B Identify advantages of integration in activities	☐ Confident ☐ Basic understanding ☐ Not confident
	2C Identify disadvantages of segregation in activities	☐ Confident ☐ Basic understanding ☐ Not confident
	2D Identify ways to empower people with complex needs through activities	☐ Confident ☐ Basic understanding ☐ Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 3 Contribute to the plan for addressing the impact of people's issues, characteristics and symptoms	3A Determine recreational and leisure needs of people with complex needs	☐ Confident ☐ Basic understanding ☐ Not confident
	3B Identify benefits of participating in activities to meet identified needs	☐ Confident ☐ Basic understanding ☐ Not confident
	3C Identify barriers to participating in recreational and leisure activities	☐ Confident ☐ Basic understanding ☐ Not confident
	3D Develop strategies for overcoming identified barriers	☐ Confident ☐ Basic understanding ☐ Not confident
	3E Involve stakeholders and relevant others to manage barriers according to a person's needs	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 4 Participate in the development of effective strategies for working with people with complex needs	4A Examine issues and their impact on participation in leisure and recreational activities	☐ Confident ☐ Basic understanding ☐ Not confident
	4B Demonstrate the use of appropriate language	☐ Confident ☐ Basic understanding ☐ Not confident
	4C Design strategies relevant to cultural and social community contexts	☐ Confident ☐ Basic understanding ☐ Not confident
	4D Adapt activities, programs, environment and equipment to optimise involvement in programs	☐ Confident ☐ Basic understanding ☐ Not confident
	4E Document strategies within an individual program plan and activity plan	☐ Confident ☐ Basic understanding ☐ Not confident

Topic 1

In this topic you will learn how to:

1A Determine people's specific issues, characteristics and symptoms

1B Identify the impact of issues, characteristics and symptoms on participation

1C Determine strategies and modifications that will maximise participation in programs

Participate in profiling people's specific needs

When working with people who have complex care needs, it is important to gain an understanding of how these affect their abilities to participate in leisure and health programs. In doing this, you will be better placed to support them in maximising their leisure opportunities. Work with the person to establish what issues, characteristics and symptoms create barriers to leisure participation for them. A team approach that places great emphasis on the person driving their own leisure choices is recommended.

1A Determine people's specific issues, characteristics and symptoms

People with complex needs require care across several areas or domains of support. These people can be of any age and may have dual or multiple types of disability, such as a person who has cerebral palsy and vision impairment.

People may also have needs related to a single disability or health impairment that present in complex and challenging ways; for example, a person may experience complications from a shunt inserted to manage hydrocephalus associated with spina bifida. People may have specific needs related to housing, substance use or being from a particular cultural background.

Types of complex needs

Although it is important to avoid preconceived ideas about what a person may or may not be like before you meet them, it is reasonable to have a working knowledge of the types of complex issues you may encounter in your work.

It is very easy to base decisions and opinions about people on stereotypes rather than facts, so it is important to remember that everyone is different. Take the time to read care plans and case notes, talk with the person and their families and make objective, informed decisions based on real information. By doing so you ensure that you meet the needs of the person accessing the service and set the scene for them to experience success and satisfaction when engaging in recreation and leisure activities.

Below are some examples of the types of complex needs that you may encounter.

Physical disability

The person may have mobility difficulties and have need for a wheelchair, walking frame or elbow crutches, and may have difficulty moving around in the community.

Cognitive issues

The person may have difficulty following complex or multi-stage instructions, may not retain information, may understand only part of the information they are given, or may exhibit poor judgment of risks or social situations.

Mental health issues

The person may vary in their behaviour, attitudes, judgment, communication, interactions, awareness of their behaviour and actions, and their ability to self-monitor.

Indigenous Australian people

Aboriginal and/or Torres Strait Islander people may have specific needs related to their cultural heritage, language, background and current living and social situation.

Age

Young individuals are likely to have less developed patterns of thought, movement, language, judgment and ability to make decisions than an adult. Older people may have deteriorating health, physical abilities, memory, mobility and confidence in their own skills, as well as increasing frailty and dependence upon others for support

Cultural

The person may have needs related to their cultural heritage, language, background and current living and social situation. These might include requirements for modest dress, specific food and avoiding contact with people of the opposite gender.

Sensory disability

The person may have difficulty communicating with others, moving around safely in an unfamiliar environment and may have increased dependence on others with specialist communication, orientation and mobility skills for support.

Disadvantaged groups

The person may be difficult to contact, may lack personal details such as an address or phone number, may have fluctuating health, may appear unkempt or poorly presented and may experience difficulties maintaining expected levels of personal care and hygiene.

Family unit

There is a need for additional or complex supports within the family unit, as the person may experience instability or abuse within the family, may be exposed to undesirable situations for their age, may spend only limited time interacting with close family members and may develop strong relationships over time with other adults who spend time within the home environment.

Different people have different needs

Understanding the specific implications of various conditions and complex needs helps you foster a spirit of positive participation in leisure activities in a safe and appropriate way. Your skills and knowledge can greatly influence the attitudes towards differences in the wider community as well as the person's ability to safely access the activities of their choice.

Although it is important to avoid preconceived ideas about what a person may or may not be like before you meet them, it is reasonable to have a working knowledge of the types of complex needs you may encounter in your work.

To avoid basing decisions and ideas about people on stereotypes rather than facts, always remember that all people are different. Take the time to read care plans and case notes, talk with the person and their families and make objective, informed

decisions based on real information. By doing so you ensure that you meet the needs of the person and set the scene for them to experience success and satisfaction when engaging in recreation and leisure activities.

The following information provides some examples of people with complex needs. Remember that the person may have needs relating to several different areas.

Multiple service types

Explanation
People may use several different types of services, such as those to meet medical, allied health, community access, respite and transport needs.

Example
A person who has diabetes and recently had one leg amputated below the knee requires support from their GP, medical specialist, diabetes educator, physiotherapist, podiatrist and community access worker.

Physical disability

Explanation
Physical disabilities affect the body's physical function and may be congenital or acquired. They include cerebral palsy, muscular dystrophy, spina bifida, spinal cord injury, stroke (more typically classified as a neurological impairment) and osteogenesis imperfecta.

Example
A person who has had a cerebral vascular accident and uses an electric wheelchair for mobility requires physical and personal care support for dressing, toileting, meals and mobility and transfers, such as from bed to wheelchair.

Causes of stroke
Haemorrhagic – the artery to the brain ruptures

Ischaemic – the artery to the brain is blocked by plaque or a blood clot

Symptoms of stroke
▶ Trouble speaking and understanding

▶ Paralysis or numbness of the face arm or leg

▶ Trouble with vision

▶ Headache

▶ Difficulty walking

Example
A person with diabetes requires assistance with vision activities.

Cause of diabetes
The body no longer makes insulin, or make enough insulin for the body's needs, because the body's own immune system has destroyed the cells that produce insulin.

Symptoms of diabetes
▶ Frequent urination

▶ Excessive thirst

▶ Increased hunger

▶ Weight loss

▶ Tiredness

▶ Blurred vision

Cognitive disability

Explanation

Cognitive disability is a term used to describe impaired cognitive functioning, which causes difficulty with processing information, memory, judgment, logical thinking, abstract thought and reasoning. Cognitive disabilities are often classified as mild, moderate, severe or profound.

Causes

▶ Strokes

▶ Tumours

▶ Closed head injuries

▶ Infections such as meningitis

▶ Diseases such as Huntington's disease

Examples

An individual with a moderate cognitive disability requires support and supervision to live semi-independently in a group housing setting. Carers provide support to shop, prepare meals, organise daily tasks and access recreation and leisure pursuits.

A person who has had a stroke requires assistance to remember and judgement.

A person who has suffered a head injury requires assistance with abstract thought and reasoning.

Communication health issues

Explanation

Communication issues arise when a person fails to say what they mean or misunderstands others.

Causes

▶ Hearing loss

▶ Cerebral Palsy

▶ Stroke

▶ Parkinson's Disease

▶ Dementia

Examples

A person who has suffered a stroke with resulting speech impediments requires social activities to participate in.

A person who is deaf requires social activity to participate in.

A person with dementia requires social activities to participate in.

Mental health issues

Explanation

Mental health issues, such as depression, bipolar disorder and schizophrenia, affect mood and thinking. People with mental illness may experience periods of time when they appear well with no symptoms of the illness.

Causes

- Genetic
- Infections
- Brain defects or injury
- Prenatal damage
- Substance abuse
- Poor nutrition

Examples

A person with bipolar disorder participates in an art workshop at a community house that is run by experienced tutors trained in working with individuals with mental illness.

A person who has had a genetic brain disorder and requires assistance with socialisation.

A person who has had a long addiction to alcohol and now suffers from memory loss.

Emotional health issues

Explanation

Emotions are strong feelings that arise from one's circumstance, mood or relationships with others.

Causes

- Usually linked to traumatic life events
- Chronic stress
- Not having needs met

Symptoms

- Sadness
- Anxiety
- Insomnia
- Confusion
- Addictions
- Decision-making problems
- Unable to form healthy relationships

Examples

An elderly person who enters an aged care facility.

A new migrant who does not have any friends or relatives.

A new mother who is isolated from family and friends.

Indigenous Australian and other cultural needs

Indigenous Australian groups

Aboriginal and/or Torres Strait Islander people live throughout Australia in cities and in regional and remote areas. Indigenous Australian people often experience reduced life expectancy and greater infant mortality, obesity, chronic illness and disability than non-Indigenous Australian people.

Example

A mobile playgroup provides positive early childhood experiences for young children from Aboriginal and/or Torres Strait Islander backgrounds in a remote region of Western Australia.

Other cultural needs

Australia is an ethnically and culturally diverse country. People from other countries bring some of their traditions, languages, cultural beliefs and ideas when they arrive through skilled migration, family, special eligibility or humanitarian refugee programs.

Example

A woman from a Muslim background attends a women-only gym session that is staffed by female fitness trainers.

Youth

Explanation

Youth is a term given generally to those aged 12–18 years. Many attend an educational setting in a mainstream, specialist or TAFE environment, while others may already participate in the workforce.

Example

Members of a youth group work alongside a community recreation worker to agree on a range of recreation activities that will be offered as part of a youth strategy across a local government area.

Older people

Explanation

Older people may have a variety of needs or may be completely independent. This age group experiences higher risks of increasing frailty, dementia, and chronic pain and health problems.

Example

A group of older women meet weekly as part of their Probus group, which provides social, recreational and educational experiences for its members.

Sensory disability

Explanation

Sensory disability is related to hearing or visual impairments. An individual may have some hearing or vision and still be classified as having a sensory impairment. Some people have both hearing and vision impairment and may be referred to as having deafblindness.

Causes of deafness

▶ Central Auditory processing disorder – a breakdown in the hearing and listening processes

▶ Conductive hearing loss – problems in the middle or outer ear

▶ Mixed Hearing loss – a combination of conductive and sensorineural hearing loss

▶ Sensorineural Hearing loss – problems in the inner ear leading to inability to hear

Causes of blindness

▶ Maternal infections experienced during pregnancy

▶ Consequences of disease (for example, diabetes, glaucoma, trachoma)

▶ Complications associated with extreme prematurity

▶ Birth complications and genetic conditions

▶ Trauma, poisoning and tumours

▶ Ageing and age-related conditions such as macular degeneration, cataracts and optic nerve atrophy

Symptoms

▶ Decline in sharpness or clarity of vision (visual acuity)

▶ Decline in the normal range of what you can see (visual fields)

Example

An older person who has deafblindness lives in a specialist group home and attends recreational activities designed specifically with his sensory and age-related needs in mind.

A young child who is blind requires recreational activities.

Disadvantaged groups

Explanation

People who experience disadvantage through being homeless, socially isolated, unemployed or housebound are often limited in their ability to interact and participate in the activities of mainstream society.

Example

A middle-aged man who is homeless visits a breakfast club at his local church to eat nutritious food and interact with others in his community.

An eight-year-old boy who wants to participate in sporting activities comes from a homeless family.

A refugee would like to participate in social activities.

Family and carer needs

Explanation

Some people's family groups require additional support to ensure the family unit functions effectively. These services include respite, counselling, case management, transport, mental health services, transition planning or translation and interpreting services.

Example

A young person with physical disability requires personal care support through the local Home and Community Care (HACC) program. Her mother accesses respite support, case management and mental health services to meet her needs.

Collect, review and assess relevant information to establish a person's needs

A leisure and health assessment collects information to establish a person's recreation abilities and needs. Program staff can use this information to review the suitability of activities for each person, and to develop a broad plan for activities that suit a wide variety of needs, abilities and interests. The main types of needs to take into consideration are universal needs, development needs and special needs.

Learn about symptoms

It can be useful to research the disabilities and conditions you are likely to encounter in your work. This helps you understand the symptoms that are often associated with the disability or condition.

For example, if you work in the aged care sector, you may choose to access the help sheets from the Alzheimer's Australia website, or order educational materials from the Parkinson's Disease Foundation.

By learning more about the specific symptoms and issues related to particular disability types and health conditions, you will build your knowledge of complex needs and gain an understanding of how some conditions progress and develop over time.

Research may be conducted by:

▶ reading a textbook about disabilities and health impairments

▶ referring to more experienced colleagues for information

▶ reading professional journals or magazines

▶ visiting the website of a disability-specific organisation such as Alzheimer's Australia

▶ reading fact sheets, brochures or articles

▶ attending professional development opportunities

▶ joining online forums and groups related to the disability or condition.

Keep information up to date

Keeping information up to date ensures appropriate support is provided to individuals. Workers are able to access details to help them plan appropriate and safe activities, record progress towards goals, engage other expertise when needed and monitor other needs as they develop over time.

For example, a worker supporting a person who has an up-to-date and detailed file may be quickly able to access details to complete a funding application in a timely manner. Although it may seem to take a long time to complete paperwork for and with the person, in the long run this process benefits people enormously and helps ensure their safety and overall satisfaction with the services they receive.

An organisation can ensure the recreation and leisure services provided to a person remain up-to-date by:

▶ completing an initial assessment when a new person starts using a service

▶ making sure the person's case notes or care plans are reviewed on a regular basis

▶ completing a new assessment when there has been a significant change with a person (such as a change to health status)

▶ completing a new assessment when the type of service required changes significantly.

Share information and work collaboratively

Some people with complex needs may have issues that are outside your area of responsibility or expertise, meaning you and the organisation you work for may not be able to provide appropriate support. In these cases, you may refer the person to another organisation to receive the services they need. For example, a person with a physical disability who participates in a regular exercise session at a neighbourhood house may be referred to their local HACC or CHSP service for meals, shopping and personal care support to ensure they retain their independence and can continue living safely at home.

People may need immediate support, so referrals should be made promptly. For example, a person with mental illness may require an urgent referral for specialist support in a crisis situation that cannot be managed by their regular recreation support staff.

Referrals should always be in line with organisational policies and procedures.

A collaborative approach

Different organisations have the opportunity to work together when they are providing care to the same person. This is called a collaborative approach. For example, an aged care service may work with mental health services, or a drug and alcohol service may work with child and family services to provide support to meet the person's needs.

Working collaboratively can be challenging at first; however, as you gain confidence and experience in the recreation and leisure field you will build a useful network of people and organisations you can refer to. Meetings, networking opportunities, trade shows, conferences and professional training activities all provide useful opportunities to build positive collaborative relationships with colleagues.

Services that may work together include:

- mental health services
- child and family services
- women's health services
- drug and alcohol services
- Aboriginal and/or Torres Strait Islander health services
- aged care services
- disability services
- social housing services
- youth services
- cultural groups.

> **Example**
>
> **Determine people's specific issues, characteristics and symptoms**
>
> Patricia, a staff member at a residential aged care facility, has noticed that an older person, Robert, has been showing signs of fatigue and listlessness and is increasingly reluctant to participate in activities. Patricia knows studies have shown that the medications associated with mental illness can lead to decline in areas of memory, attention, problem-solving skills and motor speed. She is concerned that this may be occurring with Robert, as he complains of feeling tired and dizzy at times. Robert would like to participate in activities, but is afraid that he may fall if the activity requires fast movement.
>
> In a neighbouring suburb is a community health and leisure program designed for people recovering from treatment for mental illness. Patricia encourages Robert to go to the centre, as it provides a program that incorporates both passive and active activities. Cognitive activities focusing on problem-solving are provided with frequent breaks. The centre has a companion dog who visits regularly, which Robert takes for walks. This calms Robert and provides him with a safe physical activity. Robert looks forward to walking the dog and shares his experiences with others at the centre.

Practice task 1

1. What is an example of a mental need, and how can it be assessed?

2. Why is it useful to do research for complex conditions?

3. What are two things you can do to make sure information is kept up to date?

Click to complete Practice task 1

1B Identify the impact of issues, characteristics and symptoms on participation

As a care worker in the leisure and health sector, it is important that you have an awareness of the complexity of individual needs. Once you have an understanding of the specific issues, characteristics and symptoms related to a person's care needs, you will be able to determine their impact on a person's participation in services and activities.

Issues that people with disability may face

Some disabilities are known to occur more frequently with other conditions. This is known as a comorbid or coexisting condition. For example, a person may have attention deficit hyperactivity disorder (ADHD), which is known to often exist alongside a learning disability such as dyslexia or dyspraxia.

As the diagnosis of one condition sometimes increases the likelihood of another condition existing alongside it, it is important to consider the implications of each condition and remain aware of the possibility of future diagnoses.

It can be challenging for individuals with complex needs to participate in activities of daily living.

Some of the issues that may affect a person with complex needs include:

▶ accessible and affordable transport

▶ accessible and affordable medical and personal care support

▶ physical and practical access to venues, buildings and public spaces

▶ engagement in appropriate education or work

▶ social interactions and acceptance by the wider community

▶ the ability to function safely and independently in the community

▶ communication skills and access to communication technology where needed

▶ social isolation or difficulty in developing friendships and relationships.

Social isolation and difficulties forming relationships

Some people with complex needs can become socially isolated, both in terms of the number of interactions they have with other people and in how they feel about their social interactions; for example, they may feel dissatisfied and lonely as a result of limited social interactions. Some groups of people can be particularly at risk of social isolation; for example, older people without partners or children.

Social isolation greatly affects older people. For some of these people, living alone is combined with deteriorating emotional and physical health and decreasing levels of independence and mobility. These factors can all contribute to a decreasing ability to participate in recreation and leisure activities, which can then lead to further social isolation and loneliness.

Cognition in people with degenerative conditions

There are several specific degenerative conditions that may affect older people in particular, and that may require special care, understanding and support by you as a leisure and health worker.

Two such conditions are Parkinson's disease and dementia, and these are described in detail below.

Parkinson's disease

Parkinson's disease causes damage to the central nervous system.

Early in the disease, the person experiences motor problems, such as a tremor or shake often seen in hand movements, and problems with mobility and stiffness.

Changes to cognition and behaviour often occur in later stages. These include problems with planning and organising, deciding which environmental cues to attend to, controlling impulses and thinking abstractly. Dementia is also common in the advanced stages of this disease.

Dementia

Dementia is a term that refers to a collection of symptoms related to thinking, behaviour and the ability to perform activities of daily living.

Alzheimer's disease is the most common cause of dementia, and its incidence increases with age. The early stages are characterised by frequent and increasing memory loss, confusion, withdrawal and apathy, difficulty handling money, poor judgment, and greater time needed to grasp complex ideas or situations.

Other conditions, such as Pick's disease, are far less common. The early stages are characterised by changes to mood and personality, a decrease in inhibition and a tendency to roam or wander.

Dementia is also caused by Parkinson's disease, vascular dementia (caused by a stroke), Huntington's disease and alcohol-related Korsakoff's syndrome.

Acquired brain injury

An acquired brain injury (ABI) is one example of a change to cognition that is the result of a sudden, traumatic event. Damage to the brain can be severe, and can occur in a particular region (for example, if a person is thrown forward in a car accident they may damage their frontal lobe) or to several regions (for example, if a person's ABI is the result of an infection such as severe encephalitis). Damage can also be the result of drug or alcohol consumption, lack of oxygen (hypoxia) or poisoning.

People who have experienced an ABI may require support with:

▶ using judgment and evaluating situations appropriately

▶ controlling impulses and outbursts

▶ using sound reasoning and problem-solving skills

▶ being aware of and managing risks appropriately

▶ regaining pre-existing skills such as those related to speech and language.

Stroke

People who have experienced a stroke vary significantly in how they present, depending upon the type and location of the damage to their brain. These people may be described as having vascular dementia caused by damage to the brain through loss of blood flow. This damage is the result of disruption to the blood supply to one or more regions of the brain.

Here are some examples of the functions that may be impacted by a stroke.

Functions that may be impacted by a stroke
▶ Mobility and movement control
▶ Sensation
▶ Ability to use language
▶ Ability to control muscles in some parts of the body
▶ Ability to chew or swallow
▶ Memory capacity
▶ Vision
▶ Behaviour

Impaired cognition

Damage to any part of the brain has the potential to cause cognitive impairment. The degree of impairment depends on the type of injury, infection, disease or stage of the disease. Some cognitive impairment may be genetic.

Impaired cognition may present in various ways, such as:

- concentration difficulties
- confusion
- disorientation
- dementia
- delirium
- delusions
- forgetfulness
- hallucinations
- learning disability
- intellectual disability.

Illnesses or conditions that cause impaired cognition

Illnesses or conditions that can cause impaired cognition are described below.

Schizophrenia

Definition
A mental illness affecting the normal functioning of the brain

Effects
Delusions, poor concentration, inability to focus and hallucinations

Huntington's disease

Definition

A neurodegenerative genetic disorder that affects muscle coordination

Effects

Loss of motor skills and mental abilities declining into dementia

Parkinson's disease

Definition

A degenerative disorder of the central nervous system

Effects

Movement-related difficulties that progress to dementia-related difficulties such as delirium, disorientation, confusion and hallucinations

Pick's disease

Definition

A neurodegenerative genetic disorder that causes progressive destruction of the nerve cells in the brain

Effects

Loss of speech and dementia

Dementia

Definition

A loss of cognitive ability in a previously unimpaired person, which may be the result of an ABI or of ageing

Effects

Loss of memory, decline in attention span, decline in problem-solving skills, disorientation and delirium

Alcohol misuse

Definition

A pattern of drinking that results in harm to one's health

Effects

Long-term misuse can cause health complications to every organ in the body.

Development of disabilities and conditions over time

The complex needs of some people will change over time as their condition or disability develops or progresses. Some people may become more dependent on others for care and support and may lose some skills they had previously.

Sometimes people experience fluctuations in their condition, and may function differently from one day to the next; for example, a person who has multiple sclerosis may require a higher level of support on some days compared with others. Some people may deteriorate over time as their disability progresses, such as a person who has Duchenne muscular dystrophy. Other people may experience an increase or improvement in skills over time, such as a person who receives rehabilitation after a road accident and gradually regains pre-existing skills and functioning. By

understanding how some conditions are likely to change over time you are better able to provide appropriate support and activities to enhance recreation and leisure opportunities.

Individual needs

Your activity program was developed using an initial assessment of the person. Over time, people's needs, strengths and interests fluctuate and change. Regular reviews provide you with the information needed to respond, adapt and adjust the program appropriately to continue to meet these. The following provides guidance on reviewing the program to ensure it meets individual needs, and outlines some key areas to be aware of.

Holistic needs

In your review, you need to remember the holistic needs of the person by considering their:

▶ physical needs

▶ mental health needs

▶ cognitive needs

▶ emotional needs

▶ social needs

▶ spiritual needs.

Any of these needs may change at any time, and a change in one type of needs may affect one or another type of need.

Gaps and concerns

You should ensure all needs are still being met, and whether there are any gaps or areas of concern. For example, consider a person who uses a wheelchair and has been participating in a wheelchair basketball team. The person reveals that she is finding it difficult to play on the team, as she gets fatigued easily and feels she is not able to play at the level of the team. A review is needed to determine whether playing basketball is the best form of physical activity for this person.

New information

The person may not be able to communicate with you about their needs and their experience of the program due to a language barrier or impairment. You may need to rely on observations, reviews from health practitioners and interviews with family members. A health practitioner may also contribute information for the evaluation based on a scheduled appointment with the person. Incorporate this knowledge into your review and consider how you will apply changes to the program activities.

Identify needs through care plans

Care or program plans are used to record details of people's specific needs. These documents are often compiled by case managers, program coordinators or family support workers.

Care or program plans may include information about the person's:

- living situation
- communication needs
- personal care needs
- specific task requirements, such as dressing support, shopping or attending to household chores

- medical information
- points of contact for emergencies
- manual-handling or transfer procedures
- use of equipment such as hoists
- supervision and support information.

Concerns or issues for follow-up or referral

As a leisure and health worker, you should record activities that have been completed with the person and any concerns or issues requiring follow-up or referral. Sometimes people with complex needs may use supports from several different services. For example, they may receive services at home, access a respite program, and attend an out-of-school-hours care program and a weekend family care placement.

Using multiple services can mean that similar information is recorded in several places or in several different plans. It is useful if workers from different services collaborate to ensure the person and their family or caregivers do not need to repeat information and discuss issues multiple times with different people.

If workers are able to liaise with each other and ensure a consistent and appropriate approach is used to record the person's care plans and other details, then the person is likely to feel more positive about the management of the care they receive. This is one useful strategy for helping a person with complex needs to participate more easily in leisure activities.

Example

Determine people's specific issues, characteristics and symptoms

Janet is a full-time carer for her son, who has multiple disabilities. She meets with her case worker, Brian, who comments that she looks tired.

Janet says, 'I am so exhausted! Yesterday I filled out a form for respite and next week I am meeting with someone about a weekend family exchange. Soon, I will need to update our details with the council for their in-home support. But it's all the same information! It's taking me forever. I seem to spend more time meeting with people than actually taking a break from caring.'

Brian suggests that he can organise a meeting between the three organisations to try to work out a combined care plan. Once they feel they can meet everyone's needs, he will show it to Janet to check that everything is covered. Then, the same plan can be used for each service.

Janet is relieved. She says, 'That would be great. I feel like I'm constantly juggling everything here, and I don't actually get any time to myself. There is just so much paperwork to do, I can't keep up.'

Brian asks for her permission to contact the three agencies on her behalf. He says, 'Hopefully this will help take the load off you a bit – then you can all feel a bit more positive about using some support to have some leisure time for your family.'

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Practice task 2

1. List two types of needs individuals may have.

2. Identify two issues a person with complex needs may have.

3. Identify two ways a person's needs may change over time.

Click to complete Practice task 2

1C Determine strategies and modifications that will maximise participation in programs

Maximising participation in leisure and health activities provides many benefits for people with complex needs. These include social and emotional benefits, and improved physical and mental health and wellbeing. As a worker in this industry, you should acknowledge and support the positive effects of participation in recreation for many people with complex needs. You should also be prepared to show your commitment to empowering strategies and modifications to ensure people are not limited by a lack of access within the wider community.

Relevant quality improvement and accreditation system principles

In the industry you work in, there is likely to be an accreditation agency that provides a set of criteria and principles against which your organisation is evaluated. Accreditation agencies ensure organisations meet industry standards and practices. For example, in aged care, the national accreditation organisation is the Australian Aged Care Quality Agency.

For more information, access the Aged Care Quality Standards and the Quality of Care Principles 2014 via the following links:

▶ http://aspirelr.link/aged-care-quality-standards

▶ http://aspirelr.link/quality-of-care-principles

Criteria for accreditation system principles include:

▶ responding to people's needs

▶ organisational improvement

▶ process and systems improvement

▶ staff improvement

▶ quality and assessment.

Best-practice strategies

It is important that the strategies you use conform to current industry best practice. Remember that best-practice principles change over time as research is conducted, and workers develop skills and learn from other professionals. For example, recent research is guiding thinking in the home and community support sector about people who are socially isolated. Research is also helping to support people with mental illness more effectively in the community. The advantage of using best-practice strategies in planning services to support individuals is that the strategies have been assessed as being the best way to meet needs, and are low risk, high quality and cost effective.

Organisational policies and procedures may outline the strategies and methods your workplace considers to be best practice. You may attend training or conferences that teach or inform you about best-practice strategies. You may talk about best-practice strategies in team meetings or within your network of service providers.

You should be familiar with a range of best-practice strategies to guide you when preparing plans and planning recreation support. These include strategies for using equipment; communicating; selecting types of support; documenting, monitoring and assessing needs; training and professional development; and working in an open, mainstream environment.

Best practice and networking

The process of program planning and development should be continual. Organisations should strive to meet best-practice standards accepted by others in their industry.

Where possible, involvement in network or industry groups is a useful way to learn about current best-practice initiatives and new developments. Networking with other professionals also makes it easy to continue your own professional development and to gain an understanding of how agencies can work together to provide the most effective and appropriate services for all groups of people with support needs.
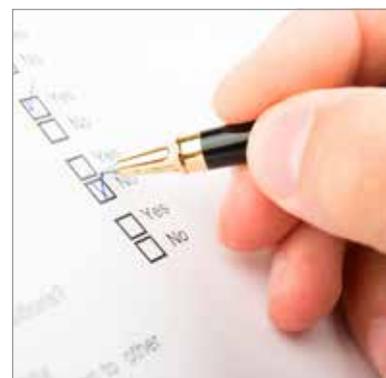
Quality improvement indicators

Providers that clearly value the continuous improvement of their own services are often less likely to have tangible or perceived barriers to participation.

Many organisations do seek to continuously improve their own performance. Often organisations in the community services and healthcare sectors use quality improvement processes and obtain accreditation from the Quality Improvement Council (QIC). This indicates that the organisation regularly reviews its own performance and strives to improve how it conducts itself and meets the needs of its support recipients.

Organisations that have been accredited as meeting QIC standards may be a good starting point when searching for appropriate services for individuals.

Organisations often use key performance indicators (KPIs) as a way of measuring performance over time. KPIs are part of an organisation's overall quality improvement process. For example, a gym and fitness centre set itself the following KPI: 80 per cent of surveyed members will report a 'good' or 'very good' experience when interacting with fitness training staff. This could be measured through an annual survey of members that includes the question, 'How do you rate your experience interacting with fitness training staff?'

It is important not to accidentally build in discriminatory practices or inadvertent barriers to participation by failing to provide the survey in alternative formats. Any

documents used to survey the quality of your facility or service should be made available in various formats so they can be read by people who are vision impaired, have limited reading skills or speak and read a language other than English.

Best-practice principles

When planning activities and programs for leisure and health service recipients, there are a number of best-practice principles.

Best-practice principles, when planning, include:

▶ using a person-centred approach to meet the needs of the individual, rather than those of the service or staff

▶ being inclusive of differences and diversity, including cultural background and disability

▶ being flexible so plans can be modified during the implementation stage

▶ acknowledging the individuals' preferences and including their feedback in planning discussions

▶ ensuring individuals are not discriminated against because of factors such as gender, disability, sexual preference, race or religion

▶ avoiding activity topics that may cause offense to some service users, such as discussions about sex or religion

▶ meeting organisational work health and safety requirements to protect the safety and wellbeing of all stakeholders at all times.

Use detailed knowledge to facilitate a variety of learning experiences

To effectively implement a program, you must understand the purpose of the activity and how to implement it, or enlist someone with that knowledge to assist you. Consider the following in planning for activity delivery.

Your expertise

You may have a particular area of expertise that you can incorporate into the program plan. For example, you may enjoy reading classic novels or knitting, and find you can share your knowledge and expertise with others. Your work colleagues and volunteers are valuable resources and may also have special areas of expertise that you can use.

Specialist help

The organisation you work for may have a database of specialists who can be contacted, like musicians, speakers, reading group facilitators, language instructors, dance teachers, yoga teachers, and craft and cooking instructors. Consult your team to find out who is available and what skills can be offered to the program.

Research

Keep yourself up to date, expand your knowledge and look for new ways to present established activities. Use the internet to undertake research on facilitating activities and identifying resources that will help with activity delivery. Your supervisor and colleagues may be able to provide suggestions.

Use appropriate facilitation techniques

As a facilitator, you will be leading activities. How independent you are as a facilitator and the types of skills you require will depend on your organisation and the people you work with. You may be able to source volunteers or specialised facilitators to help you run a program. You may also be able to access leadership and facilitate training. Discuss the available options with your supervisor.

As a facilitator, you will need to:

▶ effectively communicate with people about their needs, strengths, interests and preferences on the day of the activity

▶ speak clearly and face individuals when facilitating so they can see your expressions and gestures

▶ ensure the environment is safe and comfortable

▶ ensure that everyone's needs are being met

▶ be inclusive of everyone's needs and abilities, reflecting non-discriminatory practices and regulations

▶ ask for input and suggestions from people

▶ involve individuals in all aspects of the activity by giving appropriate instructions, asking for suggestions and listening to feedback.

Use appropriate motivational techniques

It is essential that workers understand what motivates people to be involved in a leisure activity. Three important aspects of motivation include the participant's belief about their ability in the activity, social support and enjoyment. It is a good idea to introduce a broad range of experiences. These experiences can be familiar, unusual, special events, structured or unstructured, indoor or outdoor, busy or quiet, surprising or predictable experiences, and challenging or confirming.

Here are some examples of useful techniques to motivate people to get involved in leisure activities.

Motivational techniques
▶ Address the needs of the individual, including physical, emotional, mental, social/spiritual and cognitive needs.
▶ Use a range of resources and ideas.
▶ Use a variety of experiences to help engage people's interest.
▶ Enhance the person's wellbeing by building upon their strengths.
▶ Include the person's life, development and social contexts.
▶ Enhance the health, wellbeing and abilities of people.
▶ Use praise.
▶ Recognise achievement and positive reinforcement.
▶ Set challenges for all levels of ability.
▶ Provide a supportive environment.

Use a holistic approach to plan activities for people

Different activities can enhance different aspects of a person's health, but you should be aware that some activities may be detrimental to a person's health.

You may notice that activities can benefit and enhance several aspects of a person, taking a holistic approach. For example, relaxation can help mental, emotional, cognitive and spiritual wellbeing. Physical activities also have physical, emotional, cognitive and mental benefits. When planning activities, consider the person's needs, strengths and abilities to shape the activities in the program. Some activities will enhance abilities and health and meet more than one need. A good program will address all aspects of a person and take a holistic approach.

Use a range of resources and ideas to plan activities

Ideas and suggestions for program planning should come from a variety of sources, such as individual assessments; colleagues; resource workers in your network; workers in other services; newsletters, magazines, articles and other publications; and professional bodies. Here are some detailed examples of these resources.

Assessments

Use the person's assessments to determine their specific needs, strengths and interests. Speak with the person about what activities are interesting and beneficial to them. Consider the active and passive activities that can meet these needs to ensure the program is relevant.

Colleagues

Consult with your colleagues about which activities are suitable for the person and reflect together on the person's needs to provide a broader perspective. A carer who works regularly with the person, for instance, may observe that the person talks frequently about books she enjoys reading. This may help the planning team in designing activities.

Resource workers in your network

You can contact a resource worker in your network to get ideas for activities that may help you design your program. For example, they may have knowledge of community-based activities that occur in your local area.

Workers in other services

People often have dealings with a few different services or have been involved in them in the past, so these services will have information about the person. Other services that may be useful include skill-building organisations or community-based services like the Salvation Army. Workers may also be from other services within your organisation, such as respite services.

Newsletters, magazines and articles

Newsletters, magazines and articles often provide current and relevant ideas for suitable activities based on research, experience and industry standards. They are usually sector specific; for example, *Aged Care Insite* and *Hospital & Agedcare* magazine. You can access these materials via the internet.

Publications

Publications, including books or research that has been collated, can be very useful in program planning. Consider also the many publications that are available online (to read or purchase), often through professional body websites, government websites and universities

Professional bodies

There are bodies for each area of community services including diversional therapy, aged care and disability care. Consult your professional body to gain ideas for suitable activities. Links to the professional body and their relevant resources can be located on the internet. Some professional bodies produce publications, such as newsletters, magazines and research.

Strategies to maximise the person's participation

There are a number of strategies that can be used to maximise a person's participation in recreation and leisure activities. Some relate to the person themselves, while others are specific to the task and environment in which participation is occurring. Strategies used should be in line with best practice in the recreation and leisure industry, and should fit with organisational requirements and policies. Strategies should also comply with appropriate legislation such as the *Disability Discrimination Act 1992* (Cth) and work health and safety legislation.

The following table shows some commonly used strategies and how they maximise participation for individuals with a variety of complex needs.

Service guidelines

▶ Check existing guidelines for readability and ease of access.

▶ Research community languages for your target region.

▶ Consider plain English or translated materials.

▶ Develop an online version for screen-reading software used by individuals who are visually impaired.

Advertising and marketing strategies

▶ To reach the maximum number of service recipient groups, use a range of modes such as radio, print, online and advertising via known community organisations in your region.

▶ Ensure advertising and marketing documents use clear fonts, are easy to read and can be obtained from a wide range of outlets and venues.

Physical access

- Check existing guidelines for physical access, and current legislation and building codes.
- Promote accessibility considerations with local recreation providers.
- Suggest current alternatives such as portable ramps where access is problematic.

Transport provision

- Check local transport providers for your region and develop an in-depth knowledge of availability for routes, times and locations for accessible transport options such as low-floor buses, accessible taxis and volunteer transport services.

Funding support

- Become knowledgeable about funding options to support participation in recreation, including one-off grants and subsidies such as the Companion Card.

Interaction with other organisations and agencies

- Join networks of other service providers.
- Be proactive in interacting with stakeholders such as GPs, health providers, nursing staff, friends and relatives.
- Work together to lobby for increased funding in specific recreation areas.
- Promote community recreation activities to known support recipient groups.
- Write letters and other supporting documents to assist recreation providers to gain funding.

Individual input in decision-making processes

- Seek input from a range of individuals in existing programs as well as potential service users.
- Invite individuals to take on a representative role in your organisation.
- Conduct surveys to obtain individual input when important decisions are being made.
- Encourage others in your organisation to be guided by the suggestions of service recipients rather than making decisions on their behalf.

Enhance a person's abilities

Leisure and health programs provide a great opportunity to enhance a person's skills and abilities. Skill building may be targeted or it may be incidental. Incidental skill building occurs if ability enhancement is a side effect of the activity, while some activities may be designed specifically to enhance certain skills. Cooking classes or language classes are good examples. For instance, a person who attends classes and engages in community groups may be learning social skills and broadening their social circle while participating in the activity.

Examples of the types of activities that may enhance abilities are provided below.

Physical

Physical activities that enhance abilities:

▶ Exercise groups and independent exercise

▶ Team sports

▶ Walks and gardening

▶ Outdoor recreational activities, like fishing

▶ Nutrition-focused cooking classes

▶ Therapeutic exercises prescribed by a physiotherapist

Emotional

Emotional activities that enhance abilities:

▶ Reading groups

▶ Meditation and yoga

▶ Relaxation

▶ Tai chi

▶ Physical activities

▶ Outdoor recreation

Mental and cognitive

Mental and cognitive activities that enhance abilities:

▶ Reading groups

▶ Meditation, yoga and tai chi

▶ Relaxation

▶ Physical activities and outdoor recreation

▶ Social activities

▶ Playing games and puzzles

Social

Social activities that enhance abilities:

▶ Games

▶ Social outings

▶ Visits from schoolchildren

▶ Animal interaction

▶ Employment and assigned responsibilities

▶ Team involvement

Spiritual

Spiritual activities that enhance abilities:

▶ Meditation

▶ Yoga

▶ Prayer

▶ Study and discussion groups

▶ Attending religion-based community events

▶ Attending worship services, such as at a church, temple or mosque

Modifications to maximise participation

To enable a person to participate fully in recreation activities, modifications can be made to tasks or to the environment. Specialist equipment can also be used to maximise a person's ability to participate.

It is important that any modifications suit the person's needs, the task and the environment. You may need specialist advice from a therapist such as a physiotherapist or occupational therapist. Specialists provide specific information about an individual and can offer training in using equipment involved in the modification.

Remember that some people's needs will change over time and they may require more or different sorts of modifications. There may be an ongoing process of liaising with therapists and other professionals in a multidisciplinary team to ensure current needs are being met and the person remains safe and able to participate in their chosen activities as best they can.

Modification to equipment or tools

Some equipment can be modified or specialised to suit physical or communication needs. This may be equipment used all the time by the person or equipment only used for recreation activities. Information about modifying equipment or tools can often be found by contacting a therapist working with a person, or through services such as independent living centres. Below are some examples of modified equipment or tools.

Examples of modified equipment or tools
Soft, non-slip grips added to handles to increase the ability of a person with a weak grip to maintain hold on an object such as a paintbrush.
Portable ramps that can be stored in the car and taken to venues with stairs and no alternative entry.
Fixed hoists on pool decks to provide access to swimming pools for people who cannot enter via the steps.
Tactile markings on floors to guide people with visual impairment.
Purpose-built sailing boats that provide easy access for a range of people with disabilities.

Modify sporting activities

Some people enjoy active recreation pursuits such as individual or team sports. Sometimes the rules of the sport can be changed to suit a specific person's needs. The equipment may also be modified. These modifications are seen in sports such as wheelchair tennis or basketball, and in blind cricket.

Many of these sports have a strong organisational structure and are supported by national and international bodies that organise tournaments, competitions, teams and local associations. These organisations are great sources of information for people wanting to enter a new sport as a recreational activity. As a recreation worker, it is useful to learn about modified sports and their relevant associations that can support and encourage new participants.

Strategies for meeting individual needs within the context of a whole group

Reviewing how the needs of the individual are being met in a group context may involve a team meeting with all members contributing their observations. Information about a specific person's needs may have been sourced from interviews with the person, questionnaires, formal or informal observations, reports from health practitioners or observations other staff members have made.

Discussions may include the following:

▶ Are all individuals participating in the group context?

▶ Is the length of the group activity appropriate for all individuals?

▶ Are all individuals comfortable and enjoying the group interaction?

Example

Determine strategies and modifications that will maximise participation in programs

Elli is a recreation worker. She supports Barry, who is 35 and has a physical disability as well as moderate depression. Barry lives with his ageing mother in the family home.

Elli is trying to increase Barry's social interactions with others while offering his mother some respite from caring for Barry. Elli introduces Barry to the sport of archery, and organises for him to visit his local archery club. The club has previously been very supportive of athletes with disability and has developed some specialist training methods and workshops for new members with disability. After a few sessions, Barry has met some other members at the club and is feeling positive and satisfied with his new pastime. Barry's mother is enjoying some time on her own to catch up on her own leisure activities.

Practice task 3

1. List two benefits of using best practice in planning leisure and health activities.

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2. Give two examples of how language can be modified to suit the needs of the person.

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3. Identify two types of program modifications that can be used to meet a person's leisure and health needs.

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Click to complete Practice task 3

Summary

1. Individuals with complex needs have care and support needs that span several areas or domains of support.

2. Individuals with complex care needs can be of any age and may have a dual or multiple disability.

3. Many issues can impact upon an individual's ability to participate in recreation and leisure activities, including issues related to transport, physical access, social acceptance and communication.

4. Individual needs may be recorded in detail in care plans or program plans.

5. The needs of some individuals who have complex needs will change over time as their condition or disability develops or progresses.

6. There are many useful strategies that can help manage barriers to participation for individuals with complex needs.

7. Adopt a person-centred, best-practice approach to choosing strategies to manage barriers to participation for individuals.

8. Strategies used to support participation should be in line with organisational and legislative requirements.

9. Knowledge regarding the different theoretical models utilised in the leisure and health service programs.

Learning checkpoint 1
Participate in profiling people's specific needs

This learning checkpoint allows you to review your skills and knowledge in participating in profiling people's specific needs.

Part A

1. Complete the following table by identifying the issues that affect participation in leisure and health activities for the specific examples given. State what action is required to maximise individual participation in leisure and health activities.

Area of need	Specific example	Issue that affects participation	Action
Physical disability	An adult male uses a manual wheelchair for mobility. He works casually in an office and uses public transport independently to and from work. A previous accident while bike riding caused paraplegia at the L5 level, so the individual has trunk control and upper limb and hand function.		
Emotional need	An elderly female lives alone after the recent death of her husband, and is at risk of becoming socially isolated. She does not drive a car and her income is from the pension. She has no other savings.		
Cognitive impairment	A young male has Down syndrome and attends a mainstream school where he describes himself as having 'no real friends'. He enjoys being physically active and doing group activities, and particularly loves music.		

Communication need	A female in her 60s uses an electronic communication device with voice output. She has athetoid cerebral palsy and uses an electric wheelchair for mobility after experiencing a severe stroke.		
Psychiatric illness	A male has bipolar disorder type 1 and is unable to maintain his employment or relationships. He has been living on a friend's couch after his girlfriend asked him to leave their flat. He takes his medication infrequently and uses intermittent medical and psychiatric care, often in response to a manic phase.		
Disadvantaged group	A woman in her 30s recently moved to Australia from Kuwait and wears a hijab as she is Muslim. She feels uncomfortable and threatened in public spaces such as streets and parks and is required by her religion to go about her business away from the home quickly and not loiter. She wants to build her fitness and maintain her current good health without compromising her religious beliefs.		

2. Identify three resources you could use to plan and implement a leisure and health program.

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3. List two criteria for accreditation system principles.

Part B

Read the case study, then answer the questions that follow.

Case study

Magda has Parkinson's disease and it is no longer possible for her to safely attend her monthly Morning Melodies concert at her local arts centre without attendant care support. She talks to the coordinator who organises her regular in-home support about how she can keep going to the arts centre. The coordinator helps her organise a Companion Card so that Magda can receive an extra free ticket so an attendant can accompany her to the centre. This allows Magda's important leisure activity to continue and for her to remain socially engaged with her friends who also attend the concert.

1. Identify two issues that Magda faces due to her physical disabilities that are impacting on her attending the Morning Melodies.

2. Describe what two strategies or resources that the coordinator will need to utilise to assist Magda to attend the Morning Melodies concert.

Topic 2

In this topic you will learn how to:

2A Follow principles of integration in recreational and leisure activities

2B Identify advantages of integration in activities

2C Identify disadvantages of segregation in activities

2D Identify ways to empower people with complex needs through activities

Promote inclusion and empowerment

Historically, people with disability or complex needs were not included in mainstream society and its activities. They were often segregated, with activities provided based on their specific needs. This was sometimes referred to as the medical model of care, where disability was seen as an illness or condition requiring therapy and rehabilitation to overcome limitations. Since then, we have moved towards a more accepting and inclusive society, where we now generally adopt a mainstreaming or inclusion model, which focuses on providing support in a mainstream context wherever possible. It can still be challenging for people with complex needs or with some types of disability to feel accepted and included.

2A Follow principles of integration in recreational and leisure activities

Services and activities should be provided in the least restrictive environment for the individual. This should be done within a mainstream, non-segregated setting. This means that recreation and leisure services that adopt an integrated approach should provide their activities within the mainstream environment, where interactions with others are encouraged and supported. Successful integration comprises the following three components.

Locational integration

Locational integration allows activities to occur in a mainstream setting such as a public swimming pool, golf course or a local gym. Integration exists because of the location of the activity and the people engaging in it. For example, a person with a mental illness may choose to play cricket with their local club.

Functional integration

Functional integration allows activities to take place in a mainstream setting with provisions made, if needed, to ensure full and active participation. Provisions include ramps, wider doorways, signs written in community languages, tactile markers on floors and trained staff available to provide individual support.

These features all ensure individuals with complex needs are able to visit facilities and actively participate in activities. For example, a person who is visually impaired may navigate around a swimming venue using tactile markers on the floor and braille signs on the walls near key facilities such as toilets.

Social integration

Regular exchanges and interactions are a feature of social integration. People with a wide variety of needs are able to interact with other members of society without limitation. This can be encouraged in recreation and leisure settings through providing role models (usually staff), a positive and committed attitude on the part of other people using the venue, and facilitating unplanned and incidental communication.

Social integration works best when there are numerous exchanges between the person and other users of a venue where exchanges do not require support or prompting. People accessing services are seen as regular users of the venue and are not viewed as special or different. For example, a person who has an intellectual disability may spend leisure time exploring the local shopping centre and chatting to the people who work there.

Theories of inclusion and non-discriminatory practices

Theory of inclusion means that although there are common needs and common ways of communicating these needs, it is important to remember that needs and communication strategies vary from person to person, and may change throughout a person's lifespan. Theories of inclusion are about taking particular care to accommodate everyone's needs to ensure activities are suitable and relevant for everyone.

Inclusiveness involves supporting each individual person in belonging, participating, accessing opportunities, and being recognised and valued.

Non-discriminatory practices and regulations are inclusive of all people's needs and abilities. The activities you have planned must consider the needs of each individual who is participating. It is a legal and ethical requirement that all people are included in activities as far as practicable. All people have a right to equality and to be treated fairly.

Theories of integration

A vital aspect of taking a holistic and person-centred approach to leisure programming is to integrate philosophies and goals with the person's individual needs and abilities. Regardless of the theory that is used to describe development, it is important that at each developmental stage, there are specific needs that people communicate using cues specific to their developmental stage. For example, infants require the basic needs of food, air, sleep and shelter. When these needs are not met, they cry. Adolescents have a strong need to be accepted by their peer group and will enact this need using certain behaviours. Although there are common needs and common ways of communicating these needs, it is important to remember that needs and communication strategies vary from person to person, and may change throughout a person's lifespan.

The following table illustrates how activities can integrate key service goals and philosophies with individual needs.

Person-centred approach

▶ Consult with the person about their abilities, needs and preferences.

▶ Consider the person as an individual.

▶ Give the person a voice by valuing their opinions.

▶ Include activities that suit the person's needs and have considered their wishes and opinions.

Empowerment

▶ Offer the person choice and autonomy when designing a program.

▶ Consider activities that enhance their abilities, match their preferences and meet their needs.

Respect

▶ Treat the person with respect and involve them in the program design.

▶ Treat all information gained with confidentiality.

▶ Ensure activities are relevant to the person.

Embrace cultural diversity

▶ Respect the person's cultural background.

▶ Enable the person to remain connected to their cultural community.

▶ Provide activities that meet cultural needs.

Enhance individual development

▶ Assess the individual's needs, abilities and preferences.

▶ Integrate the individual into activities that enhance abilities and wellbeing.

The practice of integration

It is important to first establish that a person wants to participate in an integrated recreation or leisure activity. Demonstrating the practice of integration should only ever be undertaken with a person who seeks to engage in recreation in an integrated setting. Empowering people who are accessing services is about helping them meet their own goals and desires in recreation. At all times, you should respect a person's wishes about the setting in which they want to participate.

The timing and approach you use will vary for each person. Some will require more or different kinds of support to participate fully. Some will require your support for greater lengths of time, or will need you to modify your support as their disability or need changes over time.

To demonstrate the practice of integration for a person with complex needs, you need to move through five important stages.

Stages of demonstrating the practice of integration:

▶ Identify the activity the person would like to engage in.

▶ Identify a local provider for the activity.

▶ Identify any barriers to participation.

▶ Take steps to remove the effects of any barriers or provide modifications and supports as required.

▶ Support the person in participating fully in the activity.

Steps to demonstrate the practice of integration

The following table shows an application of the steps that should be taken to support a person's integration in recreational and leisure activities.

Steps to demonstrate the practice of integration	Example
Identify the recreation activity	Sailing
Identify a local provider	Royal Geelong Yacht Club (This is the closest yacht club to the person's home.)
Identify barriers to participation	The person has limited ability to get in and out of a boat, limited ability to twist and turn and keep torso stable, fear of participating and being accepted in a mainstream sailing environment. They require specialist input to decide on the best entry and exit method to get in and out of the boat.
Remove barriers or provide modifications	An access dinghy that provides a joystick control will be used so the person can steer in front of their body (no twisting needed). It is very stable with specialised seating available to provide increased support in the boat. Access dinghies are used in open competitions for people with and without disability to sail together. A well-established worganisation exists to support and encourage full and open integration and sailing without restriction. A physiotherapist can provide advice on access in and out of the boat, and positioning and stability concerns.
Support participation	Help the person decide on the appropriate access dinghy to use and set up initial contact with the local provider. Provide encouragement and support during initial process of learning to use the boat and getting to know other sailors.

Avoid dependence

If an individual becomes dependent on you or another member of their support team (such as a friend or therapist) to provide constant support for the activity over an extended period, it is not considered full integration.

With full integration, you can slowly withdraw your support over time so the person retains control and independence in their recreation activity choices. Of course, this does not include support services that are incidental to the activity such as personal care. Personal or medical care relates to the person's physical needs and should be seen as separate to integration support for a recreation activity.

A positive climate in the community

A positive attitude in the community towards people with disability is ultimately better for everyone. More positive access to services and facilities is beneficial to people with disability. A greater range of experiences and interactions in daily living is more beneficial for people without disability. Part of the role of leisure workers is to role-model and support a positive climate.

Here are some examples of ways to support a positive climate in the community.

How to support a positive climate

▶ Model appropriate verbal interactions.

▶ Use empowering attitudes and approaches.

▶ Facilitate the use of community-based activities rather than segregated activities.

▶ Take on an advocacy role in supporting individuals with disability when requested to do so.

▶ Use person-first language.

▶ Encourage person-directed care and support.

▶ Avoid the use of language or approaches that may demean or humiliate a person.

▶ Be proactive in taking affirmative action in situations where discrimination has occurred or is likely to occur.

▶ Model appropriate verbal interactions.

Example

Follow principles of integration in recreational and leisure activities

Tran is a young man who has an anxiety disorder. He wants to begin playing tennis, but his anxiety and his fear of triggering an anxiety attack are holding him back. Previous negative experiences from earlier attempts to participate in open recreational activities have made him very wary.

Tran seeks support from his university counsellor, who puts him in touch with a local tennis club that he knows is small, friendly and proactive in welcoming new members. He also puts Tran in touch with a mental health worker, who gives him some strategies to help him through the initial stages when he is likely to be most vulnerable to an anxiety attack. With Tran's permission, the mental health worker phones the club president and suggests some strategies that could help Tran feel accepted and reduce his anxiety while he is getting to know other club members. The president immediately phones Tran to welcome him to the club, and invites him to the next club barbecue, where he makes sure Tran can easily get to know some friendly faces.

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Practice task 4

1. Explain what is meant by locational integration.

2. List the three components for successful integration.

3. Identify the five steps for successful integration.

Click to complete Practice task 4

2B Identify advantages of integration in activities

There are many advantages to integration in recreation and leisure activities. Some of these relate to the individual person, while others relate to the wider society.

Below are some of the advantages of integration in the recreation and leisure sector.

Supporting human rights

Around the world, countries that are part of the United Nations agree to certain principles about the rights of all people. The United Nations Convention on the Rights of Persons with Disabilities states the following:

▶ 'Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community.'

▶ 'Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.'

The Universal Declaration of Human Rights includes reference to the right to recreation in Article 24, stating that 'Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.' It is a fundamental right to have time to engage in leisure.

Building skills

Skills are often developed more quickly and fully when there are opportunities for engagement between various groups of people. For example, a person who has an acquired brain injury may learn to play badminton more quickly when playing in a mainstream competition where they interact with other players who are skilled and experienced. The process of role-modelling and observing other people's performance is an important strategy for building skills in many sports.

Reflecting society

Society is made up of many different groups of people. People within society are not naturally segregated according to a particular need just because of their skin colour, what language they speak or how old they are. Therefore, it follows that in recreation and leisure time, people should be free to mix and integrate with people of different age groups, genders, abilities and cultural backgrounds.

A positive attitude towards the concept of integration in recreation as a reflection of wider society will help you work effectively towards maintaining systems, processes and networks in recreation organisations that share the same philosophy.

Building systems and stimulating action

A lack of integration for some people with complex needs can be a self-fulfilling prophecy. For example, consider a person who has a very low income and has a mental illness. The person has limited financial resources to allow them to access recreation activities, as most of their income is spent on housing, food and transport costs. This person is therefore less likely to try to access recreation activities that have associated costs. Because they do not make the attempt, there is no pressure on organisations or clubs providing recreation to make their activities low cost so the person, and others like them, can access them. This means that over time, the people who do access activities will tend to be those who can afford to pay for them, thus putting upwards pressure on prices and making it increasingly unlikely that less affluent people will be able to participate.

The reverse of this scenario can also be true. When workers in key positions take action to help build systems and policies that are genuinely inclusive, more people are able to participate. This in turn drives prices down and helps encourage other structures and systems that promote more inclusion.

Therefore, another positive effect of integration is that the more people with diverse and complex needs are encouraged and supported to participate, the more organisational systems and policies will change to make it easier for them to do so.

Program development

It is important that you are able to access up-to-date information from a range of sources for program development. Your role is critical in ensuring that programs develop in positive directions towards meaningful integration. When developing recreation programs that support integration, you need to consider elements such as:

▶ service guidelines

▶ advertising and marketing strategies

▶ physical access

▶ transport provision

▶ funding support

▶ interaction with other organisations and agencies

▶ a person's input in decision-making processes.

By focusing on these elements as you work to develop programs, you ensure that service-recipient groups will be able to readily participate. Ensure you base your decision-making and actions on current information. For example, make sure you refer to current legislation such as the Disability Discrimination Act 1992 (Cth), or that you always access current workplace policies and procedures on your organisation's intranet rather than relying on older printed versions that may be out of date. You can also attend regular professional development opportunities and workshops, and join in networks where you can liaise with other people in your industry.

Example

Identify advantages of integration in activities

Toula works for a private recreation provider offering support for travel opportunities to a wide range of people with:

▶ sensory impairment

▶ intellectual disability

▶ dual or multiple disability

▶ acquired brain injury.

Toula has noticed that the majority of the people accessing the service speak, read and write in English. There are very few people from non-English-speaking backgrounds. Toula wonders if there is something she can do to change this, as she thinks their programs should be used by people from many backgrounds. These are the actions she takes:

▶ She redesigns the company's brochure and web page so they are in plain English and easy to read.

▶ She asks their web designer to organise software so people who require text-to-speech access can use the site.

▶ She organises for some key documents to be translated into the most commonly used local community languages.

▶ She consults with a member of the Aboriginal and/or Torres Strait Islander community about strategies to make their services more appealing.

After six months, Toula surveys the people now using or inquiring about their service. She finds there has been a 35 per cent increase in inquiries from people from non-English-speaking backgrounds, a 50 per cent increase in inquiries from people who identify as Aboriginal or Torres Strait Islander, and an overall increase in inquiries of 25 per cent. Toula realises that being proactive in reaching out to a wider range of service-recipient groups is rewarding.

Practice task 5

1. List three areas to consider for program development.

2. List two advantages of integration in activities.

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3. Identify two ways you can get individual input into program development.

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Click to complete Practice task 5

2C Identify disadvantages of segregation in activities

Segregation in recreation and leisure activities can be problematic. You need to work with the person to decide whether an integrated or segregated setting is the most appropriate choice for their individual needs.

Segregation means doing a task or activity away from wider society, and removed from the natural interactions and exchanges that occur when people mix together during activities. A segregated setting groups people according to a particular feature or characteristic, creating a situation where people are combined in a group because of a single shared characteristic, even though they may not have anything else in common.

Segregation often means the disability, complex need or other factor limiting participation becomes the focus, rather than the activity itself. People who wish to participate in an open, mainstream situation and interact with people from their local area may find this limiting. For example, an older but independently mobile person who attends a supported social group may discover the staff focus on what the person cannot do, and what may go wrong with an activity, rather than on the positive outcomes of the activity itself.

It is important to remember that some people may choose to participate in activities in a segregated environment rather than an integrated one. This should be clearly identified in the engagement and planning processes, as it allows you to identify appropriate settings to meet your persons' needs. Outlined below is how segregation can occur.

By place
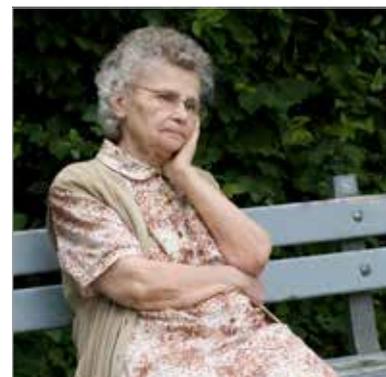
This is when the venue or facility is specific to the needs of the person's group; for example, a rehabilitation centre for people recovering from a stroke.

By design

This is when the activity is deliberately structured to be segregated, even though it may occur in a public facility; for example, a group of people from a special school may go swimming together, where they have their own lane and deliberately attend at a time when there are very few other patrons.

Theories of segregation

When planning activities it is important to consider any barriers that may prevent a person from actively participating. A leisure and health program needs to have strategies in place to address any barriers to participation so the person can be involved in the most suitable and appropriate activities that meet their needs. One strategy is to use a checklist to ensure each activity does not contain any barriers; another is to run through an activity before it is actually undertaken by any person to identify any problems.

It is important to include all people and activities that normally occur in the society and culture that the person belongs to. Segregation is the isolation of the individual or several individuals from the remainder of the community to a particular group.

Concepts that limit people

There are many misconceptions surrounding people with disability and complex needs, and these can limit and restrict the way the person is able to function in mainstream society. Generally, these relate to the perception that the person requires frequent care and support, and suffers from their condition. Often there is a lack of acknowledgment of the independent and achievement capabilities of the person.

Limiting concepts are often those that represent the effects of a disability, where the person is limited not only by the features of the disability itself, but also by the interplay between their disability and the community in which they live, work and play.

Here are some examples of limiting attitudes.

Examples of limiting attitudes
▶ A well-meaning adult who speaks on behalf of a child with an expressive speech impairment, without first asking if the child wants them to
▶ A teacher who expects a young person with an intellectual disability cannot complete a test, rather than asking them to try a modified version
▶ A daughter who suggests her mother move into a retirement home after the death of her partner, as she believes her mother cannot care for herself
▶ A store owner who speaks loudly to an adult in a wheelchair, because they assume they are also hearing impaired
▶ A flight attendant who pats an adult who uses a wheelchair on the leg, and reassures them that the plane will be taking off soon
▶ A passer-by in the street who begins to push a woman in a wheelchair across the pedestrian crossing, without asking if she needs help

Disadvantages of segregation

There are several disadvantages of conducting segregated recreation activities. Below is an explanation of some of these disadvantages, with examples provided.

Social

Reason
People do not interact with other people, which limits their ability to establish new friendships, meet new people or engage in incidental communication with others.

Example
A person is part of a group established for adults with intellectual disability who have ageing parents. The person attends recreation activities with a social club set up by their adult day centre, and only ever interacts with other people in the social club.

Financial

Reason
It can be expensive for a person to travel to attend a specific program or centre rather than attend their local facility.

Example
A person who is socially isolated and lives alone in a regional centre travels each week by taxi to another town to attend a group exercise class because there are no classes available in her town.

Time

Reason
It can be time consuming to travel to a specific program or venue that meets specific needs rather than attend one locally.

Example
A Muslim woman travels to a suburb many kilometres away to attend a segregated women-only swimming session for Muslim women.

Disempowerment

Reason
It can be disempowering for a person to be offered a recreation service based solely on their perceived needs, such as their disability, cultural background, level of affluence or family dynamics, rather than on their individual preferences and desires.

Example
A person who uses a wheelchair feels frustrated and helpless when offered a 'disabled exercise program' at a special time at their gym, rather than being encouraged to participate alongside other gym users.

Semi-segregated recreation

Sometimes it is appropriate for people to participate in recreation activities that are semi-segregated. This means the activity is restricted to people who share a particular feature or characteristic, but it is conducted in an open environment in the community.

A semi-segregated recreation activity promotes incidental interactions with other people, offers opportunities for the development of friendships over time and provides a valid, mainstream alternative to a fully segregated service.

Consult carefully with the person, along with any other stakeholders such as family, carers, medical personnel, healthcare workers and multidisciplinary team members, before deciding that semi-segregated recreation is the best choice.

Here are some examples of semi-segregated recreation.

Examples of semi-segregated recreation

Example 1

A group of children from a special school visit a different local park each week for games and fitness activities. They enjoy meeting new people and learning how to use the facilities available in their local community.

Example 2

A group of older women, who are all members of a Croatian social club, organise a regular exercise class run in their own language at their local community centre. Although the group is only attended by members of the Croatian club, they spend time at the centre after the class interacting with other people over coffee and cake.

Example 3

A group of adults recovering from road accidents attend a hydrotherapy session at the local pool with a physiotherapist. The pool staff members work with the physiotherapist and the individuals to ensure that when they are feeling confident and capable of swimming in the main pool, they will be supported and encouraged to do so.

Example

Identify disadvantages of segregation in activities

John is 23. He suffered a motorbike accident two years ago resulting in paralysis of his lower limbs. John previously enjoyed keeping fit and regularly ran each morning and completed weightlifting programs at his local gym. John is confined to a wheelchair but still wishes to maintain his physical fitness. John would like to join the local gym as there is a group of members of a similar age and it would also provide a social outlet for him. George is John's support worker. He offered John a 'disabled exercise program' that was being run at their gym. George felt that this program would be more beneficial for John as it was tailored for people with disability. John is disappointed and frustrated that George did not listen to his request and feels that he was not being treated as a person; rather, it was his disability that was being catered for. John also felt as though he was being excluded socially from groups of people in society because of his disability.

Practice task 6

1. What is a semi-segregated activity?

2. List the four main disadvantages to segregation.

3. State the two ways segregation can occur.

Click to complete Practice task 6

2D Identify ways to empower people with complex needs through activities

Successful participation in recreation is critical for people to maintain a sense of wellbeing, mental and physical health, and emotional stability. Each of these important parameters contributes to the sense of empowerment that a person feels over their own life and the recreation choices they are able to make. Empowering people with complex needs to participate in recreational and leisure activities can be challenging, but is very rewarding when successfully implemented. The key aspect to successful empowerment is to create an environment that encourages participation.

As a worker, you can do and say a great deal to help create an environment that encourages participation by a person with complex needs. By structuring and managing the environment to a certain extent, you can support the person in achieving success on their own terms. You should aim for empowerment and success to be based on the person being able to participate independently with minimal intervention and reliance on your program.

Below are some strategies for creating an environment that contributes towards creating positive participation.

Strategies for creating an environment for positive participation

▶ Establish clear goals with the person and other stakeholders about what will define success in the particular situation.

▶ Identify and manage barriers to potential participation early and before they become limiting for the person.

▶ Communicate in a positive way, through verbal and body language, with the individual and others in recreational settings.

▶ Choose venues and opportunities with care, focusing on areas that offer a high likelihood of the participation being considered as successful.

Philosophies about people, development and learning

Each service and organisation should have a clearly defined vision, mission statement and values to guide their service provision. The mission statement outlines the organisation's philosophy and goals about people, development and learning.

Philosophies about people are generally person-centred; this means having respect for the person and promoting empowerment. For example, disability and aged care organisations previously focused on curing a person of a disability, which was viewed as an illness. Now, health services view the person as an individual and focus on how the service can support them. Supporting development and learning without restriction

is therefore integral to the philosophies and goals of most services. Integrate the goals and philosophies of the service into the activities program using a consultative approach.

Theories of development

When you are assessing a person, it is important to consider their age and developmental stage. You can consider their developmental stage by applying one of the many theories of development.

There have been many attempts to understand human psychological development. Here are some of the most famous theories of development by some important thinkers and theorists.

Piaget's cognitive developmental theory

Swiss theorist Jean Piaget (1896–1980) focused on the cognitive development of children. He saw development as a stage process, whereby one stage is completed before the individual moves onto the next stage. Piaget's cognitive developmental stages are as follows:

▶ Sensorimotor stage – Infants use their senses and movements to explore the world.

▶ Preoperational stage – Pre-schoolers use symbolic thought and play.

▶ Concrete operational – School-age children use more forms of reasoning.

▶ Formal operational stage – Adolescents and adults employ abstract reasoning.

Freud's psychosexual stages of development

Austrian neurologist and psychoanalyst Sigmund Freud (1856–1939) believed that mental conflicts, like anxiety, occur because a person is stuck in a particular psychosexual stage. Personality was determined by three layers of self:

▶ Id – present at birth, and focuses on biological needs and impulses

▶ Ego – develops in infancy and is the conscious self, which rationalises between the id and the superego

▶ Superego – represents social values and a person's conscience

Freud's stages are:

▶ oral (birth to one year)

▶ anal (one to three years)

▶ phallic (three to six years)

▶ latency (six to eleven years)

▶ genital (adolescence).

Erikson's psychosocial stages theory

Like Freud, Erik Erikson (1902–1994) was a psychoanalyst. He saw stages of development across the lifespan. He believed that at each stage of the lifespan the ego develops new skills and attitudes that form an individual's personality. The following are Erikson's stages of development:

▶ Trust vs. mistrust (infant)

▶ Autonomy vs. shame and doubt (toddler)

▶ Initiative vs. guilt (early childhood)

▶ Industry vs. inferiority (middle childhood)

▶ Identity vs. confusion (adolescence)

▶ Intimacy vs. isolation (young adulthood)

▶ Generativity vs. stagnation (middle age)

▶ Integrity vs. despair (old age)

Vygotsky's sociocultural theory

Russian theorist Lev Vygotsky (1896–1934) took a cultural perspective and chose to focus on how cultural beliefs, values and customs of a social group are referred to the next generation. He described learning as a social process and that social interaction plays a critical role in the development of cognition. Vygotsky believed everything is learned on two levels: first through interaction with others, and then through integration into the individual's mental structure. His main emphasis was on social interactions with:

▶ immediate family (parents, caregivers and siblings)

▶ extended family

▶ society

▶ institutions.

Bronfenbrenner's ecological systems theory

Urie Bronfenbrenner (1917–2005) took into account a person's social context. He identified five environmental stages that a person interacts with:

▶ Microsystem – groups and institutions immediate to the person

▶ Mesosystem – relationships between people and their contexts

▶ Exosystem – relationship between the individual and a context they don't have a personal involvement in (for example, a mother loses her job and this affects the child)

▶ Macrosystem – cultural context a person exists within

▶ Chronosystem – sociohistorical changes and occurrences (for example, divorce rates at a particular time in a social context)

Developmental needs

Regardless of the theory that is used to describe development, it is important to remember that at each developmental stage, there are specific needs that people communicate using cues specific to their developmental stage. For example, adolescents have a strong need to be accepted by their peer group and will enact this need using certain behaviours. Infants require the basic needs of food, air, sleep and shelter. When these needs are not met, they cry.

Sometimes developmental stages are not met at an expected age, or a person's development is delayed or restricted. This can result in a disability – physical, emotional or cognitive. When you are assessing a person's needs, consider their developmental needs and any complex or individual needs they may have.

Identify strengths, needs, interests and preferences

The community services industry bases its current practice on treating the person as an individual who is empowered and enabled. This means that people can take control of their own lives and make decisions around the care and support they want to meet their needs.

The approach to empowerment means that your work should always be approached in the same manner as if you were trying to do yourself out of a job. If your focus is to provide information, resources and support to assist people to build capacity, gain confidence and take control of their lives, then you will always be working to uphold people's rights through an empowerment approach.

In disability care, for instance, the social model of disability underpins current practice. The social model does not consider that the person with disability has a problem; rather, it suggests that a person's ability to participate is limited by decreased access to and segregation from the wider community. The model treats all people as independent, capable and empowered. As you and the assessment team work through the information obtained about an individual, you should determine what their strengths are, and incorporate them into the program.

A person's interests and preferences should always be taken into account and they or their carers should be included in the assessment to identify these. Personal interests and preferences for particular activities can be recorded and used to develop activity plans and programs to meet the person's needs.

Empowerment

Empowering the person means taking active and purposeful steps to make sure they are able to take charge of their own care and support as much as they are able to.

Choosing to empower the person may be challenging at times, and it can be more time-consuming. However, from a legal and ethical perspective, it is important to always empower the person in your day-to-day work activities.

Here are some examples of ways to empower the people you work with as a leisure and health worker.

Practical ways to empower the individual

▶ Write care plans or individual plans describing where a person wishes to direct their own care and support.

▶ Offer choices and encourage the person to be proactive in choosing activities they would like to participate in.

▶ Respect the right of people to participate or opt out of activities.

▶ Provide avenues for making complaints and suggestions that are user-friendly and accessible to all people.

▶ Use open rather than closed questions where appropriate to encourage people to express their opinions and wishes.

Concepts that empower people

There are many concepts that serve to empower and facilitate independence and self-fulfilment for people with complex needs. Generally, these are positive, embracing attitudes that help the person achieve their goals without unnecessary restriction.

Empowering approaches are reflected in Australian legislation and best practice. They are also reflected in industry standards and quality assurance measures. They demonstrate an approach where support is provided on a needs basis according to individual requirements and requests.

Help should be offered in a positive, proactive way to ensure the person is safe and able to carry out their activities of daily living unhindered.

Examples of empowering attitudes:

▶ A leisure support worker takes the time to discuss choices for a leisure session with a person, rather than planning the session for them.

▶ A teacher encourages a child with a developmental delay to work hard to gain literacy and numeracy skills along with their classmates.

▶ A hairdresser turns her chair to face a person with a hearing impairment to ensure she communicates effectively about the haircut.

▶ A swimming instructor suggests a child with severe physical disability should be enrolled in a mainstream class with an assistant.

Work within statutory and legislative provisions

To work effectively in the leisure and health industry, you must ensure all work is consistent with relevant statutory and legislative provisions. In many situations your responsibilities are clear; however, there may be times when you need to seek a balance between your legal responsibilities and your ethical or moral requirements. This may occur in situations where you believe an individual is at risk of harm, or when information has been shared with you confidentially that may impact a person's health.

In situations where your requirements are not clear, it is useful to discuss the problem with your supervisor or manager. In most organisations, there will be protocols established to guide you through challenging or complex situations, and tell you what you should do as well as how you should document your actions.

Legal responsibilities

Legal responsibilities underpin most work in community services. Some legislation is relevant to all services and other legislation may be specific to particular settings (such as disability or home support sectors), and may vary between states and territories.

Community services workers must understand the legislation that relates to their work, including which legislation supports particular areas of their practice, and where to obtain further information about personal and organisational responsibilities under such legislation. Community services workers, supervisors and organisations have a legal and ethical obligation to provide services according to legislation and regulations, and to ensure staff abide by these regulations. These obligations exist to protect the rights of people accessing services and are a minimum standard of operating.

It is the responsibility of the organisation to ensure that its policies and procedures uphold the organisation's legal obligations. These policies determine the way in which daily activities within an organisation are delivered. A coordinator or supervisor must ensure that staff have appropriate induction to the workplace policies and procedures, and that they are accessible to all staff and service recipients, usually in the form of a manual.

Statutory and legislative provisions

Community services workers must understand the statutory and legislative provisions that are relevant to their workplace. These are requirements that relate to particular laws at the local, state, territory or federal government level.

When laws (Acts) are created by parliament, there may also be various bodies that are developed to regulate and manage the implementation of the Acts. These bodies are responsible for administering the Acts and making decisions based on their expertise in a particular area.

There are also local laws, which you may also need to learn about, that relate only to the area within the boundary of a local government region, but that can have a significant impact on your daily workplace tasks. For example, you may be affected by parking regulations when you visit the home of a person or by-laws for walking a dog on a beach with a person during particular times of the year.

You don't need to understand every statutory and legal provision that exists across the leisure and health sector; however, you should know how to locate this information if you need to. Often it can be found in the following sources.

Handbooks

Look for information in handbooks or guidebooks written by legal aid organisations or peak bodies; for example, the fact sheets and information produced by Villamanta Disability Rights Legal Service in Victoria.

Websites

Visit various websites such as the ACT Government's Community Services website or the Australasian Legal Information Institute (AUSTLII).

Workplace

Information about your legal responsibilities will be kept in your workplace; for example, within the human resources department.

Personal

Seek information in the form of personal knowledge kept by other team members but not recorded in documents within your organisation; for example, information your supervisor knows about mandatory reporting requirements in your state or territory.

Statutory compliance

You should focus on the requirements for your area of work and also the correct regulations or laws for your location or area of work. Laws that relate to one state or territory do not necessarily apply to work that you may undertake in another state or territory.

In most cases, your organisation will already have systems in place to ensure compliance with legislative and statutory provisions. Policies and procedures are the tools used by an organisation to make sure they comply with all the relevant state, territory and federal laws.

The following are some examples of policies and procedures used by organisations for compliance purposes.

Workplace policies

▶ These are policies that relate to workplace safety, hazard reporting, risk management and use of personal protective equipment are all related to state- or territory-based work health and safety legislation.

Quality assurance

▶ These are processes for record keeping, development and review of policy documents and procedures for handling complaints related to National Standards for Disability Services, Aged Care Quality Standards. These are all covered by the *Aged Care Act 1997* (Cth).

Standard operating procedures

▶ These are documents that explain how a process should be done in a step-by-step fashion; they may be written as a flow chart or a text-based document, and ensure consistency in a workplace to assist workers to meet quality requirements and workplace safety standards.

Statutory and legislative provisions

In any workplace, there is an expectation that you carry out your duties to the best of your ability and in line with the requirements of your position description. This may be a brief document that leaves room for growth and development of the position over time, or it may be a complex and detailed document that describes precisely what your work duties are. It may include a description of the relevant statutory and legislative requirements of your job. Sometimes there may be scope for you to meet these requirements within an agreed period after you commence work. In other situations you may need to prove that you meet the requirements prior to beginning work.

When you are completing forms or applying for checks or other qualifications, it is vital that you do so honestly and thoroughly. Never write down any information that you know is not true or that may be misleading. Never provide a copy of a document that has been altered for any reason. If you do not know the answer to a question or do not have sufficient information to answer fully, you should take steps to find out how to do so. Your supervisor, manager, HR manager or the agency that has sent you the form or other document should be able to advise you on what to do.

Requirements that may be included in your position description:

▶ Obtain a 'Working with children' check or show evidence of already holding one.

▶ Maintain a full current driver's licence.

▶ Maintain a current first-aid qualification.

▶ Be registered for membership of a peak body or agency.

Ethical conduct and duty-of-care requirements

Although there are agreed ethical principles in community services work and in the broader community, what constitutes ethical conduct in certain situations is not always clear cut. Determining what constitutes ethical conduct may be affected by the need to consider different legislation, community work principles, the rights and needs of people accessing the service, as well as the rights of the worker. These factors may also be the cause of ethical dilemmas.
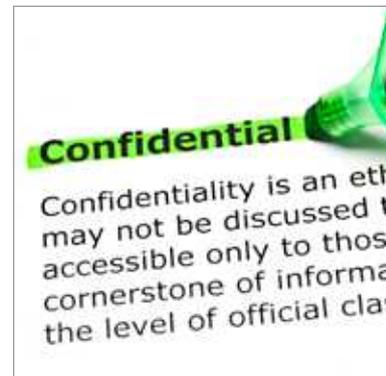
Act ethically

All workers have a responsibility to act in an ethical way. Ethics relates to values, views and judgments about what is right and wrong in different circumstances. Your first responsibility in a workplace is to act according to the organisation's policies and procedures, which take into account your legal obligations and those of the organisation. Your second responsibility is to act in an ethical manner, which means making decisions that demonstrate sound values and attitudes, and that reflect the general views of the community.

In reality, there is never one single community view about any one situation, and you may come across situations where you need to carefully consider your response, to determine how you will act and what you will say or write. For example, you may need to make a decision about when a professional boundary has been crossed by yourself or another worker. You should weigh up the situation, consider the potential consequences and decide on the most appropriate course of action.

Considerations in determining ethical action:

▶ What would another reasonable person do in this situation?

▶ How will my actions reflect upon myself and my workplace?

▶ If I look back on this situation in a few years' time, how will I judge myself?

▶ Do I stand to gain or benefit unfairly from my actions?

▶ Can someone else be harmed by my actions?

Duty-of-care requirements

In positions where you work with people, you need to become familiar with duty-of-care requirements, which can be mandatory under federal, state or territory law.

Duty of care describes the obligations employers and employees have to each other and those they are caring for. It includes making sure you provide appropriate care to meet the person's needs, treat them with respect and maintain a person's right to privacy. For example, you have a duty of care in situations such as when driving an individual to or from an activity, when implementing a recreation program or when performing a manual-handling task to move a person from one place to another.

If a person is young, has a significant level of disability or has a known history of acting in a particular manner that could put them at risk, you may owe them a higher duty of care. Conversely, a person who is an adult and who is able to make their own decisions and has been known to make sound and reasonable decisions in most previous situations may be owed a lower duty of care.

Duty of care varies depending on factors such as:

▶ the activity involved

▶ the nature of the person and any disability or impairments they may have

▶ the age of the person

▶ the ability of the person to make their own reasonable choices and decisions

▶ the requirements of your role

▶ the location and environment in which the activity takes place

▶ any other legal requirements that may apply, such as if a guardian has been appointed under an Act.

Duty of care, negligence and dignity of risk

Negligence occurs when a duty of care has been breached and harm to either person or property ensues. It is the legal and ethical obligation of any community services worker, supervisor or organisation to ensure that individuals are not exposed to unnecessary or unreasonable risk.

The rights of people to dignity and choice, as set out in legislation and service standards, also requires that duty of care is not used as a reason to limit a person's freedom or personal choice. A worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk, which means that a person has the right to make their own choices and to take risks. It is the role of the worker to ensure that the individual understands the risks they are taking and is therefore making an informed decision.

It is important to consider the standard of care that is reasonably expected of someone working in your position. Standards of care are described in documents such as the Aged Care Quality Standards related to the *Aged Care Act 1997* (Cth) and the National Standards for Mental Health Services (2010).

Conflicts between duty of care and legal requirements

Sometimes there may be a conflict between your duty-of-care requirements and your legal requirements. For example, you may be required by law to treat everyone equally and to not discriminate on the basis of disability under the *Disability Discrimination Act 1992* (Cth); however, this may conflict with your duty-of-care requirements to make a decision about the level of supervision required by a person with cognitive disability as opposed to a person who does not have a cognitive disability.

In community services, you are bound to protect the person's confidentiality by not revealing personal information about the person to others. However, in situations where there is a real or perceived threat to the life or personal safety of a person or others, you may feel your duty of care to the person and others in the community outweighs your legal requirement to maintain privacy and confidentiality under the *Privacy Act 1988* (Cth).

Meet the needs and uphold the rights of people accessing the service

Legislation, standards and accreditation processes were developed to uphold individual rights and ensure needs are adequately met.

In many services, you will find documentation explaining how that service meets the relevant legislation and standards, as well as how they measure the quality of their service provision against relevant key performance indicators. By reviewing the policies, procedures and other documentation in your workplace, you will become aware of how your service meets needs and upholds the rights of individuals. It is vital that you are personally committed to the needs and rights of service recipients and that you actively seek to implement the policies, procedures and service standards that support these.

Individuals generally have the right to:

▶ participate in or have access to activities

▶ choose not to participate

▶ be given access regardless of their ability to pay for services

▶ be judged against stated eligibility criteria when applying for services

▶ expect high-quality care

▶ be cared for by trained and appropriately skilled staff

▶ be encouraged to be independent and autonomous to the best of their ability

▶ receive services that enhance their quality of life.

Commitment to access and equity principles

In the leisure and health sector, a commitment to access and equity principles usually includes taking a non-discriminatory approach to all people using the service, creating an individual-orientated culture and catering for differences.

Australian federal legislation is in place to protect people against discrimination in many aspects of daily life. Some examples of federal Acts are outlined below.

Disability Discrimination Act 1992 (Cth)

▶ The *Disability Discrimination Act 1992* (Cth) protects people against discrimination on the basis of having a disability or being perceived to have one. The Act also offers protection to family members and carers associated with the person with disability.

Racial Discrimination Act 1975 (Cth)

▶ The *Racial Discrimination Act 1975* (Cth) protects people against discrimination on the basis of their race or culture.

Sex Discrimination Act 1984 (Cth)

▶ The *Sex Discrimination Act 1984* (Cth) protects people against discrimination on the basis of their gender.

A non-discriminatory approach

Many of the standards and regulations that exist across the leisure and health sector also contain reference to non-discriminatory conduct and approaches.

The key concept is that you should deal with everyone on an equal basis and make decisions and take actions that are fair and equitable.

Here are some examples of groups of people you will have to consider when working as a leisure and health worker.

Family and friends

Family and friends associated with a person often form an integral part of their daily lives and care. It is important to extend the same respect to family and friends as you do to a service recipient.

Family and friends may not always respond in a positive way, especially in stressful situations. They need to be shown respect and considered on an equal and fair basis, without being discriminated against for any reason. People under stress may behave differently from how they would in an ordinary situation. Avoid making assumptions or discriminating inadvertently for reasons such as a perception that one family may be more difficult to work with than another.

General public

Members of the general public are protected by Australian federal law, as well as state or territory laws. Show respect for members of the general public in the way you conduct yourself when you are in the community, or when a member of the general public comes to your workplace. All members of the public should be treated with respect and courtesy, and should be offered fair and equal treatment without discrimination.

Co-workers

Co-workers have a right to fair and equitable treatment. You may work alongside people from a wide variety of cultural and linguistic backgrounds, of varying ages and abilities. It is not appropriate or indeed lawful to discriminate in your actions or words against people on the basis of any of these attributes.

Treat all your co-workers equally and do your best to avoid offending or insulting anyone. Jokes or comments you find humorous may be interpreted in a different way by others

Advocacy and individual involvement

Your role in the leisure and health sector may include providing advocacy, which is often required for people from marginalised or disadvantaged groups, or in situations where the person feels there is a power imbalance undermining or threatening their ability to advocate on their own behalf. For example, advocacy may be required when a person is from a non-English-speaking background or has a disability, limited verbal communication skills, a cognitive impairment, dementia or limited confidence in speaking to others.

The key concept of advocacy is to 'stand beside' rather than 'stand instead of' a person. Keeping this in mind ensures the person remains empowered and in control – the advocate is merely there to communicate the person's ideas and requirements effectively.

Interpreters are not able to act as advocates for the same person as this compromises both the interpreting and advocacy roles.

Involving an advocate can be a way of empowering a person and ensuring they are able to find a voice in a situation where otherwise they may have remained silent.

Advocacy should include:

▶ the goal of establishing beneficial outcomes for the person
▶ directions by the person or their family on the desired outcomes
▶ communication to establish the person's goals and discuss any issues or concerns
▶ respect for organisational and industry regulations, policies and standards
▶ only those actions that are within the law
▶ only the requirements, rights and views of the person, and not the personal views of the advocate.

Requirements for your specific work area

Your supervisor or manager will be able to guide you through the relevant policies, procedures and requirements for your specific area of work.

You should identify any areas of concern you have, and seek further information or clarification if there are things you don't understand fully related to statutory and legislative provisions. It is also valuable to participate in working parties or meetings where issues related to statutory and legislative provisions are discussed. Being an active participant, listening carefully and sharing your own views and knowledge are all useful ways of increasing your understanding in these areas.

Below are examples of how legislation may apply to different areas of work in the leisure and health sector.

Aged care

If you are working in an aged care setting your supervisor or manager will discuss how legislative requirements apply to working with older people. This may include ensuring you understand your role in meeting the Quality of Care Principles for aged care or how you should respect individual confidentiality and privacy in your use of individual records and other documents, which is covered in the *Privacy Act 1988* (Cth).

Advocacy

If you are working in an advocacy role, your supervisor may encourage you to develop a plain English version or a youth-focused version of documents related to the *Disability Discrimination Act 1992* (Cth).

Mental health services

If you are working in the area of mental health services, you require a deeper understanding of how to refer an individual during an acute psychiatric crisis, or who can order an involuntary treatment or hospitalisation of an individual, as set out in the your state- or territory-based mental health Act.

Working with children

If you are working with children in Victoria you will need to complete a 'Working with children' check and carry a card under the requirements of the *Working with Children Act 2005* (Vic.).

Health and safety

If you are working in any area of leisure and health services and you are an elected health and safety representative in line with your state or territory's work health and safety legislation, you have an entitlement to have training paid for by your employer, as well as payment of your regular wage while you are attending training.

Acquired brain injury

If you are working with a, individual who is an adult affected by a severe acquired brain injury, your supervisor may explain that a legal guardian has been appointed if they do not have any close family or friends who can act in this role.

Example

Identify ways to empower people with complex needs through activities

Bernard has both a cognitive impairment and a mental illness. This dual disability requires a holistic approach to ensure all his needs are met. The recreation officer at the community day centre often reviews Bernard's care plan so it considers all of his requirements and reflects his changing needs. Her observations include his physical needs so she can be sure Bernard can participate in the activities of his choice. She also takes a holistic view of his needs to also include his emotional and social requirements.

Practice task 7

1. Define the concept of empowerment.

2. Identify three stages in Erikson's theory of development.

3. List five considerations that you should keep in mind to ensure that you act in an ethical manner.

Click to complete Practice task 7

Summary

1. There are benefits to people of all ages in participating in recreation, leisure and play.

2. Benefits are holistic and influence the psychological, social and physical aspects of the body.

3. The changes in the leisure sector over time reflect the wider acceptance and empowerment of particular groups such as those with disability.

4. The sector has a framework of models and values that workers use to guide their work and that underpin decisions made in their interactions with people, such as a holistic approach and individual-directed care.

5. The rights of people should be incorporated into program planning and implementation of services. Workers should maintain appropriate duty of care while recognising dignity of risk.

6. Access and equity principles allow for participation for everyone.

7. Incorporating the views of key stakeholders means that programs are more likely to meet the needs and interests of people and encourage participation.

8. Developing respect and understanding of the various cultural groups will ensure participation and access for all.

9. There is a need for inclusive practices in leisure and health. There are negative aspects of segregation in activities.

10. Workers must uphold a responsibility to adhere to relevant policies, procedures and legislation.

Learning checkpoint 2
Promote inclusion and empowerment

This learning checkpoint allows you to review your skills and knowledge of promoting inclusion and empowerment when working in leisure and health services.

Part A

1. Explain the meaning of the theory of inclusion.

2. List and explain the three factors of integration for recreational and leisure activities.

3. Identify two advantages of integration in recreational and leisure activities.

4. What are the disadvantages of segregation for people with complex needs in leisure and health activities?

5. List and explain three mechanisms to empower the person with complex needs.

Part B

Read the scenario, then answer the questions that follow.

> ## Scenario
>
> Imagine you work at a large fitness centre that is currently attended predominantly by members from middle- and upper-class backgrounds, speak English as their only language and do not have complex needs. There are very few members who have disabilities, who are from different cultural backgrounds or who are from lower socioeconomic groups. Your team leader at the centre sometimes expresses racist views and can be very patronising in his interactions with others.
>
> The team leader has recently resigned, and a new person has been appointed to the role. The new leader has initiated some changes and wants to make the centre more inclusive and welcoming for all service-recipient groups.

1. List two types of discrimination that are being displayed by the centre in the above scenario.

2. Explain the term 'inclusive' in terms of program planning.

Topic 3

In this topic you will learn how to:

3A Determine recreational and leisure needs of people with complex needs

3B Identify benefits of participating in activities to meet identified needs

3C Identify barriers to participating in recreational and leisure activities

3D Develop strategies for overcoming identified barriers

3E Involve stakeholders and relevant others to manage barriers according to a person's needs

Contribute to the plan for addressing the impact of people's issues, characteristics and symptoms

It is important to consider the impact of a person's issues, characteristics and symptoms when making plans specifically related to individual people. Individual planning focuses on setting goals and developing clear, specific plans to assist the person in working towards the achievement of those goals. Your success in achieving this will be considered in the review stage of the planning process. Key stakeholders may play a significant role in this process, as these people can provide specific support and expertise as well as practical assistance for the person.

3A Determine recreational and leisure needs of people with complex needs

In the past, service providers followed a medical model of care. They developed leisure and health programs that met the needs of the organisation rather than the needs of individuals. People accessing services were defined by their impairment, illness or disability, and plans were developed to minimise the impact of the impairment. This approach is no longer acceptable, and industry best-practice standards reflect the focus on person-centred, holistic care and support.

This focus means you should adopt the principles of person-centred planning and support in all your interactions with and on behalf of the person you are supporting. The principles are:

▶ unconditional positive regard, which means the person is valued and not judged

▶ empathy, which means you try to see things from the person's perspective and understand their feelings

▶ congruence, which means your words and behaviour show a genuine commitment to helping the person achieve their goals.

There are both formal and informal methods you can use to determine the recreational and leisure needs of people with complex needs. You should consider both approaches, as well as the recreation and leisure model used within the workplace, when identifying the needs of particular people.

Both formal and informal approaches require you to consult carefully and appropriately with the persons you are supporting, and ensure you show respect and place value on what the person communicates.

Formal methods for determining recreation and leisure needs

Formal methods for determining recreation and leisure needs include standardised screening tools and formal assessments. These can take several forms, such as structured interviews where notes are taken under various headings prepared before the interview, screening tests filled out by the person, observational records of the person, and case management meetings involving key stakeholders.

Some of these methods may be used in combination to establish the recreational and leisure needs of people. For example, a person may complete a formal interview with a recreation worker, answering questions about their previous participation in recreation and any particular areas of need. Following this, they may also fill out a survey such as the Adolescent Leisure Interest Profile (ALIP) or the Leisure Ethic Scale. Both of these provide standardised data that can be used to assess needs.

Gather and assess information from a range of sources for program development

Information can often be gained directly from the source. Verify the information you gather to make sure it is accurate. Information that comes from a number of reputable sources is likely to be accurate, whereas information only read or heard once is less likely to be reliable. In particular, be wary of online sources such as blogs, and anecdotal reports not backed by independent research.

Evidence-based practice, which is based on research evidence, is a good way of ensuring your program represents best practice. For example, there is strong research pointing to benefits for people with long-term mental illness using supported community housing, as it is shown to improve personal and social functioning and quality of life.

Ensure you are always working with the most up-to-date and valid information possible when developing a recreation program with an individual or group. Information changes over time, so it is important for you to remain current in your thinking and use best-practice principles in your work.

Strategies to remain current in your thinking and use best-practice principles in your work:

▶ Join and be active in professional networks.

▶ Attend professional development and further training opportunities.

▶ Read widely from books, journals, online sources and news posts by professionals in the industry.

▶ Join mailing lists of organisations and venues in your area.

Interpersonal communication with the person and other stakeholders

Your personal communication skills need to be very well developed when working with people with complex needs.

When you are communicating through a third person or using technological tools, always try to make your communication as natural as possible. Focus on communicating as you would with any other person. Talk directly to the person, not to the interpreter or the device being used. Speak in a clear, regular voice, but incorporate small pauses if needed so an interpreter can speak. Use age-appropriate language and information where this seems suitable for the situation.

You need to feel confident communicating in a variety of ways and working with others to support communication where needed. Here are some examples of situations in which you should feel comfortable communicating.

Situations where you should be able to comfortably communicate

▶ With a sign language interpreter to communicate with people with hearing impairment, as well as knowing some key words to sign yourself

▶ With a language interpreter to communicate with people who do not speak the same language as you

▶ Via a telephone interpreter to communicate with someone who speaks another language in a situation where it is not practical to meet in person

▶ Through technology devices such as a static or dynamic communication device

▶ Through a communication board or book

▶ Through the use of gesture, eye pointing and body language as a supplement to verbal communication

Advantages and disadvantages of formal methods of determining needs

Case management meetings are more likely to occur for people who require some medical, mental health or allied health support, such as individuals with mental illness, those recovering from injury or illness, those moving to a rehabilitation setting and those who require ongoing support from various agencies.

Formal case management meetings are useful in determining recreation needs and establishing any conditions or factors that prevent exercise, activity, positioning or other tasks. Case management meetings can also begin to determine the physical and practical suitability of different recreation and leisure options. This may include a discussion about whether active or sedentary activities are appropriate, and whether adaptive equipment is required.

There are both advantages and disadvantages to using formal methods such as screening tests and structured interviews for determining recreation and leisure needs. These are outlined below.

Advantages

▶ The results can be validated.

▶ The same method can be implemented with a group of individuals.

▶ An assessment can be repeated with an individual at a later date for a comparison of results.

Disadvantages

▶ Some tests are limited as to who is allowed to administer them; for example, an occupational therapist may be required to administer a certain test.

▶ Some tests are expensive to purchase and some methods can be time consuming to administer and score; however, this can also be considered an advantage as critical information is less likely to be overlooked.

Informal methods for determining recreation and leisure needs

Informal methods do not involve the use of a specific test or inventory. Instead, an informal approach involves three approaches that are described below.

Initial relationship building

You and your service recipient need to get to know each other so the person feels comfortable sharing their ideas, thoughts and concerns. This time also allows you to observe the person to help you learn more about them, their abilities, general functioning, communication skills and areas of need.

The exploration stage

The exploration stage involves exploring ideas, activities and potential barriers with the person. Focus on discussion and exploration of motivations and desires, and learning about the person's awareness of their potential barriers to participation in leisure activities. The discussion can include specific questioning that revolves around activities, people and the environment. These three areas can be discussed through the use of sentence starters such as:

▶ 'I enjoy doing things that …' (for example, keep me fit, make me feel energised, let me get out of the house)

▶ 'I enjoy being with people …' (for example, who are the same age as me, who like doing the same things as me, only for some activities)

▶ 'I enjoy being …' (for example, outside, in a quiet place, in the bush, busy and active).

You may assist the conversation by giving examples from your own life or by asking specific questions. To discuss these issues with some people, you may require a sign language interpreter, advocate, parent, partner or relevant other to provide assistance and information during the discussion. Ensure that information you collect is stored appropriately and the person's confidentiality is respected. Information should be stored according to your organisation's policies and procedures, in line with the *Privacy Act 1988* (Cth).

Reflect together

After exploring some of the issues and interests of the person, it is important to spend some time together reflecting on what has been discussed. This reflection time is an opportunity to consider the person's recreation and leisure needs and to use your communication skills to check you have clearly understood what the person has communicated during the exploration stage. Any errors or omissions in understanding can be quickly rectified and additional notes made in the person's records as required.

Involve the person in the process

Involving the person in the assessment process is an important part of planning leisure and health activities. It gives the person the opportunity to provide input regarding their individual program. As with the initial assessment, progress assessments need to be regular and follow standard procedures. Your organisation will specify when these assessments should occur; for example, monthly, bimonthly or every three months. The assessment forms will be provided by your organisation.

Value of the individual in society

When people feel devalued, it impacts their quality of life. People need to be treated as a valued member of society. This means recognising that each individual is unique with individual strengths and needs. Here are some strategies you can use to show you value the person.

Valuing others

▶ Use valuing language. Don't refer to the person as their condition or illness. Address them in the way they want to be addressed.

▶ Always recognise the person is the best expert on themselves. If they say they don't feel up to something, don't try and coerce them to be involved.

▶ Acknowledge that people have their own views and values and so long as no harm occurs, it is their right to continue to have those views and values.

▶ Animated bullet rowa Ask them what they want. Ensure the person is making their own choices and decisions and not just doing what they think others want them to do.

▶ Don't refer to a person's needs as 'problems'. This is negative language. Talk about 'issues' rather than 'problems', and ask them what it is they 'need'.

▶ Ensure your approach is not patronising. For example, remember that older people have had more life experiences than you and are probably far more knowledgeable than you are.

▶ Make sure every interaction is dignified and respectful. You may not agree with the person, but you have a professional obligation to treat them well.

Implement strategies to meet the requirements of people with complex needs

Meeting individual needs involves four stages when working with a person with complex needs. Each stage is critical in empowering the person to ultimately feel they can take charge of their own recreation activities and leisure time with minimal support and intervention. Below are details of each of these stages.

Consultation

Consult with the person and other stakeholders when support is first initiated or requested. This may include an initial meeting, a group planning session, developing a care or support plan, or consultation with other key stakeholders.

The initial consultation with and about the person should adopt a person-centred approach, where you encourage and support the person to contribute and share their views and thoughts. The consultation phase leads into the establishment of goals.

Goal setting

Goals should be established to guide the following phases of support provision. They should be person-focused, measurable and achievable. They should be clearly written so others who may also refer to them in their daily work practices can understand them. Goals should be limited to a small number rather than trying to achieve too much in a short time frame. Goals can always be revisited and adjusted at a later date.

Planning

Planning must be based on the established goals. It involves identifying and managing barriers to participation and likely recreation options. Consult the person while planning to ensure the person is still actively engaged in the process. This enhances their empowerment and ability to direct their own outcomes.

Use active listening to check you are on the right track. Ensure you have understood fully by verbally confirming your understanding, saying something such as, 'So you would prefer to play indoor bowls because it's close to home?'

Implementation

The final phase is when participation occurs. The person may visit the venue, have a trial, observe, meet others or begin participation. Ensure everything needed to support independence is in place and that barriers to participation have been identified and managed. Monitor the initial implementation stage to ensure success, but focus on establishing independence as quickly as possible as it is a vital factor in the person ultimately feeling empowered and in control of their own activities.

Develop research tools to determine recreation and leisure needs

If your job role involves collecting information from a large number of people in a specific region or location, it may be useful to develop your own inventory tool. This tool can be tailored to meet the particular needs of your location, service-recipient group or recreation or leisure sector.

A research tool should allow you to collect data, record information in a logical and organised way and use the data to make recreation choices with the people you support. Focus on questions that provide you with the information you are most likely to need about the people you support and that will encourage them to share important details, desires and areas of interest with you.

Be careful not to ask questions that lead or direct the people you support to a particular answer without realising it. You should try to cover all possibilities in the way you write questions, so people can answer in the way that best describes their needs.

Build your skills in determining recreation and leisure needs

It is important to focus on your own continued growth and skill development as a community services worker. Strive to enhance your abilities to determine recreation and leisure needs for people accessing the service. Below are a number of ways to maintain and build upon your skills in determining recreation and leisure needs.

Observation

Spend time reflecting on your own observational abilities, particularly after your initial involvement with a person has concluded. Reflect on how you observed the individual and their skills and ability to interact with the environment.

Ask yourself the following questions:

▶ Were the eventual recreation outcomes for the individual a good match for my initial observations?

▶ Were there things I missed in my observation that could have been useful?

▶ Did I observe physical functioning as well as social skills, emotional wellbeing, interest and motivation to participate in activities?

▶ Did I observe the person on a number of occasions, or just once?

▶ Am I able to use technology tools, such as video, to assess individual needs and existing skills where appropriate?

Communication skills

Consider how you can continue to develop your communication skills with and about people with complex needs as you progress through your career. Focus on developing key skills such as the ability to use some basic phrases in community languages, including sign language, to communicate via technology and to work comfortably with an interpreter.

Consultative process

Ask for feedback from your supervisor or manager about your role in consultation in the workplace and what you can do to build your skills in this area. Consider the following:

▶ Do you participate actively in meetings and case planning activities?

▶ Do you listen actively and consider the views of others?

▶ Do you ensure other people feel comfortable and relaxed when communicating with you?

▶ Do you seek professional input from others who are more knowledgeable about important topics?

Identifying resources

Some of the actions you may take to identify community resources include:

▶ building a print or electronic record of local community resources that are important to your work sector

▶ analysing the various needs of different service-recipient groups, and locating community resources to support each one

▶ making contact with key personnel within your community, such as the local council; sporting and community groups; carer support programs; respite organisations; and disability, mental health and aged care support services.

Work health and safety

Consider ongoing training and development in work health and safety principles and practices, such as:

▶ becoming a work health and safety (WHS) representative

▶ attending manual-handling, lifting and transferring training with a physiotherapist

▶ attending first-aid refresher courses

▶ looking at websites such as WorkSafe Victoria (http://aspirelr.link/worksafe-vic).

Sensitivity and empathy

Work with a mentor or more experienced worker to build your skills in working with people to determine recreation needs. You may observe, sit in on meetings, take notes, or listen or watch video recordings of real-life meetings or interactions with people.

Recreation and leisure for people with complex needs

A person's needs may relate to several areas of recreation and leisure activities. It is important to plan recreation and leisure activities that meet these specific needs. Not all people will have needs in all areas; some people may only have needs in a single area, while others may have many areas of need.

Identify the person's needs in collaboration with stakeholders such as medical personnel, family, caregivers and allied health members. This way, you will be better able to identify the benefits that participating in recreation will bring for the person

Some needs relate to specific recreation and leisure outcomes identified by the person through a survey or informal discussion and exploration of their needs. Some needs relate to issues identified during case meetings with professionals involved in supporting the person. The information below outlines some different aspects of complex needs.

Social/emotional needs

What it means for the person with complex needs
Some people may be socially isolated or have limited experience in building and maintaining friendships. Some people may have particular emotional needs related to their life stage, a particular event such as the death of a close relative, or due to a mental illness.

Example
A person may require worker involvement to support the initial development of friendships within a segregated recreation group at a community centre.

Communication needs

What it means for the person with complex needs
Some people may have limited English or verbal communication, and may use an alternative method of communication such as an interpreter, communication board or book, or a voice output device. Some people may only be comfortable communicating with particular people in familiar situations.

Example
A person may require support via a communication book or electronic device to support their communication with others in an unfamiliar environment.

Physical care needs

What it means for the person with complex needs
Some people may have particular physical needs as a result of a disability; for example, the need for hoists, toileting support and personal care needs.

Example
A person may require a hoist to transfer them from a bed to a wheelchair due to their physical immobility.

Health/medical needs

What it means for the person with complex needs

Some people may have deteriorating health due to their condition, or a health issue such as being overweight or obese. Some people may require specialist support such as PEG feeding, catheter use or diabetes management.

Example

A person may require support to manage the insulin for their diabetes during a recreation activity.

Changing needs

What it means for the person with complex needs

Conditions such as multiple sclerosis, muscular dystrophy, Parkinson's disease and Alzheimer's disease can cause deterioration in a person's health over time.

Example

A person with a condition such as multiple sclerosis may need more or different assistance depending on how they are affected by their condition on a particular day.

Fitness needs

What it means for the person with complex needs

People who are immobile or have restricted mobility can become less fit and gain significant weight, and so experience deteriorating health such as higher blood pressure, increased risk of heart conditions and stroke, and arthritis.

Example

A person may require involvement by qualified personnel to support their weight-loss and fitness goals.

Empathy needs

What it means for the person with complex needs

People may experience different emotions depending on what is happening in their lives at the time they require support. They may have experienced a loss, learnt of a diagnosis of a condition, or experienced an episode where they required intensive care and medical support.

Example

A person may need to receive empathetic, one-to-one support to participate in solo recreation activities at a time when they feel unable to participate in a group situation.

At-risk needs

What it means for the person with complex needs

Some people may be at risk of illness, self-harm, risk-taking or dangerous behaviour, or of experiencing a mental health crisis.

Example

A person may require involvement from other agencies or specialist workers at a time of greater mental health need or personal crisis, when they may be at risk.

Example

Determine recreational and leisure needs of people with complex needs

Akeem has been employed on a project to determine the recreation needs of individuals in the area who have mental illness and are from culturally and linguistically diverse (CALD) backgrounds with limited English skills. His brief is to collect data about recreation needs as provided by potential adult service recipients currently living, working or receiving support services in the target region. The individuals are referred from various community agencies.

Akeem decides to use a formal recreation survey he develops to collect the data. He chooses a three-response answer format for all questions so individuals don't need to read extensively to answer the questions, and to reduce the amount of time it will take to collect and collate the data. He also knows that a short survey is easier and less costly to have translated into community languages, and this will help him keep his project on budget.

Here are three sample questions from his survey:

	Yes	Not sure	No
Are you able to participate in mixed-gender recreation activities (activities where there are both men and women present)?			
Have you taken part in recreation activities in your local area in the past 12 months?			
Would you be happy to try a new recreation activity – something you have never done before?			

Practice task 8

1. Identify three skills required to determine recreational and leisure needs of people.

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2. List three observations that you might make to assess if the leisure and health activities are a good match with the person.

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3. What are two informal means to identify leisure and health recreational activities for people?

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Click to complete Practice task 8

3B Identify benefits of participating in activities to meet identified needs

Recreation and leisure activity participation has many potential benefits. Some of these relate to needs the person identifies when you meet with them and talk about their interests, abilities and possible activity plans. Some benefits relate more closely to the particular attributes of the person, and may relate to a disability, language or cultural need.

It can be useful to observe and clearly identify positive outcomes that occur for people. For example, you may measure body weight, fitness or agility changes over time with a person or group. This can provide evidence to support future funding applications or to demonstrate the success of an existing program. Funding applications to the government often require you to demonstrate what potential benefits may come from a program, so being able to clearly show how a program has helped in the past is important.

Potential benefits of participation in recreation and leisure activities include:

▶ opportunities to develop friendships with others in a local area

▶ opportunities to build communication skills with familiar and non-familiar people

▶ opportunities to practise English-speaking skills

▶ confidence and skill-building in using community facilities independently to meet own personal care needs

▶ confidence in accessing public transport to get to and from recreation activities

▶ greater fitness, muscle strength and endurance due to participation in regular physical exercise

▶ improved health outcomes due to weight loss in cases of obesity or being overweight

▶ improved health outcomes and decreased cardiac risk factors due to increased physical fitness

▶ contact with greater number of people who can provide incidental support and monitoring of risk and personal safety.

Build on the person's strengths over time

A person's needs and outcomes often change over time, and sometimes it is inevitable that a person will deteriorate in their abilities as a result of their condition.

A recreation philosophy where you focus on strengths rather than limitations can be a good way of continuing to move in a positive direction, rather than becoming distressed over negative changes that are occurring.

There will be times when a person requires support through difficult periods or to re-establish a new level of involvement when previous skills have been lost. To offer effective support, there needs to be a close worker–individual relationship.

Not all people will deteriorate over time. For some, the reverse is true, and the person may experience significant gains as a result of their involvement in recreation and leisure activities. In these cases, it is important to continue to build on strengths and gains when they occur. For example, you may record a gain in physical strength and aerobic fitness for a person after they have participated in a regular gym program for a few months. By providing a graduated program of exercises and continually building on new levels of fitness, the person will continue to make progress over time.

Example

Identify benefits of participating in activities to meet identified needs

Summer is writing a funding application to seek continued funding for a recreation program in a remote area in Queensland. The program currently supports around 80 young people from Indigenous Australian and non-Indigenous Australian backgrounds to participate in after-school recreation activities. She focuses her submission on the areas she knows are important to the funding body, including:

▶ improved relationships between Indigenous and non-Indigenous youth

▶ decreased levels of antisocial behaviour in the local community

▶ increased physical fitness and health outcomes for youth.

She explains how the program aims to address each of these areas, and then considers how she can clearly demonstrate improvement for her individuals to the funding body. She knows it is not enough to simply say her program works; she has to clearly demonstrate what the improvements have been for individuals who have already used the program.

Practice task 9

1. Explain the benefit of focusing on a recreational philosophy when designing leisure and health activities.

2. List three benefits of participating in leisure and health programs.

Click to complete Practice task 9

3C Identify barriers to participating in recreational and leisure activities

As someone who works with people who have complex needs, it is important to further develop your knowledge and understanding of issues that may affect a person's ability to participate in recreation and leisure activities. It is important that you can identify barriers to participation, as this will enable you to take steps to modify the task or the environment, or provide additional supports or services to help a person participate in their chosen activities.

Barriers to participation are those factors that may prevent a person from being able to take part in an activity. Barriers may be tangible barriers or perceived, and can make it difficult or even impossible for a person to join in with a group, access an area or building, or simply feel welcome and included. Detailed below is a description of tangible and perceived barriers.

Tangible barriers

Tangible barriers to participation are those barriers you can readily identify. They are often physical factors that can be seen and touched, or factors that relate to real objects or events, such as:

▶ a lack of available and accessible transport

▶ insufficient finances to pay for services

▶ a lack of adaptive equipment

▶ inaccessible buildings or areas

▶ a lack of accessible toilet facilities.

In these examples it is possible to identify the barrier easily and see the direct relationship between the presence of the barrier and the inability of a person to participate in the activity.

Perceived barriers

Perceived barriers to participation are often far more difficult to identify. They include the actions or inactions of people or groups, perceived attitudes and approaches, and social expectations about behaviour and inclusion, such as:

▶ signage that not all individuals can understand

▶ websites that are not fully accessible to people who needs to use screen-reading software or require larger fonts to read text

▶ attitudes of reception staff to not make a person feel welcome and included

▶ attitudes of face-to-face staff to make a person feel disempowered and not part of a group

▶ activities that are needlessly high in cost.

Legislation related to barriers to participation

In Australia, the *Disability Discrimination Act 1992* (Cth) covers disability access. However, as a complaints-based rather than compliance-based law, it is often reliant on interpretation and responses to issues, rather than clearly established construction and access guidelines. This can be problematic when it comes to barriers to participation for people with disability, remembering that this group includes people with sensory impairment, mental or psychiatric illness, acquired brain injury and those who have a disability due to ageing, as well as those with physical disability. This group comprises around 20 per cent of the Australian population.

Codes related to barriers to participation

New buildings and those being renovated or rebuilt often fall under the Building Code of Australia (BCA), which sets out the rules and expectations for many areas of construction, including accessibility.

Historically, the BCA has covered aspects of access including access to a building and within it, suitable car parks and toilet facilities. Appropriate signage and hearing augmentation loops may also need to be included under the BCA. There is now a new BCA (2011), which is aligned with the Disability (Access to Premises – Building) Standards (2010).

The Access to Premises Standards require new buildings to provide for a continuous path of travel to and within a building. This means that corridors, rooms, halls, walkways, entries and exits, sanitary facilities and doorways should be accessible. It also means that hearing induction loops and braille signage should be provided where appropriate.

The focus of the Access to Premises Standards is on providing full access to all areas that are accessed by other participants, in a dignified manner. For example, the main entry to a building should be constructed so it is accessible to all, not so that a person in a wheelchair must enter through a different door.

Plan and develop programs to remove barriers to participation

The BCA and the Access to Premises Standards only control physical buildings and how they are constructed. They also only control access for people with disability, not other groups of people who may find there are barriers to their participation. Once a building is constructed, many things may occur that can also create barriers to participation for people; for example, the times a program runs, the attitudes of staff, the use and placement of furniture within a building, the use of signs and visual displays, and the lack of translated and accessible written information can also be barriers to participation.

Conversely, if these things are done well, they can be tools for inclusion rather than features that exclude. Some of the approaches made to program planning and development can do a great deal to make the person with complex needs feel accepted and included in recreation and leisure facilities and programs.

Staff training

Training staff is important in supporting people with a wide range of complex needs to feel welcome and included. Training can be provided through specialist service providers, such as Action on Disabilities within Ethnic Communities (ADEC), or through in-house training provided by experienced staff members.

Training may cover topics such as how to work effectively with specific service-recipient groups, how to deal with crisis situations, how to greet people in other languages, or how to make program documentation accessible to individuals with limited English or vision impairment. Training may also cover safety and risk management in relation to safe work practices and work health and safety legislation. This may be provided by a specialist staff member, such as a physiotherapist providing manual-handling training, or may be a regular agenda item at a staff meeting where issues, concerns and problems can be discussed and documented on a regular basis.

Person-to-staff ratios

An effective person-to-staff ratio is an important factor in ensuring the service recipients and staff are safe and that risks are managed and kept to a reasonable level. Participation in recreation activities often requires some degree of risk-taking, so it is critical that risks are identified, removed where possible and clearly understood by the person and their caregivers.

An appropriate person-to-staff ratio can reduce risk, as it allows for appropriate and timely supervision, clear and informative instruction, immediate action in difficult situations, and clear and unhampered observation of activities. Person-to-staff ratios should take into consideration the person's age, needs and abilities, the environment and the nature of the activity.

Documentation for removing barriers

Removing barriers to participation for people should be a conscious and planned activity undertaken within organisations and businesses. This can be achieved by ensuring that documentation refers explicitly to identifying and removing barriers to participation, as well as to providing full access.

Documentation can include policies, procedures, standards, accreditation requirements, ongoing self-evaluation, and the development of mission and values statements that address issues of access and equity for all people accessing services.

Example

Identify barriers to participating in recreational and leisure activities

Tuyet is the manager of recreation programs at a large inner-city facility in Western Australia. After reading information on the Department of Sport and Recreation website about disability inclusion, she realises their facility has a long way to go before her organisation can claim to be fully inclusive. Tuyet decides to ensure as many barriers to participation as possible are removed for individuals. She realises there needs to be some documentation and planning to start the process, so she can measure the effectiveness of any changes or actions she takes.

Tuyet begins the process by asking a small work team to review their current policies and procedures to identify how well they apply to various service-recipient groups. She also asks another work team to conduct a walk-through of their facility, taking note of potential barriers to participation for different groups. Tuyet organises for both work teams to report back at their next staff meeting so they can begin to develop an action plan and set a time line for removing barriers to participation.

Practice task 10

1. List three potential tangible barriers to participation in leisure and health activities.

2. List two potential perceived barriers to participation in leisure and health activities.

3. What is one legislative requirement that assists in removing barriers for participation in Australia?

Click to complete Practice task 10

3D Develop strategies for overcoming identified barriers

A clear and systematic approach to overcoming identified barriers to participation is useful in recreation and leisure facilities and programs. This section explores some strategies that can be used to overcome various types of barriers to participation.

The following information presents a series of tangible barriers along with strategies that may be used to overcome them.

Lack of available and accessible transport

▶ Access a volunteer driving service such as those provided by community services organisations.

▶ Contact the local council to identify council-provided transport services such as minibuses.

▶ Contact local bus companies to request accessible transport on specific routes.

▶ Identify government-funded subsidies such as taxi subsidies.

Insufficient finances to pay for a service

▶ Identify grants or services for which the person may be eligible, such as recreation program funding or discretionary respite funding.

▶ Locate local providers that offer flexible payment options or discounts for new members.

Lack of adaptive/assistive equipment

▶ Make a request to the local council in writing to ask for appropriate equipment such as hoists at local facilities.

▶ Access funding through a government program such as Enable NSW or the Victorian Aids and Equipment Program.

▶ Access loan equipment through a disability-specific organisation.

Inaccessible buildings or areas

▶ Write to the building owner and advocate on behalf of or in collaboration with the person you are supporting to request that access is provided (ensure the person gives permission for this to occur).

▶ Make a complaint through the Human Rights and Equal Opportunity Commission under the *Disability Discrimination Act 1992* (Cth).

▶ Seek an alternative provider who provides appropriate access.

Lack of accessible toilet facilities

▶ Write to the building owner and advocate on behalf of or in collaboration with the person you are supporting to request that access is provided (ensure the person you are supporting gives permission for this to occur).

▶ Make a complaint through the Australian Human Rights Commission under the *Disability Discrimination Act 1992* (Cth).

▶ Seek an alternative provider who offers appropriate access.

Overcome perceived barriers

The information below presents a series of perceived barriers along with strategies that may be used to overcome them.

Lack of community languages used on signs and in written material

▶ Identify local community languages.

▶ Identify key documents such as service guidelines, brochures and service agreements.

▶ Have key documents professionally translated.

▶ Actively distribute brochures to key organisations and groups in the community that serve people from diverse cultures.

▶ Provide translations of signage such as information posters within the facility if required.

Lack of accessible website

▶ Consider font size, colour and use of moving images.

▶ Seek professional advice about making websites accessible.

▶ Investigate accessible programs such as BrowseAloud.

▶ Research existing requirements for web design that apply to your organisation, such as the Australian Government's Web Content Accessibility Guidelines.

▶ Ensure navigation can be achieved easily through various access methods.

Attitudes of front desk staff

▶ Coach front desk staff in the importance of their role as the 'face' of your organisation.

▶ Provide a tip sheet or information page about how to appropriately greet and serve various service-recipient groups.

▶ Provide training and mentoring for front desk staff.

Attitudes of face-to-face staff

▶ Ensure trainers, support staff, instructors and other face-to-face personnel are trained and supported in interacting with various service-recipient groups.

▶ Remind staff that the improvement process is continual, and they can always seek advice or ask questions – often the best person to ask is the individual.

▶ Promote and model a positive, inclusive and welcoming attitude.

Develop strategies to facilitate integration of a person with disability into leisure activities

Recent decades have seen an important move from institutionalised, segregated care and support for people with disability into a far more progressive and open-minded approach.

It is now widely accepted that all people in society have the right to participate in all aspects of their daily lives in an integrated setting, alongside their peers, family and friends. This right is strongly supported by Australian federal and state legislation, as well as by United Nations conventions.

It is important that you and the individual are clear about the expectations they have of the integration process, and that they wish to participate in their leisure activities in an integrated setting. Remember that it is the person's right to elect to participate in leisure activities in a segregated setting if they prefer to do so.

Cognitive impairment

Some older people are described as having mild cognitive impairment that is not due to any specific condition or disease, and that does not interfere to any great degree with the activities of daily living. Some of these people will go on to develop dementia, whereas others will not.

Dementia and leisure

Leisure activities have been found to be beneficial for people with dementia. Leisure activities stimulate cognitive function, strengthen memory, and provide physical stimulation and social contact. They can promote dignity and pleasure and give meaning to a person. However, activities that are too difficult may cause frustration and anger, and activities that are too simple may make the person with dementia feel degraded. Residential care units and community care agencies recognise this, and much time and funding is devoted to facilitating leisure activities for people with dementia.

Memory loss, however, does affect a person's ability to participate in leisure activities and the type of leisure activities chosen. Complicated puzzles or trivia may be distressing; singing and music, on the other hand, can be positive and enjoyable.

Support people with dementia in a low-care setting

Some people with various forms of dementia still live quite independently and may benefit from individual or group-based activities suitable to their abilities and stage of dementia. Typically, these people are in the early-to-middle stages of dementia and may receive some support from family members or caregivers. They may be living at home or in a low-care facility, such as a hostel.

As a recreation worker, you can provide support for a person living in a low-care setting by providing meaningful and safe activities that are engaging and stimulating. You can provide support to family members of people who live at home by allowing them to take some respite from their caring responsibilities for a short time.

Support people with dementia in a high-care setting

People who have more advanced dementia may move into a residential care facility that offers a higher level of care and supervision. Some facilities have dementia-specific units within them.

People in these settings require different activities from those in low-care settings. They typically have limited independent skills and their short-term memory is severely affected. Long-term memory is more intact than short-term memory, and the person may experience hallucinations or periods of withdrawal and apathy.

Social behaviour may become less appropriate to the situation and language skills are often significantly affected. As the person moves into the advanced stage of dementia, they often lose abilities such as knowing what to do with a tool, although they often still retain the ability to perform the actual task if shown and prompted. They rely on and experience the world mostly through their primary senses of touch, smell, sight and hearing.

Suitable activities in high-care

Here are some activities that may be suitable for a person with dementia in a high-care setting.

Activities for a high-care setting
▶ Simple movement tasks based on copying an action
▶ Offering tactile experiences such as different materials or small bottles with scents or fragrances
▶ Using a sensory room to help calm a person who is distressed or agitated, or simply to offer an enjoyable experience
▶ Providing music that promotes relaxation, particularly at times of the day when a person may become distressed
▶ Household tasks that are very simple and easily copied when modelled by another person
▶ Memory boxes or books of personal items or photos
▶ Puppetry
▶ Activities that have already been started, such as a drawing that is partially completed

Develop a leisure plan to cater for people with cognitive impairment

An individual leisure plan is a useful tool to help you provide appropriate activities for a person who has a cognitive impairment. It also serves as a vital tool for supporting the changing needs of a person who has a deteriorating cognitive impairment, such as a form of dementia. Over time, the person may become less able to share information with you about their needs, interests and previous life experiences. Having information recorded in a leisure plan means you still have access to these details when they are needed.

An individual leisure plan may be a brief document covering key information provided by the person or other family members, or it may be an in-depth document providing a wide range of critical information.

A leisure plan may include information about the person's:

▶ diagnosis/disability

▶ behavioural/social issues (for example, wandering, distress or anxiety)

▶ sleep difficulties or concerns

▶ preferred activities

▶ preferred location and format for activities

▶ personal details (for example, preferred name, living situation, family members)

▶ mobility and any aids or equipment used

▶ medical issues (for example, diabetes, asthma or epilepsy)

▶ language skills

▶ personal details (for example, preferred name, living situation, family members).

Individual planning and learning

Individual planning is the key to supporting a person with cognitive impairment in any setting.

You should have access to written documentation about the person, or be able to work as part of a team to compile this information. Information is often recorded as part of a care plan or individual plan and may be written along with professionals such as diversional therapists, nursing staff, medical staff and case management staff. These professionals each contribute different and specific input based on their own area of expertise and ensure the plan is updated as required.

Take the time to learn about individuals to gain further knowledge about the types of cognitive impairment present in your service-recipient group. Each group and each individual has different characteristics and needs. For example, if you work with a person who has experienced a stroke and has recently returned home after rehabilitation, you must learn about their particular needs and how a stroke affects functioning and skills. If you work with people who have Alzheimer's disease, you must continue to learn about the condition and stay up to date with advances in best-practice care and current research directions.

Expected progression of a person with cognitive impairment

It is important to consider the expected progression of people who have cognitive impairment due to an acquired or degenerative condition.

People who have an acquired brain injury (ABI) due to head trauma or who have experienced a stroke are likely to show an increase in their skills and abilities over time, and a corresponding decrease in their need for care and support. By contrast, a person who has a degenerative condition, such as a form of dementia, will show decreasing skills over time and an increase in their need for care and support.

Family members may ask you about the expected progression of a person. This can be a challenging question. It is vital to stay within the bounds of your own knowledge as a worker, and that you do not attempt to provide medical advice or opinions.

Where possible, it is always preferable to refer family members to nursing or medical staff for medical opinions related to progress. You can then spend your time talking to family members about the specifics of your own leisure program and how it is designed to support the individual.

Effective use of volunteers to assist in leisure and health activities

As a leisure worker, it is important to understand your own role in working effectively with volunteers. Working effectively with volunteers requires patience, commitment, time and a good sense of humour.

There will be times when volunteers do things differently. Before stepping in to correct something, think carefully about how important the difference really is. If it is a significant issue, you should intervene and show them a more appropriate way of doing things. However, if it is just a minor issue, it may be better to just let it go.

Volunteers are a critical part of many community-based leisure activities. Many services and activities simply could not take place without them.

Volunteer tasks and duties include:

▶ offering friendship and conversation

▶ showing encouragement and support

▶ providing practical help during activities

▶ setting up and packing up equipment

▶ preparing snacks and meals

▶ selling foods and drinks

▶ driving participants from one location to another

▶ helping with personal care tasks.

Mobility impairment

An individual's mobility has a great impact on their access to leisure and recreational activities. A person may use a wheelchair or walking aid or have a condition such as arthritis that impairs their overall mobility. The National Disability Strategy and the *Disability Discrimination Act 1992* (Cth) have contributed to ensuring all public buildings have (or will have) wheelchair access and can accommodate people with visual impairment. This is an important movement towards equality for people with disability. Some leisure and recreational activities engaged in by people with mobility impairment are outlined below.

Water sports

Swimming and water sports are beneficial physical activities that can improve muscle strength. Physiotherapists and occupational therapists often use pools as part of rehabilitation for people who have a physical disability, and hospitals or rehabilitation centres often provide water therapy.

Access to pools is dependent on regional facilities. Most towns have public swimming pools, but access to these is dependent on a person's individual ability.

Wheelchair sports

Wheelchair sports promote muscle strength and social contact for people with disability. These include racing, basketball and netball.

Wheelchair Sports Australia promotes and supports elite wheelchair sports, including the Paralympic Games and other international competitions. Wheelchair sports have become popular for many people with disability, generally in urban areas.

Horse riding

Riding for the Disabled is a national organisation that focuses on ability and enriching lives. Riding for the Disabled makes riding possible for people with spina bifida, cerebral palsy, amputation and muscular dystrophy.

Riding activities include riding, carriage, vaulting and dressage. The organisation relies largely on the help of volunteers and donations. Equestrian activities have been found to have a positive impact on the physical and emotional health of a person with a disability.

Impact of visual impairment on physical leisure activities

Visual impairment, like most disabilities, is graded. A person can have partial vision, low vision, legal blindness or total blindness.

Like mobility impairments, visual impairments can restrict a person's access to their choice of leisure or recreational activity. Visual impairment can limit a person's ability to read, drive and participate in physical activities.

Ways to facilitate activities for those with vision impairment:

▶ Aids such as guide dogs, walking sticks, braille and audio products are available to facilitate leisure activities.

▶ There are also aids that support specific leisure activities; for example, people with visual impairment can run using a guide wire or a tether.

▶ Running with a guide is possible, as is running on a treadmill.

▶ Bikes can be ridden in quiet parks or on tracks with a guide.

▶ Tandem bicycles are another option, with two bike seats and two sets of pedals on one bike. Using a stationary bike is another option.

▶ Lane guides or flotation devices facilitate swimming for people with impaired vision.

Develop action plans at the individual level

At the individual level, to help the person integrate into a community leisure activity, you need an appropriate leisure plan with clearly established and relevant goals.

Once participation has been achieved, there should be a process of evaluation and reflection that feeds into the development of new goals if required. This allows both positive and negative aspects of participation to be monitored and evaluated.

If difficulties or issues arise during participation, you can consider how best to work with the individual to deal with these.

Help the person integrate into a community leisure experience by:

▶ locating a number of potential venues that may be suitable for the person

▶ taking on an advocacy role where required

▶ identifying and dealing with barriers to participation, such as transport or financial issues

▶ providing tailored support to ensure successful participation, particularly in the early stages

▶ reducing support over time to promote independence and facilitate the person taking control of their own leisure activities if appropriate.

Develop action plans at the community level

Taking action at the community level may be initiated by a community group or by an individual, such as a person with disability.

No matter who initiates the process, specific documentation is required to facilitate the integration of the person with disability. These are often written into quality control processes, included in key performance indicators, or documented as part of an ongoing self-evaluation program within a community organisation or network.

Here are some things to consider when developing action plans at the community level.

What is required by law

Some local government areas are required to have documentation in place to promote and support the inclusion of people with disability and provide equal access to facilities and services. For example, local government areas in Western Australia are required to have a Disability Access and Inclusion Plan as part of their obligations under the *Disability Services Act 1993* (WA). This ensures that people with disability have the same ability as everyone else in the community to access buildings and facilities, use services and participate in community activities.

It can be a positive experience for all

Taking action to facilitate participation by people with disability is generally a positive experience for all concerned. For example, a sporting club that sets out to support an existing member who develops a disability may find there is a positive flow-on of interest from the wider community. This can lead to ongoing requests for membership information, increased attendance at club events, greater awareness of club members about the needs and rights of people with disabilities, and positive incidental interactions between old and newer members.

Examples of action at a community level

▶ Setting out to increase participation by people from a target group, such as people with disability

▶ Responding to situations as they occur, such as when a person with disability begins participation and this leads to a flow-on effect within the group

▶ Responding to funding opportunities to expand or develop in particular areas

▶ Responding to requests from other organisations or workers who have a role in community development in the leisure sector

▶ Ensuring facility-based development centred upon the creation of new buildings or facilities meets new disability access requirements

Example

Develop strategies for overcoming identified barriers

Clara, who works in aged care, is passionate about singing and music. She approaches her director with an idea to start a choir. The director organises some resources for the choir. Slowly, older people of various singing abilities join the choir. Soon the group has 40 members. Clara is particularly fond of Isabelle Jones, who has dementia. Isabelle is not able to remember for more than 10 seconds, but she attends the group without fail every week.

By the end of the month, Isabelle remembers every song and shows great pleasure at singing. The choir puts on concerts for the local community and is a great success with older people and the wider community.

Practice task 11

1. Identify two aids to overcome barriers to participating in leisure and health activities that could be used by people with a disability.

2. List two things to consider when overcoming barriers for people at the community level.

3. Identify two strategies that could be used to overcome barriers for people for whom English is a second language.

Click to complete Practice task 11

3E Involve stakeholders and relevant others to manage barriers according to a person's needs

Stakeholders can play a critical role in planning to manage barriers to recreational and leisure activities.

Before planning can commence, it is important to carefully identify the key stakeholders who may need to be involved. This can vary from one person to another, depending on their individual needs, their age and the likely outcomes of their recreational choices. Below are some examples of key stakeholders and the types of involvement they may have.

Caregivers

These people may be paid or unpaid, can provide practical information and can support the person in making choices and planning how to manage barriers in a day-to-day context.

Family and friends

These people will have different roles in supporting decision-making and general planning, depending on the person's age and cognitive abilities.

Medical personnel

These people can provide important advice about safety, manual handling, medication, changes to health status over time and the likely progress of any disabilities or health conditions that may present as barriers to participation.

Health practitioners

These people can provide important information about health, medication, changes to health status and disability over time, and can also support applications for funding or requests for services.

Support networks

Networks offer disability, cultural or language-specific support, or support within a particular segment of the recreation and leisure industry.

Multidisciplinary team

These people may represent a wide range of professional backgrounds, including therapists and nursing personnel.

Management

Members of the management team can offer advice about policies, procedures, operational matters, strategic planning and future directions.

Obtain stakeholder consultation

Consulting with stakeholders ensures that you provide an appropriate, safe and empowering service to the person you are supporting.

Open and positive consultation is effective in sharing relevant information to support individuals and improve services provided for people with complex needs. Consultation with stakeholders can be promoted through network meetings, informal social get-togethers, case planning meetings, trade shows, email and phone exchanges, and subscribing to newsletters and online groups.

Stakeholders to consider include:

▶ caregivers – these include parents, partners, relatives, friends who have been identified as carers, paid carers or volunteers

▶ relatives/friends/partners – these people may or may not also be caregivers

▶ medical personnel – these may include district nursing services, diabetes educators, home care nurses, GPs, specialists and other medical staff

▶ health practitioners – these can be therapists, speech pathologists, occupational therapists or alternative health practitioners

▶ support networks – these are often related to particular disabilities or additional needs, such as the Cerebral Palsy Support Network

▶ multidisciplinary team members – these are people who work together in a structured, planned way to provide a holistic service to individuals

▶ management – this may be your supervisor or management personnel who can guide you in understanding policies, procedures and organisational goals.

Plan methods with stakeholders to manage barriers

Stakeholders can collaborate to plan methods for managing barriers to participation. Communication is a critical part of the planning approach, and may occur through face-to-face contact, email, texting, Skype and phone calls.

Communication may be formal and planned, or informal. Individual or program support meetings are examples of planned or formal communication. A conversation that occurs without planning, such as over a cup of tea at home, is an example of informal communication.

There are some key questions that are important for all stakeholders to consider when working together to manage barriers to participation. The following table provides some examples of managing barriers.

Key questions to ask	Example
Who is the best person to perform this task?	Some tasks are best performed by trained specialists, such as providing medication needed at a specific time. Other tasks can be performed by any stakeholder in the group, such as making a phone call to discuss disabled access to a particular venue.
What are the most important goals to be achieved?	Identifying critical goals for and with the person ensures the most important activities are not compromised. This allows attention and focus to be directed to the most valued areas for the individual.
Is there an easier, simpler, more practical way of achieving these goals?	Some tasks can be performed in other ways, at other venues or with different types of support. For example, a recreation activity such as dancing may be available nearby at a venue that already has full access and is welcoming and supportive. This removes the need to pursue difficult negotiations at another venue that does not provide or encourage access.
Is there some equipment that would make a task easier or remove a barrier for this individual?	Some barriers can be removed or managed simply through the use of equipment that may be readily available. For example, a portable ramp can provide access up a step in situations where permanent access is not available.
Is there a simple policy or procedural change that would remove a barrier?	Some barriers are created simply because consideration was not given to them when policies and procedures were written. For example, a change to a fees policy so fees can be paid on a flexible payment plan rather than a lump sum can make affording a recreation activity easier for a family on a low income.

Generate commitment and enthusiasm with stakeholders

It is important that stakeholders share and agree on sets of values about the importance of participation, access and equity for all people accessing the service. If all members of the team agree that all people accessing the service have a right of access to leisure and recreation programs, then they share a philosophy that is likely to take the team forward in a positive direction. Conversely, if team members do not share views and values about rights, social justice and equity, then there is a greater likelihood of conflict within the team. It is also less likely that all team members will demonstrate the same level of commitment to promoting and supporting the rights of the person with complex needs to access recreation and leisure activities.

Activities initiated by stakeholders

Activities can be delivered via a care facility, leisure and health organisation, community group, or council- or government-run centre. They are also run by community leaders and decision-makers. This enables the person to have contact with a range of people and to have the opportunity to engage in a wide range of activities. The person or organisation that offers the activity may only offer certain activities specific to their philosophy or purpose; for example, a weekly cooking class run by members of the local Italian community may focus on preparing Italian food, whereas a cooking class offered at a local recreation centre may focus on quick and healthy meals. Ensure you understand who is offering each activity you consider for the people you are supporting, and their reasons for offering it.

Example

Involve stakeholders and significant others to manage barriers according to person's needs

These meeting minutes highlight how team members can work together to identify and manage barriers to participation. Note that in the minutes, each task has been assigned to a person for completion and each task has a deadline.

Individual planning meeting – minutes

2 December 2015	10.15–10.45 am	Meeting Room A

Meeting called by	Bec Somers (individual's mother)
Type of meeting	Individual planning meeting
Facilitator	Bridie Forster (case manager)
Note taker	Jill Van Seel (administration clerk)
Timekeeper	Jill Van Seel
Attendees	Max Somers (individual), Bec Somers, Bridie Forster, Jill Van Seel, Gajanan Malik (recreation worker)
Discussion	Max indicated in the last meeting that he wants to start learning to play sports after school. Max and Bec have discussed possible sports that interest him, in conjunction with Gajanan, during a home visit. They have also identified some potential barriers including physical access for Max's wheelchair and the need for personal care support and possible medical support. **People involved:** Gajanan, Bec, Max
Conclusions	Max is most interested in outdoor sports, and would like to do something that involves being part of a team. He is happy to try a few sports, and wants to experiment and explore options rather than committing to a single sport straight off. Developing new friendships is something Max has identified as important. Max realises it is important to find sporting activities that can be done from a wheelchair and that he will need some support from others for personal care, medical care and medication management.
Action items	Gajanan to investigate the upcoming June Junior Wheelies Camp, which could provide a chance to try out a range of sports as well as offer trained volunteer support for personal care and medical needs. Gajanan to report directly to Bec. Application to be put in for camp if it is appropriate after discussion with Max. **People responsible:** Gajanan, Bec
Deadline	18 December 2015

Practice task 12

1. List three stakeholders that may be involved in the implementation of leisure and health programs.

2. Why is it important to have commitment from stakeholders?

3. Identify three questions you can ask in stakeholder consultation in order to identify and remove barriers.

Click to complete Practice task 12

Summary

1. Recreational and leisure needs of people are determined through both formal and informal communication methods.

2. There are benefits to participating in activities that meet identified needs and build on people's strengths.

3. People with cognitive impairment may have various complex needs. These needs might change depending on if they are living in high-care or low-care situations.

4. Barriers to participation in leisure and health programs can be tangible or perceived.

5. There are various strategies to overcome barriers in participation of leisure and health programs.

6. Stakeholder participation is important in leisure and health programs.

Learning checkpoint 3
Contribute to the plan for addressing the impact of people's issues, characteristics and symptoms

This learning checkpoint allows you to review your skills and knowledge in contributing to the plan for addressing the impact of people's issues, characteristics and symptoms.

Part A

1. List three methods of obtaining information regarding the leisure and health needs for people with complex issues.

2. What are four benefits of participating in leisure and health activities?

3. List and explain two ways to remove perceived barriers to participation in leisure and health activities.

4. Identify three stakeholders that might need to be consulted regarding the planning of care for a person with complex needs.

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Part B

Read the case study, then answer the question that follows.

> **Case study**
>
> Jasmine is working with an older service-recipient group who participate in chair-based exercise and a range of sedentary activities at a community centre. Activities include quizzes, art and craft, movie sessions and book club discussions.
>
> Jasmine wants to identify some of the benefits occurring as a result of the program. Her organisation provides funding for the program on the basis that there are benefits for physical health, as well as social and emotional wellbeing for the individuals.

Complete the following table to show what information Jasmine should collect, and how she should collect it, to demonstrate benefits of the recreation program.

Area of improvement	Information to collect	How to collect it
Physical health		
Social wellbeing		
Emotional wellbeing		

Topic 4

In this topic you will learn how to:

4A Examine issues and their impact on participation in leisure and recreational activities

4B Demonstrate the use of appropriate language

4C Design strategies relevant to cultural and social community contexts

4D Adapt activities, programs, environment and equipment to optimise involvement in programs

4E Document strategies within an individual program plan and activity plan

Participate in the development of effective strategies for working with people with complex needs

Gathering accurate information about the person to assess their needs, strengths and interests is crucial to developing a plan to meet their needs. The actual planning of the leisure and health program is an essential part of its development and implementation. Planning should include determining whether the plan is going to be suitable for the person, as well as whether the program is achievable within organisational constraints.

Effective planning makes activities safer and more enjoyable for both you and the people you work with. Once you have developed and refined these plans, it is time to put the plans into action. The implementation stage calls on you to maintain a high awareness of the safety and wellbeing of people while they take part in activities.

Understanding health from an Australian perspective is an important aspect of working in the community services health sector, knowing how health services are delivered, funded and managed. You need to consider demographics such as socioeconomic status, culture and location and their influence on peoples' experiences, particularly for groups such as Indigenous Australian people.

Completing documentation is an important part of your work role. It provides evidence that your program planning is based on quality continuous improvement practices. Just as importantly, it forms a record of program successes and problems that can help you to reflect on and improve your services. Documentation processes need to be regularly reviewed and evaluated to ensure communication and compliance with industry procedures are achieved.

4A Examine issues and their impact on participation in leisure and recreational activities

People with complex needs require care across several areas of support. In many organisations there are processes to ensure appropriate and useful information is collected about a person and their care and support needs. This should always be done in line with organisational policies and procedures and relevant legislation such as the *Privacy Act 1988* (Cth).

Check with your supervisor about how your organisation collects information about people accessing the service, where and how it should be stored and who should have access to the information. For some people you may need to engage the services of an interpreter or translator to ensure the person is able to provide adequate information.

Issues for a person with complex needs

Some disabilities are known to occur more frequently with other conditions. This is known as a comorbid or coexisting condition. For example, a person may have attention deficit hyperactivity disorder (ADHD), which is known to often exist alongside a learning disability such as dyslexia or dyspraxia. As the diagnosis of one condition sometimes increases the likelihood of another condition existing alongside it, it is important to consider the implications of each condition, as well as remaining aware of the possibility of future diagnoses.

It can be challenging for the person with complex needs to participate in activities of daily living.

Some issues that may affect the person with complex needs include:

▶ accessible and affordable transport

▶ accessible and affordable medical and personal care support

▶ physical and practical access to venues, buildings and public spaces

▶ engagement in appropriate education or work

▶ social interactions and acceptance by the wider community

▶ the ability to function safely and independently in the community

▶ communication skills and access to communication technology where needed

▶ social isolation or difficulty in developing friendships and relationships.

Perceptions of health and wellness

Health and wellness is perceived in a variety of ways. The World Health Organization (WHO) suggests that health and wellness is multidimensional and includes physical, mental and social aspects of wellbeing. Health and wellness is difficult to define, but most definitions incorporate the holistic concept that wellness includes a connection between mind, body and spirit.

Despite this definition, it is the individual's perception of health and wellbeing that influences how they approach health or illness in their life.

Here are some examples of different perceptions an individual may have.

Cultural perception

Some individuals may be part of a culture where illness is a source of shame or embarrassment. They may view their illness with guilt and perceive that they are responsible. If a culture dismisses the validity of an illness, such as depression, the person may perceive that they are weak

Religious perception

A religious person may perceive their illness as an act of God and approach it as unchangeable, unquestionable and therefore uncontrollable and unmanageable through health care.

Holistic view

As a leisure and health worker, you may work with individuals who perceive themselves as healthy despite suffering from a chronic disease. This may be because they view their wellness holistically in terms of the balance of the physical, mental and spiritual aspects of their lives.

One-dimensional view

Some individuals may view themselves as unhealthy because one dimension of their wellbeing is unwell.

Encourage personal growth and wellness

Personal growth refers to the development of social and emotional aspects of human functioning. For example, a person may grow in their ability and confidence to participate in a small group activity where they previously appeared withdrawn and reluctant to interact with others.

Wellness refers to considering activities that promote good health and wellbeing, rather than focusing on remediation and management of illness, disability or disease. Measuring and recording personal growth and wellness can be challenging. For this reason, documents such as care plans tend to fail to record outcomes or measures related to personal growth and wellness, and instead focus on more tangible and measurable outcomes.

A focus on personal growth and wellbeing is important within the leisure and health industry. Health promotion addresses a number of different areas, including preventing illness or accidents and maintaining existing good health.

Concerns or issues for follow-up or referral

There may be space for you to record activities that have been completed with the person, and any concerns or issues requiring follow-up or referral. Sometimes the person with complex needs may use supports from several different services. For example, they may receive services at home, access a respite program, and attend an out-of-school-hours care program and a weekend family care placement.

Using multiple services can mean that similar information is recorded in several places or in several different plans. It is useful if workers from different services collaborate to ensure the person and their family or caregivers do not need to repeat information and discuss issues multiple times with different people.

If workers are able to liaise with each other and ensure a consistent and appropriate approach is used to record individual care plans and other details, then the individual is likely to feel more positive about the management of the care they receive. This is one useful strategy for helping an individual with complex needs to participate more easily in leisure activities.

Example

Examine issues and impacts on participation

Su-ling Mae works as a leisure officer for an aged care facility and is responsible for coordinating activities for the residents. Su-ling has programmed a range of activities to suit individuals' needs. At least two activities are available in the mornings, including visits from volunteers and a musical performance or craft session. In the afternoon, skill-building sessions or physical recreation, like yoga or water aerobics, are offered.

From month to month, Su-ling revises the program to ensure it suits the current residents' needs and alters the activities to maintain individuals' interest. She uses a range of sources for ideas for suitable activities; she subscribes to an online aged care magazine and a diversional therapy publication and receives weekly updates from these publications. Su-ling talks with the individuals about their interests and needs, and with her colleagues at regular team meetings. Su-ling also likes to talk with the organisation's volunteers, who often have practical and useful activity ideas to offer. Su-ling never runs out of ideas for interesting activities to run, as there are so many resource options available.

Practice task 13

1. Identify three factors that need to be addressed to encourage people to participate in leisure and health programs.

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2. List three types of complex needs a person accessing the service may have.

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3. List four factors that may affect whether a person involves themselves in leisure and health programs.

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Click to complete Practice task 13

4B Demonstrate the use of appropriate language

There have been a great many changes in perceptions of disability over time, and this has been reflected in changes both to language and the position people with disability are seen to hold in society.

Historically, people with disability were segregated from mainstream society for reasons including fear, prejudice, concern that a disability could be transferred from one person to another, belief in witchcraft and demons, inaccurate teachings about disability, and a lack of legislation to promote rights and inclusion.

The language used to describe disability has changed and this is reflected in the images and perceptions of people with disability.

Perception of disability

The perception of people with disability has changed over time. The language used to describe people with disability has also changed over time. Here are some examples.

Changes over time

Early Roman and Greek societies

In early Roman and Greek societies, infants born with defects or deformities were often left to die of neglect.

The Middle Ages

In the Middle Ages (5th to 15th centuries), some people with disability found acceptance through roles such as a court jester.

The Renaissance period

The Renaissance period (14th to 17th centuries) saw a softening of community attitudes towards people with disability, although this did not extend to providing appropriate care, education and support.

The Industrial Revolution

Some legislation related to disability was passed during the Industrial Revolution (1750–1850), but the focus was on prevention of injury rather than a society-wide acceptance of people with disability.

The medical model of care

Disability after the world wars was viewed as a medical condition that required treatment and repair. The focus was on restoring an individual to a fully functioning member of society. Later, however, when applied to different situations and groups, it was not as appropriate. Disability was still seen as something the person could be cured of. In more recent times, a more inclusive attitude has taken hold.

Language and perceptions in the media

All forms of media influence the perceptions we have of people with disability. The language used by the media often colours our perception of the person and their abilities. People often focus on the disability first, and emphasise and highlight the adversity or the difficulties faced by the person rather than focusing on their positive attributes.

This portrays the person with disability as a victim, which can negatively influence societal perceptions of them and does little to reinforce their position as equals in mainstream society.

Examples of conveying an unintended message:

▶ Describing a child with disability as 'struggling' or 'suffering'

▶ Describing a person who has won or achieved something as 'overcoming their disability'

▶ Selecting images that ensure the reader is aware of the physical nature of a disability and how it negatively impacts on a person

▶ Using tags or search terms in an online environment that focus first on the disability rather than the person

▶ Continually associating people with disability with charitable causes or highlighting the need for financial giving

Marketing and branding

In a communication-rich environment, marketing and branding become important features of program development. Although these areas may seem a little removed from the day-to-day activities of a recreation worker, they are important in the context of program development and the empowerment of individuals. Imagery, language and the ability to engage the person accessing the service and community groups are powerful tools and should be used to positive effect wherever possible. If used poorly, marketing and branding can make your program appear out of touch or based on old stereotypes and concepts, which can be very harmful to a program's ongoing success.

The information below contains suggestions to help develop marketing and branding of communications that reflects your program's positive views of integration, best practice, supported segregation and empowerment.

Plain English

Use action verbs, short sentences, clear language and the present tense to convey meaning so it can be easily understood by most readers. Avoid terms that are only understood by people in a particular industry or sector.

Positive imagery

Show people actively participating in the activities your program offers, and use images that accurately reflect a wide range of backgrounds and abilities.

Positive language

Use positive, engaging language that avoids stereotypes or limitations. Always use 'person-first' language, beginning with the person rather than the disability, need or condition.

Consistency

Use repeated phrases and slogans that will engage potential service users and that accurately reflect the program's philosophy.

Best practice

Focus on program directions that are clearly communicated as meeting current best-practice standards and being based on sound evidence.

Modify language and information

Some service recipient groups require language and information to be modified to suit their needs.

Remember to use best-practice principles when modifying language or information so the person receives the best and most accurate information possible. You can do this by engaging professionals, such as registered and qualified translators and interpreters, and attending training in modifying documents into plain English or adding graphic or pictorial cues to support text.

When modifying language and information you may need to:

▶ provide information in plain English using active phrases, short sentences and simple, direct language

▶ offer translated alternatives to English text

▶ provide an interpreter who can translate between English and another language

▶ provide pictorial or graphic cues to support text, or as an alternative to it

▶ explain information verbally

▶ use signing or gestures

▶ use communication devices such as communication boards or static or dynamic devices

▶ repeat information in several different ways for various family members or friends of the individual.

Consultation

Consultation is critical to the success of a recreation program. It is important to talk to the person about their goals, interests, desires and concerns before beginning the process of facilitating a recreation activity.

The person needs to have input into the most suitable recreation environments for them. In some cases this will be a fully segregated situation, while in others a more integrated approach is desirable. You and the person may agree to begin with a segregated approach while learning new skills or gaining confidence, and then move to an integrated setting later.

The reverse may be true for some individuals, who may be more suited to starting in an integrated situation and moving to a segregated one as their condition develops or progresses. Consultation needs to be documented according to your workplace policies and procedures. The information you record should be stored safely and with regard to the person's confidentiality.

Inclusive language

Inclusive language is sometimes referred to as 'person-first' language. This means taking care to phrase sentences so the person is referred to first and their disability or condition as secondary to them. Inclusive language is language that does not demean, stereotype or trivialise people on the basis of their disability.

Inclusive language across all communication (verbal, print and electronic) is paramount to changing attitudes towards disability. Stereotypical, stigmatising or non-inclusive communication may be viewed as discriminatory.

Here are some examples of how non-inclusive language can be made more inclusive.

Non-inclusive language	Inclusive language
The diabetic man refused to modify his diet.	The man with diabetes refused to modify his diet.
Dementia sufferers and their carers are hampered in their desire to remain at home by a lack of funding for respite services.	People who have dementia and their carers are hampered in their desire to live at home by a lack of funding for respite services.
The disabled athlete surged across the finish line.	The athlete with a disability surged across the finish line.
The lady is confined to a wheelchair.	The lady uses a wheelchair for mobility and independence.

Check for inclusive language

As a worker in the leisure industry, it is important to use appropriately inclusive language at all times, both within your workplace and for public use. Make sure you check the language in workplace communication such as letters, emails, memos, annual reports, brochures, media releases, public documents, reports for internal workplace use, websites and blogs.

By ensuring your own communication always contains inclusive language and avoids stereotypes, you set a good example for other people within the community.

The easiest way to check for inclusive language is to:

▶ read the text to see if all sentences are written with the focus firstly on the person and secondly on the disability

▶ only refer to the disability or condition if it has a purpose in the sentence, such as providing important details about the person or situation

▶ read the text in its entirety and consider how you would feel if you were the person being referred to.

Example

Demonstrate appropriate language with people with complex needs

Here is an example of appropriate and inclusive language being used in a leisure and health services setting.

Individual observation form

Person's name: Elizabeth Banks	Recreation worker: Babitha Kadam

Date: 12 December 2015

Elizabeth shared her thoughts during a discussion about her previous recreation activities and preferences for the types of activities she enjoys. She expressed a strong preference for outdoor recreation activities, reflected in statements such as:

▶ 'I enjoy being outdoors, particularly in my garden.'

▶ 'I enjoy having some time with friends to just have a chat and a cuppa and perhaps go for a walk, but I don't like big, noisy groups.'

Personal satisfaction with producing and harvesting plants seems to be highly motivating for Elizabeth, and she clearly indicated a love of growing food and cooking it for friends and family. She mentioned vegetable gardens as an important feature of the many places she has lived. Elizabeth is obviously very knowledgeable about plants and gardening.

My observation of her physical capacity is that she has difficulty walking long distances and becomes fatigued quickly. She is able to get in and out of an armless chair, and she demonstrated this several times. She said she struggles to get down on the floor or to stand from a kneeling position. She requires some mobility assistance when out in the community, and sometimes uses a walking stick for support on trips to the shops. She also complained of significant pain in her hands from arthritis.

Signed: Babitha Kadam

Practice task 14

1. Give one example a use of language that can give a negative image of disability.

2. Identify three ways language can be modified to facilitate communication with a person accessing the service.

3. How can you check for inclusive language?

Click to complete Practice task 14

4C Design strategies relevant to cultural and social community contexts

Australia has people from many different cultures and countries. These different cultures make Australia and the workplace interesting. The cultural differences might mean there are different languages or ways of behaving that affect communication. You need to know how to change your communication to suit the culture of the people you are working with. For example, when Japanese people greet each other they generally shake hands or bow to each other. This is the same for males and females.

Valuing and accommodating diversity means we avoid stereotypes and prejudices and we don't discriminate against people. When we assign the same characteristics to all members of a particular group, we are stereotyping them. For example, we are stereotyping when we think, feel or say things like, 'All people with mental illness...', or 'All old people ...' To be prejudiced means to think or feel less favourably about someone or a group without any reason. Stereotypes and prejudice often lead to discrimination; to treating someone less fairly than another person because of some difference.

You can find out information about a person's culture from the person or their family and friends, reading their care plan, asking colleagues or finding information from the library and internet. Even when you do know about a person's culture, you should never use stereotypes to form opinions about them. Treat each person as an individual and understand that there is diversity within cultural groups.

Examples of two cultural groups in Australia

Respecting Indigenous Australian people

Indigenous Australian people form a diverse cultural group. Many issues arise from the impact of colonisation, the stolen generations, government involvement in their lives, displacement from their lands and other hardships. To work effectively with Indigenous Australian people, you need to understand the impact of their history, culture and current issues. This understanding needs to be developed as the foundation on which all communication is built

Respecting refugees or new citizens

Australia accepts thousands of humanitarian entrants into the country. Most are refugees fleeing war and political instability. Nearly all migrants will experience some sense of culture shock as almost everything is new and unfamiliar. Usual practices and accepted norms of behaviour are different and constant cultural negotiation is required when interacting with a new culture.

Defining leisure

Like health, leisure is a culturally specific concept in that it means different things to different people depending on their background.

The definition of leisure is also dynamic and reflects the changeable nature of society. How an individual defines leisure may also change over their lifetime; for example, it may be different for a person working full-time than for a person who is retired. Here are some examples of different definitions of and perspectives on leisure.

Indigenous Australian definition

▶ In some communities, leisure activities such as painting and dancing have roots in spiritual ceremony, and who performs which activity is determined by tradition and ancestry. For instance, the Yolngu people have traditions that determine which images can be painted by men or women. Leisure means something different for different groups and has evolved as Indigenous Australian culture has changed.

Australian government definition

▶ From the Australian government's perspective, leisure is classified as all time spent outside of obligations like work and domestic duties. The purpose of leisure activities is to relax and refresh people. For those in the workforce, leisure is an opportunity to recuperate before resuming work commitments. Leisure is promoted to increase health and wellbeing.

Health industry definition

▶ In the health industry, leisure is how a person spends their time when they are not attending to activities of daily living, such as cooking or cleaning. Leisure activities in a health context include exercise and social activities such as outings or excursions, playing cards, playing music, reading or gardening.

Cultural influences on leisure and health

Cultural influences play a major role in health status and leisure choices. Leisure and health behaviours and choices are often influenced by pressure coming from the home or workplace. Think about your own family. Do members of your family exercise? How do they eat? What leisure activities do they engage in? How have their choices influenced your choices? You can ask the same questions about your workplace. Does your workplace culture influence your health behaviours and leisure choices? Cultural influence may also come through education or through media we engage with. What television shows do you watch, for example? Have these shows influenced your lifestyle?

Culture can influence:

▶ how we eat and exercise

▶ whether we see a medical practitioner, an allied health professional or an alternative medicine practitioner

▶ the kinds of leisure activities we undertake.

Relevance to cultural and social contexts

A vital aspect of taking a holistic and person-centred approach to leisure programming is to assess the individual in their broader social and cultural context. Here are some examples of various types of identities to consider when working within the community.

Racial identity

Racial identity refers to the race and ethnicity that a person identifies with. Some people have a strong racial identification; others may relate more to their cultural identity. Racial identity influences a person's relationship to language, geographic location, customs and culture.

A person's racial identification may influence funding and entitlements. For example, Indigenous Australian people are entitled to certain funding and benefits. Racial identity can be a source of empowerment for an individual. It can also be a basis for segregation and discrimination. It is important that an individual's personal relationship to their racial identification is respected. The individual's racial identity may or may not influence the health and leisure program – it depends on the perspective of the individual.

Gender identity

Gender is based on whether a person identifies as female or male. Although gender has a biological basis in a person's sex at birth, it is also culturally formed. Cultures have different perspectives about gender differences. For example, in some cultures women are treated significantly differently to men. In Australia, it is expected that men and women are treated equally.

Although gender differences may influence the type of activities an individual chooses to be involved in, activities should not be gender specific, and should be designed based on personal choice, needs and abilities rather than gender. Through interviews, observations and consultation, you can determine a person's own relationship to their gender and how gender defines them.

Cultural identity

Cultural identity is based on shared beliefs and values that relate to location, language, spirituality, religion and customs. A person may strongly identify with a culture even though they have not lived within that culture for many years. For example, an individual may have lived in Australia for a very long time, but still have a deep connection to the culture of their birthplace. They may have a need to connect with someone of a shared history.

It is important to demonstrate respect and understanding for a person's cultural identification. Avoid stereotyping a person's relationship to their culture. It is only through interviewing the individual or their family members, making observations and referring to reports that you will reach an accurate understanding of a person's cultural identity.

Social identity

A person's social identity is never one-dimensional and relies on many aspects such as culture, language, gender and race. It can also relate to geographic location, socioeconomic demographic, relationship status, sexual preferences, profession, education, age, and physical, cognitive, mental and emotional abilities.

Once again, information about a person's social identity can be gained from interviews with them, their family and care workers, observations and written reports or records. Be sure to understand each person's social identification from their perspective. Always avoid judgments and stereotypes. Social identification may or may not influence the type of activities included in the program. The degree of influence will depend on the individual.

Peer group identity

A peer group refers to the people the person chooses to relate to and feels equal to. A peer group may be related to age, social position, employment, culture or interests. Peer groups are an important aspect of identity and can offer support and a feeling of belonging.

When designing a care program, it may be useful to understand a person's peer group, as activities that associate a person with their peer group may be socially beneficial. For example, a young person with a physical disability may benefit from being involved in a sport and recreation activity with a group of people who are from the same peer group. This can be a source of confidence, social identity and self-identity.

Factors that affect a person's health and leisure choices

The government encourages individual responsibility for health and leisure choices, but choices are largely influenced by culture (either the micro-culture of a person's family or the broader culture of Australian society). How does individual responsibility and power link to cultural influence?

Some factors that influence a person's ability to make choices about their health status are listed below.

Needs and wants

All human beings have basic needs such as food, water and shelter. The choices we make beyond this may be influenced by culture; for example, wanting to play sport rather than learning music.

Ability

Ability may vary depending on socioeconomic, geographic, cultural or social status. For example, people in urban areas have greater access to health services and leisure facilities than people in rural or remote areas.

Values

Values and beliefs largely influence the health and leisure choices we make. Values may stem from education, family, friends, workplace or general society.

Motivation

Motivation enables us to act. If the need and ability is there and our choices are supported by our values, we need motivation to achieve a goal, whether it is to lose weight or attend to a medical issue that has been bothering us.

Transcultural differences

Although you can use knowledge of cultural traits to guide your understanding of a response to illness, it is important to remember that you work with individuals, not cultural groups.

Learning about culture and traditions that are important for the groups you support is beneficial, but be aware that there are often wide variations in how individuals apply cultural ideas.

This can reflect individual differences, family differences and regional differences. It can also reflect how long a person has lived in a Western society and to what extent they have integrated their traditional and Western ways of thinking and living.

Diversity of individuals

It is important to remember that people from diverse cultural backgrounds have different attitudes, values, customs, beliefs or language. These considerations are outlined below.

Attitudes

Attitudes can be shaped by cultural backgrounds; for example, a Japanese individual may find eating raw fish pleasant, whereas people from a different cultural background may find it unpleasant. A person's attitude to their health and wellbeing may also be influenced by cultural background, as different cultures have different attitudes regarding what you should eat and drink to be healthy, whether a condition is a disease, and whether a disease is biological. Communicating effectively with the individual and their family about attitudes and demonstrating understanding and respect for the person and their background is vital.

Values and beliefs

Values are the importance a person gives to an object, person, idea or event. A person may have ethical, customary, moral and personal values, which have inherent cultural influences. For example, in some cultures, marriage has a different value than it does in the Anglo-Australian culture. Communicate clearly and openly with the individual and respect and understand their value system.

Beliefs are a person's opinions and truths and may relate to religious beliefs, general world views, political views and views about identity. Beliefs should be respected as they are important to an individual and their identity.

Customs

Customs refer to the habits, practices, conventions and rituals of a person, which are influenced by culture. Customs may be related to what a person wears, how a person eats, how many wives a person has, how many children a person has, whether the children look after their parents in old age, as well as a person's religion, values and beliefs. Respect and seek to understand what the significance of a custom is to the individual. If an individual practises a particular custom, you must respect their practice and, where possible, incorporate the practice into activities.

Language

Language has a strong cultural basis. If you work with a large number of people from a particular cultural group who speak a language other than English, it may help you to learn key words and phrases from their language. Use gestures and signing when you cannot use verbal language. Pointing to pictures and objects may also help. You can also employ an interpreter, particularly in the assessment stage. A professional interpreter may empower individuals more than having a friend or family member to speak for them. Use the individual as a guide for whether you need a professional interpreter.

Migrant and refugee health

There are often social and cultural issues that limit access to health services for migrant and refugee populations. These include language barriers, socioeconomic issues or issues of gender. Migrants from developing countries may have specific needs relating to a higher risk of infectious diseases such as HIV, tuberculosis, dental disease and nutritional deficiencies. Asylum seekers in particular have an increased risk of mental health illnesses related to trauma, extended waits for refugee claims and being held in detention centres.

Language barriers for migrants

Language barriers can also restrict the health services people have access to. If a migrant lives in a metropolitan area, services such as Translating and Interpreting Service (TIS) can be made available. Alternatively, a person may be able to find a health practitioner who speaks their language. Community health services and local councils may be able to direct migrants to appropriate health services.

Female migrants and refugees may experience a different range of issues, including difficulty accessing a suitable health practitioner who they feel comfortable with. Language is one issue, but cultural issues such as only being able to see a female practitioner may limit a migrant woman's ability to access health services.

Socioeconomic status and health

Socioeconomic status is largely determined by wealth, income and education. Higher socioeconomic status is linked to better health. People in unskilled occupations and with low incomes are more susceptible to illness, and are more likely to die before retirement age than people in professional occupations. Consider the impact of the following.

Physical environment

The physical environment at work may impact health. For example, labourers may be exposed to dangerous substances and machinery on building sites, and may have a higher risk of work-related injuries sustained in industrial jobs, including chemical burns and injury caused by machinery.

High-stress jobs

High-stress work environments can cause indirect health problems such as high blood pressure, high rates of smoking and mental illnesses such as depression. Working longer hours and having less time to access health services also affects people's health status.

Medicare limitations

Medicare allows greater access to health services for all Australians; however, dentistry, podiatry and physiotherapy are not covered by Medicare. Without private health cover, certain health services are more difficult to access, although there are some subsidised schemes through the government. Waiting lists for operations and procedures in public hospitals are often long compared to private hospitals, so people who cannot afford private cover can be disadvantaged.

Rural and remote health and leisure services

People living in regional, rural and remote areas have limited access to health and leisure services compared to people in metropolitan areas. Although Australia is largely an urbanised population, meaning the majority of people live in cities, around 30 per cent of Australians live in regional and rural areas.

Health and leisure issues in rural and remote communities include:

▶ distance from adequate health and leisure services
▶ lower socioeconomic status
▶ a greater proportion of Indigenous Australian people compared to metropolitan areas.

Health issues for rural and remote Australians

People living in rural and remote areas have more limited access to health services than those living in urban areas. In addition, people in remote areas face specific challenges, like living with the devastating emotional and economic effects of drought and other natural disasters such as bushfires, floods and cyclones. On 7 February 2009, bushfires swept through rural Victoria, killing 173 people and injuring 414. Over 2,000 houses were destroyed. Some rural communities, such as Marysville, lost most of their buildings. Such an event causes indescribably psychological and economic damage. Additional health services were brought to regional communities devastated by bushfires to provide assistance. Years later, people are still trying to re-establish normal life.

Indigenous Australian individuals and leisure

Indigenous Australian culture has been through many changes since colonisation in the eighteenth century. A contemporary Australian concept of leisure may not have been applicable to traditional Indigenous Australian culture, but as society has evolved and changed, new meanings have emerged.

A contemporary view of leisure from an Indigenous Australian perspective has a number of definitions. Leisure from an Indigenous Australian perspective has been described as a time for enjoyment, bonding with family, and spiritual and personal refreshment. Some aspects of leisure overlap with spirituality, ceremony, survival and education. For example, painting has a spiritual importance, but it also is done for enjoyment. The same applies for dance, music, basket weaving, hunting and gathering.

Indigenous Australian individuals with disability

There are higher rates of disability in Indigenous Australian communities compared to non-Indigenous Australian communities, relating to lower socioeconomic status, higher rates of smoking, poor nutrition and substance abuse. Many Indigenous Australian people experience barriers to support for disability due to remote locations, social marginalisation and cultural issues, as outlined below.

Notion of disability

The notion of disability may not be relevant to some Indigenous Australian communities. The First People's Disability Network found that there was no word in traditional Indigenous Australian languages to describe disability, and so it may not be accepted as an experience by some Indigenous Australian people.

In some Indigenous Australian communities, it is important for a person with disability to be cared for by their family. For these reasons, government and community support services for people with disability may not be utilised.

Marginalisation

Due to marginalisation and discrimination based on ethnicity, some Indigenous Australian people do not feel welcome to access support for disability in some regional communities in Australia.

There is a collective feeling of fear and mistrust in some Indigenous Australian communities based on the past treatment of Indigenous Australian people. Some fear that their children will be removed to be cared for by others, and this is particularly pertinent if the child has a disability.

Leisure and people with disability or mental illness

Since the movement away from institutionalisation in the mid-twentieth century, people with disability and people living with mental illness have been moved into the community whenever possible. Those who work with people with disability and mental illness devote energy to facilitating leisure activities such as sport, outdoor activities like walking or going to the beach, or social outings such as going to the movies.

For a number of people with mental illness, social and physical activities have been found to be very beneficial. For example, undertaking leisure activities has been successful for generating lively discussion and memories for people with dementia. Leisure activities are structured into the daily program in disability or mental health residences. Music programs, social gatherings, games, sport and hobbies play an important part in the life of people living with disability and mental illness.

Care providers should always consider:

▶ individual autonomy and independence

▶ a person's ability and right to choose

▶ a person's physical capability

▶ a person's mental and emotional capability

▶ the physical, emotional and cognitive benefit

▶ funding.

Health issues for men and women

Men and women experience different health issues. Some of these differences are detailed below.

Gender differences in health
▶ On average, women have a greater life expectancy than men.
▶ Women are more vulnerable to issues relating to old age. In particular, more women than men suffer from Alzheimer's disease and dementia.
▶ Men, on average, smoke more than women. As a result, more men die of lung cancer than women.
▶ Obesity is also more common in men.
▶ Men are generally less likely to seek medical attention; this includes both preventative check-ups and treatment.
▶ Men are also less likely to talk about emotional issues, which can impact overall health status.

Health issues for older people

Australia is an increasingly ageing society. In the last 10 years, average life expectancy has increased to 79 years for males and 84 years for females. Here are some issues that older people face.

Ageism

Ageism is discrimination towards a person because of his or her age. Older people are often stereotyped; for example, some people believe that older people should retire, are not open to change or have no sexual needs. These stereotypes are often incorrect and are not helpful for understanding the needs of older people.

Grief

Many older people live with grief, which may be for a lost spouse, lost friends, for retirement or for loss of independence. Grief may also impact a person's physical health. If you work with older people, you need to be sensitive to how a person grieves and try to empathise with them.

Independence

Maintaining and supporting independence is a key issue when working with older people. There is a strong emphasis in Australia to support older people to remain in the community for as long as possible, with support from funded services. Older people in residential care can also be supported by encouraging them to manage their own affairs.

Older people and leisure

People often enjoy different leisure activities as they age. Retirement creates the opportunity for more leisure time. Statistics show that older people, particularly men, spend more time engaging in leisure activities as they age.

In community care and aged care residences, leisure activities form a large part of the daily routine. Leisure activities include sport, hobbies, games, craft, music, socialising or relaxation. In facilities, many of these activities are structured into the daily program and residents can choose to participate or not. Because leisure is such an individual concept, it is often difficult to devise a program that fulfils everybody's leisure needs. There is also the question of budget and funding.

The following values are fundamental when facilitating leisure activities:

▶ Supporting independence
▶ Respecting dignity and privacy
▶ Respecting cultural and religious choices
▶ Promoting choice and decision-making

Older adulthood

Older adulthood is different for every person. Retirement age has been increasing, and so has life expectancy, meaning that older adulthood age has increased slowly over time. Here are some factors that influence leisure time for older adults.

Purpose of leisure in older adulthood

There are different issues that affect older adults. Leisure serves the purpose of relaxing and rejuvenating as much as it does in early and middle adulthood.

For people in older adulthood, leisure is about consolidating relationships, community integration, preserving cognitive and physical health, and passing time.

Less physical leisure activities

More time is spent on leisure activities in older age, particularly on less physical activities such as watching television, playing board games, having books read aloud, reading or listening to music. Simply sitting is also an important aspect of leisure time in older adulthood; for example, sitting in a favourite chair and looking out the window. 'Doing nothing' is a worthwhile leisure activity, particularly in older adulthood, as it gives a person the opportunity to relax and recuperate.

Influencing factors

Factors that influence the leisure activities chosen in this stage of life include physical restrictions (such as needing to use a walking aid), cognitive impairment (such as Alzheimer's disease) and social isolation (such as not being able to drive or living alone).

After retirement, many older people live on a restricted budget such as a pension. Sometimes this is managed by family members or aged carers. Financial restraints can limit an older person's choices.

Importance of involvement in activities

Workers in aged care develop leisure activities that provide the greatest satisfaction and meaning for a person within their abilities.

Studies have found that high involvement in leisure activities reduces the risk of Alzheimer's disease and slows its development. Leisure activities that use motor and cognitive skills such as knitting, playing games or doing odd jobs preserve a person's skills for longer, meaning that the onset of Alzheimer's disease is slower. Social connections have been found to have a positive effect on people suffering from Alzheimer's disease.

Provide recreation and leisure services to older people

As people age, they may require assistance to meet their leisure needs; many aged care facilities and community services provide support in this area. In Australia, diversional or recreation therapists are often employed in aged care residences. Diversional therapists are responsible for suggesting and providing activities for older people by using a person-centred approach, where they are mindful of the individual's needs. They also practise holistically, in that they try to integrate all aspects of a person when devising activities: physical, cognitive, emotional, social and spiritual.

In diversional therapy, activities should:

▶ be meaningful and inspiring

▶ compensate for lost abilities

▶ increase general life satisfaction

▶ use current skills and abilities

▶ respond to individual needs and choices

▶ be culturally sensitive

▶ be suitable for people at different stages of dementia.

Leisure activities for older people

When working with older individuals, there are a number of activities that may be more suited to them. Here are some examples of suitable activities.

Art and craft

Art and craft can offer meaningful and satisfying entertainment for older people. There are a range of activities that require different levels of skills and abilities and can satisfy the broad needs of people in aged care.

Some people enjoy painting or drawing. An art teacher may come to the residence to teach a lesson. Craft activities such as making cards, collages, bookmarks and jewellery are also popular. Craft or painting often require fine motor skills, and so may not be suitable for some residents, but for those who are able, these activities engage the mind and provide many benefits. Cultural activities like a trip to the local art gallery or museum may also be interesting for some people.

Outdoor activities

Outdoor activities promote physical and cognitive wellness. Activities include going for walks, gardening, lawn bowls and exercise. Tai chi, a gentle and meditative form of martial arts, has become a popular physical activity among older people. There is often a social element; for example, picnics or group walks give people a chance to spend time with one another outside of the residence.

Pet therapy involves animals brought in from organisations like the RSPCA to promote socialisation and give older people a sense of purpose. For some, this is very important, especially for minimising depression and melancholia. Looking after a pet also gives an older person motivation to go outside or take the pet for a walk, which has physical and emotional benefits.

Music

Music is often included in diversional therapy programs, as it has many cognitive benefits and promotes social engagement. Music transcends language, so people who speak a different language or who have trouble communicating often enjoy music.

People who are visually impaired can also enjoy music without feeling excluded. Musicians may be invited into the residence to play music or lead group singalongs. Schoolchildren may also visit residential homes to sing with the older people and provide entertainment and social connection. Older people may also enjoy playing an instrument, which supports cognitive functioning and can link a person strongly to his or her past.

Health issues for younger people

Young people who feel safe, confident and supported by friends and family are more likely to discuss issues relating to sexual relationships, mental health, suicide and experimental use of drugs and alcohol. When working with young people, you need to be aware of these issues and work to create a safe place that supports and educates young people about the following issues.

Here are some examples of issues that younger people face.

Alcohol

▶ Recent statistics state that eight out of ten Australian high school students reported drinking alcohol at least once, with a quarter drinking regularly. Binge drinking (drinking to excess) is common among adolescents and is damaging to their health, as well as having serious side effects, such as injury, accidental death and road accidents.

Tobacco

▶ Many young people try smoking cigarettes for the first time during adolescence and the rate of addiction is high. However, public health campaigns have helped reduce the number of teens smoking.

Drugs

▶ Marijuana is the most commonly used illegal drug among young people. To a lesser extent, young people also experiment with illegal substances such as ecstasy, hallucinogens, ice, amphetamines and heroin. There are many serious consequences of taking drugs, including physical health risks, mental health risks such as depression and schizophrenia, and accidental injury and death.

Suicide

▶ After car accidents, suicide is the most common cause of death in young people. More women attempt suicide than men; however, men are more likely to complete suicide. It is also more prevalent among young men in rural areas. Depression, anxiety, family pressure and bullying are contributing factors. Initiatives such as Beyond Blue are instrumental in the prevention of suicide among young people.

Sex

▶ There are several health issues related to sexual relationships for young people, including:
  – safe sex (using condoms and contraception)
  – sexually transmitted disease
  – unplanned pregnancy
  – peer pressure.

Experiences of children and adolescents with disability

Young people with disability often have a very different experience of life from their peers who do not have disability. Consider the impact of the following factors on children and adolescents with disability.

Friendships

Disability can impact friendships in particular, as some people with disability have difficulty forming friendships.

A young person with a disability may be subjected to bullying and teasing at school or in the community.

Education

Children with disability have the right to access education like any other child. Public and private school sector departments provide guidance to parents and young people on what supports are available. Funding can assist young people to access education.

Sexuality

A young person with disability has as much right and ability to experience sexual feelings and to explore their sexuality as their peers. Sexual health is an important consideration for adolescents with disabilities.

Family

There is considerable support available for the siblings of people with disability, who may experience feelings such as jealousy, stress, anger or guilt. It is important that parents and carers provide adequate support for the relationship between a person with disability and their siblings.

Individual rights

It is also important that young people with disability are aware of their rights to equality and protection from discrimination. A young person with disability needs to understand that they are a person with disability rather than a disabled person.

Leisure activities in adolescence

The concept of leisure starts to emerge as young people begin secondary school or take on after-school work. Time spent outside these commitments is considered leisure. The main motivation behind youth leisure activities is searching for and consolidating personal identity Aspects of this include becoming independent and autonomous, learning boundaries, defining self-identity, defining group identity and physical maturation. The following are examples of leisure activities undertaken by adolescents.

Social groups

Social inclusion is an important aspect of forming an identity. Group activities that reinforce social groups include:

▶ sport

▶ going to the shopping centre

▶ spending time at the beach.

These are all popular pastimes.

Music

Listening to and playing music is also a popular leisure activity for young people, as it offers:

▶ emotional expression and reflection

▶ an opportunity to understand other people's perspectives and how they cope with life

▶ self-definition

▶ social bonding and inclusion.

Sport

Many young people choose to play sport. After-school and weekend activities such as football, netball, tennis, athletics, dance, gymnastics and hockey are enjoyed by many young people across Australia. Sport offers:

▶ team-building skills

▶ social inclusion and identity

▶ physical wellness

▶ a break from study.

Leisure activities in young adulthood

Many of the issues that arise in adolescence carry over into young adulthood. Characteristics that impact leisure activities in young adulthood are outlined below

Personal and social identity, and life changes

▶ A study by Anatol Rapoport suggests that young adulthood focuses not only on personal identity, but also on social identity. A large part of this is forming work and personal relationships. Other characteristics of young adulthood include moving out of home for the first time, studying at university, starting employment and starting committed relationships and families.

Leisure activities

▶ Leisure activities during young adulthood include sport, travelling, outdoor recreation and arts and culture. They also include:

    – attending entertainment venues

    – socialising

    – using audiovisual media.

Decrease in sport and cultural activities

▶ Unlike in adolescence when after-school activities are structured and encouraged, leisure activities such as sport and cultural activities tend to decrease in young adulthood. Generally people are motivated to pursue sport or cultural activities because of health, social and personal reasons.

Rural and remote leisure activities

▶ In rural and remote communities, social and leisure activities take on a different meaning. Fewer resources and opportunities mean there is less choice. However, community team sports or art events are given greater emphasis in rural communities as bonding within the community, particularly during hard times such as drought or other natural disasters, becomes very important.

Middle adulthood

The Rapoport study suggests middle adulthood is the establishment phase, when people focus on making satisfying life investments. Consider the following about leisure time in middle adulthood.

Activities undertaken

Leisure activities in middle adulthood include gardening, home improvements, family holidays and recreation with family. However, people in this age group also play sport, do outdoor recreational activities like fishing, attend cultural venues, and participate in cultural activities like drawing or writing. Leisure activities in middle adulthood are also for relaxation and recuperation.

Time spent

Out of all the age groups, less time in general is spent on leisure in the middle adulthood years, suggesting that more time is spent with work and other obligations like household duties. Predominantly, leisure occurs on the weekends with four hours on average of a weekday spent on leisure. As in all age groups, most time is spent enjoying audiovisual entertainment.

Health issues for migrant and refugee communities

The health of people in migrant and refugee communities can be affected by language barriers, socioeconomic status and cultural or religious differences. Refugees from developing countries are more likely to be exposed to infectious diseases, such as HIV and tuberculosis, and asylum seekers who are held in detention for long periods of time are vulnerable to mental health disorders.

Improved health services for rural and remote Australia

The Australian Government has long acknowledged the issues that affect rural Australia and the limited access people living in these areas have to health and support services. Serious attempts have been made in recent years to address issues and improve accessibility for people with disability in rural and remote Australia.

Strategies have included:

▶ increasing funding

▶ supporting education and training

▶ providing incentives for health workers to locate to rural areas

▶ maintaining interest and research into the quality of available health services.

Understand the underpinning values and philosophies of the leisure and health sector

One of the key philosophies in leisure and health provision is the person-centred approach. In this approach, the service user is the centre of service planning and implementation, and they are involved in goal setting, planning, considering and discussing their needs and making choices about activities.

The person-centred approach is also reflected in the service standards and regulations that guide the various segments of the leisure and health sector. Through this approach, capacity building can occur so that an individual, as well as the wider community becomes stronger and more able to take on leadership and directive roles into the future. Over time, many individuals are able to cease being 'service users', and instead become 'service directors' in charge of their own activities and future directions.

The underpinning values and philosophy of the leisure and health sector include:

▶ holistic and person-centred approach

▶ commitment to empowering the individual

▶ commitment to meeting the needs and upholding the rights of individuals

▶ community education

▶ delivering appropriate services

▶ encouraging personal growth and wellness.

Holistic and person-centred approach

It is important to consider the individual as the main focus of your work in the leisure and health sector, as this ensures your decisions and actions are relevant and appropriate to peoples' needs, abilities and interests. Over time, services and organisations have moved from a service-driven to a person-centred approach to service provision. This means that the individual needs to be the prime driver of decisions about their specific services and care, the development over time of the service as a whole, and the way their service is planned, implemented and reviewed.

A person-centred approach is shown through many aspects of legislation, regulations and standards across the various segments of the leisure and health sector.

In a similar way, a holistic approach refers to considering all of an individual's needs, rather than simply focusing on one aspect. In the past, services sometimes focused only on the aspects of care and support they traditionally provided, and did not take into account the fact that many individuals had a diverse range of needs across many different areas.

Legislation and standards

There are many examples of a person-centred approach in legislation, standards and regulations. Here are some examples of legislation, standards and regulations that affect various areas of work within the leisure and health sector.

People with disability

▶ Services working with people with disability need to ensure the National Standards for Disability Services underpin the way they provide care and support. *The Disability Discrimination Act 1992* (Cth) sets out the broad expectations for ensuring fair and equitable access and participation in daily life activities for all people regardless of their ability.

Children

▶ Children's services in each of the states and territories need to consider the relevant Child Protection Act for their location, which has at the core of the wellbeing, care and protection of all children.

People with serious mental illness

▶ Staff working with people with serious mental illness need to abide by the strict provisions of the individual state and territory Mental Health Acts, which are designed to ensure rigorous and thorough accountability in carrying out treatments and assessments.

Home and community care

▶ Services providing care and support through the Commonwealth Home Support Programme (CHSP) and other government agencies need to meet the Aged Care Quality Standards.

Employment services

▶ Employment services need to meet the service standards and key performance indicators developed as part of the *Disability Services Act 1986* (Cth), which were designed to deinstitutionalise employment services.

Older people

▶ Services working with older people need to meet the requirements of the *Aged Care Act 1997* (Cth) and the Aged Care Quality Standards. These are designed to provide a formal framework for ensuring high-quality service provision to all older people receiving care.

Commit to empowering the individual

Empowering the individual means taking active and purposeful steps to make sure they are able to take charge of as much of their own care and support as possible.

Choosing to empower the individual may be challenging at times, and it can be more time consuming. However, from a legal and ethical perspective, it is important to always empower the individual in your day-to-day work activities.

Here are some ways to make sure you empower the individual whenever possible.

Practical ways to empower the individual

▶ Write care plans or individual plans describing where a person wishes to direct their own care and support.

▶ Offer choices and encourage the person to be proactive in choosing activities they would like to participate in.

▶ Respect the right of the person to participate or opt out of activities.

▶ Provide avenues for making complaints and suggestions that are user-friendly and accessible to all people.

▶ Use open rather than closed questions where appropriate to encourage the person to express their opinions and wishes.

Demonstrate commitment to access and equity principles

In the leisure and health sector, a commitment to access and equity principles usually includes a non-discriminatory approach to all people using the service, creating a person-centred culture and catering for differences.

Australian federal legislation is in place to protect people against discrimination in many aspects of daily life. Some federal Acts are outlined below.

Disability Discrimination Act 1992 (Cth)

▶ The *Disability Discrimination Act 1992* (Cth) protects people against discrimination on the basis of having a disability or being perceived to have one. The Act also offers protection to family members and carers associated with the person with disability.

Racial Discrimination Act 1975 (Cth)

▶ The *Racial Discrimination Act 1975* (Cth) protects people against discrimination on the basis of their race or culture

Sex Discrimination Act 1984 (Cth)

▶ The *Sex Discrimination Act 1984* (Cth) protects people against discrimination on the basis of their gender.

A non-discriminatory approach to all people using the service

Many of the standards and regulations that exist across the leisure and health sector also contain reference to non-discriminatory conduct and approaches.

The key concept is that you should deal with everyone on an equal basis, and make decisions and take actions that are fair and equitable. This includes the following groups of people.

Family and friends

Family and friends associated with an individual often form an integral part of their daily lives and care. It is important to extend the same respect to family and friends as you do to the individual.

Family and friends may not always respond in a positive way, especially in stressful situations. They need to be shown respect and considered on an equal and fair basis, without being discriminated against for any reason. People under stress may behave differently from how they would in an ordinary situation. Avoid making assumptions or discriminating inadvertently for reasons such as a perception that one family may be more difficult to work with than another.

General public

Members of the general public are protected by Australian federal law, as well as state or territory laws. Show respect for members of the general public in the way you conduct yourself when you are in the community, or when a member of the general public comes to your workplace. All members of the public should be treated with respect and courtesy, and should be offered fair and equal treatment without discrimination.

Co-workers

Co-workers have a right to fair and equitable treatment. You may work alongside people from a wide variety of cultural and linguistic backgrounds, of varying ages and abilities. It is not appropriate or indeed lawful to discriminate in your actions or words against people on the basis of any of these attributes.

Treat all your co-workers equally and do your best to avoid offending or insulting anyone. Jokes or comments you find humorous may be interpreted in a different way by others.

Create a person-centred culture

A person-centred culture refers to the values, philosophy and ideals of the organisation. It refers to how staff conduct themselves in their interactions with individuals, and development of programs, services, policies and procedures. A person-orientated culture is generally positive and beneficial for an organisation, as it places the needs of the individual first, and values its service recipients highly.

An organisation that has a person-centred culture should regularly consider and respond to positive and negative feedback from individuals and reflect on practices and actions that have occurred. Management can facilitate this by organising times for formal reflection and evaluation of activities, and by responding positively to informal feedback and suggestions from staff.

A positive person-centred culture can be reflected in:

▶ the organisation's vision or mission statement

▶ documentation about the organisation's values, attitudes and philosophy

▶ the way the organisation makes decisions

▶ the types of programs the organisation develops

▶ the way the organisation seeks feedback and takes action following complaints or suggestions from individuals.

Meet the needs and uphold the rights of individuals

Legislation, standards and accreditation processes were developed to uphold individual rights and ensure needs are adequately met.

In many services, you will find documentation explaining how that service meets the relevant legislation and standards, as well as how they measure the quality of their service provision against relevant key performance indicators. By reviewing the policies, procedures and other documentation in your workplace, you will become aware of how your service meets needs and upholds the rights of individuals. It is vital that you are personally committed to the needs and rights of individuals and that you actively seek to implement the policies, procedures and service standards that support these.

Individuals generally have the right to:

▶ participate in or have access to activities

▶ choose not to participate

▶ be given access regardless of their ability to pay for services

▶ be judged against stated eligibility criteria when applying for services

▶ expect high-quality care

▶ be cared for by trained and appropriately skilled staff

▶ be encouraged to be independent and autonomous to the best of their ability

▶ receive services that enhance their quality of life.

Community education

Members of the broader community may not be aware of the most appropriate way to interact with people who are older, have disability or mental illness, or require some other form of specialist support and care. During interactions, they may say or do things that are offensive, unreasonably exclude the person from activities, be fearful the person may injure themselves or worry how others may feel about the person participating in activities. Some may feel that people with additional or complex needs should participate in activities at a segregated location, and not participate in an integrated or mainstream situation.

Community education programs can help overcome a lack of knowledge and awareness about the ability of people with additional needs to participate in everyday life. Community education usually occurs through informal exchanges and communication. For example, informal community education may occur through talking

to a club captain in a local sporting club about supporting a young person with mental illness to become a member of the club, or by taking a group of older individuals to a community garden to participate in gardening activities.

Encourage personal growth and wellness

Personal growth refers to the development of social and emotional aspects of human functioning. For example, an individual may grow in their ability and confidence to participate in a small group activity where they previously appeared withdrawn and reluctant to interact with others.

Wellness refers to considering activities that promote good health and wellbeing, rather than focusing on remediation and management of illness, disability or disease. Measuring and recording personal growth and wellness can be challenging. For this reason, documents such as care plans tend to fail to record outcomes or measures related to personal growth and wellness, and instead focus on more tangible and measurable outcomes

A focus on personal growth and wellbeing is important within the leisure and health industry. Health promotion addresses a number of different areas, including preventing illness or accidents and maintaining existing good health.

Account and cater for difference

You are likely to work with and for people who differ in many ways. These people may be service recipients, co-workers, the general public or management. It is important to account for and consider the implications of individual differences, while ensuring you do not act in a discriminatory way. This may seem difficult, but it is really about carefully considering your own values and attitudes and making sure you do not act or speak in a discriminatory way because of preconceived ideas or stereotypes.

Treating everyone in a fair and equitable way does not mean you have to do everything the same way for every person. It actually means thinking about what the real task at hand is, and then acting in a way that ensures everyone has the same ability to access or benefit from the task.

Individuals can differ in many ways. Some examples of specific areas of difference are outlined here.

Physical differences

▶ Some people require additional support, such as mobility aids or physical assistance, to participate in activities. You may need to offer them a chair or provide gentle support to help them initiate a movement.

Cultural differences

▶ Some people may choose to not participate in some activities for cultural reasons, or may choose to participate only on particular days or alongside certain people. Consult with individuals about their specific cultural needs and ask how you can best meet them.

Social differences

▶ Some people may be from different social backgrounds, which may affect how they judge situations, behave, speak and interact with others. Observe a person carefully and be ready to offer additional support in situations where they appear uncomfortable or unsure.

Economic differences

▶ Some people may not have the ability to pay for services, or may be limited in their discretionary income. Make sure brochures and service guidelines clearly explain any associated costs for activities, and ensure people are not discriminated against on the basis of their economic situation.

Religious or spiritual differences

▶ Some people may not want to participate in activities because of their religious or spiritual beliefs, or may choose to participate only on certain days or with members of their own gender. Consult with the person about their individual religious or spiritual needs, and ask how you can best meet them.

Example

Design strategies relevant to cultural and social contexts

Mirabelle is interested in culturally diverse activities programs. She has been working as a diversional therapist for many years with a wide variety cultural groups. In her work, she has found that the more the activities incorporate a multicultural perspective, the more effective they are for satisfying individuals' needs and interests. They also help individuals integrate with one another and better understand each other's cultural backgrounds.

This year, Mirabelle is working with a large number of Chinese individuals as well as Sudanese–Muslim individuals. She organises a Chinese yum cha breakfast every Tuesday, followed by Cantonese or Mandarin singing or arts and crafts. On Friday, she has scheduled a visit to the local mosque for those who are interested. Mirabelle has found that many people who are not Chinese enjoy attending the Chinese breakfast and arts activities, and sometimes people who are not Muslim visit the mosque. The activities have positively influenced the relationships between the individuals and the understanding people have of one another's cultural backgrounds.

Practice task 15

1. List two differences among individuals to take into account when designing leisure and health programs.

2. Identify three ways to empower the individual.

3. What is one of the strategies to consider implementing for leisure and health programs for adolescents?

Click to complete Practice task 15

4D Adapt activities, programs, environment and equipment to optimise involvement in programs

\Variety is important for sparking and maintaining interest in activities that challenge people in different ways. For some people, providing choice is important since leisure programs can offer release from structured timetables to relax and select activities they enjoy. Program plans can include blocks of free time for the person to choose their own leisure interests, or relaxation can be more structured, such as designating time for reading or watching television.

For most people, routines and predictable leisure activities eventually become dull. Making regular changes to programs not only provides an element of excitement, but is also necessary to adapt to the needs of people who experience improvement or deterioration in physical, social or cognitive abilities and preferences. Programs may need to be adapted to:

▶ respond to group dynamics

▶ respond to changes in interest

▶ respond to physical changes

▶ suit individuals with medical problems.

Provide choice

Providing choice in a structured way may include using what is known as 'station rotation'. Tables or areas are set up between different stations, around which individuals rotate according to their interests. Examples include board games, craft activities and computer use. Some people may become engrossed in activities such as reading or craft work and be reluctant to move onto another activity. Your program should allow for them to continue with an interest they are enjoying, as long as you feel they are not being disadvantaged or isolated over time by pursuing only individual interests.

The person can be offered a range of activities that may include:

▶ active games that use mental or physical skills, such as playing sport, going for a walk, pursuing hobbies, dance or exercise

▶ passive activities that are quiet and restful, such as watching a movie, having a story read to the group or listening to music

▶ solitary activities such as reading, completing a puzzle, painting or craft

▶ social activities such as parties, celebrations, cultural activities, board games or talking with friends.

Individual interests

No two people are completely alike. Opportunities to pursue areas of individual talent or interest are known to increase a person's self-esteem and broad skills.

Even within a particular activity, the person may show stronger abilities in one area of the task than in others. For example, some individuals may enjoy playing a game of basketball. Others may be less interested in playing sport, but can enjoy taking part in another capacity; for example, a person who is interested in numbers may like being the scorekeeper.

Cultural support

Consulting with people from different cultures, their families and your supervisor is a good start when considering culturally diverse activities for your programs. Talk to the person about their cultures and beliefs so you do not guess or make assumptions that could be incorrect or even offensive. Here is some guidance on ensuring inclusiveness, and on assisting a person for whom English is not their first language.

Inclusive activities

Your program planning should ensure activities do not exclude any one person or group of people because of their beliefs or religious restrictions, such as holding a sausage sizzle that excludes individuals who cannot eat meat. Where activities may be seen to be exclusive, include opportunities that do not highlight differences between people; for example, you may offer vegetarian food options to all people, not just those who cannot eat meat.

Language support

People who do not speak English as their first language may require additional assistance to understand English. You may find it useful to speak to them one-on-one and incorporate plenty of gestures and pictures, rather than relying on instructions that you have given to the whole group. A simple board with pictures of common objects or places can be helpful while an individual is learning to use English to help them participate in activities.

Match needs to existing programs and activities

Most individual needs can be met by encouraging the person to take part in a range of existing programs and everyday experiences. Here are some examples of matching an activity or experience with individuals' needs.

Communication skills

To encourage communication

Need: To enable the person to overcome shyness

Activity: Group games that encourage the person to talk in a non-threatening environment, such as simple card games

Friendships

To form and maintain friendships
Need: Free time to explore own interests

Activities: Sharing a meal, circle time or discussion groups that encourage sharing of thoughts and ideas

Promoting respect

To have different cultural backgrounds respected
Need: Programs that incorporate aspects of the person's culture, such as traditional games from Aboriginal and/or Torres Strait Islander cultures

Activities: Films and books relating to the person's background

Respond to group dynamics

Be alert for signs of difficulties and changes in the level of individual participation that seem to be related to group dynamics, behaviour problems or personality clashes.

It is common for some individuals to want to stay close to a particular friend or group of friends. You should not discourage people from staying close to those whose company they enjoy, even if this means occasionally adapting an activity to take this into account.

Respond to changes in interest and ability

Levels of concentration and interest in activities can vary from day to day and week to week. If you are sensing that some individuals you are supporting are becoming restless or bored with an activity, you may stop it and begin another that involves greater complexity or a change of focus.

Varying physical abilities can also affect a person's ability to participate fully in activities; they can be related to ageing (such as reduced muscle tone and mobility), to disease processes such as arthritis, or to the presence of physical disabilities. Two approaches to addressing these changes are outlined below.

Using aids and equipment

Some types of aids and equipment can help some persons to overcome difficulties relating to physical changes. These include hearing aids, adapted eating utensils, electronic communication aids and computers with voice-recognition software. Some commercially available aids are designed specifically for use in certain leisure activities, such as playing card holders and modified computer keyboards and mouses.

Modifying activities

Modifying activities may enhance participation for the person with mobility or dexterity problems. For example, football or volleyball played with a balloon rather than a ball can be an active modification for individuals who use a wheelchair, or for older people. Some persons may require additional support to complete tasks that involve fine motor skills, such as craft work. If the game does not allow everyone to take part equally, choose another activity.

People with medical conditions

A range of medical conditions can also influence program planning. These include conditions such as epilepsy, allergies, diabetes and asthma. For example, if a person cannot participate in interactive computer games because this type of visual stimulation can trigger their epilepsy, then this is not an appropriate activity for the service to consider. People with asthma and allergies may not be able to participate in outings that involve contact with certain types of food, plants or animals. Speaking to the person can help you to determine the limitations and adaptations you can make to activities before they are incorporated into programs.
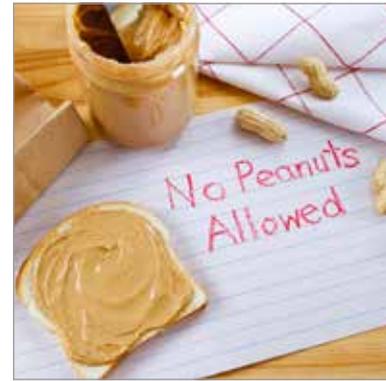
Implement flexible plans for a variety of contexts and contingencies

You cannot anticipate all variables in the planning process, but plans should include a range of alternatives and contingency arrangements that can help you manage and coordinate the program. A flexible approach means you are adaptable when problems or unexpected changes are required. Rearranging the order of activities to accommodate a person's wishes is an example of making your programs person-centred rather than service-focused.

Contingency plans

Making contingency plans can help you to manage situations where the planned activity is not possible for any number of reasons. Following are some situations that may require contingency plans.

Changes in the weather

Outdoor games and excursions can be dependent on weather conditions. Prepare for alternative games that can quickly take the place of outdoor activities in the case of rain or hot weather. Try to replace planned outdoor physical activity with indoor activities that involve movement or physical exercise. Examples include dance or aerobics, indoor sack races, beanbag toss and group games such as Twister.

Very hot weather can mean individuals need additional rest and drink breaks. This is especially important for older people and children.

Variation in numbers

There may easily be more or fewer people attending a session or participating in an activity than anticipated. You may also be unsure of the particular people who will be in attendance and your plans may not suit the cognitive or physical abilities of those who arrive for the session.

Plan resources that cater for a larger number of people than you are expecting. Most excess supplies can be stored for future use. Larger-than-expected groups of people may need to be broken into two groups to participate in sports or team-based games.

Staff absences

Some activities require a greater amount of supervision than others. It is unfortunate when outings or highly anticipated activities have to be cancelled due to lack of staff, but your priority is to consider the safety of people at all times. Where possible, include contingencies that may allow the activity to continue, such as calling on volunteers.

Your service is likely to have its own set of requirements for replacing staff, outlined in your policies and procedures, and these must be adhered to.

Address problems in program delivery

Even when contingency plans are well thought out and implemented, unexpected problems can occur in any leisure and health setting. Some problems are serious and can pose risk to the safety or wellbeing of the people accessing services and staff. You will not always have specific instructions for how to react to specific problems, but there are requirements you need to meet.

Your response should always consider:

▶ the level of urgency, risk or danger posed by the problem

▶ your organisation's policies and procedures

▶ industry standards, such as aged care standards in your state or territory

▶ your training, experience and limitations in your job role.

Illness or injury

It is important that you familiarise yourself with your organisation's policies before an activity begins. This includes knowing how to react to serious problems such as reporting injuries to managers and applying first aid when required. If you feel a situation such as an injury has become critical or serious, your first reaction should be to call an ambulance.

Most organisations will require the following steps if an incident occurs:

▶ Assess the person's injuries or illness quickly, and call an ambulance on 000 if you feel the situation is serious or critical.

▶ Explain to emergency services the nature of the injury/illness.

▶ Apply emergency first aid according to your training and the organisation's policies as required or as you are instructed by emergency services.

▶ Contact your supervisor when the situation is under control and the person is safe.

▶ Contact the person's family or next of kin if relevant to notify them of the incident.

▶ Once the situation is under control, write an incident report outlining the circumstances of the incident, the exact injuries and your response.

▶ If the illness or injury does not need urgent medical attention, monitor the person's condition throughout the session.

▶ For minor injuries, complete a note in the injury register if applicable.

People becoming lost

Close supervision during all programs should significantly reduce or remove the risk of children or the person with dementia or intellectual disability wandering away from your group. However, your responsibilities for locating the person should also consider the safety and supervision of other people in your care. If you are unable to leave others to search for someone who has wandered away from the group, it is important that you identify who may assist you. Here is an example response procedure.

Sample lost-person response procedure

▶ Immediately notify venue staff, along with other staff or volunteers, describing the person, their clothing and the last place the person was seen.

▶ Direct others to search for the person, or conduct a search yourself if you are able to leave other people with a suitably qualified worker.

▶ Contact your supervisor to alert them to the situation and seek further direction.

▶ Call the police if the person is not located within the time specified by your organisation's policy – usually within 10 to 20 minutes.

▶ Alert the person's parents or emergency contacts and inform them that the person is missing.

▶ Notify all relevant people once the person has been located.

Problems with participation

You may be alerted to a particular person not being able to participate in planned activities because of cultural, medical or other problems. These may include allergies, physical disability and differences in cultural beliefs.

Principles of inclusion require that you consider individual differences when planning activities. If they have been overlooked in the planning phase, or if a person who reflects one of these types of difference has arrived unexpectedly, it is important that activities are adapted to meet the needs of all people. It is not acceptable to force or expect a person to sit out of an activity.

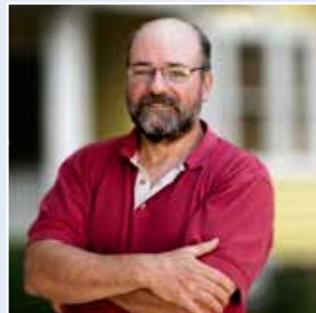# Complex needs that are outside the program scope

Some people with complex needs may have issues that are outside your area of responsibility or expertise, meaning you and the organisation you work for may not be able to provide appropriate support. In such a case, you may refer the individual to another organisation to receive the services they need.

The person may need immediate support, so referrals should be made promptly. For example, a person who with mental illness may require an urgent referral for specialist support in a crisis situation that cannot be managed by their regular recreation support staff. Referrals should always be in line with organisational policies and procedures.

Example

Adapt activities, programs, environment and equipment to optimise involvement in programs

Scott, a community development worker at a local council, has been researching recreational fishing activities for people with disability who live in or visit the area. He suggests the concept of disability-accessible fishing bays to his manager, who responds positively and asks Scott to write a briefing paper to highlight the issues and suggest a way forward for the plan.

Scott writes the paper in consultation with the local fishing club, which is positive and enthusiastic about increasing participation in fishing across all age groups and abilities. A steering committee is put together to lead the project, which is titled 'Fishing for everyone in Bridey Lake Park'.

The importance of volunteer support and community goodwill is highlighted throughout the process of researching, identifying a suitable location, garnering community support, enlisting local journalists to provide media coverage, and making sure the process sits within existing local council policies and procedures.

Twelve months later and with many work hours donated, there is a grand opening of two disability-accessible fishing bays at a community fishing competition attended by over 200 local and visiting participants.

Practice task 16

1. What is one factor that might necessitate a change to a program's plan?

2. Identify three different types of activities that might be considered to provide choice for people accessing the service.

3. Identify two ways to adapt a program to address changing needs.

Click to complete Practice task 16

4E Document strategies within an individual program plan and activity plan

An individual's assessment will determine the focus of the program outcomes, and the program will be shaped in response to the identified person's needs. Needs may be straightforward, specific, varied or complex, depending on the person. For example, a person may simply need to be more active to keep in good health, or a person with dementia may require gentle cognitive stimulation on a regular basis. Desired outcomes may be identified through interviews with the person, speaking with the person's family, reports from the person's health practitioner and through observation.

The purpose of recording

When gathering detailed information about the person, keeping records is important as they synthesise the relevant information that can be used to develop a person's leisure and health program. Maintaining clear and factual records is a very important aspect of working in community services.

Records are legal documents that serve many purposes, including:

▶ assisting the supervisor and/or manager to review a person's progress

▶ assisting the supervisor and/or manager to ensure organisational policies are being followed and the person's needs are being met

▶ ensuring all staff members are accountable for their actions

▶ ensuring information about what preceded an incident can be obtained if an incident (injury, accident, health problem or death) occurs

▶ ensuring standards (government, legal and ethical) are met by the organisation.

Use recording methods appropriate to the situation

The correct method of recording information is determined by organisational policy and procedure. If you are unsure which recording method to use, check with your supervisor. For example, in an interview with a person, you may be required to take handwritten notes or complete a standard proforma provided by the organisation. Be sure you know which method to use, and if a specific form is required, know which form to use, where it is located and where it should be lodged when it is completed. Consider the following examples of methods for recording information.

Using software

Every organisation has record-keeping software to keep an electronic record of a person's information. Software is useful as it provides easy access to information, and records can be updated and maintained easily.

Record-keeping software usually stores a person's profile, including health, cognitive and emotional needs; a person's medical history; a person's next of kin (family members who are contacted in an emergency); and daily notes, which allow the supervisor to monitor and evaluate the person's progress. The software used will vary from organisation to organisation, so ensure you know how to use the software in your workplace.

Taking handwritten notes

If you are observing a person undertaking an activity, or interviewing the person or their family members, you may be required to make handwritten notes to transcribe later. If you are transcribing from your own or another person's handwritten notes or forms, make sure your transcription is accurate. Handwriting must be clear and legible so no errors are made.

Ensure all of your notes are tidy and together. This is important for a person's confidentiality as well as accurate recording. Notes and forms must be completed in ink, so records are permanent. If you make an error, cross it out and initial the correction. All documentation should be signed and dated.

Program outcomes

At the planning stage, outcomes for individuals should be clearly articulated, as well as how outcomes are expected to meet the individual's needs. Program outcomes are also determined by the philosophy and goals of the service, and other factors, as detailed below.

Service goals

▶ Culturally specific services philosophies

▶ Philosophies about people, their development and learning

▶ Philosophies and values about society and communities

▶ Philosophies about community development, empowerment and recovery

Other factors

▶ Organisational standards

▶ Government standards

▶ Legal requirements

▶ Current research provides evidence to suggest that a particular outcome is justifiable, appropriate and desirable for satisfying individual needs

Evaluate outcomes

You need to assess whether outcomes are being achieved and needs are being met. Peoples' needs are ever changing, so outcomes need to be reviewed and programs adjusted to reflect these changes. After information has been analysed, you and your team need to speak about practical applications that can either sustain individual outcomes or improve the opportunity for outcomes to be achieved.

The following lists the evaluation methods and considerations when analysing and interpreting the information.

Methods of evaluation

Methods for evaluating outcomes include:

▶ interviewing the person and/or family members

▶ interviewing relevant health professionals

▶ conducting surveys

▶ conducting questionnaires

▶ undertaking informal observations

▶ undertaking formal observation sessions.

Documenting findings and analysis

Documenting this information clearly and accurately ensures patterns and trends in the information can be identified. For example, a facilitator may document that a person told them they are unhappy with an activity. The facilitator may also document that the person appeared despondent and chose not to participate. As a result of this information, the person's health practitioner may confirm that the activity is unsuitable for the person. Privacy and confidentiality is a priority when documenting information related to the person.

Identify criteria for documentation and evaluation and use for review

To effectively conduct a review of the program, you need clear criteria against which to evaluate your program. Each organisation and team may establish their own criteria, but the following are common aspects to be addressed.

Short-term program goals

The short-term goals of the program will be determined by the identified person's needs. Short-term goals may be shaped by current research and trends in the relevant industry. Professional health practitioners, expert advice, opinions and experiential evidence can also be valuable in setting these goals.

A short-term goal for an isolated person may be to encourage them to have social contact. A regular leisure program may meet the expected outcome by engaging the individual in social activities.

Long-term program goals

Long-term goals are also determined by individual needs, service philosophies, current research and specialist opinions. Long-term goals address the person's overall situation. For instance, a group of people with disability may be hoping to achieve independent living. The long-term goal is therefore to encourage activities that foster independent living skills.

It is important to evaluate short- and long-term goals regularly to provide you with indicators of the effectiveness and efficiency of the program.

Individual and group progress

The person's progress should be measured against the outcomes identified in response to the person's assessment. The data can then be analysed to see if the determined outcomes are valid and realistic, and whether the time lines are appropriate.

Assessing a group's progress using observation techniques such as monitoring attendance, noticing whether participants are early or late to the activity, being aware of the general mood and noting how long the activity takes. Questionnaires can be used to gauge the overall feeling and responses of the group.

Philosophies and goals of the service

The goals of the service usually include:

▶ culturally specific service philosophies

▶ philosophies about people, development and learning

▶ philosophies and values about society and communities

▶ philosophies about community development, empowerment and recovery.

If the program is failing to meet goals, then you and your team need to determine how goals can be better achieved.

Cost-effectiveness

The cost-effectiveness of a program also needs to be assessed, to ensure the program is being run within the budget. If the program has exceeded funding and budgeting, you may need to determine how the program can be adapted to better manage costs, or source additional funds to meet goals.

An evaluation of cost-effectiveness may also help establish where costs can be saved, and where more spending can be allocated.

Best practice

Best practice, or appropriate practice, refers to the techniques and methods that have been found to be most effective through research and application. Best practice is advised by government and community organisations, legislation, industry bodies, area specialists and literature, and informs organisational policies and procedures.

Programs need to be monitored and assessed regularly to ensure best practice is being followed. If standards change, the program needs to be reviewed to reflect these changes.

Assessment documentation

As with all documentation, you need to follow organisational protocols to ensure assessment documentation is completed in full, is accurate, has been signed and dated, and has been filed correctly.

When making observations about the person's progress, always be factual and avoid giving your own opinion or interpretations. Use only the information the person provides and the objective observations you make. Use concrete examples to support your claims about the person's progress wherever possible.

The following are also important points to remember:

▶ Respect the person's confidentiality.

▶ Respect cultural differences.

▶ Avoid judgmental language.

Example

Document strategies within an individual program for people with complex needs

Leslie has dementia. Her program has been devised to meet her specific needs and engage her in a range of cognitive, social and physical activities. The reading group Leslie participates in is designed specifically for people with dementia. Only very short texts are chosen, and discussions about texts are kept brief.

During reading group one day, one of the facilitators notices that Leslie appears distant and confused. She asks Leslie if she is okay, and Leslie just turns to look out the window and does not respond. The facilitator documents this in her end-of-shift notes and mentions it to the supervisor. The supervisor says that one of the other group facilitators had also noticed Leslie was not enjoying the activity and appeared confused.

The team meet to discuss how suitable Leslie's program is for her at this moment. The registered nurse conducts a consultation with Leslie and helps the team to establish a more effective activity for her. In consultation with Leslie and her daughter, the team amend the program to include fewer social activities and more gentle cognitive activities. They monitor Leslie's behaviour in subsequent scheduled activities she participates in to see if the adjustments are appropriate.

Practice task 17

1. List three points that should be covered in documentation.

2. How can you identify the outcomes of a program? Give three examples.

3. Identify two specific philosophies that might influence development of a program.

Click to complete Practice task 17

Summary

1. The culture of a workplace affects workers and how individuals receive health care.

2. The definition of health varies from culture to culture, but it is generally understood in Australia that an individual's health is dependent on biological factors as well as social and psychological context.

3. Leisure is context dependent and means something different to each person depending on their cultural background, age and experiences. For example, leisure from a contemporary Indigenous Australian perspective is a time for enjoyment, bonding with family, and spiritual and personal refreshment.

4. The need for leisure activities and the style of chosen leisure activities changes throughout the lifespan. Leisure activities for younger people focus on finding personal identity; leisure activities in middle adulthood focus on satisfaction; leisure activities in older age promote meaning and physical, emotional, cognitive and spiritual wellbeing. No matter what age, it is important to consider individual needs, capabilities and skills when planning leisure activities.

5. Many people with disability experience social exclusion, isolation, discrimination, negative stereotyping and stigmatisation, poverty and abuse.

6. Older people, children, Indigenous Australian people and people in remote communities have varying experiences of living with disability.

7. Disability can impact the choice and structure of leisure activities, but there are many accommodations that can be made to ensure a person has the right to access leisure and recreation activities.

8. Language is important to the perception of the person, and should be used appropriately to encourage participation in leisure and health programs.

9. Following legislative guidelines and organisational policies and procedures is important, as is the ongoing documentation during leisure and health programs.

Learning checkpoint 4
Participate in the development of effective strategies for working with people with complex needs

This learning checkpoint allows you to review your skills and knowledge in participating in the development of effective strategies for working with people with complex needs.

Part A

1. Identify three issues a person with complex needs may have that will impact on participation in leisure and health activities.

2. Describe three ways to check for inclusive language.

3. List two aspects of leisure and health that are influenced by a person's culture.

4. List four reasons that a change to a program might be implemented.

5. List and explain three reasons why is it important to record all information regarding an individual.

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Part B

Read the case study, then answer the questions that follow.

Case study

The following interview is with a psychologist, who is part of a team developing a program for Daniel, a child with autism.

Interviewer: Can you explain your role within the team?

Psychologist: My role is to provide a professional opinion about Daniel's psychological needs and requirements. I have been a childhood and adolescent psychologist for 15 years and I have worked with Daniel for the last three months.

Interviewer: How do you determine Daniel's needs?

Psychologist: I assess Daniel using appropriate and standardised assessment tools to determine his needs, abilities and requirements. The assessment is interview-based to establish information about Daniel, including how he interacts with other people, his moods, emotions and his coping strategies.

Interviewer: How do you provide the information to the leisure officer?

Psychologist: I prepare a report based on my findings and present it to the organisation. The report contains Daniel's scores, how his scores relate to the general population and my interpretation and recommendations.

Interviewer: What are your recommendations for Daniel?

Psychologist: I advise that the leisure program is routine-based and predictable. Where possible, leisure officers and care providers should be consistent. Outdoor recreational, physical, skill-based and social interaction activities will help him reach his potential.

1. What approach did the psychologist use to assess Daniel's needs and plan the leisure and health program?

2. From the information gathered, what adaptations were recommended for Daniel's leisure and health program?