CHCCCS038

Facilitate the empowerment of people receiving support

Aspire
Learning Resources

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Release 1

Learner Guide

Aspire Version 1.1

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Learning Resources

CHCCCS038 Facilitate the empowerment of people receiving support, Release 1

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First published January 2023

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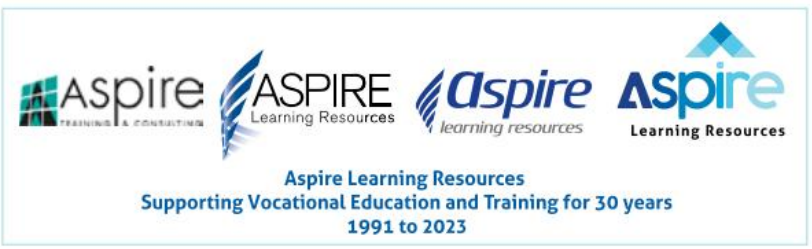
Printer Doculink Australia Pty Ltd, 1d/28 Rogers Street, Port Melbourne VIC 3207

e-ISBN 978-1-76123-033-2 (PDF version)
ISBN 978-1-76123-032-5



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Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country

Before you begin

This Learner Guide is based on the unit of competency *CHCCCS038 Facilitate the empowerment of people receiving support*, Release 1.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

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.

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	These 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.
Callouts	Callouts reiterate key learning points to help students revise for their assessments.
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.
Summaries	Key learning points are provided at the end of each topic.
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.

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.

These skills are listed below:

Foundation skill area	Foundation skill description
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
Learning	• Understanding your job role, organisational procedures and legal responsibilities • Managing your work and seeing how well you are going • Making goals for yourself at work • Seeking professional development opportunities for continuous improvement
Problem-solving	• Identifying problems • Working out how to fix a problem using problem-solving processes • Reviewing the outcome
Initiative and enterprise	• Recognising opportunities to develop and apply new ideas • Generating ideas by thinking of new ways to do something • Making suggestions to improve work
Teamwork	• Working well with other people by cooperating, collaborating, encouraging and building rapport

Foundation skill area	Foundation skill description
Planning and organising	• Planning your workload and commitments • Implementing tasks • Completing work on time • Knowing how to deal with hazards and risks
Self-management	• Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	• Efficiently using digitally based technologies and systems correctly and safely • Accessing, organising and presenting information • Using equipment correctly and safely

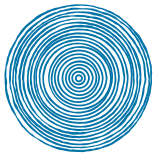
Note: Not every unit of competency will contain all foundation skills.

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 outcome	Rate your confidence in each section
Topic 1 Demonstrate commitment to empowerment for people receiving support	1A Reflect on personal values and attitudes regarding disability and ageing support	❑ Confident ❑ Basic understanding ❑ Not confident
	1B Develop and adjust approaches to facilitate empowerment	❑ Confident ❑ Basic understanding ❑ Not confident
Topic 2 Foster human rights	2A Assist the person to understand their rights	❑ Confident ❑ Basic understanding ❑ Not confident
	2B Work with the person to ensure their rights and needs are upheld	❑ Confident ❑ Basic understanding ❑ Not confident
	2C Consult with the person to confirm and prioritise cultural needs	❑ Confident ❑ Basic understanding ❑ Not confident
	2D Consult with the person to identify and respond to breaches of human rights	❑ Confident ❑ Basic understanding ❑ Not confident

Topic	Key outcome	Rate your confidence in each section
Topic 3 Facilitate choice and self-determination	3A Use a person-centred approach to acknowledge the person as their own expert	❑ Confident ❑ Basic understanding ❑ Not confident
	3B Provide assistance to the person to facilitate communication of their personal goals	❑ Confident ❑ Basic understanding ❑ Not confident
	3C Identify and support the person's use of assistive technologies	❑ Confident ❑ Basic understanding ❑ Not confident
	3D Assist the person to access advocacy services and other complaint mechanisms	❑ Confident ❑ Basic understanding ❑ Not confident



Topic 1: Demonstrate commitment to empowerment for people receiving support

1A Reflect on personal values and attitudes regarding disability and ageing support

1B Develop and adjust approaches to facilitate empowerment

1A Reflect on personal values and attitudes regarding disability and ageing support

Your own values, attitudes and bias can affect the way you work and communicate in the disability and aged care industries.

Society often sees people with disability as people who are "not like us". Because people with disabilities have been institutionalised and segregated in the past, our experiences with disability can be limited.

Discrimination and negative **attitudes** about the abilities and **value** of older people and people with disabilities are sadly common in our society. People face lifelong disadvantage by being overlooked or undervalued by others.

Your own opinion or attitude towards the person should impact on the quality of support you provide. The first step to making sure this does not happen is to confront your own **biases**, judgements or conflicting attitudes. Once you have developed an understanding of situations and behaviours that cause you to interact differently with the people you support, you are more likely to be aware of how to control these feelings and reduce their impact on others.

Attitude
How you go about your work, how you approach a task or the way you deal with others.

Value
The degree of importance of an idea or principle to a person.

Bias
A feeling of liking or disliking a person or group of people due to a preconceived opinion or prejudice.

Attitudes towards disability

Our attitudes towards disability can be affected by the media and by the language we use when talking about people with disabilities.

Common attitudes are listed below:

- People with disabilities are happier when they are with other people 'like them'.
- People with physical disabilities might also be hard of hearing, or not able to understand what other people are saying to them.
- It is important to feel pity and sympathy for people with disabilities.
- I am a good person if I automatically help any stranger that I see with a disability, even without asking, to make life easier for them.
- I am a better worker if I always do everything possible for the person, to make life a bit easier for them.
- If a person with a disability reaches any small achievement, such as getting themselves dressed in the morning, this is inspirational and must be applauded.
- The same rules of personal boundaries do not apply to people with disability – we can ask personal questions or touch them or their wheelchair to satisfy our curiosity about their disability.

Attitudes towards ageing

There are widespread negative attitudes and common misconceptions in our community about older people. These misconceptions and stereotypes are called **ageism**.

Ageism
A set of negative attitudes, stereotypes and assumptions commonly held about older people in our society.

Ageism is a set of commonly held attitudes, stereotypes, and assumptions about older people in our society. Ageism assumes many myths and attitudes about older people that are negative and often incorrect.

In the media and in the way we talk or joke about older people, we imply or believe that they are no longer useful, a target of jokes, a burden to society and with little to contribute to Australia's future.

Common attitudes towards older people can include:

- older people put a strain on the Australian economy due to pensions and health care needs
- all older people socialise in the same way, so games like bingo is all they need
- all older people are sick or unwell
- all older people struggle with memory loss and dementia.

Casual ageism

Casual ageism is everywhere. The media and advertising often prefer to pretend that the world is made up only of beautiful, ambitious and energetic young people. We see this and use casual ageism all the time without realising it, when talking to each other. While this all seems harmless, ageism adds up, and creates negative generalisations about being older.

Some common examples of casual ageism include comments such as:

- "Get off the road, grandpa!"
- "I forgot to do that – I must be ready for the nursing home!"
- "OK, Boomer."

Paternalism

Paternalism automatically assumes that older people cannot make healthy informed decisions for themselves. Paternalism can lead to people around them making decisions about them and not with them.

Paternalism
A policy or practice that restricts the freedom and responsibilities of older people or people with disabilities under the impression it's for their own good.

People with disabilities and older people are often spoken down to or treated like children when in the community, and can find it harder to be taken seriously by businesses.

This practice takes control and power away from older people in order to help them.

The effect of negative attitudes on the person

Stigma
Seeing someone in a negative way, due to a particular circumstance or quality.

Stigma is the result of these negative attitudes. Older people and people with disabilities often carry these attitudes with them into their own older age. They might feel a sense of being ashamed, rather than proud of who they are. They might believe that they are not useful to anyone or of value to society.

When you and others believe something negative about yourself, your actions and behaviours often follow. When a negative judgement has been made about a person, certain things can happen to that person's quality of life.

- The person making the judgement is less likely to approach or talk to the person in a meaningful way.
- The person being judged can pick up subtle or obvious clues that they are not considered to have social worth.
- The person lowers their own opinion and expectations of themselves, too.
- The person being judged is given fewer opportunities and less motivation to make friends, achieve goals and enjoy life.
- Every time they are judged, they might see further confirmation of their lack of value to others.
- Over time, a low sense of self-worth can lead to anxiety and depression.

Differences in values

In any type of community services work, you might find challenges in avoiding judgements. People with disabilities and older people can have as many social and cultural differences as the rest of the population. However, in disability and aged care work you may often be faced with behaviours, actions and lifestyles that conflict with your own ideas and values.

People you support might have:

- mental illness
- issues with drug or alcohol use
- behaviours of concern that include aggression or public sexual behaviours
- sexual needs that are met in ways you might not agree with, such as visiting a sex worker
- dependence on welfare that you feel is not deserved
- identities that include a range of sexual orientations and gender identities.

We are all the product of our own cultural upbringing and family beliefs. This is natural, but the first step to overcoming bias and reducing the impact of your own ideas about how people with disabilities should behave or act, is to confront these judgements head on.

You must support a person with a disability to make the life choices that are their own, as long as those choices do not cause harm to the person or to anyone else.

Example

Differences in values

Raj is a 30-year-old man with cerebral palsy. His support worker Susie is very religious and does not believe in sex outside of marriage. Raj wants to visit a sex worker and asks Susie to help him to contact the sex worker by phone to make a booking, as he is not able to do this himself.

Although prostitution goes against Susie's religious beliefs, she knows that it is not up to her to make judgements about Raj's lifestyle. She is there to support him to do the things he would otherwise be doing on his own. Suzie makes the booking but lets her manager know that she would feel uncomfortable assisting Raj to the brothel. Her manager understands this and she tells Susie that she can find another worker for this part of the task. Suzie does not lecture Raj or make him feel that she is judging him. She merely explains that she would feel more comfortable with another worker taking him to the venue.

Differences in personality types

You might easily find yourself developing 'favourite' clients, while finding others difficult to be around. This can erode the person's right to equal time and support. In many ways, this behaviour from workers can have compounding effects over time.

Sometimes the clients who are less fun or interesting to be around are the very ones who need your company the most. The less experience the person has interacting socially with workers and others, the fewer social skills they are likely to have, and the more likely they are to withdraw.

As a worker paid to provide equal and non-judgemental support to all clients, you must never use excuses for treating a particular client differently, such as:

- "We don't get along."
- "We have a personality clash."
- "I hang around the fun clients because life is all about fun."

Treat every person as an individual and acknowledge their differences. Make sure that your personal values and attitudes do not affect the supports that you provide. Having a physical disability does not imply that someone's intellectual capacity is diminished, so it is vital not to make assumptions or treat people in a childlike manner.

It is inevitable that you will feel more comfortable with some clients than others. This may be due to bias, values, attitudes or previous experience you have had with different clients.

Here are some ways to work effectively, irrespective of bias or personal feelings about different clients:

- Make an active choice to respect and support the person, irrespective of bias or negative feelings towards them.
- Monitor your reactions and responses towards all clients. By self-reflecting on how you may behave differently depending on the client, you are one step closer to self-awareness and respecting people.
- Speak about clients in a respectful and dignified way when they are not nearby. Doing this shows maturity and integrity. It can also help to change how you feel about the person.
- Do not participate in negative staff discussions about clients.
- Remember: it is not your job to like the clients; it is your job to support them.

Practice Task 1

Question 1

List two negative attitudes or constructs that people in the community might have towards disability.

Question 2

List two common misconceptions about ageing.

Question 3

Why is it important to be aware of how your own attitudes and actions may affect people with disabilities?

Question 4

Match each term about attitudes to ageing and disability to its definition.

Paternalism	A set of negative attitudes, stereotypes and assumptions commonly held about older people in our society.
Stigma	A policy or practice that restricts the freedom and responsibilities of older people or people with disabilities under the impression that it's for their own good.
Ageism	Seeing someone in a negative way, due to a particular circumstance or quality.

1B Develop and adjust approaches to facilitate empowerment

Every little thing that the person can learn to do for themselves is empowering.

When you use empowerment approaches, you avoid doing something for a person that they could try or learn to do themselves. Instead, it involves teaching or providing a 'leg up' so that the person *can* do the thing, or part of the thing, for themselves.

It could be explained by the age-old saying:

> Give a man a fish, and you feed him for a day.
> Teach a man to fish, and you feed him for a lifetime.

Of course, all of the people you support will have different abilities and levels of independence. They will also have different personality styles, confidence levels and past experiences that allow them to be either more or less able to speak up against unfair treatment and to fulfil their own dreams.

Because of this, you might find that you need to use different approaches, different levels and different techniques to help empower a person.

Empowerment versus disempowerment

Empowerment means to give someone power

Empowerment
The process of gaining strength and confidence to voice one's own opinion.

Disempowerment
The process of reducing the power or control that a person has to direct or make choices about their own lives.

When a person has social, legal and political structures around them that allow them to have power or control over their own choices, and to be able to direct their own lives, we say that they are **empowered**.

Traditionally, older people and people with disabilities have not had control over decisions made about them, and have not been given the power to speak up about their rights or needs. They have frequently and continuously experienced the effects of negative assumptions and views about their abilities, capacities and what they can offer society. The result of these attitudes has been centuries of **disempowerment**

The following table explains the differences between empowering and disempowering actions by support workers.

It is empowering to:	It is disempowering to:
Give the person information. • *"You are allowed to make a complaint. I can show you how."*	Think the person does not need to understand their rights. • *"You don't have to worry about that. I can make sure that problem gets sorted."*
Teach a person how to do a task themselves. • *"If I teach you how to clean your own teeth, you can do it yourself!"*	Do the task for the person. • *"It's better and quicker if I do it."*
Teach the person a new skill. • *"I can teach you to smile at people and say hello. That will make them more likely to talk to you."*	Take over the skill yourself. • *"Hi, this is Tom. He is shy and doesn't talk to people."*
Help the person to gain equity with others. • *"We can access support to help you to attend classes in the course you would like to do."*	Avoid new opportunities. • *"It's not easy for a person with a hearing impairment to join a course at TAFE. It would be better to do it by correspondence so that you can learn online instead."*
Be active in educating the community. • *"Did you know that it would be breaking the law to refuse the person entry just because they have a guide dog?'*	Avoid opportunities to educate the community. • *"We just won't go to that café anymore, because they won't allow guide dogs."*
Help the person to make up for impairments with aids and equipment. • *"Let's make some community request cards so that you can order your own lunch, without help from me."*	Miss opportunities for independence. • *"I'll order your lunch, because the lady at the counter won't be able to understand your speech."*

Historical practices

There have been many reasons for disempowerment of groups in our community. Some of these reasons existed in the past, but continue to shape our views on disability and ageing as negative or 'abnormal' conditions of human existence. The table on the following page demonstrates some examples of past attitudes and constructs that still impact our society's ideas about ageing and disability, and which contribute to the political ideals we have today about empowerment

Historical practices	Reasons for disempowerment
Invisibility	• People with disabilities in the past have been segregated from the rest of society in institutions and asylums. • Many older people remain segregated into aged care facilities or isolated at home.
Religious and cultural ideas of disability	• In the distant past, people with disabilities were often viewed as 'freaks' or 'invalids'. • In some cultures, disability was considered to be sent by gods as punishment for family crimes.
Charity models of care	• Religious orders were primarily responsible for providing care to older people and people with disabilities in the past. These services were modelled on strict hierarchies in which the person should feel grateful for the charity they were given.
The medical model of care	• In the middle of the twentieth century, there was a new focus on 'curing' or 'fixing' the person's problems through medical and surgical interventions, with a view of disability as a mistake or flaw.
Limitations in science and medicine	• Complications of age and disability were less treatable in the past, so they were equated more frequently with frailty and sickness. • People were less likely to live long lives, so quality of life into older age or for people with life-limiting conditions was not a priority.
Paternalism	• Paternalistic attitudes mean that people tend to treat certain groups of people like children, thinking that this is in their best interests. This has been a common way to approach aged and disability care in the past.

Institutionalised care

A significant change in how older people and people with disabilities are supported is the transition from an institutionalised model of treatment to a person-centred model of support.

In the past, people with intellectual disabilities and mental illness were often placed in institutions, with limited control over their own lives.

In traditional care settings, the person was treated as though they were a child. It was assumed that older people and people with disabilities could not make healthy, informed decisions for themselves. This led to people around them making decisions about them and not with them, even if the person was capable of learning to make their own decisions.

We are still far from being an inclusive and non-discriminatory society when it comes to ageing and disability. However, we are making progress in changing the structures and attitudes that disempowered people in the past. Most institutions for people with intellectual disabilities and mental illness were dismantled in the late 20th century. People who needed support were moved into the community, into homes that are as close as possible to typical community life that most of us experience.

Principles and approaches

Today, in both disability and ageing support, we attempt to recognise the person as the expert in their own life, support them to make decisions, and direct the supports and care they prefer. This is called a **person-centred approach** or **self-directed support**.

Person-centred approach
Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

Self-directed support
Support that is chosen by and controlled by the person themselves, rather than by the worker or service.

Here are the main differences between institutionalised models of care and person-centred, self-directed supports:

Institutionalised model	Person-centred, self-directed model
The person's life was guided by strict routines that met the needs of staff.	The service works around the preferences and routines of the person.
People in care were segregated from the rest of society, so often had few role models or experiences of everyday life in the community.	The person is supported and encouraged to take their rightful place in the community.
There were very low expectations placed on their abilities; they were not expected to join the mainstream community later in life, so education was minimal.	The person is supported to learn skills to maximise independence and achieve goals.
There was little to no ability to practise life skills such as making decisions, communicating needs, or speaking up about preferences.	The person is encouraged to practise making decisions and speaking up about their needs and preferences.
Restraints were the most common (or only), strategy used to manage behaviours of concern.	Restrictive practices are discouraged, and only used as a last resort when a behaviour could cause harm to the person or others.
The person had few to no rights if they were unhappy with their situation.	The person is helped to understand and speak up for their rights, including the right to complain without fear.
Physical and sexual abuse are now known to have been commonplace.	Legislation supports zero tolerance of physical and sexual abuse in services.

Approaches that encourage empowerment

There are still some issues and challenges for us. Aged care facilities have some things in common with institutional styles of care, such as segregation from the community, for example. People with disabilities are still more likely to find it harder to find employment, and are more likely to experience poverty and discrimination than most other Australians.

For a variety of reasons, including stigma, stereotyping or past experiences, it can be difficult for a person to recognise their strengths and capacities. This may be because the focus has always been on their limitations or challenges, or because society in general has low expectations about what people with disability or older people can achieve.

However, we are slowly changing attitudes in ways that give back control over lives to the individuals whose life is being supported, rather than to the services and workers who support them. Person-centred approaches are used for support that recognise that the person is central to the decision-making that affects their life.

Strengths-based approach

Strengths are a person's positive personal attributes, character traits or skills available to that person. Identifying strengths helps the person create a picture of the future and encourages them to make decisions about their support and to speak up for themselves and express their views. A **strengths-based approach** acknowledges the issues such as what they cannot do and turns the discussion back to the person's strengths.

Strengths-based approach
An outcome-focused way of working that emphasises a person's personal strengths as well as their social and community networks.

Video: Strengths-based approach

Watch this video for a description of how a strengths-based approach underpins support and interventions used in the community services and support services: aspirelr.link/strengths-based-approach

Listen for information on how to respond to the following questions:

- How does a strengths-based approach provide more than meeting a person's needs?
- How does an outcome- focused approach provide better lives for the person?

Active support

An **active support** approach involves the person being engaged and involved in their own support. Support workers just provide the correct amount of support the person needs so they can do things for themselves without someone doing it for them.

Active support
A model of care that empowers people with a disability to participate fully in all aspects of their lives.

Video: Active support

Watch this video where a support worker talks about how she provides support to her client with a disability but makes sure she does not do too much 'for the person': aspirelr.link/yt-active-support-approach

Enablement

This type of support is known to restore independence by building on the person's strengths and goals so they can have greater independence and, where possible, be less reliant on services. It is 'doing with' rather than 'doing for' the person.

Enablement
Support that recognises and emphasises the persons' capacity to have control over their health and life.

Reablement

Reablement is a range of supports provided when a person needs short-term assistance from health professionals to adapt to their changed circumstances. For example, after an operation and hospital stay or after a deterioration in a condition and loss of some skills, a person may need to learn or re-learn certain skills to be able to do activities that are important to them.

Reablement
The process of supporting a person to regain some or all of their independence.

The next section outlines some of the barriers and obstacles still in the way for people with disabilities and older people in society, and how we are progressing towards overcoming them.

Structural and systemic obstacles to empowerment

The way that society is set up can affect the person's level of impairment more significantly than their disability itself.

People with disabilities and older people often face many barriers that have the effect of keeping them dependent on others, and at the same time silent and compliant to the wishes of the people they depend on. An obstacle or **barrier** is something that gets in the way. In this case, there are numerous obstacles in the way society is structured to allow people with disabilities to have independence, self-determination and empowerment.

Barrier
Factor/s in a person's environment that, through their absence or presence, limit functioning and create disability.

Here are some examples of barriers that still exist, and the ways in which we are trying to help overcome them:

Type of barrier	Barriers to independence and empowerment	What is changing
Social	• Power imbalances between workers and clients	• Policies that encourage feedback and complaints • Complaint processes must follow laws for access, openness and transparency
	• Low expectations from society reduce the person's chance of reaching their potential	• Focus on achieving goals in planning and supports

Type of barrier	Barriers to independence and empowerment	What is changing
Social (cont.)	• A focus on over-supporting and risk reduction in services meant that service users have not learnt from making mistakes	• People are supported to take risks • Services must encourage and support independence
	• Little or no practice in making choices throughout life leads to dependence on others	• Service users must be provided with real choices in every part of life and in planning supports
	• Reduced access to education to help them to recognise their rights • Difficulties for people with intellectual disabilities or dementia to read and understand their rights	• People with disabilities are supported to access mainstream education • Services must help service users to understand their rights in a format they understand
	• Communication barriers that can prevent people with disabilities from speaking up and/or being heard (also a cognitive barrier)	• Services must use strategies to support communication, including the use of assistive communication devices and technologies • More access for hearing and vision impaired people to information from government departments
Physical	• Reduced access to public places	• Disabled access to public spaces • Anti-discrimination laws support people to take their rightful place in education, employment and the life of the community
	• Reduced access to transport due to mobility aids	• Traveller's aid services and disabled access to transport • Funding for community transport and taxis
	• Speech impairments or hearing loss reduce effectiveness of language	• Supports and funding for hearing and communication aids

Type of barrier	Barriers to independence and empowerment	What is changing
Emotional	• Stigma and negative attitudes lead to feelings of low self-worth • Dependency on others leads to feelings of not being deserving or worthy of rights • Being treated like a child hinders emotional growth and maturity	• Person-centred and self-directed models of care required by industry standards and legislation • Rights-based and strengths-based models of support
	• Traditional beliefs that service users should feel grateful for the support they are given reduces their power to complain or to self-advocate	• Advocacy groups and disability rights activism is giving a voice to people with disabilities • Industry regulatory bodies support external complaints
	• Dependency on others increases the chance of abuse and fear	• Strict legislation to reduce the use of restrictive practices and prevent abuse • Royal Commissions into abuse and neglect in aged care and disability services
Cultural	• Lack of trust in western services by cultures such as Aboriginal and Torres Strait Islanders as a result of cultural histories and trauma	• Community advocacy and additional supports for disadvantaged groups • Laws relating to providing culturally sensitive supports
	• Language barriers can prevent people with English as a second language or people who speak languages other than English from understanding their rights	• Legislation requiring rights to be produced in the person's own language • Other language supports such as community interpreter services or funding for interpreters
	• Cultural beliefs about ageing and disability as shameful or needing care and charity • Cultural beliefs about gender, such as female subservience to men in decision-making • Generational beliefs about respect prevent older people from speaking up or disagreeing with health professionals such as doctors and nurses	• Changing attitudes in society related to gender and age • Anti-discrimination laws to prevent and reduce sexism, racism and ageism

Type of barrier	Barriers to independence and empowerment	What is changing
Economic	• Previous funding models gave services the power to direct which services were provided to who	• Changes to funding models that give power and control back to the person • Competition between services means that customer service must improve to attract and keep clients
	• People with disabilities and older people often trapped in cycles of poverty due to reduced access to education and employment • Reliance on funding for aids and supports in order to achieve independence • Additional personal costs of disability and illness, including the costs of equipment, taxis, support workers, home modifications and medical or allied health treatments	• The introduction of the National Disability Insurance Scheme provides additional funding for early intervention and community participation • Funding for mobility and communication aids, home modifications, transport and other costs

Social frameworks and empowerment

The social model of disability helps us to identify how the wider environment and community contribute to the level of impairment experienced by an older person or a person with a disability.

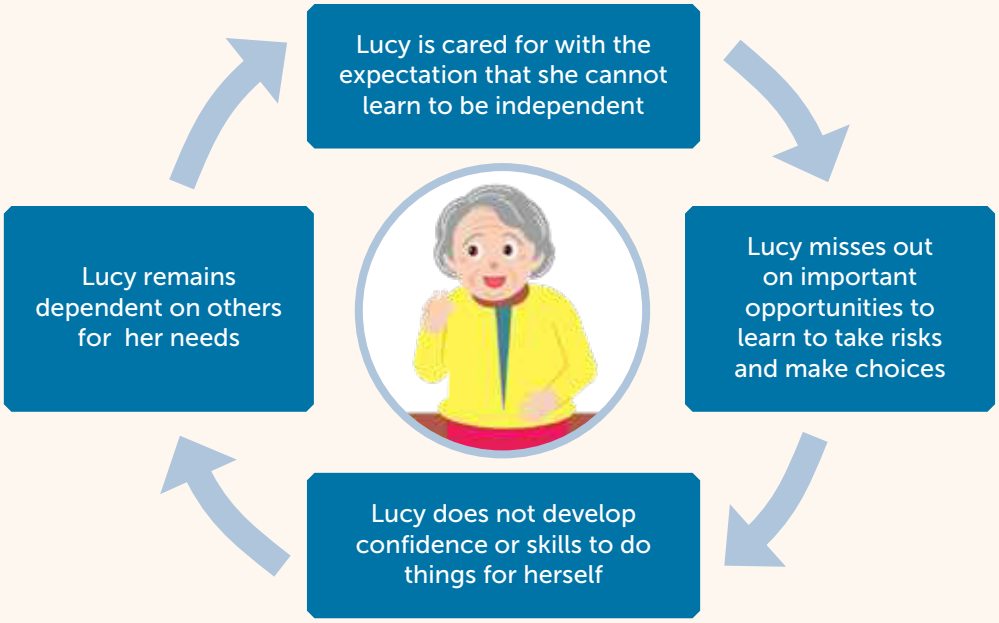
As you have seen, the attitudes of others, as well as physical and social barriers, can increase the effects of the disability on the person.

In the past, the low expectations we ascribed to people with disabilities seemed to play out in low levels of achievement. Segregation meant lack of opportunities to learn the social skills expected at each stage of development. Society saw this as further proof that people with disabilities needed to be cared for and sheltered in institutions, because the differences in abilities between them and non-disabled people were clearly unchangeable. The more dependent the person was on others over their lifetime, the less independence they were able to achieve. We call this a cycle of dependency, because we now know that this type of approach was circular and self-perpetuating. This diagram can demonstrate how cycles of dependency happen.

Example

Cycles of dependency

Lucy is in her fifties and has an intellectual disability that she has had since birth. Lucy has received disability supports all of her life, and was once cared for in an institutionalised-style setting, until the institution was dismantled and she moved into a supported house in the community.



The social model of disability

In the past, institutions for people with disabilities used the *medical model* of care. The medical model sees people who are older or have a disability as primarily a health problem that is dealt with by health professionals. The medical model focusses on treating illness or disability by trying to make the person more like 'everyone else'. Age and disability are the 'problem' of the individual, who needs to be 'fixed' or cured.

The social model of disability believes that disability is largely the result of the barriers that we put up in our community. We built our society around the needs and abilities of non-disabled people, and people with disabilities had to either be left out, or find their own ways to fit in, communicate and live with us as a community.

This model sees having a disability or being older as a normal part of human experience, and with a rightful place in the community. The social model tells us that if we remove the barriers, the person's disability is reduced. This radically changes our historical way of looking at disability from "*The disability is the problem*" to "*The barriers in our community are the problem.*"

In this way, the social model shifts the responsibility for making our community for everyone in it, onto us, instead of onto the person with the disability. It focuses on what people ***can*** do and places 'the problem' with us. When society does not fully include and support access for older people and people with disabilities, ***we*** have created the disability.

Here are the main differences between the two models:

Medical model	Social model
The disability is the problem	Society is the problem
The person is sick and needs pity	The person can live a full and valuable life with the right support
People with disability should be cared for away from mainstream society, in institutions, where they can be cared for properly	People with disabilities belong in the community with everyone else

The social model in practice

As you have seen, we continue to make changes to our services and the wider community to reduce the effects of societal barriers on disability.

Examples of the social model working in our community include:

- disabled parking and toilets
- disability liaison offices in universities, train stations and other public institutions
- laws that make it an offence to refuse entry to a public place because of a guide dog or wheelchair
- additional supports to allow people with disability to attend school or university
- incentives to help employers make changes to the workplace so that a person with a disability can have better access
- subtitles on television programs.

Social justice principles

Social justice
The equal distribution of wealth, opportunity and privilege within a society, including equal access to community resources and opportunities.

Social justice principles attempt to close gaps between people who face disadvantage and those who do not.

Social justice is a commitment to the belief that everyone has the right to equality. Unfortunately, in our society, as in the past, this is not the case. The gap between wealth and poverty is growing, and people with disabilities are disadvantaged in many different ways, including gaps in education, employment, socio-economic status, wealth, as well as health and mental health outcomes.

For people from Aboriginal or Torres Strait islander backgrounds who have disabilities or who are older, these gaps are even wider.

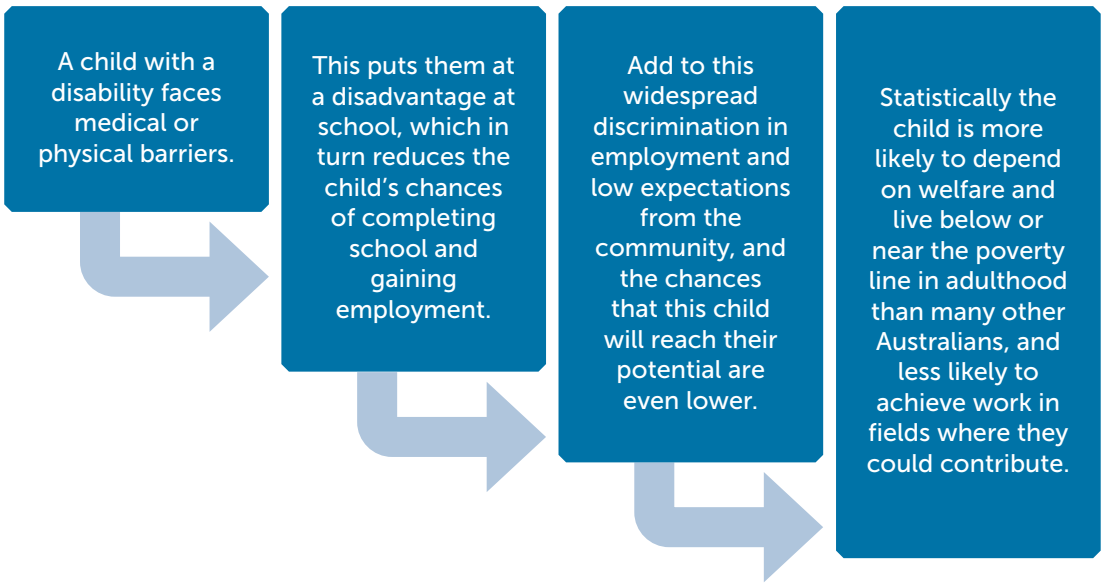
Here are the basic principles of social justice that form the basis of social change that attempts to close these gaps:

Social justice principles
Equity – everyone has the right to be treated equally and fairly
Access – everyone has the right to access the same facilities, opportunities and activities
Participation – everyone has the right to participate in society, their community, politically and in employment
Rights – everyone has the same rights, including being free from discrimination, abuse or neglect

Breaking the cycle of disadvantage

The cycle of disadvantage and poverty works in a similar way to cycles of dependence. When a person faces disadvantage, the hurdles to achieving social equality with others are compounded over and over.

Here is an example:



In order to achieve social justice and equity, we first need to break the cycle. For a person with a disability, breaking the cycle throughout the lifespan might include:

- funding early interventions for medical, intellectual and physical conditions so that the child can participate in school and keep up with his or her peers
- supporting the child's family to access educational support so that they can attend mainstream schools and keep up with peers

- providing additional opportunities for them to obtain what others might take for granted, such as scholarships, university or TAFE places, or grants to support them to pay fees and other costs of education. This policy is called affirmative action.
- funding for communication aids, transport, and companion cards and other expenses to help the person access the community in the same way, that others do
- job and employment services to help people to find and access training and employment
- incentives to employers who employ a person with a disability, to cover costs for modifications of buildings and equipment
- schemes that assist employers to recover wages proportionate to the percentage of productivity loss between a person with an intellectual or physical disability and a non-disabled person.

Legal frameworks that support empowerment

The Australian legal system establishes the rights of individuals to have control and power in their own lives and makes sure these rights are enforced by law.

Legislation, standards and codes of conduct in your industry provide minimum requirements for how you and others in the community must meet human rights and social justice principles in your work. These documents should always be available for you to learn about and refer to in your workplace. You can also find many of them online.

Acts of legislation are laws created by government that must be followed. In aged care and disability fields, there are laws that are designed to ensure the legal rights of vulnerable people are upheld, and that breaches in rights are reported and managed.

Some legislation, such as the *Aged Care Act 1997* and the *Disability Act 2006*, are written primarily for staff and managers who work in these industries. They outline and enforce certain human rights and responsibilities related to support workplaces such as:

- legislation that restricts the use of restrictive practices that limit the person's freedom
- requirements for providing information and gaining consent from clients or residents before providing a service
- legislation related to preventing and managing suspected abuse or neglect
- legal requirements for how complaints are managed.

Other legislation applies to the community or to all or many Australian workplaces.

Read more about Australia's aged care laws here: aspirelr.link/aus-aged-care-laws

Read more details about the Disability Act, Victorian Disability Regulations here: aspirelr.link/disability-act

Discrimination legislation

Written into our basic human rights are the rights to freedom from discrimination.

Discrimination means to treat someone unfairly or unequally because of an irrelevant trait such as being older.

Discrimination
The act of excluding or treating a person differently based solely on an attribute such as disability, age, gender, race or sexual orientation.

For example:

- older people are more likely to be overlooked when applying for jobs, even when they may have a great deal of experience and ability.
- people with disabilities are often told that they cannot access a venue because they have a guide dog or wheelchair which might "get in the way".

Services and the community must not exclude a person or treat them differently because they have one or more of certain protected traits, including age, religion, race, disability, sexuality or gender.

For example:

- if a person belongs to a certain religion, they have the right to eat the foods that meet their religious needs
- if a person wants to speak their native language, you cannot force them to speak English.

The *Disability Discrimination Act 1992* prohibits direct or indirect discrimination based on disability. It also prohibits discrimination against people associated with people who have disabilities, such as friends, relatives, carers and co-workers. The Act makes it unlawful to discriminate against people with disabilities when it comes to:

- employment
- education
- access to public places
- access to clubs or groups open to the community
- purchasing or renting accommodation
- buying goods or services.

You can read more about disability discrimination at the Australian Human rights Commission website: aspirelr.link/disability-rights

Privacy

Privacy legislation and principles govern the collection, use and storage of people's information. The *Privacy Act 1988* outlines rules for handling personal information that applies throughout Australia.

Read more about the Privacy Act here: aspirelr.link/oaic-the-privacy-act

Find out about Australians 13 Privacy Principles here: aspirelr.link/oaic-aus-privacy-principles

Industry standards and empowerment

Standards
In community services, standards are benchmarks or minimum requirements that must be performed in your workplace every day.

Industry **standards** apply to the area that you work in. *The Aged Care Quality Standards* apply to residential and community aged care services across Australia.

The NDIS Practice Standards apply to disability services or supports funded by the NDIS.

Disability services that receive other types of funding, such as state or territory government department funding, adhere to the *National Standards for Disability Services*.

Peak government bodies monitor an organisation's adherence and compliance with the standards set for their industry. If standards are not met, the organisation will not be able to operate and will not receive reimbursement or access to funding to provide services to clients.

Standard 1 of the Aged Care Quality Standards, *Consumer Dignity and Choice,* requires all workers and managers to treat clients or residents in aged care services with dignity and respect. Older people receiving support must be able to retain their own individual identity, make choices about what they do and how they do it, and have their preferences respected and upheld.

Learn more about the Aged Care Quality Standards here: aspirelr.link/mac-quality-standards

The NDIS practice standards require workers to provide person-centred supports that promote, uphold and respect the rights of people with disabilities, and exercise choice and control.

You must support freedom of expression, self-determination and active decision-making. You must help the person to understand and incorporate the person's rights into everyday practice.

NDIS Practice Standards: aspirelr.link/ndis-practice-standards-quality-indicators

Codes of conduct and empowerment

In services that support older people and people with disabilities, **codes of conduct** or codes of ethics include the requirement to undertake all work using social justice principles. They outline the need to treat people with respect, fairness and to support their rights to dignity, equality and self-determination.

Code of conduct
A set of rules that informs employees how to act in a workplace.

Your service might have its own code of ethics, or your service might require you to adhere to one of the following:

- Workers in aged care and other community services in some states adhere to the National Code of Conduct for Health Care Workers.
- The Australian Community Workers Association provides a Code of Ethics that can be used for all community service organisations.
- The NDIS Code of Conduct can help you understand the scope of your role, work boundaries and limitations of working for an NDIS funded service.

For more information about the National Code of Conduct for Health Care Workers, see: aspirelr.link/ncchw

For more about The Australian Community Workers Association Code of Ethics see: aspirelr.link/acwa-ethics-standards

For more about the NDIS Code of Conduct see: aspirelr.link/ndis-code-of-conduct

Example

The NDIS Code of Conduct

The NDIS Code of Conduct requires workers and providers who deliver NDIS supports to:

- respect individual rights to freedom of expression, self-determination, and decision-making
- respect the privacy of people with disability
- provide supports and services in a safe and competent manner with care and skill
- act with integrity, honesty, and transparency
- promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability
- take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect, and abuse of people with disability
- take all reasonable steps to prevent and respond to sexual misconduct.

Source: ndiscommission.gov.au/providers/ndis-code-conduct

Practice Task 2

Question 1

Identify at least three changes to the delivery of support in the past decade that have led to improvements in the empowerment of clients in the way support.

Question 2

Draw lines to match each principle on the left to its definition/description on the right.

Enablement	Places the person at the centre of their own care and sees them making decisions about their own needs.
Reablement	A goal oriented way of working that emphasises a person's personal strengths as well as their social and community networks
Strengths-based approach	Focuses on ensuring the person is engaged and involved in participating in their own support
Person-centred practices	Support that emphasises the person's capacity to have control over her or his health and life
Active support	Support that restores independence so they can rely less on services

Question 3

For each of the following categories, provide at least two examples of barriers or obstacles that have disempowered people with disabilities or older people.

- Social barriers

- Physical barriers

- Emotional barriers

- Cultural barriers

- Economic barriers

Question 4

For each of the following examples of barriers to empowerment, suggest one way that each could be addressed by providing people with choice.

- Physical barriers to empowerment

- Social barriers to empowerment

- Cognitive barriers to empowerment

Question 5

Which of the following statements are correct? Select yes or no for each one.

a. Social justice gives certain groups in society an advantage over the rest of society.	Yes / No
b. A code of conduct typically includes eight minimum standards that a service must meet when providing services.	Yes / No
c. Discrimination occurs when a person is excluded or treated differently based on an attribute, such as disability, age, gender, race or sexual orientation.	Yes / No
d. Standards are not required in the aged and disability industry because workers found them too hard to implement.	Yes / No
e. The Aged Care Act 1997 and the Disability Act 2006 are the legal requirements for staff and managers who work in these industries.	Yes / No
f. Institutional care for people with disabilities has been replaced with living situations that are the similar to how most of us live.	Yes / No

Question 6

Which of the following are ways you can support the empowerment of a person? Tick all that apply.

- ❑ Explain to the person about their rights
- ❑ Encourage the person to speak up for themselves
- ❑ Do as much as possible for the person
- ❑ Loan the person money to help them do the things they want to do
- ❑ Focus on personal strengths rather than weaknesses

Summary

- Empowerment means to give people who use supports as much control and independence as possible over their own lives and bodies.
- Past and present structures on society have led to different levels of empowerment and disempowerment for older people and people with disabilities.
- The effects of disability or the ageing process can result in barriers and obstacles put up by society, rather than the disability or ageing condition itself.
- Your own attitudes and values about ageing and disability can affect the person's level of empowerment.
- Laws, standards and codes of practice outline requirements for empowering individuals you support.
- Strategies to empower the person includes using person-centred practice, active support, reablement and strengths-based practice.
- People with disabilities and older people require different approaches to empowerment.

Learning Checkpoint 1

Demonstrate commitment to empowerment for people receiving support

Part A

1. Briefly outline how your personal values and attitudes can affect how you work with people with disabilities.

2. Which of the following statements about models of support are correct? Select yes or no for each one.

a. An institutionalised model of support is commonly used where a person has limited control over their own lives and decisions that affect them.	Yes / No
b. Legislation to support empowerment includes laws that prohibit discrimination in the community.	Yes / No
c. A code of conduct is the same as the standards used in the disability and aged care industry.	Yes / No
d. Discrimination includes when a person is overlooked for a job based on their disability, even when they may have a great deal of experience and ability.	Yes / No

3. For each of the following areas, provide an example of a barrier faced by older Australians and/or people living with a disability. Suggest one way to address this barrier.

- Physical

- Social

- Cognitive

- Emotional

- Cultural

- Economic

4. List three ways you could adjust your approach to empower a person you support.

5. Briefly outline and provide an example of each of the following:

- Ageism

- Stigma

6. Which of the following statements relate to principles of support in aged and disability sectors? Tick all that apply.

- ❑ Person-centred and self-directed models require the service to work around the preferences and routines of the person.
- ❑ Social justice means everyone has the right to access the same facilities, opportunities and activities
- ❑ A strengths-based approach avoids the person's issues and challenges, so the person has a bright future.
- ❑ Active support involves doing exercise to keep healthy.
- ❑ Empowerment means doing something for a person, so they don't have the struggle of doing it for themselves.

Part B

Read the case study and answer the questions that follow.

Case study

Each week you visit William, a 70-year-old man who lives at home. He has an acquired brain injury following an accident and receives assistance to remain at home through the home support program.

William has a hearing impairment. He can be forgetful and confused at times and finds it hard to manage his own housework.

Recently, you have noticed that William no longer shaves, as he says he struggles with the razor. He has made comments to you about how he used to like wearing slacks and a shirt every day, but his daughter prefers him to wear tracksuits because it is easier for him to dress himself. His daughter has bought some bibs for William to wear when he eats his meals to prevent stains on his clothing and reduce the amount of washing. You have listened to William's daughter speak to him in a tone of voice like he is a child and raise her voice because she says he doesn't hear her if she speaks softly

1. Briefly outline how enablement and reablement could improve William's situation.

2. Briefly outline how a strengths-based approach can empower William.

3. Provide two examples of William's daughter's behaviour that reflects her attitudes towards age and disability.

Topic 2: Foster human rights

2A Assist the person to understand their rights

2B Work with the person to ensure that their rights and needs are upheld

2C Consult with the person to confirm and prioritise cultural needs

2D Consult with the person to identify and respond to breaches of human rights

2A Assist the person to understand their rights

Your service must ensure that the people receiving support have their rights upheld and maintained and that they understand their rights.

You have read in the previous topic about how our community is slowly improving our ability to meet our responsibilities to reduce barriers and empower people who are vulnerable. Advocacy groups and human rights activists in disability and aged care sectors have worked hard to improve and acknowledge the rights of older people and people with disabilities.

Human rights
Fundamental rights and freedoms that apply to all people, setting norms for standards of human behaviour.

Legislation and **human rights** frameworks that support empowerment are the result of this work. One of the biggest changes we have made to services is listening to the needs of people with lived experience of disability themselves. For example, the rights of people with disabilities in our community are outlined in the United Nations Convention on the Rights of Persons with Disabilities.

Go here to read more about the United Nations Convention on the Rights of Persons with Disabilities: aspirelr.link/uncrpd

Rights-based approaches

Rights-based approach
Situates the rights of service users at the centre of service provision, with a focus on accessibility, autonomy and equity.

The **rights-based approach** focuses on people being able to access and enjoy the same rights as other people in the community. It encourages not only supporting rights, but teaching and empowering people to understand and speak up where possible for their rights.

Basic human rights include the right to make choices about their own life, the right to access food, shelter, warmth, the company of others and the right to a place in the community without discrimination.

As Royal Commissions into aged care and disability services in Australian have shown, even these basic rights have not been met in many instances. The rights to personal freedom, to express their individuality and to be treated with respect have been even more abused and neglected.

Regardless of whether a person receives support through aged care or disability services, they are entitled to the following:

Human rights	
Basic needs	The right to basic human needs, including: • food, water, warmth, shelter, clothing • health care • a safe environment.

Human rights	
Choice and control	• Each individual must be encouraged and supported to identify their own preferences in everything they do.
Participation	All people have the right to: • participate in society and be present in the community • form friendships and relationships of their own choosing • access to the educational, cultural, spiritual and recreational resources of society • pursue opportunities for the full development of their potential, including education, employment and interests in the community.
Dignity	All people have the right to: • live with dignity and security • be free of exploitation and abuse • be treated with respect • be treated fairly regardless of age, gender, race, ethnicity, disability and financial status.
Privacy, **confidentiality** and **disclosure**	All people have the right to: • perform personal tasks in a private place • have their personal information protected in safe and secure storage, such as password protected and limited user access • there is a good reason for personal information to be shared • provide permission if they want their personal information to be disclosed and shared with others.
Freedom	All people have the right to: • freedom from discrimination, exploitation, abuse, harm, neglect and violence • freedom of movement and body.
Give feedback	Service users are customers of your service. They have the right to complain or give feedback: • as often as they want to • without the risk of being treated negatively • with the expectation of being listened to and taken seriously • using methods that are easy for them to access and understand.

Privacy
A fundamental human right designed to protect people from intrusion and to selectively express themselves.

Confidentiality
The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

Disclosure
The act of sharing or releasing private or personal information.

In community services work, you have a duty of care to protect not only the individual, but other clients and the community too.

Sometimes we need to place limits of personal freedoms, just as we do in the community. No one has the right to drive a car while intoxicated, because of the risk of harm to others. When there is risk of harm, services can and should intervene in some freedoms and choices. However, there are strict rules around how these limits are used.

Assisting people to understand their rights

Your service has a duty of care not just to help support the rights of clients, but to explain them in a way they can understand.

Standards and legislation require your managers to explain the person's rights when they first commence using the service and at regular periods during their support. This is especially important at times when the person's rights are at risk of being breached, such as at a change in the type of supports they receive, or during a time of transition in their life.

Explanations of rights must be given:

- in writing and supported with a verbal explanation
- translated into their own language, and using an interpreter if they speak a language other than English
- using Easy English or other simple formats if they have an intellectual disability or other cognitive disability
- with the person's substitute decision-maker present if the person has a cognitive disability

You can find an easy-to-read explanation of the rights of people with support needs at: aspirelr.link/uncrpd-easy-read

When explaining rights, provide plenty of time and ask questions about the person's understanding. Ask them to repeat back what they understand.

It is helpful to provide examples of what breaches in their rights might look like, and how they should respond if they happen. You might say to someone with an intellectual disability who uses a wheelchair:

"You are always allowed into a shop or any other place in your wheelchair. If you are ever told that you can't go in, you can tell the person that they are breaking the law. If you need help, you can call me."

Practice Task 3

Question 1

Provide one reason why older people and people with disabilities need to understand their rights.

Question 2

Briefly describe one way you can help older people and people with disabilities to understand their rights.

Question 3

Match each term about rights to its description.

Confidentiality	People are at the centre of service provision, with a focus on accessibility, autonomy and equity.
Privacy	The fundamental rights and freedoms for all people.
Rights-based approach	The right for people to be protected from intrusion and to selectively express themselves.
Disclosure	The right of people to have their personal information kept private unless the person consents otherwise.
Human rights	The act of sharing or releasing private or personal information.

2B Work with the person to ensure that their rights and needs are upheld

When you are supporting the person's rights, person-centredness can sometimes be overlooked.

As you have seen, person-centred approaches must be extended to all parts of your work and communication with the person.

People have the right to speak for themselves and determine how they might manage breaches in their rights. Standing up for their legal rights in a public place or even within the service can be embarrassing or confronting for some people. In many cases, they might already feel that they are objects of pity, fascination and unwanted attention by strangers. When a person's rights are at risk of being breached, the person's own choices must still remain at the centre of your considerations.

Here are some examples of different conditions that require different supports according to their individual needs, but each person's human rights will be the same:

Condition		Examples of types of supports
Genetic conditions	Intellectual disabilities such as Down syndrome, Fragile X syndrome, Prader-Willi syndrome, Rett syndrome, Foetal alcohol spectrum disorder	• Medical services, including specialist, allied health (physiotherapy, speech therapy etc), psychiatric services, behavioural psychology • Personal care supports • Support to participate in the community
Physical trauma, such as after an accident	Acquired brain injury (ABI) as a result of a head injury, alcohol and drug poison, drowning	• Medical services, including specialist, allied health (physiotherapy, speech therapy etc), psychiatric services, behavioural psychology • Personal care supports • Support to participate in the community

Condition		Examples of types of supports
Psychological trauma	Post-traumatic stress disorder (PTSD) caused by a traumatic event, such as violence, accident, natural disaster	• Medical services, including specialist psychiatric services, behavioural psychology • Support to participate in the community
Chronic lifestyle conditions	Asthma, arthritis, cancer, obesity, diabetes, chronic pain, osteoporosis, dementia or heart disease	• Medical services, including specialists, allied health (physiotherapy, occupational therapy etc) • Personal care supports • Support to participate in the community • Mobility supports

Here are some examples of situations when you may need to support the person's rights to be upheld in the community:

When...	You may need to inform the public that...
A person with an intellectual disability makes noises or uses harmless behaviours that other people or business owners claim make them 'feel uncomfortable'.	It is illegal to ask this person to leave a public place unless they are potentially causing harm to others.
A guide dog is refused entry to a shop, restaurant or taxi.	Guide dogs are, by law, permitted in all places or businesses where the person has a right to be.
A person is told that there is no room for their wheelchair in a restaurant.	If there is room for the person, there is by law, room for the wheelchair. The business owners must make simple and reasonable adjustments to accommodate the wheelchair.
A person with a communication disability is ignored or overlooked while trying to get service in a store using a communication aid.	It is discriminatory to ignore or refuse to serve a person, or to insist that someone else should order for them.

When...	You may need to inform the public that...
A person who has a hearing impairment is told that they are not being offered a job, not because the disability affects their ability to do the work, but because it is too difficult to accommodate their hearing impairment in the workplace.	It is illegal to discriminate against a person based purely on the grounds of their disability, and they must make reasonable adjustments for this person if they are considered the best person for the job on other grounds.
A person with a physical disability is told they cannot enrol in a training course, because the training room is upstairs.	The training organisation must make reasonable adjustments, such as moving the training to an accessible space.

Reasonable adjustment

'Reasonable adjustment' is a legal term that requires businesses and individuals in the community to accommodate a person with a disability in ways that are practical or financially reasonable.

In many situations it would be simple and practical for the community members to accommodate the person's disability without treating them differently or reducing their dignity.

Sometimes, it is not reasonable to expect small businesses to make large or expensive adjustments. For example, a shop on the second floor of an old Victorian building with no lift access and stairs to the front door might not be able to find a reasonable way to provide access to people who use wheelchairs.

Sometimes what is considered reasonable depends on other factors, such as how often a person with a disability might be attempting to access the venue. If a person who uses a wheelchair works in an office or goes to a school with steps to the entrance, then it is reasonable and legally required to create permanent ramp access for this person or child.

Read more about the rights of a person for reasonable adjustments here:
aspirelr.link/disability-and-the-workplace

Putting the person at the centre of the conversation

It is never appropriate to be aggressive towards others when a person's rights in the community have been or are threatened to be breached. Responding with aggression can be embarrassing to the person with the disability, and emotionally harmful to others.

There are several things you must consider first, before speaking up about a breach:

- Remind the client about the law that has been breached.
- Ask the client themselves what they would like to do and whether they would like you to help them respond.
- If the person is able to and wants to speak up for themselves, encourage and support them to do this independently.
- If the client wants you to speak up on their behalf, do so with respect. Use an approach that helps the member of the public or business owner to understand disability legal rights, and why they have been breached.
- If the client wants to leave instead of speaking up, this is their right too. There are other ways that the breach can be reported, which you will see in the next section.

You may need to assist the person to express their preferences to you, and to speak up for their own rights. For example, if they have communication or speech impairments you can provide simple or complex communication aids or use alternative communication strategies.

Disability or aged care providers have strict regulations around upholding the rights of clients and residents.

All staff members have a part to play in helping to make sure that the person's rights are upheld, and that others in the service are doing the same.

Some of the most highly regulated requirements of your service include upholding these rights:

- The right to freedom of movement
- The right to privacy and confidentiality
- The right to choice and control
- The right to give feedback and make a complaint

This section will look more closely at your obligations to uphold these rights.

Upholding the person's right to freedom of movement

Restrictive practices can result in serious human rights infringements.

Restrictive practices
Any intervention or practice that restricts rights or freedoms of movement of a person.

A **restrictive practice** is any practice or intervention that restricts the person's freedom of movement in any way.

In aged care and disability services, using restrictive practices is only permitted under strict conditions. It must always be the last resort, and it must be documented on a behaviour support plan.

The regulator of restrictive practices in aged care is the Aged Care Quality and Safety Commission. Updates have been made to the *Aged Care Act 1997* and the *Quality of Care Principles 2014*. They now include strengthened and more specific requirements for the use of restrictive practices, including the circumstances where a restrictive practice can be used.

A fact sheet detailing the requirements regarding restrictive practice used in aged care can be found here: aspirelr.link/health-restrictive-practices

The NDIS regulates restrictive practices in the disability sector, and it is also a last-resort measure in response to a risk of harm to the person or others. Any regulated restrictive practices must be part of a behaviour support plan that is lodged with the NDIS Commission and monthly reports need to be provided to the commission.

The Regulated Restrictive Practices Guide outlines NDIS providers' obligations when implementing regulated restrictive practices and can be found here: aspirelr.link/ndis-rrpg

There are several different categories of restrictive practice:

Chemical restraint	• Using medication primarily to influence or change the person's behaviour. • Medications that are prescribed to treat conditions like anxiety or depression are not considered chemical restraint, as long as the main aim of their use is not to change the person's behaviour for the sake of staff or others.
Environmental restraint	• Restricting free access to parts of a person's environment to influence their behaviour. This could be restricting access to making tea or coffee, locking away a mobile phone or taking away access to activities such as watching television. • It does not include restricting access to areas of a facility that a person would not ordinarily be allowed into, such as the laundry, meal preparation area or medication storage areas.

Mechanical restraint	• Using devices to restrain, prevent or subdue movement to influence a person's behaviour. Mechanical restraints can include bed rails, belts, harnesses or restrictive clothing. • It does not include using a seatbelt in a car.
Physical restraint	• Holding down any part of the person's body. Examples include holding a person down to administer medication, or pulling them in a direction they do not want to go. • It does not include directing the person away from potential harm or injury, such as holding them back from crossing the road if there is traffic approaching.
Seclusion	• Confining a person, or making them believe they are confined to a room or area. • Seclusion does not include a person locking themselves in their room, where they are free to unlock the door and leave if they choose.

Video: Recognising restrictive practices

View the following videos for more information on restrictive practices: aspirelr.link/nds-considering-additional-risk

These films were funded by the Victorian Government and developed with support from the Victorian Office of Professional Practice. To view the videos, go to the section on the page 'Recognising Restrictive Practices Films'.

The use of restrictive practices

There are some situations where restrictive practices must be used to prevent harm to the person or to others.

Every person's human right is to have freedom of movement and of the body. Restrictive practices impact a person's empowerment by not allowing them choice and by restraining them in a way that impinges on their human rights. The use of restrictive practices does not empower the person; it takes away their power or control over their own choices.

In residential aged care and disability services, the law requires that you must only use restrictive practices when you are following a **behaviour support plan**. These practices must be assessed by professionals, and only permitted if all other possible methods to keep the person safe have been tried.

Behaviour support plan (BSP) A document containing strategies that address the needs of a person exhibiting behaviours of concern.

You and your service must do everything possible to approach behaviours without using restrictive practices. Approval to use these practices can only be given when the staff can show documented evidence that they have considered and/or tried other less restrictive measures. You cannot use restrictive practices that are not written into the person's BSP, except in an emergency. It must be carefully approved and documented by a health practitioner who knows the person, such as a general practitioner (GP).

Other conditions include that the use of a regulated restrictive practice must:

- be the least restrictive response possible in the circumstances to ensure the safety of the person or others
- be used only as a last resort in response to risk of harm to the person with a disability or others, and after the provider has explored and applied evidence-based, person-centred and proactive strategies
- reduce the risk of harm to the person with a disability or others
- be in proportion to the potential negative consequence or risk of harm
- be used for the shortest possible time to ensure the safety of the person with a disability or others.

You must try and exhaust all positive alternatives to reduce or manage the harmful behaviours, before resorting to restrictive practices.

Here are some examples:

Restrictive practice	Positive alternatives that can be tried first
Holding the person's arm down to prevent them from hitting at you in the shower	• The person might be less resistive if they have a shower at a different time of the day. • Try encouraging the person to hold onto something, like a soft doll or sponge, to avoid them using the arm to hit out. • The person might prefer a bed bath.
Using a belt on a wheelchair or shower chair against the person's will	• Positioning the person in the chair, with their feet on footplates so that they are not able to slide forward as easily, can be more effective. • Ask the person to hold onto a shower rail to help them to stay stable in the shower. • Use a different type of shower chair with a more comfortable seat.

Example

Using positive alternatives to restrictive practices

Arthur has severe dementia and is unable to communicate. He is transferred from his bed to his chair every morning using a hoist. While he is in the air being hoisted, he always becomes distressed. He screams at a piercing volume and hits out at the staff while they are performing the transfer. The staff had tried to consider the need behind the behaviour, and have guessed that Arthur feels frightened during the transfer.

The behaviour support plan documents a range of strategies that the staff have tried:

- Changing the transfer to a later time in the morning
- Playing music through headphones during the transfer
- Giving Arthur soft objects to hold onto during the transfer so that he is less likely to hit staff
- Talking to Arthur in soft and calming voices during the transfer

None of these strategies have worked. The staff feel that their own safety is at risk, because Arthur is tall and strong, and can lash out a long way towards them from inside the sling of the hoist.

The manager has determined that a restrictive practice might be the only way to keep the staff, and Arthur, safe during this transfer. She talks to Arthur's daughter and his GP. Together they determine what they feel is the least restrictive way to keep Arthur and the support staff safe. A new type of sling is ordered with a large Velcro attachment. The attachment stops Arthur from moving his arms while he is in the sling. Arthur's daughter and the GP have given written permission and consent for this attachment to be used, but only on days when he is agitated. As soon as Arthur is safely in his chair, it must be removed.

The staff continue to try other methods first, but the attachment is used according to the plan as the only way to keep them from being injured. Later, when Arthur's dementia has progressed, he has no signs of agitation or aggression, and the Velcro is no longer needed.

Upholding the person's right to make a complaint

One of the most important rights that must be explained is the right to give feedback, and to make a complaint. In the past, vulnerable people had good reasons to be reluctant to speak up when they were unhappy. When you are dependent on the very people who you wish to complain to, it is natural to be frightened of the consequences of making a complaint.

For this reason, services must not just accept and follow up complaints graciously, but also actively encourage people to complain. It is against the law to make a person feel bad, or to change the quality of care because they have spoken out.

Your service must let the older person and their carers know how they can provide feedback, and have a system in place that allows feedback to be acted on quickly.

You can explain to the person about these rights in the following ways:

- Let clients know regularly that nothing negative will come of a complaint. "A complaint is a good thing; it helps us to improve", is a good way to remind them of this.
- Encourage clients to make complaints if they tell you or hint that something is not right. Support them to do this without question.
- Thank the person when they provide feedback, even when it is negative.
- Act on feedback that you are able to respond to yourself, as soon as possible, or pass it on to the right person quickly.
- Make sure the older person and their family know they can phone or speak to a team member whenever they need to.
- Ask regularly for suggestions as the person's needs or preferences change.
- Suggest planning meetings where significant changes to the individualised plan can be discussed and reviewed.

Upholding the person's right to privacy

Privacy legislation and principles govern the collection, use and storage of people's information. The Privacy Act 1988 outlines rules for handling personal information that applies throughout Australia.

You must keep personal information confidential and ensure that information about the person is only shared with consent, or with people authorised to access it.

These laws include requirements to allow people to look at their own files and other information if they request it. Your service must help you to protect information, such as by providing passwords, cyber security and locked filing rooms.

For more information about privacy, visit:

- aspirelr.link/aacqa-privacy-policy
- aspirelr.link/law-handbook-privacy-confidentiality

Practice Task 4

Question 1

Give an example of how you might use a person-centred approach when a client with a chronic disease has been told they cannot enter a restaurant because their wheelchair is a trip hazard to other patrons.

Question 2

Explain the meaning of restrictive practice and give two examples.

Question 3

Which of the following examples are restrictive practices? Tick all that apply.

- ❑ Holding down a person's arm to stop them from hitting you while you give them a shower
- ❑ Distracting and redirecting a person from an activity
- ❑ Putting a person in a large chair that they cannot get out of
- ❑ Giving a person something else to hold so that they cannot use a harmful behaviour
- ❑ Telling a person that if they leave their room they will be in trouble with the police

Question 4

Which of the following statements are correct? Select yes or no for each one.

a. Restrictive practices should only be used as a last resort.	Yes / No
b. Restrictive practices can be used when the person is causing annoyance to others.	Yes / No
c. Regardless of whether the restrictive practice is used appropriately, there is always the chance of physical, psychological or emotional risk to the person.	Yes / No
d. Positive proactive approaches are more effective than restrictive practices, and must be used first.	Yes / No
e. Restrictive practices used as part of a behaviour support plan do not need to be documented.	Yes / No

2C Consult with the person to confirm and prioritise cultural needs

Respect for each person's culture as an expression of their individual experience is protected by law.

Community services organisations must provide support to a variety of people from different backgrounds, races, religions and cultures. The support you give must change to allow for different needs, but this does not mean giving a different standard of care.

At times, recognising people's cultural needs requires you to adjust your work practices.

The people you support will differ in terms of their financial status, social background, sexual preference, religion, spiritual beliefs, lifestyle and ethnicity.

Here are example of how you must support people from different backgrounds:

Cultural differences	Ask the person regularly about their cultural preferences, and include these into everyday practice. This can include incorporating: • preferred foods • traditional dress • celebrations of religious and cultural traditions • supporting and respecting cultural or religious beliefs.
Language differences	When working with people from culturally and linguistically diverse (CALD) backgrounds, you may need to provide information in a language other than English or organise for an interpreter. Ensure brochures are available in languages other than English and use interpreting services for people who need them.
LGBTQIA+ backgrounds	It is illegal to discriminate or harass a person based on their LGBTQIA+ status. You must: • protect the person's individual gender or sexual preferences without judgement • support the person to express their preferred gender identity through dress, grooming, or other ways, regardless of your own beliefs • respect same sex partners in the same way that you would respect a heterosexual spouse as a primary contact and important member of the support team.

Supporting cultural needs

Before you can support a person's cultural needs, you need to be able to identify them. Everyone has cultural behaviours, needs and expressions that deserve respect, but not everyone in a particular culture is the same or has the same needs. All people need to be treated individually and respected for their own choices and needs.

Some people's cultural groups are easy to identify by the way they dress or the language they speak as a first language. However, never assume that you 'know' a person's culture – always ask the person if they would like to talk about their background and if they are comfortable communicating in English.

Part of getting to know each person as an individual involves identifying their cultural needs, which you should always do by politely asking them about their culture and by expressing respect and interest.

Here are some important considerations when identifying cultural needs:

Know your community	Get to know a little about each of the main cultural groups in your community so you have a basic level of awareness about people's cultural needs before meeting them. For example, learning basic greetings in community languages and understanding gender role differences in other cultures are good ways to express your understanding of and respect for other people's culture.
Ask and listen	When appropriate, ask people about their culture and their cultural needs. Ask 'Is it okay if I ...?' and 'Is there anything else I can do to make you more comfortable?' to identify people's needs. Listen to what people say and watch their body language.
Respect differences	You do not have to agree with all aspects of a person's culture to respect them. Expressing respect is a vital way to establish rapport and ensure that people's needs are met. Also recognise that different people in the same cultural group may have different needs. For example, some people in a particular culture may practise a certain religion, while others may not.
Be willing to learn	Be open and willing to learn. You are not expected to be an expert on every culture, but to demonstrate an awareness that people may have different cultural needs (that is, different forms of address, food choices, dress choices, language differences, and so on) and be willing to learn more about them. Ask people to tell you how to say hello in their language and ask about their holidays. Showing a genuine interest demonstrates respect.

Accepting and upholding cultural needs

At times, you may encounter cultural needs and beliefs that are very different from your own. In our rich, multicultural society, these differences may be enlightening and fascinating, but you may find some confronting. However, everyone has the right to have their cultural needs respected and upheld, which does not mean you necessarily have to agree with them. For example, in some cultures, there are very strict gender roles that affect how people act and communicate, which you may find very different from your own beliefs. While you may not agree with them, you can still respect their differences and uphold their cultural needs as much as possible in the context of your work.

Most people have more in common than they have differences, so look for common ground between people from cultures different from your own. Supporting older people and people with disabilities to meet their goals and to feel respected, valued members of the community is a goal that everyone can share.

Example

Identifying, accepting and upholding cultural needs

Fleur is working with Andrew, a First Nations Australian man who has strong ties to his First Nations community. She provides support and assistance, including driving Andrew to his various appointments. Andrew's aunt has just passed away, and Fleur knows a little about Andrew's cultural needs, including that his community has specific ways of grieving and ways of referring to deceased persons. To ensure she respects Andrew's needs and avoids causing offence, Fleur undertakes some research to learn more about his culture. She researches online and contacts a local community Elder, who explains the funeral processes involved and explains that their community does not use the name of the deceased person or show any photos of them.

Thanking the Elder for this information, Fleur contacts Andrew to find out what he needs at this time, without using his aunt's name. Andrew tells her that he needs to attend several ceremonies and family gatherings, some of which would be inappropriate for her to attend, as they are for men only. Fleur arranges with a co-worker to assist in these instances and supports Andrew in his grief in a culturally appropriate way. She is grateful for what she's learnt and uses this to adapt her work practices in other areas.

Practice Task 5

Question 1

Suggest at least two ways to identify a person's cultural needs.

Question 2

Suggest two ways you can uphold and support a person's cultural needs.

2D Consult with the person to identify and respond to breaches of human rights

The person must be at the centre of discussions about how a breach of their rights should be managed.

Your workplace's policies and procedures will guide you here, providing information about the appropriate responses to different situations and who to report to. If you are concerned about a breach of a person's rights, it is usually appropriate to speak to the person or your supervisor first, who can advise what action must be taken.

Some breaches might be minor, and can be easily reversed. For example, you might notice that another worker has not asked a person about their preferences before helping them to follow a morning routine. In these cases, you can intervene by reminding the person that they have the right to make choices, and reminding the staff member of their obligation.

In some situations, however, you must act on a breach of human rights, even if the person asks you not to. If you see or suspect that a person's rights have been seriously breached by a worker or by your service, report to your manager. This includes situations where the client or another person is at risk of being harmed by the breach. Always seek assistance and support from more experienced staff if there is an issue, a situation or a task that does not sit within your job role or experience.

For example:

- if the person is being or might be being abused or neglected
- if the person's private information has been shared with a person not authorised to receive it.

In aged and disability services, your managers must take any serious violation of the person's rights seriously. In aged care, they must report the breach to the Aged Care Quality and Safety Commission, under the Serious Incident Response Scheme.

Access more information about the SIRS here: aspirelr.link/sirs

Open disclosure requires your service to let a resident or client know when there has been a breach in their rights. They must inform the person and/or their substitute decision-maker, apologise, and follow through on any legal requirements depending on the type of breach.

Clients, staff, families and other people can make a complaint about a breach of client or resident rights in an aged care or disability service to the regulator.

In aged care, complaints can be made to the Aged Care Quality and Safety Commission.

In disability services, complaints can be made to the state government department or the NDIS Commission.

Find out more about how to make a complaint to the NDIS here:
aspirelr.link/ndis-feedback-complaints

Reporting human rights breaches in the community

Some breaches can be easily solved by talking to the community member responsible, and helping to educate them about the person's rights. For example, you might inform a store manager that a person has been discriminated against, and help them to understand why this is illegal.

Where the person with the disability does not wish to do this, or where the response is not satisfactory, complaints about discrimination in the community can be made to the Australian Human Rights Commission (AHRC).

You can read more about reporting breaches of human rights at the following site:
aspirelr.link/ahrc-human-rights-breach

If you are new to the job role, you may need help to understand the person's rights and how they are balanced with your own legal responsibilities.

Empowerment and supporting rights can be a complex area of community services work. It can require a good knowledge of legal and human rights to solve problems and determine the person's rights against the need to balance your duty of care and other legal responsibilities.

There are also some limits to what you might be able to do to support empowerment. Here are some examples of limitations to your job role, and times when you might need to seek support before you proceed.

Some boundaries are in place to help protect the rights of vulnerable people. Your work role boundaries will be written into your policies and include:

- Never borrow money from a person you support.
- Follow your service policy about accepting gifts, such as refusing gifts over a certain value.
- Never respond to or initiate any form of romantic or sexual contact with a person you support. This is sexual abuse, and has severe penalties, even if the person can and does consent to a relationship.

Consult with the person to identify and report indications of abuse and neglect

As part of your duty of care towards the people you support, you have a responsibility to identify indications of possible abuse or neglect.

Many people are vulnerable because of their disability or age and are unaware of their rights.

As such, you need to be aware of the common indications that someone may be experiencing abuse or neglect and you need to know how to report these indications following your workplaces procedures.

Neglect occurs when the person is not being provided their basic needs.

Some indicators of neglect may be subtle or may arise from other causes (wearing the same clothes several days in a row may be the person's choice or it may indicate possible neglect) so you need to carefully consider if it occurs as a pattern and report appropriately.

Here are further examples and indicators of neglect:

Examples of neglect
• Not providing enough food or drinks • Not spending time with the person and/or leaving them alone for prolonged periods • Not providing adequate clothing or personal items • Unwillingness to allow for adequate care (e.g. dental) • Inappropriate use of medication (e.g. overdosing a person so they sleep for longer periods of the day) • Leaving the person in the same continence aid for the whole day
Indicators of neglect
• Weight loss, dehydration and/or poor skin quality • The person appears unkempt; for example, they are wearing the same clothing every day of the week; clothing is loose or baggy; clothing is in a poor state; hair is unwashed, nails are untrimmed or hygiene is poor • The person does not have their dentures, hearing aid, mobility aid or glasses • They have skin burns from urine being in contact with the skin for prolonged hours

Example

Neglect

Yolanda is frail and in the early stages of dementia. Her two daughters live with and care for her. They receive some limited respite once a fortnight so they can go out and have a break. During the respite, the worker, Darcy, usually sits and reminisces with Yolanda as part of the memory support goal in her care plan.

Darcy notices after a few weeks that Yolanda's clothes are not being changed and she is increasingly beginning to smell. Darcy addresses this issue with Yolanda's daughters and they say that Yolanda has been refusing to have a bath or shower, so they have been just letting her be. They also state that she is refusing to change her clothes. Darcy returns to her organisation and reports this to her supervisor. She also documents the incident in Yolanda's file.

Abuse

Here are some common indicators of abuse:

Behaviour changes	• A person may become withdrawn, depressed or anxious or display signs of being scared. They may become quite ambivalent or non-responsive. • You may find the person is becoming disoriented or making contradictory statements. This can also be a sign of a range of illnesses, so should be thoroughly assessed before making an assumption that the person is being abused.
Carer signs	• You may encounter situations where the carer makes lots of excuses so you cannot gain access to the person with care needs. • The carer may be overly affectionate and flirtatious with the person, which may indicate an inappropriate sexual relationship. • You may find the carer is giving conflicting accounts of incidents or is hostile towards the person with support needs.
General indicators	• There are changes in the person's health such as unexplained weight loss, bed sores, poor colouration, or sunken eyes and cheeks. • The person has unexplained or continual injuries. • The personal care needs of the person not being met, which can be indicated by dirty hair, dirty clothing, soiled bedding and unclean living conditions. • Medication is used inappropriately; for example, the person sleeps for longer periods of the day and night.

Physical abuse

Physical acts of violence include hitting, slapping, punching, pulling hair, spitting at the person, pinching, biting, or twisting their arm or wrist. **Physical abuse** needs to be reported immediately by following your workplace's policies and procedures for reporting abuse.

Physical abuse
The physical assault of a person.

Here are some of the common indicators of physical abuse:

- Bruises, cuts, scabs and scars
- Abrasions, welts, rashes
- Swelling, burn blisters
- Agitation, cowering
- Tenderness, pain, restricted movement
- Broken or healing bones
- Drowsiness
- Unexplained weight loss
- Unexplained hair loss

Sexual abuse

Sexual abuse is any sexual contact with someone who does not or cannot consent.

Sexual abuse
Unwanted or uninvited sexual contact, language or exploitative behaviour by another person.

These are some examples of indicators of sexual abuse:

- Withdrawal, disturbed sleep patterns, nightmares, agitation, fear
- Unexplained difficulty sitting or walking
- Bruising of genital areas or thighs
- Unexplained sexually transmitted diseases
- Unexplained bleeding from genital areas

Financial abuse

Financial abuse is a form of exploitation and can be quite difficult to prove or recognise.

Financial abuse
Abuse that involves a person's money, property or assets being mishandled or taken and used without their consent.

Examples of financial abuse include:

- embezzlement, fraud, forgery and stealing
- withholding money from the person or not paying accounts or debts
- forcing a person to change their will
- the enduring power of attorney refusing to provide enough money for the person to live
- forcing a person to hand over their money or assets.

Psychological/emotional abuse

Psychological/emotional abuse refers to ongoing intimidating behaviour that is designed to disempower a person. Psychological and emotional abuse can be both verbal and nonverbal. It can include belittling, threats and withdrawal of affection.

These are some indicators of psychological and emotional abuse:

Sense of hopelessness	A sense of hopelessness is a general sense of fear or apathy about the future, and can present as fearfulness, helplessness, withdrawal or reluctance to make decisions.
Behaviour swings	Someone who is being emotionally or psychologically abused experiences a huge amount of stress, which may present as anxiety, anger, moodiness, agitation, depression, passivity or low self-esteem.
Tiredness	High stress levels may present as hypervigilance, sleep deprivation, insomnia or confusion.
Unexplained weight loss or weight gain	A change in appetite or an increased intake of alcohol can be an indicator of abuse.

Reporting abuse and neglect

Abuse is illegal and you have a duty of care to report any form of abuse as soon as you become aware of it.

Report situations of abuse directly to your supervisor.

When you suspect abuse has occurred, you have witnessed abuse or you receive a disclosure of abuse, you must act quickly to ensure action is taken immediately to prevent further abuse from happening or escalating. Let your supervisor know your concerns as soon as possible. This information should also be recorded in an incident report form.

A report should include:

- what you saw: for example, the size, location and type of bruising
- when you saw it: for example, the date, time and day
- what you did: for example, removed the person from the situation
- what you said: for example, explaining to the person that you had to report the incident
- the person's response: for example, what they said or did
- follow-up action to be taken.

Video: Responding to abuse
Watch the following short video about responding to abuse:
aspirelr.link/nds-respond-to-abuse

Mandatory reporting legislation

Mandatory reporting refers to the legal obligation of people in certain job roles to report suspected or actual abuse to authorities.

Mandatory reporting
The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

Your supervisor or managers will be required by law to report sexual and physical abuse to the police and to the relevant industry body, such as the NDIS Quality and Safety Commission, or the Aged Care Quality and Safety Commission.

Mandatory reporting requirements vary by state to state, however, all adults (and not just your supervisors), have the legal responsibility to make sure that police or child protection authorities are notified when a child under 18 is suspected to be sexually or physically abused.

You can read more about mandatory reporting at:
aspirelr.link/1800-respect-reporting-obligations

Example

Identifying and reporting indications of possible abuse and/or neglect

Matt has motor neurone disease and lives with his brother Neil. Matt's brother Neil is his carer. Francine is Matt's support worker and is concerned when Matt tells her that he has not had any food for a few days because Neil took his ATM card and left him alone. Francine says to Matt that this is not an okay thing to do and tells him that she must let her supervisor know. Matt did not know that he could get help from Francine, and he says to her that he would like help.

Practice Task 6

Question 1

Give three examples of indicators of physical abuse.

Question 2

List three indicators of sexual abuse.

Question 3

What are two indicators of neglect?

Question 4

Briefly describe the types of information that need to be included in any report of abuse or neglect.

Question 5

Provide two examples of incidents you might observe as part of your work that should be reported to your supervisor or manager as a part of mandatory reporting requirements.

Question 6

List two external bodies where a breach of human rights can be reported.

Summary

- All people have fundamental human rights that we all share.
- Rights must be discussed with service users and provided to them in a format they can understand.
- Person-centred responses to rights include asking the person how they would like to respond when their rights are at risk of being breached.
- Upholding people's cultural needs fosters their human rights.
- Do not make assumptions about people's culture or needs; get to know each person individually.
- You can respect people's religious or spiritual beliefs without necessarily agreeing with them.
- You must report any breaches of human rights that you encounter.
- Report serious breaches to your supervisor or according to mandatory reporting requirements.
- Indications of abuse or neglect or possible abuse or neglect of any person must be taken seriously and reported to your supervisor or external authorities such as the police.

Learning Checkpoint 2

Foster human rights

Part A

1. Briefly explain human rights and identify two ways that you can assist a person to understand their human rights for service delivery.

2. List two examples of a person-centred approach that ensures a person's rights and needs are being upheld.

3. Provide an example of how you can identify and uphold a client's cultural needs.

4. Suggest how you could support a person if their rights were not being upheld, such as if a person was refused entry to a store because they had a support dog or they were excited and started shouting

5. List two possible indicators of sexual abuse.

6. Which of the following personal information is confidential unless you have express consent from the person to share it? Tick all that apply.

- ❑ The person's medical diagnosis.
- ❑ A photograph of the person you took on your phone.
- ❑ A client tells you that another worker touched her breasts for no reason, but asks you not to tell anyone about it.
- ❑ The person's address.
- ❑ The child of a client appears with frequent bruises and you suspect he might be being abused, but you are not sure.

7. List two work role boundaries that will protect vulnerable people from being taken advantage of by workers.

8. Under what conditions are you permitted to use a restrictive intervention? Give three examples.

9. Which of the following statements about restrictive practices are correct? Select yes or no for each one.

a. Restrictive practices are not permitted under any circumstances.	Yes / No
b. Restrictive practices should be used as the preferred method of behaviour support.	Yes / No
c. Holding a person's arm down while they are in the shower is a restrictive practice.	Yes / No
d. It is best not to discuss the use of restrictive practices with the person or their family as this may cause emotional distress for all involved	Yes / No

Part B

Read the case study and answer the questions that follow.

Case study

Cath is a 79-year-old woman who has dementia. Cath's ability to understand personal space and appropriate touching is affected by her dementia. She has been living in an aged care facility for six months.

Cath has started entering the rooms of a man in the facility who does not have dementia. He frequently rings the call bell to alert the staff that she has been climbing into bed with him.

Staff keep Cath in her room using a door barrier. Management then requests that her doctor prescribe medication that will help staff manage her behaviour. Once Cath starts on the medication, she becomes very sleepy. She also starts to lose weight because she often sleeps through mealtimes.

1. Identify the evidence from the case study that indicates the organisation providing support is not adhering to a human rights model for the delivery of service and Cath's human rights have been breached.

2. Which of the following indicates that Cath is being abused or neglected? Tick all that apply.

- ❑ Cath cannot leave her room.
- ❑ Cath gets into bed with other residents.
- ❑ Cath is being sedated through the use of medication.
- ❑ Cath has lost weight and is missing mealtimes.
- ❑ Cath puts her arms around workers and kisses them.

3. If the management refuse to admit that this is abuse, is the support worker legally required to report this to external bodies such as the Aged Care Quality and Safety Commission of NDIS? Explain your response.

4. What information would the worker report to their supervisor if they suspect abuse or neglect?

Topic 3: Facilitate choice and self-determination

3A Use a person-centred approach to acknowledge the person as their own expert

3B Provide assistance to the person to facilitate communication of their personal goals

3C Identify and support the person's use of assistive technologies

3D Assist the person to access advocacy services and other complaint mechanisms

3A Use a person-centred approach to acknowledge the person as their own expert

Each individual receiving service is an expert on their own needs.

Making our own choices is an important part of being human. People who are dependent on others for care and support often lose the ability to make choices, because they are made by others around them.

Choice gives us power over our own lives. When we have the skills, the capability and the opportunities to make choices about our own life, this is called **self-determination**.

Self-determination
A person's right to have control over their own life, able to make independent choices about decisions that affect them.

A person-centred approach means that you pay more attention to the person's choices than to task lists or staff routines.

In a person-centred approach, the person's choices and preferences are the most important factor in the way that you provide support. This means that you must encourage and help the person to make choices, and listen to and follow their choices wherever possible and whenever it is safe to do so. You must also actively find ways to communicate and try to understand the person's preferences, even if they cannot tell you directly.

Empowering the person to make their own choices

An empowered person is fully informed about the consequences of their decisions, able to express their choices freely, and confident that others will listen to and help them to follow through on their own decisions. They are able to determine for themselves what makes them feel happy, safe and secure, and not what other people think is best.

When you provide choice and self determination to a person using your service, in most cases:

- the person has the right to information to help them make decisions
- you must gain the person's consent before proceeding with a task
- the person can refuse care or treatment, even if you do not agree with them
- people feel supported to build their skills when they want to reach goals
- people are supported to take measured risks.

Helping a person to practise making decisions about their own life should be a part of every task. Examples of everyday choices that the person should be encouraged and supported to make themselves include:

- what they want to wear and how they want to wear it
- grooming such as makeup, hairstyles and shaving or growing a beard
- what they would like to eat and the time they want to eat it
- when they would like to shower
- what they want to spend their money on
- what they would like to pursue as hobbies or interests
- what they would like to do in their future, including employment or other goals
- who they associate with, and who they make friends with
- when and with who they have sexual relationships, as long as they are able to consent.

Example

Person-centred choices

Mr. Morissetti's plan says that he gets up and has a shower and then has breakfast in the dining room. Today, he wants to have his breakfast brought to him in bed and decides he will get up later.

The staff respect this, and help him meet this preference for today, despite what the plan says. They talk to the kitchen staff about putting breakfast onto a tray, and rearrange their work around this change.

When the person has a decision-making impairment

People with cognitive impairments can make choices, but may need additional help to do so. The person's capacity to make decisions will be determined by their condition.

On the following page are some examples of conditions that may influence a person's decision-making capacity, but these will vary between people, and the person's individual situation must always be considered.

Condition	
Genetic conditions	Intellectual disabilities such as Down syndrome, Fragile X syndrome, Prader-Willi syndrome, Rett syndrome, Foetal alcohol spectrum disorder.
Physical trauma, such as after an accident	Acquired brain injury (ABI) as a result of a head injury, alcohol and drug poison, drowning.
Psychological trauma	Post-traumatic stress disorder (PTSD) caused by a traumatic event, such as violence, accident, natural disaster.
Chronic lifestyle conditions	Asthma, arthritis, cancer, obesity, diabetes, chronic pain, osteoporosis, dementia or heart disease.

If the person needs guidance, you might ask them to consider between two options, such as two different outings, rather than asking a vague 'What would you like to do today?'

You might also need to guide the person to make decisions that are safer or more logical. For example, if a person chooses to wear a long-sleeved outfit on a very hot day, you could help them to understand why something cooler would be more appropriate.

Family members or friends can also help by:

- helping the person to communicate their needs where possible
- assisting you to understand the person's past preferences, and how the person might usually prefer to perform a task
- making the decisions on the person's behalf, if the person themselves is not able to contribute.

Some people with disabilities and older people may have an advocate to help them to make decisions. An advocate may be formal or informal, paid or unpaid.

If an advocate has been appointed, the support worker must acknowledge the advocate's voice as being representative of the person.

When the person is not able to talk or communicate, their body language can tell us a great deal. For example, if the person smiles or looks engaged when they are involved in certain tasks or activities, this can give you an idea about their enjoyment.

Here are some ways to ensure that you are following the person's own preferences to the best of your abilities:

- observing the person's gestures, body language, vocalisations (sounds) in response to different activities or preferences and recording these for others to refer to in future as well
- asking other staff and the person's family about what they think the person prefers

- referring to a communication dictionary or creating one if they do not have one. This can provide clarification of some of the person's common gestures and sounds
- considering the person's past and using this as a guide to what they might prefer. If a person has dementia, but used to enjoy gardening, an activity could be built based on this past enjoyment.

Read more about self-determination at: aspirelr.link/self-determination

Ensure the person is comfortable with decisions being made

People are more likely to be comfortable with these decisions when they understand what is occurring, how it will affect them, what they are expected to do, and when their feelings, thoughts and wishes are expressed and they feel heard.

Check with the person regularly about how happy they are with the choices they have made.

Here are some questions that can assist:

- Are you still happy with that choice?
- Would you have preferred anything to have been done differently?
- Let me know if you change your mind about having a shower, and I will be happy to help if you do.

If the person is no longer able to communicate, look for body language and other signs of contentment or distress.

The Aged Care Quality Standard 6 (Feedback and Complaints) includes requirements for services to collect feedback in ways that the person can understand. It is not acceptable to ever make a person feel bad, or to give less care or support, because they have provided negative feedback.

This may mean ensuring that feedback can be provided in different languages, and in ways that suit the person's cognitive abilities. Other services, such as their GP or activity group staff, can also be good sources of feedback about whether the person has new needs.

When a decision is being made with the person, the person or their substitute decision-makers must consent.

Informed consent means that the person is given the information they need to make a clear decision. The person must agree to the decision voluntarily.

Informed consent
A person agrees to care, a treatment or a service after they have been given all the information they need to make a clear decision.

Capacity to provide consent can change over time and many people have the capacity to consent to some things, but not to others. For example, a person with an intellectual disability may be capable of consenting to everyday decisions about participating in activities or actions, but may need a legal guardian to make decisions about financial or legal matters.

Even when someone is in a position where legal consent is decided by another (such as a family member, carer or legal guardian) you can empower the person by assisting them to understand what is occurring and to ensure they are comfortable with the decisions that are being made on their behalf.

Example

Assisting with strategies to ensure the person is comfortable with decisions being made on their behalf

Adeline is a young woman with an intellectual disability that affects her communication, mobility and intellectual capacity. While Adeline makes everyday decisions about her support, her older sister Claire has been appointed her legal guardian to make decisions about Adeline's finances and any legal matters.

Fran is Adeline's support worker and is facilitating a meeting between Adeline, Claire and a representative from a local disability advocacy centre. Claire, who is Adeline's primary carer, has to move out of the area for work and a decision has been made to relocate Adeline as well. Adeline has friends and connections in the local area but could only stay in the area if she moved into residential care.

During the meeting, Fran records what occurs and uses Adeline's communication board and tablet to ensure she understands what is happening. Using her tablet, Adeline expresses that she'll miss her friends, but is happy that she is staying with her sister. Fran communicates that she will set up a network of support providers in the new location to assist with the transition. All parties end the meeting by sharing what they have heard during the meeting and all decisions and proposed actions are documented and recorded.

The disability advocate checks in with Fran and Adeline a week later to ensure that Adeline has retained her understanding of what is occurring and agrees that Adeline's rights are being upheld.

Work health and safety in decision-making

Sometimes the person's choices might make them or others unsafe.

Some choices are more difficult than others. There can be many factors involved in the person's decisions, some which can be influenced by safety, the ideas and opinions of others, and the potential consequences of the decision.

Work health and safety (WHS) legislation is designed to create safe working environments. Tell your supervisor immediately about potential hazards that might arise from decision-making by clients. You must never allow people to make choices that might be unsafe for you or for others. For example:

- if a client or resident wants you to lift them instead of use a transfer machine as written on their plan, they do not have the right to ask you to do this, and you must refuse to do so
- if a client wants you to support them to perform an illegal or unsafe activity, such as letting them drive a car while intoxicated, you must refuse to support them, and take steps to avoid the activity from taking place.

Duty of care and dignity of risk

You have a legal **duty of care** to the people you support, yourself, other workers and people in the work environment. You follow your duty of care by taking reasonable steps to keep yourself and other people safe.

Duty of care
A moral or legal obligation to ensure the safety and wellbeing of other persons.

Community service organisations and workers have a responsibility to provide a duty of care to ensure the safety and wellbeing of people in receipt of their services. Legislative and regulatory obligations underpin an organisation's policies. These then determine the procedures to guide service delivery, which promotes and enhances the safety and wellbeing of people.

A duty of care includes individuals and employers anticipating and acting on possible causes of injury and illness that may exist in their work environment or as a result of their actions. A person or employer must do everything they can to remove or minimise the possible cause of harm. A duty of care exists when someone's actions could reasonably be expected to affect another person.

While aspects of WHS legislation may vary between states and territories, there are common legislative requirements and obligations under the duty of care principle. Everyone in the community services environment has a duty of care for themselves, each other, the people they support and visitors.

Example

Workers' obligations under law

The *Work Health and Safety Act 2011 (Cth)* explains workers' obligations under law.

Sec. 28 – Duties of workers

While at work, a worker must:

- take reasonable care for his or her own health and safety
- take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons
- comply, so far as the worker is reasonably able, with any reasonable instruction that is given by the person conducting the business or undertaking to allow the person to comply with this Act
- cooperate with any reasonable policy or procedure of the person conducting the business or undertaking relating to health or safety at the workplace that has been notified to workers.

Source: www.legislation.gov.au/Details/C2018C00293

In the past, our adherence to duty of care has made support workers so concerned about safety that we forgot about the person's right to make choices that involve some level of risk. With some exceptions, all people have the right to make choices for themselves, even if you do not agree with that choice, and even if that choice is not written in their plan. This is called **dignity of risk**.

Dignity of risk
A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

However, the person's dignity of risk must be balanced with your duty of care. This means that you have the responsibility to make sure that:

- the person is able to understand the consequences of that choice, such as feeling unwell if they do not take their medication
- the person is given the right information about that choice, such as talking to their GP if they have diabetes but do not want to follow the diet that they have been recommended
- the risk that the person is taking does not affect anyone else. For example, the person does not have the right to smoke inside a facility, because it can put others at risk.

Here are some examples of dignity of risk:

- Allowing a person to work out in the garden pruning roses, even if you are worried that they might scratch themselves or fall
- Allowing a person to wander unrestricted, but taking steps to reduce their chance of falling
- Allowing a person who uses a wheelchair to go shopping alone, even if you worry that they might be an easy target for having their money stolen.

Example

Provide support according to duty of care and dignity of risk

Charles is a 91-year-old man. He used to be a pilot and has loved planes all his life. One of his goals in his individualised plan is to engage in more outings in the community and another is to reconnect with his passion for flying, which he misses terribly. Charles has dementia and is often confused. He is able to walk but is unsteady on his feet. A couple of years ago he had a fall and broke his hip. His next of kin is his 40-year-old grandson, Noel. Noel is worried about Charles's mobility and is fearful that he would not recover if he had another fall.

There is an air show in town next month following the classic planes that Charles used to fly. Staff have suggested that this air show would be a great opportunity for Charles, and that it may assist in meeting some of his goals. Noel is adamant that Charles should not attend, even though Charles would love to go. Noel says that with all those bustling crowds and in an unknown environment, Charles could easily have a fall.

A key staff member knows how much Charles would like to go. Together they come up with a solution that addresses Noel's safety concerns whilst not restricting Charles or taking away his dignity to take risks. Charles will attend the show, using a wheelchair to protect him from the crowd and to reduce the chance of him having a fall. Noel has decided he will attend with his grandfather and is quite looking forward to getting to know more about Charles's past.

Discussing choices that pose risk

When a person who has the right to dignity of risk wants to do something that could pose a risk to them, talk to them about the possible risks, and how you might be able to support them to reduce these risks. Seek support if you feel that something might be unsafe for the client, for you or for others, even when you know that the right to dignity of risk applies.

Example

Reporting and discussing choices that involve risk

Here are some examples of risk that need to be reported, even if the person is to be given the dignity of risk.

- A resident in aged care who does not have dementia wants to leave the facility alone for the day. They may have the right to do so, but your managers will need to be made aware of this and need to be involved in developing risk-reduction strategies where risk is present.
- A person with a disability does not want to take their medications. In most cases they usually have the right to refuse, but you must report the refusal to your managers.
- You are concerned that an older person who has a driver's licence has developed vision and cognitive impairments that make driving unsafe. You have a responsibility to make a manager or other authority aware of the risk to others on the roads and to the person themselves.

Other barriers to decision-making

Some individuals may be unable to make independent choices if they do not feel comfortable with who is present, or if they are forced to discuss private matters in front of certain people. We are all capable of trying to please others around us at times, rather than doing what we know we want for ourselves. It is important to keep this in mind when helping the person to make choices that we know might be influenced by family members or even workers.

People have the right to go against their family's wishes, but they also have the right to follow their family's own choice, if that is what they would prefer. If the person chooses to be influenced by family members in their choices, that is the choice they make, and we must respect that. Sometimes you may need to help the person balance these conflicting situations.

Privacy and confidentiality when discussing decision-making

People have the right to make certain decisions privately. Remember not to discuss personal information about the person without their consent. For example, if the client or resident is able to make their own decisions, you should not ask the advice of family members when the client is facing a choice about a personal care routine or a medical treatment, unless you have been specifically asked by the person to do so.

Example

Balancing self-determination with other people who influence decision-making

Renata is 22 and has cerebral palsy. Her mother has made many of Renata's decisions for her in the past, but now that Renata is an adult, she often wants to go against her mother's preferences. Renata wants to go out late at night to nightclubs, but her mother disapproves of this.

Renata can make this choice for herself, and she has the same rights to do this as any other 22-year-old. Where the service provides support at night, the staff must support Renata's choice to go out late at night. If Renata's mother refuses to allow this, the staff can try to explain Renata's right to make choices, and the legal obligations of the service to prioritise Renata's self-determination. Balancing this conflict might include maintaining Renata's right to keep her night-time activities confidential from her mother.

Practice Task 7

Question 1

Provide examples of person-centred support for the following:

- Acknowledge the person as their own expert on actions

- Encourage and empower the person to make their own choices

- Involve the person, family, carer or others identified by the person in the planning, as well as who is going to provide it

- Use strategies so the person is comfortable with any decisions made

Question 2

List two ways WHS legislation relates to duty of care and dignity of risk requirements.

Question 3

Explain the difference between duty of care and dignity of risk.

Question 4

Briefly explain informed consent.

Question 5

Provide at least three examples of support practices you could use with clients who live with a condition that makes it difficult for them to communicate their choices.

3B Provide assistance to the person to facilitate communication of their personal goals

It is the responsibility of workers to ensure that the person can communicate their personal goals.

Some decisions need to be made in a more collaborative, formal way:

- When there is a need to make a major decision that must involve other people, such as when a child will be supported to transition to adulthood by the service, with the help of their parents and support workers.
- When the person has a decision-making disability and needs help to make a decision, such as the support of advocates, service providers and family, while developing a support plan.
- When the person and the service needs to work with other professionals to help make decisions, such as when developing a behaviour support plan that involves restrictive interventions for a person with dementia.

Many decisions like these are made during formal meetings.

Facilitate and discuss person-centred options for action on relevant issues

During meetings that involve decision-making, always ensure that all discussions are presented in a way that puts the person at the centre of the conversation.

Here are some examples of how this is done:

Help the person lead decision-making	• Place chairs in a way that the person is central to all conversations. • Address the person rather than their family or carers. • Ask the person for their input and choices.
Consider the individual's comfort based on their age, disability or health needs.	• Consider the person's attention span. For example, if a person has an acquired brain injury or dementia, you might need to break the meeting into two or three smaller sessions, and keep it short and to the point. • Make sure the venue is a place where the person feels in control, such as in their own room or home, rather than in an office. • Choose the time of day where the person is most likely to be responsive.

Fully inform the person about all available options and the likely outcomes of their decisions.	• Keep the discussion at a level that the person is able to understand, and using communication that is meaningful to them.
	• Provide a range of different options.
	• Ensure that information is accessible for the person.
	  - Provide information in other languages.
	  - Use interpreters (spoken or sign language).
	  - Use communication aids.
	  - Provide information in plain English or using pictures or videos.
	• Discuss options, choices and issues relevant for the person, and ask their opinion or input regularly through the meeting.

Assisting with communicating goals

Many people require or can benefit from assistive technologies and communication aids when communicating with others.

People may use a variety of assistive technologies or communication aids to communicate with others.

For more information about communication aids, visit:
aspirelr.link/communication-aid-types

Communication barriers can be the result of:

- hearing impairments, which can impede the ability to hear and understand speech and radio, television or cinema audio
- vision impairments, which can impede the ability to read newspapers, books, shopping lists and online and digital content
- speech disabilities, such as difficulty being understood following a stroke or because of conditions such as motor neurone disease or cerebral palsy
- intellectual or cognitive disabilities, where the person may have trouble understanding the spoken or written word
- language differences.

New technologies are being developed to help people with hearing, vision, speech and other disabilities to communicate. All communication aids need to be customised or individualised to each person's needs. Many clients have gone through the process of having assistive technologies and communication aids customised for their communication requirements with professionals such as occupational therapists or speech therapists. Even so, clients with complex communication needs require support with using them to communicate their needs, preferences and goals.

Communication technologies for people with hearing impairments	• Hearing aids • Teletext phones • Hearing loops • Subtitles on television and screens • Smoke alarms for people with hearing impairments. These are specialty alarms that vibrate and flash lights
Communication technologies for people with speech impairments	• Speech output devices such as light writers • Apps for computers, tablets and phones that convert speech to text • Apps such as Speak It, which is based on artificial intelligence that can slowly learn and interpret patterns of unintelligible speech
Communication technologies for people with intellectual or cognitive disabilities	• Aids such as Dynavox, a program that uses pictures to help the person communicate • Compic is a library of computer-generated pictographs that offers a universal 'language' of words or concepts. These simple line drawings can be used in books, labels, community request cards and many other formats
Communication technologies for people with language differences	• Translation apps are readily available on phones or tablets. They can translate and speak single words or entire sentences from one language to another
Communication technologies for people with vision impairments	• Screen readers and text-to-speech software can help people with vision impairments take part in social media and other text-based communications.

In his book *People Skills*, Gerard Egan outlines some micro skills that have proven successful in developing rapport with others. He uses the acronym SOLER, which stands for the processes to use, as follows.

S	Sit or stand **SQUARELY** to the person, usually at a 5 o'clock position so as not to startle them.
O	Use an **OPEN** posture at all times to ensure you do not set up any physical barriers to communication. For example, don't cross your arms.
L	**LEAN** slightly towards the person to show you are interested and engaged in the conversation with them.
E	Maintain appropriate **EYE** contact. You will need to consider any cultural needs here. For example, you would make less eye contact with an Indigenous Australian person.
R	Take a **RELAXED** approach. If you are relaxed, then the other person will be too.

Video: Communicating with people with diversity

- This video by Speech Pathology Australia introduces types of communication when interacting with people with disabilities: aspirelr.link/yt-communication-disability
- Watch the following video about Auslan: aspirelr.link/yt-explaining-auslan
  Pay attention to what Auslan actually is and what it entails. How commonly are Auslan interpreters used in news reports? Why are they needed?

Using active listening to help you to understand the person's goals

Many people with support needs have specific communication needs or may be in vulnerable situations and find it challenging to communicate effectively.

Aside from providing physical, technological and language supports for communication, your good communication skills (including good oral skills) demonstrate respect and support the person to communicate their personal goals, choices and needs.

Here are some ways **active listening** skills can help the person to communicate their goals:

Active listening
Concentrated listening and non-verbal encouragement indicating an understanding of what is being said.

Listen carefully	Listening is the most important communication skill. Your ability to listen actively, by acknowledging and rephrasing what you have heard, by demonstrating respect and by allowing people to communicate according to their preferences and needs, provides people with support. Importantly, it also provides people with a good model and valuable practice in good communication skills.
Clarify and reframe	We all often need another person's perspective to help us clarify and reframe what we are trying to communicate. As part of your active listening, you can facilitate people's self-determination by assisting them to clarify their needs, goals and choices. Thinking strategically and in an ordered, logical manner can be challenging when dealing with complex or personal issues, so your input and assistance can greatly assist people to identify clearly what they are trying to communicate and how to do so in the most effective manner.

Use body language	While good verbal skills and active listening are vital, so is the way you communicate nonverbally. Your posture, lack or length of eye contact, tone of voice and gestures all communicate powerfully. Make sure your body language communicates respect and attention. Importantly, learn to read other people's body language, while being aware of any differences that may occur as a result of a specific disability (for example, a tremor or shaking could indicate indecision or cold, or it could be a symptom of Parkinson's disease). You can also support people to communicate effectively by changing their body language; for example, sitting or standing up straight helps to communicate and to feel confident. Remember, a genuine smile communicates a great deal.
Identify goals and actions	Wherever possible, assist people to identify their goals and appropriate actions to meet those goals. This can involve reading between the lines of what someone says and asking the right questions. For example, if someone is withdrawn and sad, you can help them to identify this feeling and to determine if there is a specific cause or any action they could take to improve their mood.
Meet the person's needs	Make sure you are aware of the person's communication needs. If they need language or cultural support, provide an interpreter or have written material translated. If the person needs technological aids or equipment, make sure they are readily available and working correctly. If the person has trouble hearing, don't arrange to meet in a noisy cafe full of people. Be sensitive and supportive and alert to the fact that people need to be comfortable and feel supported to communicate effectively.
Take your time	Good oral communication skills are vital in all interactions with people, which means speaking clearly, concisely and giving people plenty of time to respond. Match your language use with the needs of the person. For example, if someone has a neurological impairment, you may need to use short, clear sentences and speak slowly. Do not use jargon, acronyms or technical language unless you are absolutely sure the other person understands.
Document and record	Be sure to document and record any goals or decisions that are made in the person's records. Not only is this a workplace requirement, but it also assists you to remember what was discussed so you can confirm with the person at a later date. People's needs and goals change over time, so make sure you regularly confirm with people and check if they have made new decisions or identified new goals.

Example

Providing assistance to facilitate the communication of personal goals

Sing is a support worker, supporting Dieter to shop for healthy meals at his local shops. Dieter has a hearing impediment, a speech impediment and an intellectual disability. Dieter can use some sign language but is still learning how to sign. Dieter uses a communication book to assist with communicating with others who do not know how to sign. Sing is also learning how to sign, and he can communicate with Dieter using some sign language. Sing uses the communication book to determine what Dieter would like to do for the shopping trip and in what order.

Practice Task 8

Question 1

Name one way you can ensure that a person understands a decision that is being made on their behalf.

Question 2

Name two ways you can assist a person to communicate their personal goals.

Question 3

Name three members of a person's team who may assist in decision-making processes.

3C Identify and support the person's use of assistive technologies

Assistive technologies include equipment and tools that help empower the person towards independence and self-determination.

Technologies in aged care and disability services are undergoing exciting developments but are often underused. Assistive technologies can help people in almost all areas of their lives. They can help people to care for themselves and provide a sense of self-determination or control over their lives and personal care needs.

You can play an important role in helping older people and people with disabilities overcome barriers by helping them to use **assistive technologies**. You can recommend technologies that the person or their family might not have heard about, or not considered.

Assistive technology
Technology that enables a person to maintain or improve their capability of performing a task.

An assistive technology is often much more empowering than dependence on another person for help. This is because:

- the person does not need to rely on or wait on the help and availability of others around them
- the technology puts the person themselves in control
- they can often be used in a range of settings, including in the community
- they can significantly reduce the effects of the person's disability and help them to participate in the same way that others do.

Supporting the use of assistive technologies in person-centred ways

Assistive technologies can often be used in different environments such as on public transport, at work and in education spaces, in recreation areas, in clients' homes, in residential facilities and in whatever spaces the client goes to.

The choice of aid should take into account a range of individual factors that help the person to achieve their own goals.

Questions that might be considered when helping the person to select an aid include:

Question	Consideration
Why does the person need it?	Sometimes a simple aid is better if the person is not likely to use complex buttons or functions
Where will the person be using it?	Consider how portable the choice of aid might be. Lighter and smaller are clearly better choices when the person takes the aid with them into the community.
Who will be supporting them to use it?	If the person is alone in the community, communication and other aids may need to involve strangers or other community members such as storekeepers or hospitality staff. Consider which type of aid is most likely to maximise both the person's independence, and the accessibility of the aid to others if they need support.
How much does it cost?	Some technology can be very expensive, but often funding is available through NDIS and other sources to fully or partially fund assistive technologies. This can include funding for iPads and applications used to help the person with communication and other needs.
What barriers might exist?	Some people, especially older people, may have a fear of new technologies simply because they are unfamiliar with them. If you can help them become more familiar with technologies such as smart home systems, digital devices that help with recall and communication, apps and social media, you can open up a new world for both the client and their family and carers.

Aids for self-care and independence

Various technologies are available that can help a person become more independent and carry out their activities of daily living (ADLs).

Here are some examples of aids that can help the person to perform everyday tasks when they have an impairment that affects:

- mobility, such as a traumatic physical injury or arthritis
- a cognitive disability like dementia, ABI or intellectual disability.

Aids that help people to perform everyday tasks independently	• Long-handled reachers can help the person pick up items from the floor without bending. • Toilet reachers can help the person wipe themselves after using the toilet. The paper is loaded onto the holder, and the long curved handle allows the person to wipe and release the paper into the toilet. • Adapted handles on cutlery, hairbrushes, taps and other household appliances can help the person to hold items or turn knobs. • A kettle tipper tips the kettle for the person, meaning that they do not have to pick it up. • Adaptive clothing such as shoes with Velcro rather than laces can help the person with dressing. • Plate guards and sipper cups can help the person with eating and drinking.
Aids that help people to use computers and phones	• Large switches can be easily installed onto everyday electrical items such as lamps, computers and televisions to help people with vision impairments or reduced fine motor skills to switch them on and off more easily. • Mobile phones with large buttons can help the person see and handle them easily. • Head wands or mouth sticks can be used to press computer keys for people with limited use of their arms or hands. Adaptable keystrokes can allow the person to type with one hand. • Phones, tablets and computers often come with features that allow the person to increase text size or screen readers that read text aloud. Pictures can be described using alt text technology. These can be useful for people with vision impairments.
Aids that help people to use electrical equipment	• Many electrical items can be controlled using handheld or voice-controlled remote devices. Examples include televisions and radios, robot vacuums, light switches and power switches. • Timers can be used to turn appliances such as lights and televisions on or off at the same time each day.
Voice-activated digital technology	• Nearly all digital devices can be used and controlled by voice commands and speech interaction. • Home digital hubs can be voice activated to turn on devices, create a shopping list, phone or text people, read the news or set a reminder. • Mobile phones and tablets have voice applications that help with navigating and using the device as well as reading books, playing audio and creating lists and word documents.

Maintaining and promoting independence

The following table includes examples of different assistive technology or devices available to a person with a disability to support their independence and enable inclusion and participation. These types of aids can assist people who have:

- sensory disabilities
- physical trauma or physical disabilities
- speech impairments such as stroke or acquired brain injury.

Type of disability	Example
Person who is blind, is visually impaired or has low vision	• Magnifiers • Talking devices • Braille displays • Screen reading software • Text-to-speech systems using Optical Character Recognition (OCR) • Large print materials • Phones with large tactile buttons • Kitchen equipment (plate guards, liquid level sensors) • Money sorting to identify coins and notes.
Person who is deaf or is hearing impaired	• Personal amplification systems • Wireless TV listening systems • Vibrating alarm clocks • Doorbell with flashing light alert • Portable closed captioning system • Face-to-face dual keyboard communication system • Amplified telephones • Phone with captioning
Person with difficulties speaking or being understood	• Voice amplification systems • Stuttering aids • Artificial larynx • Communication boards/modified keyboards • Speech output software • Symbol-making software • Headsticks • Light pointers

Type of disability	Example
Person using a wheelchair or with a mobility impairment	• Wheelchairs • Canes or walking sticks • Walkers • Scooters • Power chairs • Hand controls • Tie and lock downs for securing a wheelchair to the floor of a vehicle • Ramps • Lifts • Raised roofs • Adaptive seat belts
Person with cognition and memory loss	• Timer reminding watch/clock • Alarm pill boxes • Memory aids • Text-to-speech systems to support learning (not related to vision needs) • Reminder systems (e.g. clocks) • Notetaking systems • Mobile devices with specialised apps • Audio books

Read more about assistive technology from a commercial company that sells equipment and devices: aspirelr.link/ndis-assistive-technology

Video: Improving tasks for those with disabilities

Watch this video, which provides examples of six specific devices that make tasks easier for people with disabilities: aspirelr.link/improving-tasks-for-disability

Assistive technologies to help provide safe personal care

Safety for the carer and the person is paramount, and there are numerous assistive technologies that help make support and the environment safer.

Helping a person to move and transfer between chairs, beds, wheelchairs and cars is one of the highest risk tasks for the person and the people who support them. Technologies to make this task safer and easier can help the person to stay independent, and reduce the physical risks to themselves and support workers.

Technologies to help with mobility and transfers	• Manual handling equipment such as ceiling hoists, mobile hoists or standing machines • Four-wheel walkers and other walking aids • Adjustable beds and chairs, including chairs that can help the person into a standing position • Electric wheelchairs or scooters with power drive controls • Shower chairs • Slide boards and swivel boards • Mayfield transfer belts • Home modifications such as ramps and rails • All abilities playgrounds for children with physical disabilities
Technologies to assist with pressure management	• Gel, eggshell foam and sheepskin cushions and rugs • Electronic mattress overlays that send waves of air or movement through the mattress • Timers and alarms to alert carers to perform pressure care • Pressure-relieving electric beds and chairs
Technologies to support continence and hygiene	• Continence aids, including pads and pants • Toilet seat raisers • Digital nodes that can be used with continence aids to alert carers when the person becomes wet • Machines that exercise the pelvic floor muscles to help with bladder control
Technologies to help and support the carer	• The Dementia-Friendly Home app, which helps carers design a safe environment • Online communities and social media platforms for meeting other carers and finding information • Apps that remind the carer to administer medications and help keep track of them • Sensors that alert the carer to movement and other conditions. Examples include: - temperature-sensing plugs that change to bright pink if the water is too hot - gas shut-off devices that detect gas, shut off the supply and raise an alarm - fall detectors worn on the person's wrists that sense if the person is falling - movement sensors that alert the carer if the person is standing or walking so that they can assist - pressure-sensing mats by the bed or door that activate an alarm when the person stands on the mat • GPS trackers to help find a person who has wandered away

Aids to support memory loss and cognitive impairment

For people with memory loss and severe cognitive impairments such as intellectual disabilities or dementia, this can create physical and emotional barriers for the person.

Technologies that help the person to engage with others or be occupied and entertained can help reduce the emotional stress arising from confusion and distress. Technologies such as monitoring systems can help family carers feel able to leave the home for short periods.

Here are some other examples of technologies that can help:

Technologies to support reminiscence	• Digital picture frames, talking photo albums and photos on USBs • Music and movie streaming apps that allow the carer to create a playlist that brings back memories • Apps that can help users create a book about the person's life • Therapeutic interactive dolls and pets • Portable light boxes • Sensory blankets, cushions and aprons • Photo transfer technologies such as a blanket printed with family faces
Memory aids	• Automatic medication dispensers • GPS item finders to help locate items such as keys • Speaking clocks and calendars • Coloured toilet seats • Signs and labels • Motion-activated place and time reminders that give a personalised recorded message when they sense movement at a certain place or time, such as in the middle of the night
Technologies to entertain and encourage intellectual stimulation	• Brain games and puzzles, online or in apps • Virtual reality games such as Wii or dementia-specific virtual reality worlds such as The Enchanted Forest • Drawing and colouring apps • Programs such as Skype and social media to increase contact with others

Technologies for safety and security in the home environment	• Hip protectors • Sensor lights • Personal alert systems worn by the person to call for help • Monitoring systems run through call centres • Home cameras that can be monitored by a relative from elsewhere • Stovetop locks to stop the person using the stove if they have dementia • Car battery immobilisers to prevent a person with dementia using the car • Vinyl door murals to disguise exits

Modified eating and drinking aids

People may have a physical condition that prevents them from moving food or drink to their mouth or that affects their ability to swallow.

Some examples of aids that can be used by people who have difficulty eating or drinking:

- cups with lids to prevent spills
- plates or bowls with raised edges to prevent food being pushed over the side
- feeding tubes that deliver food directly to the person's stomach via a tube in their nose or directly into their stomach
- one-handed kitchen or eating devices
- cutlery with specialised grips.

Practice Task 9

Question 1

Draw lines to match each of the following types of assistive technology to its main purpose.

Translation apps for phones or tablets	Mobility
Standing machines	Mobility
Motion-activated place and time reminders	Communication
Signs and labels	Communication
Alarm mats	Memory aid
Speech output devices	Memory aid

Question 2

How can you ensure you are providing support based on the person's preferences?

Question 3

Why is it important to adjust services for people with support needs?

Question 4

You support a person living with memory loss. Provide two examples of assistive technology that you could encourage the person to use so that they are able to reminisce or be intellectually stimulated.

Question 5

Provide an example of an assistive technology that supports a person with a physical disability.

Question 6

Draw lines to match each type of assistive technology to its correct example.

Waterproof mattress protector	Self-care and daily living activities
Crutches	Recreation and leisure
Shower chairs and grab rails	Cognition and memory loss
Adapted gardening tools	Continence and hygiene
Alarm pill boxes	Mobility and transferring

Question 7

Suggest two types of equipment a carer may use to support a person with a cognitive disability.

Question 8

Draw lines to match each barrier to the appropriate assistive technology.

Cognition and memory loss	Armchairs that tilt or lift to help a person stand up from the chair
Daily living activities	Hearing aids and closed captioning to allow people with hearing problems to watch movies
Pressure management	Wheelchairs and walkers
Maintaining and promoting independence	Talking reminder devices
Enabling inclusion and participation	Rubber mats to prevent bowls or plates slipping

3D Assist the person to access advocacy services and other complaint mechanisms

Everyone has the right to request changes to their services or to make complaints if they feel their needs are not being met or their rights are not being upheld.

At the beginning of every workplace relationship, you are required to provide people with information about your workplace's complaint mechanisms.

If the person you provide support to is unhappy with the type of services being provided, or believes a service is not able to support their range of needs, you can support them to obtain information about other services.

People should be encouraged to make complaints as this will feed into your workplace's reviewing and feedback procedures. Additionally, you can uphold people's rights by assisting them to access external advocacy services, formed to assist individuals and to campaign for widespread changes to empower older people and people with disabilities.

Self-advocacy

Self-advocacy
Refers to the way people act in their own best interests; how they speak up for themselves, make decisions about their care and express their individual goals and preferences.

Self-advocacy means a person has the skills and ability to speak up for their own needs and preferences, especially when they are unhappy. A person should be encouraged to self-advocate when they:

- understand their rights and how to ask for services that meet their needs and rights
- understand how to make decisions based on the options given to them.

Access advocacy services

Older people and people with disabilities may need additional help if they cannot advocate for themselves.

Older people and people with disabilities may not be confident self-advocates because of previous discrimination or stigma, difficulty communicating, a lack of awareness of their own rights or a lack of confidence.

If the person is experiencing complex issues and is struggling to advocate for themselves, you can suggest they access a professional advocacy service organisation. These organisations can provide a specially trained advocate to advocate on the person's behalf. One way to foster their empowerment is to help them connect with others and to offer them information and opportunities to participate in wider actions to promote their rights, by working with advocacy services.

People may need to access advocacy services to help them to speak up for their own interests. A person called an **advocate** speaks to the person to understand their issues and represents them by speaking to others on their behalf.

Advocate
An individual who speaks up for a person to defend their rights.

Advocacy services in the community assist individuals to:

- address breaches of their rights
- access networks of people with similar experiences
- engage with government, industry and society to fight for inclusion and rights.

The National Disability Advocacy Program provides people with a disability access to advocacy services, and it works to promote, protect and ensure the full and equal enjoyment of all human rights for people with a disability.

The Australian Government's National Aged Care Advocacy Program (NACAP) provides free and confidential advocacy support to older people, their families and their representatives. This service is delivered by the Older Persons Advocacy Network (OPAN) and is available at locations throughout Australia.

You can learn more about accessing advocacy services at:

- aspirelr.link/ndap
- aspirelr.link/mac-advocacy

Providing information
Start by talking to them about their needs.
Tell them about the services you are familiar with.
Write down the names and phone numbers of services for them.
Give them brochures or direct them to the website of the services.
If the person is unable to phone people themselves, you may phone the services for them (with permission from your supervisor and the individual).

Supporting people to make complaints

Aged and disability services are legally obliged to tell people how they can make a complaint, and what to expect after a complaint is made.

After a complaint has been made, the person must be told:

- what action the service will take regarding the complaint
- what to do if they are not happy with the outcome of their complaint
- the time frame they should expect for an outcome.

You must assist clients and residents to make a complaint if they ask for or need help to do so. This might include:

- assisting them to understand their rights to make a complaint
- helping the person to complete a complaints form
- referring the complaint to a manager
- advocating for the person to your management
- communicating follow-up actions to the person

Several schemes are available through independent bodies, as well as the federal government, to enable a person and/or their advocate to raise concerns about the quality of care provided by a service.

You can read more about complaint schemes at the following sites:

For complaints about an NDIS service provider, you can contact the NDIS Quality and Safety Commission here: aspirelr.link/ndis-complaints

To make a complaint about a residential aged care facility, you can contact the Aged Care Quality and Safety Commission here: aspirelr.link/acq-complaints

Example

Assist the person to access an advocacy service

Mario is 89. He had a stroke last year and has difficulty with his speech but does not have a cognitive impairment. He has diabetes and is unhappy that the staff are refusing to allow him to have sugar in his coffee. He knows that his doctor has told him that he should not have sugar, but Mario is able to understand the consequences of not following this medical advice.

The staff at his facility tell him that the doctor is in charge and he must follow the doctor's orders. Only one of the nurses, Sandra, knows that this is not right. She tries to help Mario to assert his right to have the sugar, but even Sandra feels unable to help the Director of Nursing and other staff understand Mario's right to dignity of risk in this situation. Sandra knows that Mario must feel even more powerless in the face of so much authority.

Sandra helps Mario to access an advocacy service for people in aged care. The advocate talks to Mario and helps to confirm with him that he has the right to a dignity of risk. Because the advocate is external to the service, she is not frightened to assert her knowledge of these rights to the Director of Nursing. She outlines the principles of dignity of risk that are contained in the Aged Care Quality Standards to the nursing staff, and reminds them that there can be serious penalties for not complying with this principle.

The advocate then helps Mario to talk to his GP about other possible ways to reduce the risk of harm, while still taking sugar in his coffee.

Practice Task 10

Question 1

Name one way you can assist a person to access an advocacy service.

Question 2

Name two ways to assist people to access internal complaint mechanisms in your organisation.

Summary

- A person-centred approach acknowledges the person as the expert in their own life.
- All people need to be supported to make decisions and to self-determine their care needs.
- Use appropriate strategies to foster self-determination and independent decision-making.
- You should model and use your good communication skills to assist people to communicate their personal goals, needs and choices.
- Assistive technology can support the older person or person with a disability by providing independence and support to perform the different activities required to meet their individual needs.
- There is a wide range of technologies available to assist with functions, such as communication, daily living activities, and cognition and memory loss.
- It can be helpful for clients if you support them to make complaints and access external advocacy services and to use your workplace's reporting and complaints mechanisms to improve their services.

Learning Checkpoint 3

Facilitate choice and self-determination

Part A

1. List two support practices you can use a person-centred approach and acknowledge the person as their own expert.

2. Provide at least two examples of situations where you may be asked to facilitate a discussion about issues or actions with the person, their family, carer or other relevant individuals.

3. Suggest one way to provide assistance to a person who needs assistance in communicating their personal goals.

4. Provide three examples of person-centred support that encourages and empowers the person to be involved in their care planning and decision-making.

5. Which of the following strategies help ensure the person is comfortable with the decisions being made? Tick all that apply.

- ❑ Focus on the service's needs, rather than the person.
- ❑ Provide the person with information about services and support options.
- ❑ Include the person in discussions and decisions about services and support options.
- ❑ Focus on the person's capacity and choice.
- ❑ Make decisions for the person.

6. Suggest two ways you can assist a person when accessing advocacy services and other complaint mechanisms.

7. Provide an example of a technology that would assist a person with a communication impairment to make choices and exercise their rights.

8. List five different types of assistive technology that can support people to maintain independence and promote participation.

9. Draw lines to match each of the following types of assistive technology to its main purpose.

Screen readers	Pressure management
Timers and alarms to alert carer of need to provide care	Pressure management
GPS item finders	Communication
Speaking clocks and calendars	Communication
Electronic mattress overlays	Memory aid
Social media and video conferencing apps	Memory aid

10. One of the clients of your organisation communicates using gestures and facial expressions and does not use spoken language. She uses a communication board and a speech synthesiser to communicate her needs and preferences. You are unfamiliar with these technologies and lack experience in using them to communicate. Identify three actions you could undertake to communicate better with the client.

11. Draw lines to match each assistive technology term to its example.

Assistive devices for mobility and transferring	Waterproof bed linen
Assistive devices to support carers	Cutlery and modified water taps
Assistive devices for recreation, home and office environments	Electric wheelchair and tilt bed
Assistive devices for cognition and memory	Bath hoist, ramps and lifts
Assistive devices for continence and hygiene	All-terrain wheelchair, adapted gardening tools
Assistive devices for self-care and daily living activities	Audio books, reminder systems

12. Explain how workplace health and safety, duty of care and dignity of risk might be taken into account when a person with dementia would like to go for a walk on their own, when they are not safe in traffic by themself.

13. Match each term to its definition.

Active listening	When a person speaks up for themselves, makes decisions about their care and expresses their individual goals and preferences.
Informed consent	An individual who speaks up for a person to defend their rights.
Self-advocacy	Concentrated listening and non-verbal encouragement indicating an understanding of what is being said.
Advocate	A person is given the information they need to make a clear decision voluntarily.

Part B

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

Case study

Anastasia has some vision loss and a mild cognitive impairment resulting from an acquired brain injury sustained in a car accident. She lives in a high-rise building and is socially and geographically isolated, as she cannot speak or read English. She speaks fluent Russian and communicates mainly with members of her immediate family. She is interested in joining a gardening group advertised in the building, but she feels shy about meeting new people due to her lack of English. You work with Anastasia to help her overcome these barriers and assist her to engage with the gardening group.

1. Suggest two strategies you could use to help Anastasia to advocate for her right to be part of the group.

Prior to a scheduled follow-up meeting with Anastasia, her interpreter calls to say he is unavailable. This concerns you, as you struggle to communicate with Anastasia, and you need her to make some important decisions about her ability to safely use equipment in time for the first gardening meeting.

2. List one type of assistive technology you could use to communicate with Anastasia.

3. Suggest how you can help Anastasia to make a complaint about the interpreter not being available.

Glossary

Active Listening

Concentrated listening and non-verbal encouragement, indicating an understanding of what is being said.

Active support

A model of care that empowers people with a disability to participate fully in all aspects of their lives.

Advocate

An individual who speaks up for a person to defend their rights.

Ageism

A set of negative attitudes, stereotypes and assumptions commonly held about older people in our society.

Assistive technology

Technology that enables a person to maintain or improve their capability of performing a task.

Attitude

How you go about your work, how you approach a task or the way you deal with others.

Barrier

Factor/s in a person's environment that, through their absence or presence, limit functioning and create disability.

Behaviour support plan (BSP)

A document containing strategies that address the needs of a person exhibiting behaviours of concern.

Bias

A feeling of liking or disliking a person or group of people due to a preconceived opinion or prejudice.

Code of conduct

A set of rules that informs employees how to act in a workplace.

Confidentiality

The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

Dignity of risk

A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

Disclosure

The act of sharing or releasing private or personal information.

Discrimination

The act of excluding or treating a person differently based solely on an attribute such as disability, age, gender, race or sexual orientation.

Disempowerment

The process of reducing the power or control that a person has to direct or make choices about their own life.

Duty of care

A moral or legal obligation to ensure the safety and wellbeing of other persons.

Empowerment

The process of gaining strength and confidence to voice one's own opinion.

Enablement

Support that recognises and emphasises the persons' capacity to have control over their health and life.

Financial abuse

Abuse that involves a person's money, property or assets being mishandled or taken and used without their consent.

Human rights

Fundamental rights and freedoms that apply to all people, setting norms for standards of human behaviour.

Informed consent

A person agrees to care, a treatment or a service after they have been given all the information they need to make a clear decision.

Mandatory reporting

The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

Paternalism

A policy or practice that restricts the freedom and responsibilities of older people or people with disabilities under the impression it's for their own good.

Person-centred approach

Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

Physical abuse

The physical assault of a person.

Privacy

A fundamental human right designed to protect people from intrusion and to selectively express themselves.

Reablement

The process of supporting a person to regain some or all of their independence.

Restrictive practice

Any intervention or practice that restricts rights or freedoms of movement of a person.

Rights-based approach

Situates the rights of service users at the centre of service provision, with a focus on accessibility, autonomy and equity.

Self-advocacy

Refers to the way people act in their own best interests; how they speak up for themselves, make decisions about their care and express their individual goals and preferences.

Self-determination

A person's right to have control over their own life, able to make independent choices about decisions that affect them.

Self-directed support

Support that is chosen by and controlled by the person themselves, rather than by the worker or service.

Sexual abuse

Unwanted or uninvited sexual contact, language or exploitative behaviour by another person.

Social justice

The equal distribution of wealth, opportunity and privilege within a society, including equal access to community resources and opportunities.

Standards

In community services, standards are benchmarks or minimum requirements that must be performed in your workplace every day.

Stigma

Seeing someone in a negative way, due to a particular circumstance or quality.

Strengths-based approach

An outcome-focused way of working that emphasises a person's personal strengths as well as their social and community networks.

Value

The degree of importance of an idea or principle to a person.