



CHCCCS040

Support
independence
and wellbeing



CHCCCS040

Support independence and wellbeing

Release 1

Learner Guide

Aspire Version 1.1

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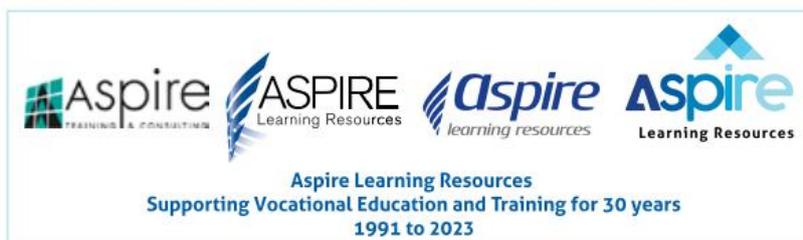
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Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country



Before you begin

This Learner Guide is based on the unit of competency *CHCCCS040 Support independence and wellbeing*, 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Planning, drafting and writing reports and documents • Communicating through written letters, email and online • Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Calculating costs, weights, measurements of height and distance • Interpreting measurements
Learning	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Identifying problems • Working out how to fix a problem using problem-solving processes • Reviewing the outcome
Initiative and enterprise	<ul style="list-style-type: none"> • Recognising opportunities to develop and apply new ideas • Generating ideas by thinking of new ways to do something • Making suggestions to improve work
Teamwork	<ul style="list-style-type: none"> • Working well with other people by cooperating, collaborating, encouraging and building rapport



Foundation skill area	Foundation skill description
Planning and organising	<ul style="list-style-type: none"> • Planning your workload and commitments • Implementing tasks • Completing work on time • Knowing how to deal with hazards and risks
Self-management	<ul style="list-style-type: none"> • Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	<ul style="list-style-type: none"> • 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 Recognise and support individual differences	1A Respect social, cultural and spiritual differences and the person's identity and preferences	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Consider individual needs when engaging in support activities	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Recognise, respect and accommodate expressions of identity and sexuality	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Promote and facilitate activity opportunities to meet a person's needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Promote independence	2A Support the person to identify and acknowledge their strengths	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Assist the person to identify opportunities to utilise their strengths	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Provide information about services and resources	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic	Key outcome	Rate your confidence in each section
Topic 3 Support physical wellbeing	3A Encourage living habits that contribute to a healthy lifestyle	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Support a safe and healthy environment and report hazards	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Recognise and report variations in a person's physical condition and wellbeing	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Support social, emotional and psychological wellbeing	4A Use positive and supportive communication to promote self-esteem and confidence	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Facilitate participation in preferred activities	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Recognise risks and issues impacting wellness	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4D Recognise and report abuse or neglect and restrictive practices	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





Topic 1: Recognise and support individual differences

- 1A Respect social, cultural and spiritual differences and the person's identity and preferences
- 1B Consider individual needs when engaging in support activities
- 1C Recognise, respect and accommodate expressions of identity and sexuality
- 1D Promote and facilitate activity opportunities to meet a person's needs



1A

Respect social, cultural and spiritual differences and the person's identity and preferences

Australia is a diverse and multicultural society with a range of social, cultural, religious and linguistic backgrounds.

People will have views, values and beliefs that are different from your own. As a support worker, you do not need detailed knowledge of every **culture** or religion; however, it is helpful to understand your client's perspective and be able to support their choices based on their cultural and spiritual preferences.

This shows respect for the person's beliefs and practices.

Recognise and respect individual differences

To support a person's cultural, religious or spiritual practices, you need to recognise these differences. You need to appreciate the differences of the people you work with and understand that every person has the right to be treated with dignity and respect.

Some community services organisations focus their services for particular cultural or ethnic groups. However, culturally and ethnically diverse people access all types of community services organisations.

An ethnic group is a distinct group with specific characteristics. People of the same ethnicity might share the same physical characteristics (e.g. skin and hair colour), linguistic characteristics (e.g. language or dialect), behavioural or cultural characteristics (e.g. religion or customs) and/or environmental characteristics (e.g. living in the same area).

Social differences

One of the ways people are different from each other stem from their family background and socio-economic status, gender, sexuality, age, disability, religion and ethnicity. These differences may in part be about lifestyle decisions but are usually based on fundamental differences and inequalities that people face in terms of income, health and life chances.

In any population group there will be people who have different:

- family structures and roles, relationships and expectations for children
- connections to friends, levels of interaction, support from friends and communication preferences, e.g. face-to-face or online

Culture

The social behaviour and norms found in human societies, which are influenced by race, religion, economic status, family life, health, educational or governmental system of their members.



- connections with their communities, e.g. sporting groups and social or religious groups, and with formal supports, e.g. community or government services
- opportunities to access health care, education, training and employment.

As a support worker, you will often be supporting a person or family who require assistance due to their social disadvantage.

Cultural differences

A person's culture and their **cultural identity** are made up of a number of elements including their beliefs, values, customs and attitudes.

A person identifies with their culture through language, rituals such as funerals, weddings or religious ceremonies, art and objects. These cultural norms are passed on from one generation to the next.

Cultural differences extend beyond language and ethnicity. For example, some non-ethnic communities identify as communities with specific cultural differences, such as the LGBTQIA+ community. People who identify with a particular religion, regardless of their ethnic background, may also have specific cultural differences.

Cultural identity

A person's self-perception of belonging to a social group, such as a particular nationality, religion, ethnicity or social class.

Consider how cultural differences will influence how and when to provide support:

- family and gender roles
- willingness to ask for assistance
- willingness to share emotions or vulnerabilities
- dress and adornment including levels of modesty
- ideas about personal space
- attitudes towards children, the aged or people with disability
- the role and importance of religion
- dietary requirements and food rituals
- recreational choices
- need for privacy and confidentiality
- an appropriate environment for spiritual activities and other ceremonial observances
- lifestyle preferences
- study or employment expectations.

Spiritual differences

'Religion' and '**spirituality**' do not have the same meaning.

Some people develop their sense of wellbeing and contentment through organised religion and activities such as praying, joining a religious class, meditating, receiving a blessing or giving thanks for a meal. Others use fewer formal acts such as walking on the beach, taking time out to listen to calming music or practising yoga and meditation. For religious or spiritual events, people may like some privacy to be

Spirituality

An inner sense of something greater than oneself, which may be met through faith or religion.



alone or to be in a quiet place. There may be a special place where people go to meet their spiritual needs such as a church, temple, synagogue or mosque; a quiet, secluded part of a garden; or a multipurpose room.

Whether it is through religion or spirituality, a sense of peace can support a person's health and wellbeing and help develop their ability to respond to life's challenges. Many people find support and comfort in their religion or spirituality during difficult times or when there is trauma or upheaval in their lives.

You should be able to recognise and ask for information to support a person's spiritual needs. For example, by arranging transport to a religious centre or providing a room, bringing in special objects or leaving space on the floor for prayer mats.

Example

Respect cultural differences

Mrs Kana has recently moved into a residential organisation. Sarah notices that Mrs Kana does not always eat her meals and seems to be preoccupied with the clock — asking the time regularly throughout the day.

Sarah sits with Mrs Kana and asks her about the food provided at the residence. Mrs Kana tells her that she does not like to eat certain foods because they are not allowed in her religion. Sarah reads Mrs Kana's care notes and sees that there is no reference to her religious food needs.

Mrs Kana explains that she needs to pray several times a day at particular times, but there is nowhere to go to pray. Sarah asks Mrs Kana lots of questions and takes some notes.

Sarah listens carefully to what Mrs Kana needs and talks to her manager about setting aside a quiet prayer space for Mrs Kana and any other residents who may need it. They make sure all staff are provided with this new information.

As a result of Mrs Kana's requests, the manager makes sure every resident is told about the quiet space that they can use for prayer, reflection, meditation or privacy.



Working against discrimination

Your work will require you to uphold legislation related to **discrimination**.

Here is some of the legislation that applies to community services in Australia:

Australian Human Rights Commission Act 1986 (Cth)

This legislation was established by the Australian Human Rights Commission, to ensure the elimination of all forms of intolerance and of discrimination based on disability, religion or belief, and provide equal opportunity in employment.

According to the Australian Human Rights Commission website:

Human rights recognise the inherent value of each person, regardless of background, where we live, what we look like, what we think or what we believe.

They are based on principles of dignity, equality and mutual respect, which are shared across cultures, religions and philosophies. They are about being treated fairly, treating others fairly and having the ability to make genuine choices in our daily lives.

Age Discrimination Act 2004 (Cth)

- The Age Discrimination Act protects people who are discriminated against because of their age and states that, regardless of age, everyone has the same right to equality before the law.
- The Act allows appropriate benefits to be given to people of a certain age, particularly younger and older people, according to their circumstances. In addition, the Act removes barriers to older people participating in society and challenges negative stereotypes about older people.

Disability Discrimination Act 1992 (Cth)

- The Disability Discrimination Act gives a broad definition of disability and prohibits direct or indirect discrimination based on disability.
- It prohibits discrimination against those associated with people who have disabilities, including friends, relatives, support workers and co-workers.
- The Act makes it unlawful to discriminate in relation to certain areas, including employment, education and access to public premises.

Racial Discrimination Act 1975 (Cth)

- This Act prohibits racial discrimination and offensive behaviour based on racial hatred. It covers discrimination based on race, colour, descent, and national or ethnic origin. It also protects those who may be discriminated against based on their association with people of a particular ethnicity. The Act applies to all people and organisations in Australia.
- The *Racial Hatred Act 1995* (Cth) is included in the Racial Discrimination Act and provides an avenue for people to make complaints about racist behaviour that offends, insults, humiliates or intimidates others in public.

Discrimination

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

Human rights

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



Sex Discrimination Act 1984 (Cth)

- The Sex Discrimination Act makes it unlawful to discriminate against someone based on their sex, marital status, pregnancy or potential pregnancy. It sets out laws against sexual harassment, as well as dismissal from work based on family duties, including pregnancy.
- According to the Act, it is unlawful to refuse to provide goods, services, education or employment based on a person's sex.
- Sexual harassment is included in the Act because it is a form of discrimination that relates to treating a person unfairly because of their sex.
- An exception to the Act is when goods or services can only be applied to one sex, e.g. female- or male-specific healthcare, or when employing someone to look after a child in the child's home.

Privacy Act 1988 (Cth)

- This Act deems personal information about individuals to be sensitive, including in relation to:
 - criminal records
 - health
 - membership of a professional or trade association
 - membership of a trade union
 - political affiliations or opinions
 - racial or ethnic origin
 - religious affiliations or beliefs
 - sexual orientation or practices.
- This information about a person could be used by others to identify or discriminate against them.
- Your organisation should inform you of your responsibilities regarding privacy – both your own and that of families, children and other staff. You should always consider any information provided to you about an individual to be confidential.
- People generally have a right to see and correct, if necessary, files of personal information kept about them by organisations. Individuals are usually only denied access to files about them if their own or another person's safety is at risk, or if there are other legalities involved.

You can find more information about discrimination legislation at:
aspirelr.link/human-rights-legislation

A person's values are what they think is important in life and will determine their priorities. They are beliefs that you feel strongly about and which are important to you.

The impact of imposing values and attitudes on others

A person's views and values may differ from your own or they may be very similar.

For example, you may value honesty. These extend into standards you may have about ways of behaving in different settings and with different people and what you consider to be right or wrong.



Everyone has their own values and attitudes based on their culture, upbringing beliefs and experiences. As a support worker, it is important for you to recognise that the values and attitudes of the people you work with may be different from your own and that these different values and attitudes are valid and important. Imposing your own values or attitudes on the people you work with can negatively affect the working relationship and outcomes for the individual. The person's wellbeing is likely to be affected if they cannot participate in activities and make decisions that are in line with their values and attitudes.

A person's attitude refers to the tendency they have to respond positively or negatively towards a situation, person or idea.

Community values

Community values are beliefs or behaviour standards shared by the members of a community. They are agreed ideals about what constitutes good or bad, or what a community finds acceptable.

At times, community values can be based on myths or stereotypes, and they can have an effect on how a worker perceives a person and what their needs might be.

Myths	For example, a person with a disability prefers to spend time with other people with disabilities.
Stereotypes	Stereotypes are created over time. For example, it is no use showing an older person how to use technology because they won't be able to understand or remember how it works.

Myths and **stereotyping** can bring about **bias**.

Bias will limit your ability to provide individualised support based on the person's strengths and needs.

Support a person in expressing their own identity and preferences

A person's wellbeing is directly related to their ability to express their identity and preferences. You can support a person to express their cultural, spiritual, ethnic, gender or sexual identity by creating a safe environment for this expression. You can also support a person to express their preferences on a range of issues from food choices to social engagement, treatment options and service access.

As you get to know the person you are supporting, you will be able to identify different ways to support their individual expression. This can be done by:

- providing choices so they can choose the best option for their needs
- encouraging activities that support their interests
- accessing services that will support their individuality based on their age; sexuality; and cultural, ethnic, spiritual or gender identity.

Myths
Stories or ideas that are based on traditions and not necessarily true.

Stereotype
A fixed, over-generalised belief about a particular group or class of people.

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



Example

Support the person to express their preferences

Richard has difficulty in expressing himself verbally. Ray, his support worker, notices that when they meet, Richard often doodles in a notebook he carries around with him and that this seems to calm him down when he is anxious.

Ray meets with Richard to discuss social options and to look at his drawings. Richard's drawings are very expressive and beautiful, so Ray asks Richard if he would like to get some information on a drawing class or art group. Richard is excited and tells Ray he feels peaceful when he is drawing.

Practice Task 1

Question 1

List two ways a person might express their spiritual wellbeing.

Question 2

Which of the following aspects of a person's life can be influenced by culture? Tick all that apply.

- Lifestyle choices
- Ideas about gender
- Choice of music
- Choice of finance
- Dietary habits
- The role of religion



Question 3

Match each of the following statements to a myth or a stereotype.

A person with a disability will be slow to learn new skills.	Myth
Older people don't know how to use technology.	Stereotype
People with disabilities are more comfortable with 'their own kind'.	Stereotype
Terrorism may be influenced by religious belief.	Myth

Question 4

Suggest at least one way a worker can support a person to express their individual identity and personal preferences.

Question 5

Suggest one way the following laws protect and support clients:

- Any of the discrimination laws
- Human rights

1B

Consider individual needs when engaging in support activities

Consider a person’s stage of life and developmental stage when providing options to meet their needs.

Milestones are used to measure when we reach particular ages and stages in life. These vary a lot among populations but awareness of a person’s life stage can provide some insights into their support needs.

As humans progress from infancy through childhood and adolescence into adulthood and finally older age, our knowledge, understanding and needs change. This information helps ensure that the support provided is appropriate to the person’s needs to support healthy, ongoing development and wellbeing. For example, we know that an infant requires more sleep than an adult, or that hormonal changes in adolescence can affect mood, behaviour and wellbeing.

Stages of development

There are various theories on the stages of development. Psychologist Erik Erikson (1902–1994) identified eight stages of development. This theory is useful to give you a basis for understanding the following life stages:

Erikson’s human development theory	
1	Infancy From birth to 12 or 18 months of age: this stage focuses on developing trust (or mistrust), depending on how well a child is nurtured.
2	Early childhood From 18 months to 3 years of age: a stage Erikson refers to as autonomy versus shame. It is a stage where the child develops self-esteem and autonomy.
3	Childhood The pre-schooler stage from 3 to 6 years: this is centred on the theory of initiative versus guilt. During this stage, we tend to mimic adults and start to use imagination or creativity.
4	Middle childhood From 6 to 12 years: Erikson refers to this stage as industry versus inferiority as the child must learn to deal with demands to learn new skills.
5	Adolescence This stage covers ages 12 through to 18: If you remember back to your own adolescence, this stage is around identity versus role confusion. This stage depends on what the person actually does to discover their own identity and their relationship with peers.



Erikson's human development theory	
6	<p>Young adulthood</p> <p>Ages from 18 to 35: a stage about intimacy and solidarity versus isolation. This is when most of us seek love and companionship. Generally, people tend to settle down, raise a family and develop significant relationships.</p>
7	<p>Middle adulthood</p> <p>The stage from 35 to 55 or 65: this is when we are focused on career and work. It is a time in life when we either take on greater responsibilities or develop fears because of inactivity. This is a stage where major life changes occur.</p>
8	<p>Late adulthood</p> <p>Aged 55 or 65 to death: Erikson refers to this stage as integrity versus despair. It is viewed as a stage of wisdom. People will either experience a sense of achievement in their life or view their life as one of the missed opportunities.</p>

Read the following article to understand more about Erik Erikson's Stages of Psychosocial Development: aspirelr.link/psychosocial-development

Human development

In addition to the theories that divide human development by specific ages, there are other theories that focus on the person's physical, cognitive and socio-emotional developmental stages. An understanding of physical, cognitive and psychosocial development patterns will help you understand the needs and abilities of the people you support.

Human development follows a pathway marked by key milestones from birth to death.

Type	Definition	Example
Physical development	How the body grows and changes physically, such as growing in height and weight, changing body shape and changing sexual features	Childhood is characterised with a period of long slow growth but during adolescence this speeds up into a growth spurt and physical maturity.
Cognitive development	The ability of a person to think, make decisions and judgments, process information and apply to learn	We never stop learning. As we get older, we gain an understanding of the world and process the information we need to function in society.
Social development	The relationships between one person and another, or among a group of people	We all learn to interreact with others, develop relationships and communicate so we are understood. This allows us to satisfy our need for love and affection and to care for others.



Type	Definition	Example
Emotional development	The way feelings and thoughts are able to be processed and used as a tool for behavioural and social decisions and actions	A person's sense of self is influenced by their perception of themselves. Knowing that they can be successful at what they do allows them to feel competent and confident, which in turn affects their emotional development.

Remember that people move through these stages and developmental pathways at different rates. Do not assume that just because a person's age corresponds with a certain stage, that they would always display the features you would expect of that stage. Factors such as disability, environmental influence, genetic inheritance, accidents and injuries, and variations in maturity rates all make a difference in development.

Personal strengths

At times the focus of service delivery can be on a person's problems or limitations. It is better to focus on the person's strengths to work together to meet their needs. Here are some examples of strengths:

Physical strengths	Includes physical skills, knowledge and abilities, e.g. playing a sport, participating in yoga, cooking, gardening and dancing
Intellectual strengths	Having a positive attitude, being motivated, having knowledge on a particular topic, being interested in learning new things and having language skills
Interpersonal strengths	Communication skills, negotiation or problem-solving skills, establishing relationships and friendships, being able to make people feel comfortable and showing empathy
Resources	Family, friends, neighbours, community groups, memberships in interest groups, co-workers, and strong links to culture or material resources such as money or property

Example

Consider individual needs during support

Janie is 24 and has several physical disabilities resulting from a car accident. As her family are unable to provide for her physical needs, Janie moves to an aged care facility where she can be provided with the support she needs for daily living.



Even though Janie's physical wellbeing is well attended to, she is showing increasing signs of depression and frustration.

Ricki, a staff member, realises that Janie's social and emotional needs are not being met. Janie is isolated from people her own age and with the same interests. Ricki talks to Janie and then with other staff in the staff meeting about options to establish more suitable activities and interactions that will better suit her needs. They set up one of the family rooms so Janie's friends can visit her in private and away from the other residents. Ricki also looks at options for outings for Janie with other young people.

Practice Task 2

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

Case study

Paul, 76, lives in a small unit by himself. A few months ago, Paul had a bad fall and broke his hip. Molly, Paul's support worker, notices that Paul is still struggling to get around his small kitchen to cook with his walker and that he appears to have lost weight. Molly sits down with Paul to discuss her concerns.

Despite recent events, Paul is positive about his future and tells Molly it is important for him to live independently. Paul is a confident cook and up until his accident used to prepare meals and share them with his neighbours. Paul is doing physiotherapy classes and exercises at home and believes he will no longer need the walker in a few months.

Question 1

Which of the following are Paul's individual strengths? Tick all that apply.

- Being positive about his future
- Being a good cook
- Falling and breaking his hip
- Nurturing positive relationships with his neighbours
- Engaging in physiotherapy
- Losing weight



Question 2

List at least two things that his support worker must consider about Paul's situation.

Question 3

Match each term about the stages of human development to its description.

Social development
Emotional development
Physical development
Cognitive development

Growth in height and weight, changes in body shape and sexual maturity
The ability to think and make decisions and judgments
The relationships between people
The way feelings and thoughts are processed

1C

Recognise, respect and accommodate expressions of identity and sexuality

Sexuality and sexual expression are a human right.

The words **sexuality** and **sex** are often used interchangeably, but they are not synonymous.

Sexuality is far more complex. Sexuality is diverse and at the same time very personal.

There are many ways to express ourselves sexually, but society 'normalises' some expressions of sexuality and sees other expressions of sexuality as being 'abnormal'. In addition, some people choose to use labels to identify their sexuality; however, workers should understand that a person does not need to choose a label if they do not want to.

Heterosexuality dominates our society and in some parts of society, there is prejudice towards same-sex-attracted people.

Many same-sex-attracted, or **homosexual**, people feel pressured to hide their sexual identity from their family and friends, which can be damaging to their mental health.

This includes the way people express or present their gender. A person's gender identity may be an identity other than male or female.

Terms commonly used to describe a person's gender identity include transgender, gender diverse, gender queer and gender neutral.

Bisexual	Attracted to both men and women. Some people prefer pan or pansexual to identify as someone who is attracted to different people regardless of gender.
Asexual	Not sexually attracted to anyone
Transgender	People who have a gender identity or gender expression that is different from the sex they were assigned at birth
Gender neutral	People who do not connect to being either male or female

It does not matter what sex a person was assigned at birth or whether the person has undergone any medical intervention, their identity is formed by how they perceive themselves.

Sexuality

The capacity for sexual feelings and attractions to other people.

Sex

May refer to the act of sexual intercourse or a person's chromosomal makeup; sex is both an action and a description.

Heterosexual

Being attracted to people of the opposite sex or gender.

Homosexual

Attracted to people of the same sex or gender.



Intersex status refers to people who have physical, hormonal or genetic features that are:

- neither wholly female nor wholly male
- a combination of female and male
- neither female nor male.

Being intersex is about having biological variations, not about gender identity. An intersex person may have the biological attributes of both sexes or lack some of the biological attributes considered necessary to be defined as one sex or the other.

Go to the following link to read more about sexual health: aspirelr.link/who-sexual-health

Example

Sexual preference sensitivity

John is a 78-year-old gay man, who is single and lives alone. He does not have any children or family around him. John is having respite in a nursing home while he recovers from an operation. His support worker Rita notices that lately, John has not been his usual self.

When she asks John about how he is feeling, he tells her that he feels isolated and alone because he can't go out to see his friends and they haven't been to visit him. He is unsure about going home as it was suggested that when he is well enough, he should move into residential care and not move back home.

Rita understands that older LGBTQIA+ individuals are more likely to experience greater isolation, loneliness and lack of traditional family support.

She suggests she could help him find some information about LGBTQIA+ Inclusive Home Care Packages. Together they read about how older people with diverse sexual orientation and gender identity, including LGBTQIA+, can find a suitable provider.

Read more about services that cater for LGBTI people living in aged care here: aspirelr.link/myagedcare-lgbti

Expressions of sexuality

People express their sexuality in different ways. When people are restricted from being able to express their sexuality, their health and wellbeing can be negatively affected. Here are some ways people express sexuality:



Love and affection

The need for belonging and acceptance, loving and being loved are universal. We show our love and affection through our actions and our words. Sex can also be a way to express love and affection. People can have sex without any feelings of love or affection. In some cases, people may have sex because they see it as the only way to be loved. Likewise, people with care needs may feel that someone loves them because they have had sex with them.

People with cognitive impairments or intellectual disabilities are particularly vulnerable and can be emotionally and physically hurt or abused. This creates an ethical dilemma for support workers. People with disability have a right to sexual autonomy, to decide who they will and will not have sex with. Yet they may not have the capacity to make informed decisions. A support worker can help by ensuring the person has access to information and understands sexual health. A support worker may also be able to help people gain insight into why people choose to have sex.

Touch

Touch can be a way of bonding. Touch can be pleasurable and can be another way of expressing love and affection. In some cases, a person's only experience of touch may be interactions during personal care routines such as showering, dressing and grooming.

People with cognitive impairments may interpret this touch as being sexual. Workers must discourage and report inappropriate behaviour. In some cases, distraction should be used to redirect the person. Workers must always focus on the behaviour, not the person.

Sexual tolerance

Expressions of identity and sexuality can be made difficult due to a lack of understanding due to their age or disability, the impact of medication, community stereotypes, attitudes to contraception or reproduction and other factors.

To support people to overcome barriers and express their sexuality, you must recognise and overcome your own prejudices and preconceptions about sex and sexuality. You need to acknowledge unmet needs and develop strategies to support the person to address them wherever possible.

Our ideas about *normal* sexuality are shaped by our upbringing, our family, the people we associate with, wider society, and our religious or spiritual beliefs. The first step in providing support without bias is to recognise your own views and values. It is not your role to give advice or tell people what is *normal*. Rather, you should acknowledge that there are many different views about sex and sexuality.

People need to have time and space to express themselves sexually. Workers must always be mindful of this when approaching bedrooms, and never judge or show shock or repulsion when people speak about their sexuality or if they are seen in an intimate situation.

The following statements are examples of different views about sexuality. Each statement is a reminder that decisions about sex and sexuality are personal.



Examples of different beliefs about sexuality
• Only married people should have sex.
• Only people in monogamous relationships should have sex.
• Sex is only for the purposes of producing children.
• Sex is for fun.
• Sex should only occur between a man and woman.
• Anyone can have sex with anyone else providing all parties are consenting.

Example

Respect and accommodate sexual expressions

Jessica is helping Samuel, who has a physical disability, into the hydrotherapy pool. Samuel slips his arm around her and says, “This is like going swimming with a girlfriend.” Jessica replies calmly, “But not really. I’m just helping you into the pool.” Samuel acknowledges Jessica’s comment, “I know, but I miss having someone to put my arms around.” Jessica says, “Let’s talk after the lesson about how you can meet someone.”

In this situation, Jessica acknowledges and takes steps to meet Samuel’s needs without stepping outside of the boundaries of her job role.

Practice Task 3

Question 1

Briefly outline how a worker might support someone with an intellectual disability to express their sexuality safely.



Question 2

Which of the following statements relate to ways to support a person to express their sexuality? Tick all that apply.

- Recognise your own bias.
- Give advice about what is 'normal'.
- Respect the need for loving and being loved.
- Understand that restricting expressions of sexuality identity can negatively affect health and wellbeing.
- Select a label to identify sexuality if the person is unwilling to do so.

1D

Promote and facilitate activity opportunities to meet a person's needs

To support independence and wellbeing, a worker must support the person to identify opportunities that reflect their strengths and needs.

A person's needs can be varied and may require accommodating several of their basic human needs. Meeting physical needs can improve physical health, but also psychological health.

Opportunities for activities should be based on a person's interests, abilities and overall health. Here are a few examples of opportunities to consider to meet a person's physical needs:

Exercise or sporting activities

- Gym membership
- Playing tennis, golf or bowls
- Bike riding
- Walking
- Physiotherapist or occupational therapist assessments

Nutrition

- Cooking classes or courses
- Meeting with a dietitian or nutritionist
- Accessing the library for information or cookbooks
- Supporting the planning of weekly menus
- Shopping for food
- Eating out

Medical needs

- Discussing sleep or drowsiness problems with a GP
- Monitoring medical appointments
- Ensuring medications are up to date and renewed

Using technology

- Install a phone app to remind the person to drink water
- Use a pedometer or smartphone step counter
- Create an online or smartphone food diary



Psychological needs

Positive mental health is important to overall wellbeing. While in some cases you may need to support a person to access mental health assistance through their GP or psychologist, mental health needs can be supported in other ways.

A mentally healthy person can cope with life's stressors, demonstrate resilience and bounce back from hardship. Mentally healthy people are often physically, socially and mentally active, with good social networks and a purpose for their lives.

Good mental health is linked to good physical health, connectedness within the community, and feeling valued and needed. You can facilitate this by encouraging participation and inclusion in activities where they can interact with other people and engage with the community. For example, this could include:

- learning mindfulness skills
- volunteering to help others
- attending individual or group counselling
- taking medication when required
- participating in social opportunities to reduce isolation.

Beyond Blue provides information about resources for staying well by reducing stress, keeping active and sleeping well. You can read more here: aspirelr.link/bb-staying-well

Spiritual needs

As mentioned earlier in this topic, spiritual needs are different for everyone. Some people have their spiritual needs met through attendance or participation in formal religious ceremonies or services. For others, spirituality is linked to their culture or to nature or mindfulness. You will need to identify what those needs are in the person you are supporting.

Here are some options that you could explore with a person to meet their spiritual needs:

- attending a church service, prayer service or religious group activities
- joining a group activity that involves time in the natural environment, such as surfing, hiking and camping
- attending a meditation class or using online/CD meditation resources
- participating in cultural ceremonies.



Cultural needs

Cultural connections can be very important to some people. It may be a connection to the country of their birth or their spirituality, family or identity. It is important for support workers not to make assumptions regarding cultural needs and to discuss with the person what their needs and wants are.

Here are some options that you could explore with a person to meet their cultural needs:

- participating in cultural ceremonies
- participating in a cultural group or attending a multicultural centre
- learning a language or practising a language with other native speakers
- participating in an art class or art appreciation group.

Sexual needs

Almost all people have sexual needs and this is an important aspect of wellbeing. You should not assume that people with support needs do not have sexual needs.

This area can sometimes make workers feel uncomfortable, due to their own values and attitudes around sexuality. Or due to wider societal myths and stereotypes about ageing, disability, mental health or gender.

These are some ways you can support a person to meet their sexual needs:

- Support the person to access a GP to discuss their needs.
- Facilitate an appointment with a worker from family planning.
- Assist people to make an appointment to speak with a counsellor.
- Provide access to information or services that explain and promote sexual health.
- Provide a safe environment to discuss sexual needs.

Social needs

Social isolation can have a negative effect on wellbeing and you can facilitate opportunities for engagement and interactions with other people (if that is what they want) to meet their social needs. Some people will require more or less engagement. For some, their family can be an important social support, while for others, social isolation can include being separated from family due to distance, loss or the breakdown of relationships.

These are some options that you could explore with a person to meet their social needs:

- meeting new people at a social club or group
- going out for coffee or a meal with family or friends



- attending a class or course
- learning to use online video conferencing technology to communicate with family or friends
- attending regular social events.

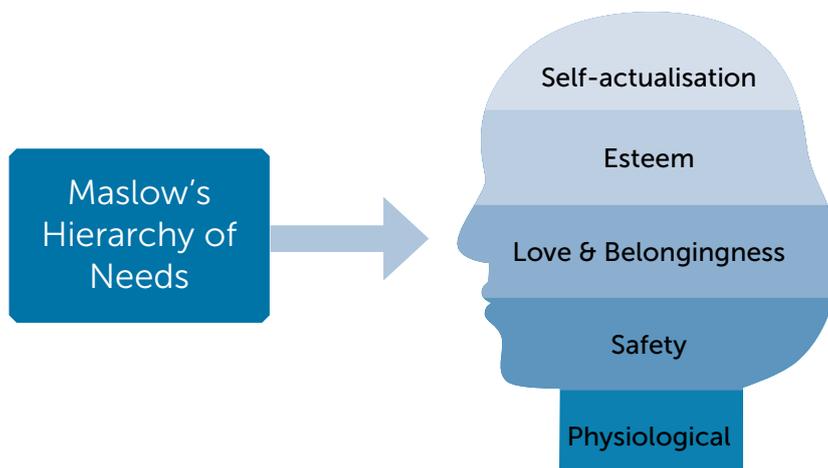
Hierarchy of needs

American psychologist Abraham Maslow's (1908–1970) hierarchy of needs outlines the basic needs that all people have. Maslow suggested that if the most basic of needs (food, water and safety) are not met, then higher needs (self-esteem and self-actualisation) are not attainable.

His five-tiered model is divided into five motivational needs. A person must fulfil a lower-level need prior to moving to the next level. These needs from the lowest level to the highest level include:

1. **Physiological needs:** these are the basic physical requirements a person needs to survive. If these requirements are not met, a person will not be able to function properly.
2. **Safety needs:** these encompass a person's economic security, health and wellbeing, protection against injury or illness, and unfavourable or unpleasant impacts.
3. **Love and belonging:** these encompass a person's sense of belonging and recognition among their social peers and groups through friendships, intimacy and family.
4. **Esteem:** this encompasses confidence and the need for a person to be accepted and valued by others.
5. **Self-actualisation:** this represents a person identifying their potential and the fulfilment of that potential.

Self-actualisation refers to a person exploring and realising their own potential, seeking to grow and experience, and feeling fulfilled.





You can read more about Abraham Maslow’s hierarchy of needs on this site: aspirelr.link/positive-psychology-maslow

Example

Promote and facilitate activities to meet needs

Maureen has experienced a lot of change since moving into residential care. Her husband has died, family members have moved away and she has sold her home. Maureen appears lonely and shows signs of depression. Maureen’s worker talks to her about her needs and what she would like. Maureen talks about how she used to love to dance and how she misses going to dances with her husband.

Maureen’s worker finds some dance groups at a senior citizens’ centre that Maureen may like to attend and encourages her to participate. They go together to watch. After that first afternoon session, Maureen is keen to attend. The support worker finds two other people who will attend with Maureen.

Practice Task 4

Question 1

Match each basic human need to its description.

Cultural needs
Sexual needs
Physical needs
Psychological needs
Spiritual needs

Meeting the requirements for adequate food, water, shelter
Ability to cope with life’s stressors and demonstrate resilience
A sense of wellbeing and contentment from religious or other activity
A perception of belonging to a group
About sexual feelings and attractions to other people



Question 2

Number each step from 1 to 5 in the order of Maslow's hierarchy of needs.

	Love and belonging
	Self-actualisation
	Physiological needs
	Esteem
	Safety needs

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

Case study

Tracey is 19 and has just started work producing furniture in a factory. Tracey loves her new job and is really excited about getting paid and meeting new people. Tracey's mother tells Leah, Tracey's support worker, that she is concerned that Tracey is saying she will find a boyfriend at work. Tracey's mother knows Tracey doesn't understand what this means and is worried she may be putting herself at risk if she says this to the other employees.

When Leah speaks to Tracey about wanting a boyfriend, Tracey tells her she wants to kiss and 'love each other' after work.

Question 3

Suggest what Leah can do to support Tracey to meet her own sexual needs.



Summary

- As a support worker, you do not need detailed knowledge of every culture or religion; however, it is helpful to understand your client's perspective and be able to support their choices based on their cultural and spiritual preferences.
- Differences among people can be categorised into social, cultural and spiritual factors.
- Your work will require you to uphold the legislation related to discrimination.
- Milestones used to measure when we will reach particular ages and stages in life vary among populations but awareness of a person's life stage can provide some insights into their support needs.
- An understanding of physical, cognitive and psychosocial development patterns will help you understand the needs and abilities of the people you support.
- There are many ways to express ourselves sexually, but society 'normalises' some expressions of sexuality and sees other expressions of sexuality as being 'abnormal'.
- Imposing your own values or attitudes on the people you work with can negatively affect the working relationship.
- Workers must overcome their prejudices and preconceptions about sex and sexuality to support people to overcome any barriers to expressing their sexuality.
- Unmet needs need to be identified and addressed.



Learning Checkpoint 1

Recognise and support individual differences

Part A

1. Match each of the common terms people use to express their sexuality to its description.

Heterosexual
Gay or lesbian
Bisexual
Asexual

Attracted to both men and women
Attracted to people of the opposite sex or gender
Not sexually attracted to anyone
Attracted to people of the same sex or gender

2. Briefly outline how a worker can support a person to move towards self-actualisation.

3. Select one type of discrimination legislation and briefly outline how it should be applied in practice.



4. Briefly outline how human rights underpins the service delivery in the community services sector.

Part B

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

Case study

Jeff is 18 years old and has a brain injury that affects his short-term memory and his ability to make decisions. Before his accident, Jeff played football, surfed and had a very active social life. His friends and girlfriend visit him often and Jeff's parents enjoy hearing them laughing.

A year later, Jeff would now like to get back to the activities he used to enjoy and his close group of friends have indicated support for this.

1. Why should a worker consider Jeff's developmental stage when supporting him to engage in activities?



2. Which of the following statements relate to Jeff's personal strengths? Tick all that apply.
- An interest in being physically healthy and active
 - A willing support worker who is keen to see him thrive
 - A motivation to return to an active social life
 - Understanding his own needs and communicating them to others
 - Support from his friends and family
3. Which of the following statements relate to accommodating Jeff's sexuality? Tick all that apply.
- Providing Jeff with privacy when he is alone with his girlfriend
 - Ensuring Jeff has access to information on sexual health if he requires it
 - Reporting instances when Jeff is seen kissing or caressing his girlfriend
 - Setting up a meeting with Jeff and his girlfriend to discuss their sexuality

Part C

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

Case study

Ahmad lives independently in an assisted living serviced apartment. The service offers many opportunities for residents to meet up and socialise but Ahmad chooses not to participate.

Luke, a worker, chats to Ahmad about the activities going on that day and is encouraging Ahmad to take part. Ahmad tells Luke he doesn't want to join in because there isn't anyone he can talk to who shares his spiritual beliefs.

Ahmad tells Luke he misses the companionship from others at the temple where he used to worship and that he feels isolated. He tells Luke that other residents stare at him because he wears a turban.

Ahmad reminisces about how strong he used to be and that he was a marathon runner. He laughs about how he used to love his wife's cooking and that after 50 years of marriage he misses her and thinks of her every day.



1. Suggest two ways Luke can demonstrate his respect for Ahmad's social, cultural and spiritual needs.

2. Which of the following statements relate to Luke supporting Ahmad to express his own identity? Tick all that apply.
 - Avoid topics like religion or culture to avoid highlighting Ahmad's differences.
 - Create a safe environment for Ahmad to discuss his culture and spirituality.
 - Suggest Ahmad stops wearing the turban so that he can make friends with the other residents.
 - Support Ahmad to express his preferences for activities and outings, such as a regular visit to his temple.
 - Ensure that no female workers are assigned Ahmad as a client.

3. Provide an example of a myth and a stereotype that might impact Ahmad's support.

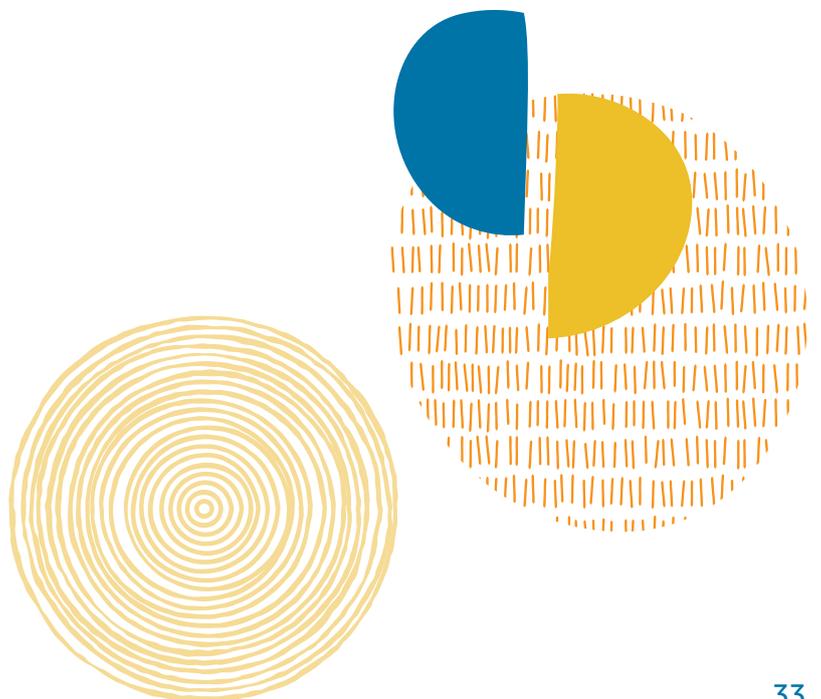


4. Which of the following are ways Luke can ensure the service offered meet Ahmad's needs? Tick all that apply.
- Ask Ahmad to suggest some of his favourite foods be included in his menu.
 - Arrange for an activity where residents share some aspect of their culture with each other.
 - Make sure Ahmad has a selection of clean turbans to wear.
 - Arrange for transport so that Ahmad can go to his temple.
 - Encourage Ahmad to select an activity of interest so that he can mix with other residents.



Topic 2: Promote independence

- 2A Support the person to identify and acknowledge their strengths
- 2B Assist the person to identify opportunities to utilise their strengths
- 2C Provide information about services and resources



2A

Support the person to identify and acknowledge their strengths

Support can focus on a person's challenges or strengths.

Workers can assist clients to recognise their strengths and abilities. This approach can lead to improvements in wellbeing and the person feeling more confident about their ability to care for themselves. Independence brings choices, improves self-esteem and further builds confidence.

Self-care is the process of a person being able to support themselves to maintain their health and wellbeing.

Service delivery principles

Principles that underline the work in the community services sector are based on legal or ethical requirements. Many of the principles acknowledge the person's strengths and encourage the person to be actively involved in the decisions that affect their life.

Here are some principles and approaches that underpin the delivery of service to clients:

Person-centred approach

A **person-centred approach** involves:

- finding out what matters to people and listening to and respecting their individuality and different viewpoints, beliefs, values, preferences and abilities
- providing support that is responsive to individual needs
- recognising that individuals are more than the sum of the problems they are experiencing; they also have past experiences, strengths and hopes for the future acknowledging the different aspects of a person's life, such as spiritual beliefs.
- In the past, service providers often made decisions on behalf of their client in a manner that suited the delivery of services rather than meeting the preferences of the person.

Strengths-based approach

A **strengths-based approach** involves:

- focusing on what someone can do (rather than what they can't do) and acknowledging their aspirations
- it is not about ignoring the challenges a person is facing. Rather, it involves using and building upon a person's strengths to enhance their skills and confidence and provide them with a sense of empowerment and hope
- acknowledging the challenges a person is facing, but not defining them by those challenges.

Person-centred approach

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

Strengths-based approach

Recognises that all individuals are resourceful and resilient experts in their lives, and can progress in a way that enhances their quality of life.



Duty of care

Duty of care involves:

- staff taking reasonable care to avoid someone being injured in the workplace or as a result of their actions
- the responsibility to care for themselves, the people they care for, visitors and each other
- both acts and omission, i.e. it refers to the actions we do take (acts) and the actions we don't take (omission).

Duty of care

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

Dignity of risk

This principle is based on the idea that a person has the right to take reasonable risks and that this is essential for their dignity and self-esteem.

The rights of people to dignity and choice requires that duty of care or safety is not used as a reason to limit a person's freedom or personal choice. A support worker's duty of care and safety responsibilities must be considered with the concept of **dignity of risk**.

Community services work recognises the right of a person to try new things, to take risks and to fail. Dignity of risk respects the person's autonomy and right to make decisions affecting their health. These decisions may be about what treatment to accept, dietary choices, what exercise activity to participate in or what environment the person wants to live in.

Dignity of risk

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

Privacy, confidentiality and disclosure

Workers are obliged to protect confidential details of their clients and the person's consent must be given for their personal information to be disclosed to others.

Confidentiality restricts an individual or organisation from using, storing and disclosing information about a person that is outside the scope (purpose) for which the information was collected. Some exceptional circumstances enable you to disclose **private** information, but this is generally only when you become aware that the person is at risk of harming themselves or someone else, or that they are being harmed.

Examples of **disclosure** include accidentally emailing someone's personal information to an unintended recipient and publishing someone's personal information online.

Confidentiality

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

Privacy

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

Service workers' knowledge and skill level

The worker's knowledge and skill levels will influence the quality of service. Support workers must have knowledge on the challenges that impact their clients and have the skills to support them effectively. Training should be on offer and built into part of each staff members' professional development and requirements of the job.

Disclosure

The act of sharing or releasing private or personal information.



Cultural awareness

Organisations must ensure that cultural diversity and inclusion are considered when implementing services. For example:

- Are staff trained in cultural awareness?
- Are there staff members from diverse cultures in the organisation?
- Do the team have access to interpreter services and translated materials?
- Does the organisation have a reconciliation action plan in place?
- Is the organisation welcoming to diverse people?

You can read more about the Privacy Act and principles at:

- aspirelr.link/oaic-privacy-act
- aspirelr.link/oaic-privacy-principles

Video: Strengths-based approach

Watch this video to see the process and the key elements to consider in relation to using a strengths-based approach when providing support: aspirelr.link/strengths-based-approach



What did you learn about holistic support and meeting the needs of individuals?

Video: Duty of care

Watch this video about duty of care developed by the Youth Affairs Council of Victoria (YACVic) for workers who support young people: aspirelr.link/yt-yacvic-duty-of-care



Service delivery models

Service delivery models describe the way support is provided to clients.

Support can be provided in a person's home, in a central location or in residential or community centres. It can be support provided for extended periods of time or as respite or transitional support. Some organisations specialise in providing support to population groups, such as:

Integrated approach

An approach to support where there is a high degree of collaboration among involved health professionals, ensuring improved outcomes for the person.

- First Nations peoples
- people with disability
- aged people
- youth services
- cultural groups
- LGBTQIA+.

Services can be focused on specific areas of support, such as mental health, housing, alcohol and other drugs, household services, leisure and recreation, and employment.

Some clients benefit from an **integrated approach** where several supports are provided from one or more organisations.



Clients should have choices about the types of services they access and the delivery of those services, including who will deliver the services and when. Service providers can be flexible and offer options for the place or time for a meeting that suits the client (rather than times that suit the service).

Although the types of services offered to clients will be different from organisation to organisation, service providers aim to achieve several main functions:

- provide services to clients in need of those services
- ensure that services are delivered to a high standard
- ensure that the support and resources provided meet the needs of the individual and the community
- connect clients with resources and networks, including in other organisations, through the sharing of skills, expertise and other resources.

Below is an example of some service delivery models and their features.

Consumer directed care (CDC) is where people with care needs (and their primary carer) can make decisions about their own care that allow for flexibility in the timing and scheduling of services.

Attendant care and support work services	Attendant care assists the person to manage everyday living. They may offer support for personal care, domestic and gardening duties, home medical care, community engagement and assistance in their rehabilitation plans.
Recreation, leisure, community access	These services provide people with access to recreational and leisure activities, such as low-impact sports, computer classes, art, music and cultural community groups.
Community nursing services	These services provide in-home support to manage medical issues, e.g. wound care. Other medical assistance can be offered, such as monitoring medications, taking blood pressure and performing other medical treatments.
Complex support coordination	Due to the number of services involved in providing multifaceted care for the person's complex needs, this style of care is referred to as case management.
Positive behaviour support services	These services provide support for persons who display challenging behaviours using specific positive reinforcement strategies.
Respite services and short-term stays	These services offer carers some time away from their caring duties to attend to their own needs, which often get neglected. Respite services can occur in a person's home when another support person will take over the caring duties for the person, or the person requiring support may move to another location for a short time.



Emergency support	A variety of supports are available when a physical or psychological emergency occurs. These range from ambulance or transport services to telephone or online helplines and visiting emergency experts, e.g. 1800RESPECT for information and referrals for support for sexual assault and domestic or family violence.
Brokerage services	Brokerage services have different purposes; for example, they can specialise in the provision of support staff. This can be for temporary solutions or more permanent arrangements, with a wide range of expertise levels. They can act as the link between two organisations referring clients to government-funded programs where referrals by brokers are a contract requirement.
Healthcare planning	This is a service for planning and implementing healthcare as needed.
Supported accommodation services	These provide accommodation staffed by support staff. Support can differ depending on the person's needs and goals. The types of accommodation include group or shared housing, transition, respite and independent living arrangements.

Service delivery standards

Each community services sector operates under a set of service standards.

Services standards measure the quality of the delivery to clients. Quality of care is measured and monitored by peak bodies or regulatory authorities and conducted by audits and compliance checks. Authorities assess the quality of service delivery to ensure that service standards reflect the level of support and services expected by the community.

Organisations develop policies and procedures that outline their expectations of the quality of support they provide to clients. Support workers have the responsibility to follow the organisation's policies and procedures and to practise the service delivery principles.

Aged Care Quality Standards

The Aged Care Quality and Safety Commission is the regulator for the Aged Care Quality Standards. Aged Care Quality Standards are guidelines designed to encourage service providers and staff to reflect on everyday practice and areas for improvement, and undertake ongoing performance reviews against the Quality Standards.

Here is a link to more information on the role and purpose of the Aged Care Quality and Safety Commission: aspirelr.link/aged-care-quality

Aged Care Quality Standards

- Standard 1: Consumer dignity and choice
- Standard 2: Ongoing assessment and planning with consumers
- Standard 3: Personal care and clinical care
- Standard 4: Services and supports for daily living
- Standard 5: Organisation's service environment
- Standard 6: Feedback and complaints
- Standard 7: Human resources
- Standard 8: Organisational governance

A summary brochure outlining the Quality Standards in the aged care sector can be accessed here: aspirelr.link/aacqa

National Standards for Disability Services

These standards focus on a person-centred approach that promotes choice and control by people with disability. They include six standards that can be applied across a broad range of circumstances.

- Standard 1: Rights that focus on freedom of expression, dignity and respect, self-determination, choice and control, confidentiality and privacy
- Standard 2: Participation and inclusion emphasise promoting a valued role for people with disabilities as well as including people with disabilities in activities of their choice
- Standard 3: Individual outcomes are about people directing their own supports, service planning, collaboration and consultation
- Standard 4: Feedback and complaints provide mechanisms for people to make complaints and to have their concerns addressed
- Standard 5: Service access allows for accessible information to make informed decisions, i.e. transparency
- Standard 6: Service management includes governance, communication processes, continuous improvement and compliance with relevant legislative requirements.

The National Standards focus on the rights and outcomes for people with disability. Every service provider offering services to people with disabilities, including through the NDIS, must be registered and is required to follow the National Disability Standards.

More details on the disability standards are available here: aspirelr.link/nsds



The regulator for the National Standards for Disability Services is the NDIS Quality and Safeguards Commission.

You can access information about the NDIS Quality and Safeguards Commission here: aspirelr.link/ndis-commission

National Disability Insurance Scheme

In 2009 state and federal governments came together to draft the National Disability Strategy (NDS).

One of the key actions to come out of the NDS is the National Disability Insurance Scheme (NDIS). This scheme is the most significant change that has occurred for people with disability for decades.

The NDIS provides support to eligible people with intellectual, physical, sensory, cognitive or psychosocial disability. Early intervention supports can also be provided for eligible people with disability or children with developmental delay.

If you work on the front line in providing services to people with disabilities, you may need to understand the NDIS so you can provide accurate information to potential clients or customers. You may need to match the needs of the person with the products or services provided by your organisation.

You can learn more about this here: aspirelr.link/ndis-insurance-agency

Other standards that apply to your role as a support worker include the National Standards for Mental Health Services.

Here is a link for more details on these standards from the regulator, the Australian Commission on Safety and Quality in Health Care: aspirelr.link/mental-health-national-standards

Using a strengths-based approach

Identifying personal strengths leads to an increased participation in decision-making.

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.

Strengths

A person's positive personal attributes, character traits or skills available to that person.

The process of identifying strengths begins by listening to the person's stories and supporting them to create a picture of the future. This will require the support worker to develop a relationship where the person is encouraged to express their views.

One of the most effective ways to identify strengths is to get the person talking about themselves, what they have done in the past and what they enjoy doing. Then, you can help them 'unpack' their personal strengths based on what they have done or any small success where goals have been achieved. If the focus of the discussion turns to the person's weaknesses, such as what they cannot do or what their issues are, acknowledge the issues and turn the discussion back to the person's strengths.

Strategies for encouraging a person to identify their personal strengths may include:

- focusing on the person's abilities, what they can do and what they do well, i.e. a strengths-based approach
- identifying the person's skills and competencies so that they feel a sense of accomplishment
- listing the resources they have used in the past that led to something positive. Resources can be people, organisations, or things such as housing and employment
- recognising the supports a person needs for growth and development
- identifying the strategies that support the person to cope and manage stress
- identifying factors that contribute to the person's positive relationships with family, friends and members of the community
- establishing positive expectations for the future by asking them what they would like from life and asking them about their aspirations
- setting goals that are realistic and achievable and match their 'vision' for their lives.

Example

Support the person to acknowledge their strengths

Mark has had anxiety for several years that has stopped him applying for work or study.

Maria, Mark's support worker, talks to him about how he would like his life to be and what goals he has. Mark shares that he would like a part-time job and a driver's licence. They talk about his previous work and he tells Maria that his boss often acknowledged and commented on the quality of his work.



Maria and Mark discuss the strategies he would need to reduce his stress in the workplace and a plan to start his job search. Mark leaves, telling Maria he is looking forward to their next meeting and makes some more plans for the future.

Identifying capacity for self-care

Self-care is the process of a person being able to take care of themselves to maintain their health and wellbeing.

Being unwell includes chronic or long-term illnesses that require medical intervention but also a degree of self-care managed by the person themselves. Support workers can help their clients acknowledge their abilities for self-care by using the following approaches:

- wellness and reablement approach
- restorative care approach.

Wellness and reablement approach

The wellness approach focuses on the idea that even with frailty, chronic illness or disability, most people want and are able to improve their physical, social and emotional wellbeing to live autonomously and as independently as possible.

The principles include:

- promoting independence
- identifying goals
- considering physical and psychological needs
- encouraging client participation
- focusing on strengths
- supporting clients to reach their potential
- providing individualised support
- regular review.

These principles build capacity for self-care so the person can retain as much autonomy as possible.

The wellness philosophy underpins the Commonwealth Home Support Programme (CHSP), which provides older Australians access to support services so that they can live independently and safely at home.

Restorative care approach

Restorative care is early intervention provided by a multi-disciplinary team to support the person to make functional gains after a setback or illness.

Services include allied health such as podiatry, speech therapy, physiotherapy, occupational therapy, nursing services, social work, diversional therapy, and specialist services such as continence support.

You can read more about the governments wellness and reablement approach in the following resources:

- aspirelr.link/wellness-reablement-resources
- aspirelr.link/principles-wellness-reablement

Example

Encourage the person to build independence

Mr Yeoman is an older man who lives in his own home. He likes to do most of his housekeeping, but lately he has had difficulty with his gardening. The worker visits to discuss the problem with Mr Yeoman. The worker discovers that while he can do many gardening tasks, he is having difficulty getting to the backyard and pruning big shrubs. There are three steps down to the garden and Mr Yeoman is worried that he may fall. He also has trouble lifting his arms above his head to prune higher branches.

To support Mr Yeoman's independence, the worker helps him install a handrail at the steps. They then discuss a gardening support service offered by the local council. Mr Yeoman agrees to have them come once a month to assist him with his bigger gardening jobs. Mr Yeoman will continue to complete all the other gardening tasks.



Practice Task 5

Question 1

Match each type of service delivery principle to its description.

The right to not have personal or sensitive information disclosed or made public.	Person-centred approach
Managing access to private data or information (both verbal and written).	Strengths-based approach
A person has the right to make their own choices and to take risks.	Duty of care
The service meets the person’s needs by acknowledging a person’s choices and their right to make their own decisions.	Privacy
All individuals are experts in their lives, have talents and can progress in a way that enhances their quality of life.	Confidentiality
An obligation a worker has to act in a way that would not cause harm to others.	Dignity of risk

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

Case study

Michael is a 43-year-old man who lives in supported accommodation. He uses a wheel chair and organises a transport service to pick him up for social outings. He has lunch and plays video games with some friends every week. Michael also has specialised kitchen equipment for preparing his meals. Recently Michael has expressed his disappointment in having to rely on others to support him with shopping and personal care.

**Question 2**

Which of the following statements relate to Michael's strengths? Tick all that apply.

- He is friendly and enjoys being with friends
- He is good at organising
- He uses a wheelchair
- He is a competent cook
- He is over 40 years of age

Question 3

Outline three strategies a support worker can use to identify and acknowledge Michael's strengths.

Question 4

Provide an example of how the Disability Standards underpin the support provided by Michael's support worker.



Question 5

Identify three examples of wellness and reablement that the support worker can use to support Michael's capabilities for self-care.

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2B

Assist the person to identify opportunities to utilise their strengths

Opportunities that utilise a person's strengths will vary according to the needs of the person and their requirements for support.

Opportunities may include participating in the community, with family or in social settings. It may involve maintaining independence in the home or completing personal or household tasks with the support of others.

Getting the person to suggest activities or tasks that they can do independently relies on the ability of the support worker to acknowledge what is important to the person now and in the future. If the client can see that you understand their perspective, they will be encouraged to participate in the planning process and work towards individual goals.

Involve the person in a discussion

Support workers are in a unique situation to be able to observe how a person's strengths can be utilised.

Some people may be reluctant to ask for assistance because they may be embarrassed or are unaware of the range of services available. Some people may like to think they can still do the tasks they used to do and do not want to lose their independence or make extra work for their families or friends.

There are various ways to identify what level of support the person requires to remain independent.



Consultation

Encourage the person to identify what they can do, emphasising their strengths and capabilities. Ask about any support they feel they need while not discouraging their independence and autonomy. Ask the person what help they would like. Remember the person is the best expert on themselves; they know what they need assistance with.

Without breaching confidentiality or privacy laws, you may also be able to consult family members about the level of support the person requires.

- Ask them how they feel about asking for assistance. Listen carefully to their response.
- Encourage them to look at the different ways they can get help and to identify who can provide this assistance.
- Explain that getting the support they need means they will remain independent.
- Talk to them about the services they may use. Provide them with information they need to make an informed decision.
- Make sure they know you are not trying to push them into anything. It is a decision they need to make when they are ready.

Where appropriate, seek permission from the person to ask for information from their support workers or family members.

Observation

Watch the person doing the activity so you can see where they need help. Identify the level of support required by paying attention to the activities the person does well, their strengths and skill levels. This will assist you to identify how much assistance they require.

Example

Assist a person to identify and use their skills

Sally is unable to drive due to the medication she takes. She explains to her support worker that this has restricted her ability to shop, go to the library, socialise and get to the gym.

Given that Sally is very independent and does not want to use a transport service, the support worker suggests some ways for Sally to use her skills to be able to travel.

Sally and her support worker discuss that Sally is very organised and good at planning.

Together they look at the relevant public transport timetables. Sally then puts together a regular week of activities using the timetables to plan her transport and the time required to travel.



Using available supports

Assessing a person's capabilities is important as this can indicate if alternative living arrangements or additional support is required. A person may have difficulties completing some household tasks, such as cleaning, laundry and preparing meals, because they do not have the physical capacity or because they have not been supported to learn the required skills.

The tasks people do every day are called activities of daily living. **Activities of daily living (ADLs)** are essential and routine tasks that most people can perform without assistance.

The inability to do these essential activities may lead to:

- unsafe conditions and poor quality of life
- dependence on others or mechanical devices.

There are many other tasks that clients need to do if they are able. Support is available if required, such as:

- Home maintenance includes tasks to keep their home and garden in good condition. Examples include cleaning the windows, changing blown light bulbs, fixing a broken lock, weeding and watering. People may require help to do minor repair jobs or help to do part or all of these tasks.
- Domestic cleaning tasks may include cleaning floors, washing the dishes, sweeping, putting the rubbish bins out for collection, hanging clothes out to dry, folding the washing and preparing meals.
- Food preparation: A person may need support preparing parts of the meal or the whole meal including the shopping, preparing, cooking and serving.
- Transport: Getting around in the community by driving a vehicle or using public transport is vital for connecting with family, friends and the wider community. People may need to get to appointments with doctors, financial and legal advisers, and other professionals.
- Shopping for household and personal items includes buying groceries, clothing and shoes.

Activities of daily living (ADLs)

Fundamental skills required to sustain independent living, relating to nutrition, personal hygiene and mobility. support.

Levels of service and funding models

Organisations offer services according to the level of support required by their clients. Assessors determine the level of support based on funding models and eligibility criteria.

The tables overleaf provide examples of levels of service and the resources offered to service users in the aged and disability sector.



My Aged Care (2021) provides four different levels of service:

Level 1: Basic needs	This home care package provides 2.5 hours of support per week and includes the following services: gardening and maintenance, domestic cleaning, social support, personal care, transportation and meal preparation.
Level 2: Low care needs	The person is eligible for up to 4.5 hours a week of support. Services are the same as level 1.
Level 3: Intermediate care needs	At this level, the person is entitled to receive 9 to 10 hours of assistance per week and will include clinical nursing, medication management, allied health support, help with shopping, home help, personal care and support with changes to cognitive functioning and behaviour.
Level 4: High care needs	High care needs clients can receive 14 to 15 hours of support per week. In addition to the supports provided from levels 1 to 3, level 4 clients are usually clients with dementia and Parkinson’s Disease. support workers qualified to work with people with these diagnoses provide the care and support.

In the disability sector, the NDIS program supports children, young adults and mature adults in three categories (NDIS, 2021):

Core	Assistance and resources provided to the person are to help the person complete daily living tasks.
Capital	Technology, equipment, home and vehicle modification and accommodation
Capacity building	Support and resources provided to the person with the aim of building independence and skills

For further information, visit this link: aspirelr.link/ndis-supports-services

Example

Access resources for a person to attend a camp

Paul Golding is a 15-year-old boy who plays Powerchair Football. He would like to attend an interstate training camp and requires financial support as well as a personal support worker to attend the camp with him. He has some funding from his NDIS plan that he can use to purchase personal care support for the duration of the camp. He also is successful in gaining some funding through a philanthropic trust to pay for the cost of his transport to and from the camp as well as some new equipment that he needs.



Paul's family support worker is instrumental in helping Paul and his family access the funding from the trust and ensuring all the arrangements are in place for him to attend. She helps Paul's mum book the flight to the camp and makes sure the airline knows about his specific needs for getting in and out of his wheelchair during the flight. Paul is excited about being able to attend the camp and make his dream of becoming a Powerchair Football champion a little closer to reality.

Practice Task 6

Question 1

Identify two ways you can support a person to identify opportunities or activities that utilise their strengths.

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Question 2

Suggest two reasons why a person may need reminding of available supports or are reluctant to ask for supports.

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Question 3

Match each term about funding models to its description.

Core	Home care package provided for aged Australians can include gardening and maintenance, domestic cleaning, social support, personal care, transportation and meal preparation.
Capacity building	Funding provided for clients with dementia and Parkinson's Disease; includes support workers qualified to work with people with these diagnoses to provide the care and support.
Basic needs	Assistance and resources provided to the person with disability to help them complete daily living tasks
High care needs	Support and resources provided to the person with disability to build independence and skills

2C

Provide information about services and resources

As a support worker, you play a significant role in providing accurate information that connects people with supports.

Once you and the person have identified strengths and capacity for self-care, you need to identify the required support to help them meet their goals and needs.

Here are some examples of some resources you might need to research information to provide to the person or their support worker/family.:

Support workers, agencies and services you might need to seek out	Types of resources and services these support workers and agencies can provide
Support workers from your organisation and networks	
<ul style="list-style-type: none"> Experienced colleagues Manager/supervisor Informal professional networks 	<ul style="list-style-type: none"> Information and advice about local resources and services Specialist support (e.g. social worker)
Charities and not-for-profit organisations	
<ul style="list-style-type: none"> Not-for-profit social and public welfare agencies Education charities Health charities 	<ul style="list-style-type: none"> Literacy tutoring Financial counselling services Social groups and support groups Vocational education Life-skills education Home-delivered meals
Advocacy groups	
<ul style="list-style-type: none"> Disability advocacy organisations Organisations led by people with disabilities Groups representing older Australians, such as the Australian Government's National Aged Care Advocacy Program (NACAP) delivered by (OPAN) Older persons Advocacy Group or National Seniors Australia 	<ul style="list-style-type: none"> Information about human rights Help with negotiating complaints and legal action Citizen and professional advocacy services Campaigning and leadership opportunities



Workers, agencies and services you might need to seek out	Types of resources and services these support workers and agencies can provide
Government departments and agencies	
<ul style="list-style-type: none"> • Local council • State-based government agencies • Commonwealth government agencies (e.g. Centrelink) • Commonwealth Home Support Programme (CHSP) • National Disability Insurance Scheme (NDIS) 	<ul style="list-style-type: none"> • Local council volunteer community driver service • Information about local social groups and networks (e.g. book clubs, special interest groups) • Public housing • Licensing services (e.g. driving) • Government payments • Funding for disability supports and services
Training providers and educational institutions	
<ul style="list-style-type: none"> • Adult education services • Vocational Education and Training institutions • Universities and private colleges 	<ul style="list-style-type: none"> • Short courses • Job skills training • Preparation for university study • Tertiary (university) education
Medical professionals, healthcare providers and other health-related services	
<ul style="list-style-type: none"> • General practitioners • Crisis assessment and treatment teams (CATT) • Allied health professionals • Private health insurance companies 	<ul style="list-style-type: none"> • Primary health care • Specialist health care • Emergency mental health treatment • Occupational therapy • Physiotherapy • Counselling and psychotherapy • Private health insurance
Other services	
<ul style="list-style-type: none"> • Tradespeople 	<ul style="list-style-type: none"> • Home modifications
<ul style="list-style-type: none"> • Local pharmacies 	<ul style="list-style-type: none"> • Pharmacy home delivery services
<ul style="list-style-type: none"> • Sporting and games organisations 	<ul style="list-style-type: none"> • Sporting teams • Special interest groups (e.g. chess club, birdwatching group)

Seeking out services and resources

In some cases, seeking out resources and services will simply require a phone call, an email or an appointment.



When providing or seeking out services and resources, you need to follow:

- your organisation's policies and procedures:
 - reporting and documentation policies (e.g. how to complete referral forms, updating the person's file with relevant information)
 - codes of conduct (e.g. operating in a professional manner)
 - conflict of interest policies (e.g. if you suggested one service over another because you had a personal interest in mind and not that of the person you are supporting)
- relevant legislative requirements:
 - laws regarding privacy, confidentiality and disclosure
 - duty of care (e.g. that a resource or service is not going to cause a person harm).

Providing clear and accurate information

Your organisation will have a procedure for providing information to a person. Often this will involve identifying the person's needs, finding appropriate services and making recommendations and referrals, such as:

- types of services available
- levels of service available
- commitment expected and the possible outcomes
- financial costs
- potential drawbacks and benefits.

Everyone has the right to be fully informed before deciding if the services are suitable for them. Providing clear and accurate information is very important. Consider the following:

- The volume of information: the amount and complexity of information can be overwhelming, particularly for clients where communication is a barrier. When clients do not know or understand what is happening or what they are being asked to do, they can become quite distressed, anxious, and even aggressive.
- If language is a barrier, provide some pamphlets in the person's language or use the services of an interpreter.
- The person's literacy abilities; perhaps a verbal or visual explanation may be more appropriate.



Explaining the services

Information about supports is recorded in the person’s file and is sometimes called a service plan, support plan or service delivery plan. It describes the level of support and where it will be provided. It is important to ensure the person knows what to expect from the support service so that they can self-manage their own service delivery if they choose. Here is some information that a person needs to know:

What level of support will be provided?	Example: The person will be taken to the shops to buy household and personal items.
What will and will not be done for the person?	Example: The support worker will prepare a shopping list for the person. The person goes to the shops and buys the items on the list on their own.
When will the service happen?	Example: The transport service will pick them up from home each Thursday at 10 am. The service will collect the person from the shopping centre to return home at midday.
Where will the service happen?	Example 1: The transport service will pick them up at their home and take them to the shopping centre. or Example 2: The transport driver will help them on and off the bus.

Self-management strategies

A person can self-manage the delivery of services once they have sufficient information and resources. Self-management support works as a partnership between you, the worker and the person, with the person taking on the role of managing daily tasks, activities and care.

Some people may need more support than others to manage their services, and some people may have been doing so for some time. Depending on the situation, support can be provided over the phone, in groups or to individuals.

A core strategy for successful self-management is for you to ensure the person has adequate knowledge of their needs and the resources and services to support their needs. In other words, you need a clear understanding of their care or case plan. In addition, you need to make sure the person has the skills necessary to self-manage. These skills may be communication or negotiation skills, budgeting skills or learning what triggers an episode of ill health.



Here are some examples of government funding models that allow for self-management:

Disability self-managed services	A person accessing the National Disability Insurance Scheme (NDIS) can nominate to self-manage. This means they decide how to use the funds they are eligible for, what services to use and when to use them. This can be done with family, an advocate or a support worker.
Aged care self-managed services	In aged care, consumer-directed (or self-directed) care allows people to have greater control over their own lives.

Video: Self-management

Watch this video that explains self-management and shows a case study of a person with disability: aspirelr.link/ndis-self-manage-plan



Example

Identify service options and improve access

Louis, 28, has schizophrenia and has been living at home with his parents. His support worker, Gavin, provides him with information on some supported accommodation options and they go to visit one together so Louis understands what is available. Louis then decides to move into a supported accommodation unit and can live more independently.

Lila, 75, is unable to cook due to a fractured wrist. Nadia, her support worker, tells Lila about delivered meals. They look into the service together and find that the meals are within Lila's budget. As a bonus, Lila enjoys the interaction with the meal delivery volunteer.

Franco, 22, has an acquired brain injury. His support worker, Rex, helps him access Centrelink disability payments, rental assistance and Department of Human Services housing.



Practice Task 7

Question 1

Sue uses a wheelchair to aid her mobility. She does not feel confident using public transport but is keen to learn. The worker and Sue have agreed to a transport service to get her to the shops to do grocery shopping.

Suggest two types of information Sue's support worker should give to Sue so that she understands the support she will be provided.

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

Case study

George and Chris have lived in their home for 45 years. George has always enjoyed gardening and is proud of the beautiful lawn and garden beds. George has also grown fruit and vegetables that they share with family.

Six months ago, George had a stroke and although he is making good progress, he cannot maintain the garden even with Chris's assistance. George is feeling both sad and frustrated about this.

George and Chris tell their worker they do not want to move as this is their home. The worker discusses possible supports to maintain the garden while George recovers.

**Question 2**

Identify why independence is important for George.

Question 3

Which of the following are ways the support worker can inform George about his service provision? Tick all that apply.

- Allow George sufficient time to explain what he wants and needs
- Provide George with information about options
- Encourage George to consider the benefits and drawbacks of a range of options
- Encourage George to forget about the garden
- Encourage George to teach Chris how to do gardening

Question 4

Suggest two types of supports that could suit George and Chris.

Question 5

Identify any additional information George may need if he decides he wants to self-manage his supports.



Summary

- Service delivery models describe the way support is provided to clients. Support can be provided in a person's home, in a central location or in residential or community centres.
- Services standards measure the quality of the delivery to clients. Quality of care is measured and monitored by peak bodies or regulatory authorities and conducted by audits and compliance checks.
- The NDIS provides support to eligible people with intellectual, physical, sensory, cognitive or psychosocial disability.
- Many of the principles underpinning the work of support workers acknowledge personal strengths and encourage active involvement in decision making.
- It can be difficult for some people to recognise their strengths and capacities. One of the most effective ways is to get the person talking about themselves, i.e. what they have done in the past and what they enjoy doing.
- Support workers can help their clients acknowledge their abilities for self-care by using the wellness and reablement approach and the restorative care approach.
- Consultation involves encouraging the person to identify what they can do by emphasising their strengths and capabilities while not discouraging their independence and autonomy.
- Organisations offer services according to the level of support required by their clients. Assessors determine the level of support based on funding models and eligibility criteria.
- Everyone has the right to be fully informed before deciding if the services are suitable for them. Providing clear and accurate information is very important.
- A core strategy for successful self-management is for you to ensure the person has adequate knowledge of their needs, the resources and services to support their needs, and the skills necessary to self-manage.



Learning Checkpoint 2

Promote independence

Part A

1. Which of the following statements relate to privacy, confidentiality and disclosure? Tick all that apply.
 - The client must give consent for their personal information to be disclosed to others.
 - Privacy means workers are obliged to protect the confidential details of their clients.
 - Confidentiality allows for sharing personal information if the worker has the client's best interests in mind.
 - Confidentiality applies to both verbal and written data or information.
 - An example of disclosure includes publishing someone's personal information online.
2. Provide two examples of different models of service delivery.



3. Briefly outline the purpose of services standards used in different sectors of community service.

Part B

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

Case study

After her husband died, Rosa moved into a small unit in a retirement village. Rosa and her husband were very sociable, always having people around to the house or going out with friends. Rosa was always the life of any party and was a confident and independent woman.

Since Rosa moved, she has become withdrawn and would prefer to pay for her meals to be prepared, and won't accept invitations to go out. Rosa has diabetes, which requires her to change dressings on a leg wound every day, but recently she has enquired as to whether there are services available to have her dressing changed and to remind her to take her medication.

Her children have asked a worker to meet with Rosa as they are worried that Rosa seems reluctant to take part in life and care for herself like she used to.



1. Briefly outline the worker's duty of care to Rosa.

2. Suggest three ways the support worker can encourage Rosa to maintain her independence and ability to self-care.

3. Identify how the worker might support Rosa to utilise her strengths.



4. Rosa tells the worker she is struggling to bend her knees, which makes using a vacuum cleaner difficult. Which of the following statements relate to information or assistance the worker can provide to Rosa? Tick all that apply.

- Ask Rosa how she feels about getting some cleaning help
- Organise a cleaning service to come and vacuum the house
- Speak to Rosa about the different options she has for assistance
- Ask Rosa's family what options they suggest for support
- Suggest Rosa only clean the house when she is expecting visitors
- Provide Rosa with the information she needs to make her own decision

5. Suggest a level of funding for Rosa that will provide her with the support she requires.

6. What service delivery model might the worker use to support Rosa to self-manage her own service delivery?



7. If Rosa wanted to self-manage her service delivery, what skills does she require?

8. Briefly outline how the principle of dignity of risk applies to Rosa if she wants to self-manage her service delivery.



Topic 3: Support physical wellbeing

- 3A Encourage living habits that contribute to a healthy lifestyle
- 3B Support a safe and healthy environment and report hazards
- 3C Recognise and report variations in a person's physical condition and wellbeing



3A Encourage living habits that contribute to a healthy lifestyle

For some people health is merely the absence of disease, illness or impairment.

Health

A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

A more popular view is to see **health**, particularly optimal health, as being a person's best possible physical and mental functioning.

Workers have a duty of care to ensure their clients have more than just their basic needs met. As discussed in Topic 1, everyone has basic human needs but we also have a need for love, to be valued and respected, and to feel like we belong in the community.

Physical health

Physical health refers to the body functioning the way it is supposed to. Illness, disease and disability can interfere with the functioning of the body and can negatively affect a person's wellbeing.

The following table outlines some of the details on different aspects of physical health.

Nutrition and hydration (providing fluids to the body)	The human body needs water and a range of nutrients supplied through food to sustain its functions of providing energy, processing wastes, maintaining nerve function, metabolic activity, maintenance of a healthy immune system, and supporting the growth, maintenance and repair of cells.	<p>A support worker can promote good nutrition and hydration by:</p> <ul style="list-style-type: none">• referring the person to a nutritionist or dietitian where needed• assisting with shopping• helping with meal preparation or discussing food plans• encouraging the person to eat• supporting the person to use technology that can help them, e.g. recipe apps or apps that provide reminders to drink water. <p>There may be barriers that influence the person's access to nutritious food, e.g. availability of fresh food, affordability of food, poor oral hygiene, dentures that prevent chewing, cooking skills, or cultural or specific food preferences.</p>
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Exercise	Exercise improves strength, balance and mental health, and assists in managing weight. It can also reduce the risk of developing illnesses like diabetes or cardiovascular disease. It can improve a person's flexibility, strength and endurance.	You need to work alongside the person to discuss goals for doing some activity or you can support them to access a professional to help set up an exercise plan to meet their needs. Regardless of age or capacity, almost all people can participate in some level of exercise to maintain or improve health. This may be just incidental exercise, such as walking instead of driving, or taking the stairs rather than a lift.
Hygiene	Good personal hygiene is essential for preventing illness. Good hygiene also helps prevent body odour and bad breath, both of which can impact a person's social life. Bathing, toileting and other personal hygiene activities can be difficult for some people due to mobility, balance, memory or other factors. Others may experience a loss of motivation.	<ul style="list-style-type: none"> • Ensure the person has the appropriate equipment to support good hygiene, such as shower stools and handrails; and raised or lowered sinks. • They may require support to shower, shave or toilet. • Discuss the benefits of good hygiene.
Oral health	Good oral health is vital to overall wellbeing. Healthy strong teeth support good nutrition, reduce oral diseases and other physical illnesses, and support social wellbeing by limiting bad breath.	You can support oral health by: <ul style="list-style-type: none"> • facilitating regular visits to a dentist • suggesting the person asks the dentist for brushing and flossing tips • discussing equipment that may make oral health easier, e.g. electric toothbrushes.



<p>Lifestyle</p>	<p>There are many lifestyle factors that enhance physical health and wellbeing. These might include:</p> <ul style="list-style-type: none"> • safe sex and reducing the risk of sexually transmitted diseases • seeking medical care when required • taking prescribed medications as prescribed • getting adequate rest and sleep • finding opportunities to relax and relieve stress • limiting the intake of alcohol and drugs • stopping cigarette smoking. 	<p>You can support your clients by directing them to services that provide support for stress and support to reduce the risk of alcohol or drug abuse or for the cessation of smoking. Alcohol and drug support involves specialist care and harm minimisation.</p>
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Use the search function on the Better Health Channel website to find links to resources about exercise: [aspirelr.link/better-health-channel](https://www.aspirelr.link/better-health-channel)

A sense of wellbeing

Wellbeing
A sense of happiness, peace or contentment when we find satisfaction and purpose in meaningful activities and connections with others.

A sense of **wellbeing** helps us to experience positive emotions like happiness, enjoyment or contentment.

Optimal wellbeing is different for each person but in general, a healthy physical body allows us to enjoy overall wellbeing.

A sense of wellbeing may come from making decisions that affect quality of life and from developing positive relationships with others.

Here is a list of different aspects of a person’s life that can contribute to a sense of wellbeing:

Physical wellbeing is the ability to maintain a healthy quality of life where we can get the most out of our daily activities without undue fatigue or physical stress.

<p>Social wellbeing</p>	<ul style="list-style-type: none"> • Being connected and included as a part of the community contributes to a sense of wellbeing. This can come from participation in activities where there is the opportunity to interact and meet other people. It may be that family, neighbours or friends ‘check in’ and include the person as a member of a family, group or community.
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Social wellbeing (cont.)	<ul style="list-style-type: none"> • As a support worker, you will need to discuss what social networks the person has or would like to have, for example: <ul style="list-style-type: none"> – relationships with neighbours – contact with family or friends – socialising opportunities, such as in a local café – participation in sport and local community service groups – social activities with people with similar interests, such as music, dancing or books – opportunities for employment or study, e.g. formal training.
Spiritual wellbeing	<ul style="list-style-type: none"> • Spiritual wellbeing is where a person has a sense of meaning or purpose, and feelings of peace. • Religion is a specific set of organised beliefs and practices, focused on the belief in and worship of a god or gods. Spirituality is a broad concept, tends to be an individual practice and offers a person a sense of peace and purpose. • Spirituality often has a strong influence on a person's beliefs, values and customs. For many people, spirituality psychological supports and opportunities to participate in meditation practices in a group setting or visiting a church, temple or mosque. This can provide a social connection with that community.
Cultural wellbeing	<ul style="list-style-type: none"> • Cultural wellbeing can be shown in many ways but the person feels they are connected with their culture, and free to demonstrate and practice any rituals and express their cultural values. • A person's cultural background will contribute to the way they view their physical health and wellbeing. You will need to talk to the person to understand how their culture and perhaps their immigration experience has impacted on their health and wellbeing. • Many people speak languages or have a preferred language other than English. If a person has few supports, they may feel isolated by their lack of understanding and reading of English. You may be able to suggest some cultural groups that the person may like to connect with and connect them with information on supports in their language.
Career or occupation wellbeing	<ul style="list-style-type: none"> • Many people link their career or occupation to their identity and how they feel about themselves. Having meaningful work, whether it is part-time, full-time or volunteer, can provide the person with a connection to the community and their broader environment. Having a job also provides the person with financial security. • A support worker can assist the person to identify areas of interest and match these to specific types of employment and job requirements. This will include considering the location and hours of employment, the person's aspirations and career goals, and supports that need to be provided in the workplace.

Psychological health and wellbeing

Poor physical health may affect a person's emotional and psychological health; likewise, poor emotional and psychological health may affect a person's physical health.

Your role is to recognise a person's need for physical and psychological wellbeing and identify how those needs are not being met. Maslow's hierarchy of needs, covered in Topic 1, can be used to indicate how personal circumstances can make it difficult for a person to obtain their needs.

Basic needs	<p>The need for food, water, shelter and sleep.</p> <ul style="list-style-type: none"> • People may be on a fixed income, limiting their ability to pay rent. • A low income may limit a person's ability to buy healthy foods. • Cognitive impairments may prevent people from meeting their nutritional needs. • Pain and poor physical and emotional health may affect a person's ability to get to sleep and stay asleep.
Safety and security	<p>Safety and security relate to the need to be free from harm or the threat of harm. People may have insecure housing or feel at risk due to their limited mobility or communication or feel vulnerable due to their age.</p>
Belonging	<ul style="list-style-type: none"> • Belonging refers to the need to love and be loved or to feel like a valuable part of a group. • Older people may find that their social networks get smaller as they age. People with disability may find they face barriers to making and maintaining friendships.
Self-esteem	<ul style="list-style-type: none"> • Negative stereotypes about ageing or disability may alter a person's perception of their value. • Negative self-talk, such as 'I'm useless' or 'I'm just a burden' can also damage a person's self-esteem.
Self-actualisation	<p>Self-actualisation relates to growing and developing intellectually, emotionally and socially. People may miss out on opportunities for personal growth and skills development.</p>

Mental health

A positive outlook may improve physical health, and physical health may influence a person's state of mind.

Beyond Blue is Australia's most well-known mental health organisation that focuses on support for people affected by anxiety, depression and suicide. They emphasise that **mental health** is about wellness rather than illness. They suggest using the terms 'good mental health', 'positive mental health', 'mental wellbeing', 'subjective wellbeing', and even 'happiness' indicates wellness. Some professionals prefer to use a continuum to describe levels of mental wellbeing where mental health is at one end

Mental health

A state of cognitive, behavioural and emotional wellbeing, allowing a person to cope with daily life.

of the spectrum — represented by feeling good and functioning well — while mental health conditions (or mental illness) are at the other — represented by symptoms that affect people's thoughts, feelings or behaviour.

Signs of good mental health vary among people but generally it is when a person can:

- cope with the normal stresses of life
- work productively
- realise their potential
- contribute to the community.

If a person has good mental health, they may:

- have emotions such as happiness, love, joy and compassion, and feel generally satisfied with life
- be likely to feel like they belong to a community and are making a contribution to society
- have a sense of spiritual wellbeing, a sense of meaning or purpose, and feelings of peace.

Read more about good mental health at the following website:

aspirelr.link/health-direct-mental-health

Your role as a support worker can be to:

- support people to make and maintain links with a support network
- seek support when required
- support people to overcome barriers that are preventing them from participating in activities that are of interest to them
- report changes in mental health to your supervisor
- report changes so a referral can be made to a health professional as required.

Read more about the definitions, treatments and support for different mental health conditions here:

- aspirelr.link/bb-mental-health
- aspirelr.link/better-health-mental-health-types

Providing the right amount and type of support to achieve good health and a positive sense of wellbeing is determined by the person's needs and goals as outlined by the person and recorded in their individual plan. A care or case plan provides the support worker with a framework for monitoring and observing the person's health status and allows for referral to health professionals or others if required.

Example

Promote and encourage a healthy lifestyle

Graham was diagnosed with a serious mental illness 18 months ago. He was prescribed several types of medication and is now in recovery. Graham tells his worker, Sam, that while he is now doing really well, the hardest thing for him is how much weight he has put on since he was diagnosed and started taking medication. Sam suggests that Graham may want to discuss his options with his GP. Graham agrees and his doctor refers him to a dietitian to develop a healthy eating plan. Twice a week Graham works with a personal trainer suggested by Sam. Graham and Sam go for bike rides once a week. Graham tells Sam that he has also started to take his dog for a short walk every day.

While progress is slow, Graham starts to see some steady weight loss but more importantly tells Sam his energy has increased, and he is feeling better about himself.

Practice Task 8

Question 1

Which of the following relate to requirements for good health? Tick all that apply.

- Water and nutrients are essential for the body to function as it should.
- A small amount of high intensity exercise should be encouraged every day.
- Poor hygiene can affect a person's social life.
- Poor oral health can affect eating and nutrient intake.
- High risk behaviours must be stopped.



Question 2

Match each term about wellness to its description.

Cultural wellbeing	Quality of life without undue fatigue or physical stress.
Spiritual wellbeing	Emotional and behavioural functioning.
Career/occupational wellbeing	Being connected and included as part of the community.
Physical wellbeing	Being connected with others who share the same values and practices.
Psychological wellbeing	A sense of meaning or purpose and feelings of peace.
Social wellbeing	Being connected with the community and the broader environment through meaningful work.

Question 3

Identify two indicators of good mental health.

3 B Support a safe and healthy environment and report hazards

Helping a person to maintain a safe and healthy environment fulfils several basic needs.

A key part of our physical and mental health are our feelings of safety and security. The place where we live is an environment where we need to feel protected, comfortable and can relax. Some people live alone, while others live with family or may have a primary carer responsible for their safety. A home may be a residential unit or supported accommodation with varying levels of support. Having stable accommodation is essential to a feeling of security and may be challenging for some people.

As a support worker, you have legal and organisational work, health and safety (WHS) responsibilities that require you to take all reasonable steps to provide and maintain a safe environment for your clients. You must also ensure your workplace is safe and report any risk to the health and safety of people you support.

A hazard-free environment

A person's abilities should be considered when discussing the safety of their environment.

Hazard

A source or a situation with the potential for causing harm, damaging humans, property and/or the environment.

A person's living environment satisfies a need for shelter and protection from the elements but also needs to be free from **hazards**.

An important part of helping people to feel safe and secure in their environment is to recognise things that are likely to be dangerous or cause injury or **harm**. Hazards in a person's environment can affect the person's independence; for example, magazines or newspapers piled up in the hallway could be a tripping hazard. A fall can result in an injury that requires hospitalisation, rehabilitation and sometimes to a long-term loss of independence.

There are many different types of hazards in a person's environment that can affect their safety. Here are some examples:

Poor or inappropriate lighting

The person may trip, fall or bump into furniture and injure themselves if they cannot see properly — either because there is not enough or too much light. Make sure lighting in the person's environment is bright enough for them to see clearly but not so bright that it temporarily blinds them.



Slippery or uneven floor surfaces	Uneven carpet, loose tiles and wet floors may cause the person to fall and injure themselves. Ensure the person is aware of the hazard. Report as required to your organisation for it to be repaired or removed.
Physical obstructions	Furniture or equipment placed in inappropriate areas may cause the person to fall, hurt themselves trying to squeeze past it or hurt themselves trying to move it. Make sure walkways or doorways are free from items.
Poor appliance maintenance	The person may be hurt if they use an appliance that is faulty or has exposed wires. Check appliances regularly, especially motorised or electric ones, to ensure they are in good condition and safe to use.
Inadequate heating and cooling devices	The person may have difficulty maintaining their body temperature. Ensure the person has suitable clothing and bedding. Report as required to your organisation for devices to be installed or repaired and check that they are adequate for the person's needs.
Inappropriate footwear and clothing	Poor clothing and footwear can cause the person to fall or be too hot or too cold. Encourage the person to dress appropriately for the weather. Help them to dress to suit their abilities; for example, if they cannot bend down, encourage them to wear shoes that are easy to put on and take off.
Maintaining a clean environment	Cleaning tasks need to be done to keep a home free from disease-causing bacteria and rodents, i.e. cleaning bathrooms and toilets, wiping down benches in the kitchen, and vacuuming and washing floors.

Safety checks

Part of your role is to recognise hazards and make them as safe as possible until they can be reported and managed. This may include conducting safety audits in the person's home or room. You can work with the person to look around their own environment and identify what can be done to make it a safer place to live. Encourage the person to think about their daily tasks and identify strategies that can make things easier to do and will help them to maintain their independence.

Most workplaces have procedures for doing regular safety checks of a person's environment. You will receive information about how you should do this from your organisation. When a hazard is identified it needs to be reported straight away to the appropriate person, especially if there is a risk of the hazard causing immediate injury or harm.



Example Safety checklist

Here is a sample hazard identification checklist.

Hazard identification checklist		
Type of hazard (Please tick the hazard box and comment briefly or record the action taken)		Comment/action taken
Adequate lighting	<input type="checkbox"/>	
Appropriate household cleaning equipment	<input type="checkbox"/>	
Manual handling equipment available and in good working order (e.g. lifting loads)	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	
Clean and tidy environment	<input type="checkbox"/>	
Wounds management procedures in place	<input type="checkbox"/>	
Medications stored correctly	<input type="checkbox"/>	
Electrical equipment in good working order	<input type="checkbox"/>	
Floor coverings and rugs secure	<input type="checkbox"/>	
Other items: please specify	<input type="checkbox"/>	

Reporting hazards

If you and the person identify any safety issues, you can plan together how you can remove or reduce the risk.

If you see any high risk activities or hazards that may cause harm, the concern must be reported to your supervisor. If the hazard relates to a person's house, you should



make notes in the person’s file and discuss the hazard with them. Reporting hazards usually requires an incident or accident report that describes the situation and lists the actions that need to be taken to fix it. You need to know what your organisation’s procedures are for reporting WHS information. Here are some ways to report a hazard:

- speak with a health and safety representative or officer
- participate in health and safety committee meetings
- raise the issue during team meetings when WHS issues and other risks are addressed
- discuss safety issues relevant to a person living at home at a team meeting or with your supervisor.

Example

Identify and report hazards

Hazard Report	
Name/s of people involved:	Mrs Cargill
Name of identifying person:	Sue Lin, support worker
Description of hazard (include area and task involved, any equipment, tools or people involved)	The iron handrail on the steps leading to Mrs Cargill’s front veranda is loose. It looks like it may collapse if much weight is put on it. Mrs Cargill uses it every day to help her get up the steps.
Immediate or suggested actions (list any suggestions you have to reducing or eliminating the problem, e.g. redesign, use of mechanical devices, training)	Notified Marcia Hammond (shift supervisor) of the issue. Told Mrs Cargill to be careful when using the handrail. Told Mrs Cargill that I have reported the situation and that the handrail will be fixed within a week Placed red tape on the handrail to remind her and any visitors about the risk
How was the incident followed up?	The supervisor contacted maintenance staff to fix the handrail. The task was given an urgent classification.
Reported to:	Marcia Hammond, shift supervisor
Date:	3 August 2022

Give this report to the Health and Safety Officer

You can read more about risk and safety procedures at:

aspirelr.link/worksafe-qld-workplace-risks

Personal security and safety

A sense of safety and security is particularly important to the wellbeing of people with support needs, who may require reassurance that they are free from the threat of danger or harm. Supporting the person to review how secure their environment is may involve looking into who has access to the person's home environment and if these people are a risk to their safety. On a practical level, you may need to consider the security of the building they live in, looking at locks, screens and other security measures.

Here are some other practical things that can be done:

- Keep doors locked but leave keys in deadlocks to prevent anyone from being trapped in a building if a fire or other emergency occurs.
- Keep bushes and trees trimmed and maintained around the perimeter of a building to prevent potential intruders from being able to break into the building unobserved.
- Install and maintain motion sensor lights, which reduce the likelihood of a potential intruder breaking into the building unobserved.
- Provide emergency contact numbers for the person to call (including family contacts) programmed into a phone if possible. Keep a list of key contacts by the phone.

The person may be eligible for services through home support to assist with clearing gardens, and installing locks or other security features to their home.

Financial security

A home environment should be a place of rest and relaxation and where long-term needs can be met. People who have to move from accommodation to accommodation or from their home to supported accommodation may feel insecure and unsettled. This can be made worse if they are worried about their **financial security**.

For example, if a person knows they will be able to afford to pay rent and not have the threat of eviction from their premises. Some people who are not employed or fully employed, do not have a good rental history or rely on rental accommodation, can be at risk of feeling financially insecure.

Part of a support person's role is to reassure the person about the nature of the support they will receive and when they will receive it. This can alleviate stress about rental or accommodation fees or money to pay for maintenance and repair.

Financial security

Being able to meet current financial commitments comfortably and having financial resilience into the future.



Keep the person informed about eligibility requirements or supports that they can assess to help with financial decision-making. This may be from a financial counsellor who can provide information and can advocate for them if circumstances become difficult. In some cases, support workers can be asked to support the person with budgeting to ensure they have sufficient income for everyday expenses after accommodation fees are paid.

Example

Ways a person can maintain their environment

Jack has poor vision and is at risk of injuring himself because of several hazards in his environment. George, Jack's support worker, has noticed:

- a number of electrical cords on the floor where Jack walks
- low-hanging branches across Jack's front path
- a magnifying sheet for helping him find phone numbers in his address book is tucked inside a pile of mail.

George talks to Jack about the things he has noticed. He gives Jack the opportunity to make some decisions on how they can work together to keep his home safe. At the end of the discussion, they agree to make the following changes:

- The electrical cords on the floor where Jack walks are unsafe and may cause Jack to trip. George removes the electrical cords from walkways and arranges for a maintenance person to secure the cords around the walls.
- George arranges for the maintenance person to trim the branches back.
- Jack needs to have the magnifying sheet handy, particularly if he needs to make an emergency phone call. George attaches the magnifying sheet to the address book and places a list of his most used phone numbers on the wall in large print next to the phone.



Practice Task 9

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

Case study

Beth's home is an old house. She receives home support services. She is quite worried about potential intruders as the door locks are quite old and the keys for these locks are generic. She feels vulnerable and unsafe having her doors and windows open in warmer weather.

Question 1

Suggest why a support worker should support Beth to take action.

Question 2

Which of the following could Beth's worker do to support her to have a safe environment? Tick all that apply.

- Help Beth organise deadlocks and install motion sensor lights
- Arrange for Beth to get a flatmate
- Suggest Beth meet her neighbours
- Provide a list of contact numbers Beth can call if she feels unsafe
- Suggest Beth buy a dog

**Question 3**

Suggest two actions the worker can take if Beth expresses her concern about paying for the upgrades to the security of her flat.

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

Case study

Bryan has a disability as a result of his mental health condition. His house is untidy with a lot of debris in each room. There is evidence of rodent infestation, dishes are often unwashed for long periods and there is stale food in the cupboards and refrigerator.

Question 4

Which of the following are hazards you can identify in this scenario? Tick all that apply.

- Trip hazards from debris on the floor
- Disease from rodent infestation
- Financial stress due to lack of food
- Food poisoning from stale food and unwashed dishes
- Isolation due to no one cleaning the house



Question 5

Provide examples of at least two ways you can report the hazards.

A large, empty rounded rectangular box with a thin black border, intended for the student to write their answer to the question.

3C

Recognise and report variations in a person's physical condition and wellbeing

Support workers are in an ideal position to see changes to physical condition.

You must be able to recognise signs and symptoms that suggest a person's condition is worsening or that they have developed a new condition that requires medical attention or other intervention. Often you see far more of a person than other significant people in their lives or health professionals. You should be alert to the signs and symptoms of illness or disease that may indicate a person is unwell and follow up by reporting or following the procedures of your organisation.

Signs and symptoms of illness or disease

As a support worker, you are not required to be a medical expert; however, it is important to be aware of signs that a person's health may be changing.

Some of the signs and symptoms of illness or disease may include:

- weight loss
- weight gain
- lack of energy and falling asleep
- changes to skin tone and colour
- poor oral health, such as bad breath, tooth decay or gum disease.

Other ways to identify changes could include:

- reading the person's medical history in their care plan (if you have permission)
- taking and recording observations of changes that you observe over time
- talking with the person about changes to find out if there are other reasons for the changes
- reporting to your supervisor if in doubt in case something important needs to be discussed with a medical person.



Example

Identify and report variations in physical condition

Caleb supports Ben in his home. He notices that Ben, who has diabetes, has a large bruise on one of his feet. He records this in Ben’s care notes. Caleb also speaks with his supervisor who tells him that people with diabetes sometimes experience damage to their nerves. His supervisor tells Caleb to monitor the bruise, and ensure he notes any changes in Ben’s care notes, and to report immediately if it worsens.

Indicators of physical situations affecting wellbeing

Deteriorating physical health can affect a person’s overall wellbeing.

Poor physical health can impact quality of life, such as their ability to complete activities of daily living or to actively engage and participate in the activities they enjoy.

You may notice changes in energy levels or level of concentration, changes to the person’s mood, or signs of increased stress or inability to relax. You can ask the person about how they are feeling and try to get an indication of their state of wellbeing. If you are unsure, then report your concerns to your supervisor.

Here are some examples of indicators that may show that the person’s physical situation is affecting their wellbeing. Keep in mind that these indicators may be linked to other issues and any serious concerns should be raised with a doctor.

Behaviour		
Becoming withdrawn or isolated, i.e. not going out as much as previously, not in contact with family		
Not getting things done, i.e. cleaning, hobbies, gardening		
Not being able to concentrate on activities or tasks for long or becoming distracted easily		
Mood		
Appearing:		
• overwhelmed	• irritable	• indecisive
• sad	• frustrated	• anxious.



Expressed thoughts

Saying things such as:

- I can't do anything right
- Nothing good ever happens to me
- People would be better off without me.

Physical symptoms not linked to existing issues

- Tires easily
- Complains of headaches, sore muscles or pain
- Difficulty sleeping
- Changes in appetite
- A significant change in weight
- Toileting or continence problems
- Shortness of breath or dizzy

Example

Recognise and report situations affecting wellbeing

Jaime has been diagnosed with multiple sclerosis. She is fearful about her condition. Her family has reported that since the diagnosis Jaime has been experiencing mood swings and is anxious about losing her independence. Jaime's worker recognises that this situation is impacting significantly on her wellbeing. The worker reports the situation to her supervisor and makes a note of the situation in Jaime's case notes.

The scope of your role

It is important for your wellbeing, and that of the people you are supporting, that you work within your role. Work roles clarify what you are responsible for in supporting a person. For example, a person may need support with their nutrition. In one work role the worker may be required to:

- help the person plan and cook healthy meals
- cook meals for the person
- find a service that can support the person with their nutrition, such as a service that delivers ready-cooked meals.

Your role and responsibilities will be clearly defined in your position description.



There are limits to the support you can give a person. You may not have sufficient time, the skills and knowledge or the specific training to provide all the support a person requires.

It is important that you understand your work role and the limitations of your role. For example, you may be providing support to a person with a mental health diagnosis, and you are meeting them for a catch up in a shop. Your role is to monitor their support and provide company in a social setting, but this does not extend to you providing counselling to the person or advice on their mental health issues. Working outside of a work role may breach duty-of-care obligations or cause injury or harm to the person or worker. You must be able to identify when a person requires assistance beyond your capacity, what type of service is required and how to access that service.

Physical health situations beyond your role

Situations may arise when a person develops physical health issues that are beyond the scope of your role and additional support is required. In these situations, you need to report the health concerns to the relevant person in your organisation such as a team manager or supervisor.

For example, a person may have fallen in the bathroom, and you have not completed manual-handling training. Lifting the person could cause additional harm to the person or to yourself. In this situation, the worker should call an ambulance so the person can be lifted safely and have any injuries treated.

If in doubt, check with your supervisor.

Example

Report health situations beyond the scope of your role

Jessica is working with Larry, a war veteran, and his wife Lynda. Lynda approaches Jessica and explains that Larry has been having disrupted sleep, night terrors and mood swings since returning from service. She asks Jessica for advice on how she should deal with the situation as it is affecting Larry's health — he is losing weight and he is tired all the time.

Jessica is aware that providing advice is outside of both the scope of her job and her expertise. She acknowledges Lynda's feelings by saying, "It sounds like this is causing you a lot of concern. Would you mind if I speak to my supervisor for more suggestions?" Lynda accepts this offer and Jessica discusses the situation with her supervisor.



Practice Task 10

Question 1

Suggest two consequences of a worker providing support that is outside their work role.

Question 2

Provide an example of what a worker must do when faced with a physical health situation beyond the scope of their work role.

Question 3

Match each physical indicator to its description of how it is affecting the person's wellbeing.

Behaviour	Saying things such as, "I can't do anything right"
Mood	Becoming withdrawn or isolated; not going out as much as previously, not in contact with family
Expressed thoughts	A significant change in weight — either increase or decrease
Physical symptoms not linked to existing issues	Appearing overwhelmed when asked to respond to a question



Case study

Ollie works as a disability support worker. Ollie thinks that Heather, a person he supports, has lost an unusually large amount of weight. In addition, he notices that her eyes have started to bulge.

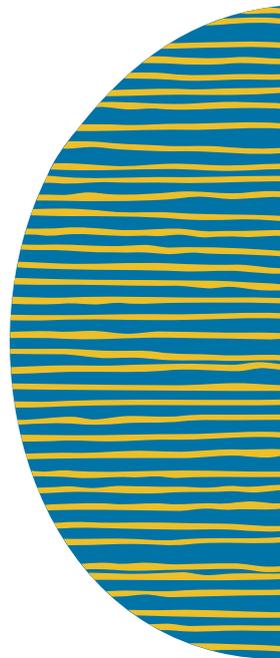
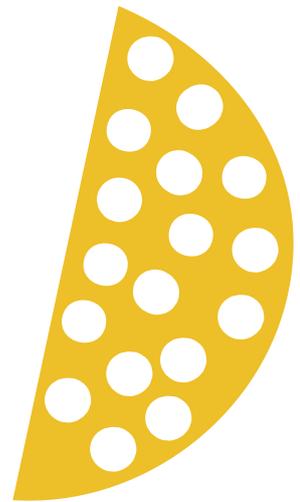
Question 4

Suggest what Ollie should do when he notices changes in Heather's physical condition.



Summary

- Support workers need to be aware of what good health and wellbeing means so they can guide and support their clients.
- You need to be aware of how poor physical health or impaired health can affect a person's overall wellbeing.
- Poor physical health can affect energy levels, concentration and the person's mood, increase stress and impact their quality of life.
- Wellbeing is important because it helps a person to function well in society and experience positive emotions, and it contributes to good mental health.
- Contributors to a healthy lifestyle include physical health, psychological health, mental health, nutrition and hydration, exercise, hygiene and oral health.
- A key part of helping people to maintain their independence is to help them keep their environment safe, secure and comfortable.
- A safe and healthy environment depends on the following factors: safety, social contributors, spiritual contributors, cultural contributors, financial contributors and career or occupation.
- A hazard is something with the potential to cause harm. You should identify possible hazards and report these by following the organisational requirements.
- You must be able to recognise signs and symptoms that suggest a person's condition is worsening or that they have developed a new condition that requires medical attention or other intervention.





Learning Checkpoint 3

Support physical wellbeing

Part A

1. Provide two reasons why supporting a person to maintain a safe and healthy environment is important.

2. Which of the following are examples of hazards that a worker may identify in a person's home? Tick all that apply.

- Poor lighting
- Uneven floor surfaces
- Items stored on the floor and in hallways
- Lack of food in the fridge and cupboards
- Lack of cash to pay the rent
- Lack of heating

3. Which of the following are ways to report hazards? Tick all that apply.

- Speak with a health and safety representative or officer
- Participate in health and safety committee meetings
- Speak to a supervisor
- Raise the matter during team meetings when risks are addressed
- Keep a diary of hazards



4. Provide an example of signs of positive wellbeing for each of the following aspects of a person's life:
- Social wellbeing
 - Spiritual wellbeing
 - Career or occupation wellbeing.

Part B

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

Case study

John lives in a supported accommodation house with three other residents. The other residents tell Simon, their worker, that John has been smoking in the house and that he is taking no notice of requests to not smoke on the premises. The residents tell Simon that John can be aggressive when he is asked to go outside and that they are frightened of his unpredictability.

1. Simon speaks to John and notices that he has lost weight and his personal hygiene has deteriorated. How should Simon report the variations in physical condition he has observed? Tick all that apply.
- Report what he has seen to his supervisor
 - Speak to John's family
 - Make some notes in John's case file
 - Speak to John and ask him how he is feeling

Part C

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

Case study

After migrating from Italy, Regina and her husband spent almost 40 years on a farm near a small country town. After Regina's husband died, her children helped her move to the city to be closer to them and other facilities. Regina has just been assigned a worker, Jenny, to support her to continue living independently.

Regina's English is limited, and she tells Jenny she doesn't have many friends in the city and prefers speaking in Italian. Regina doesn't drive but her son takes her to church every Sunday.

Regina used to enjoy a walk each day with a neighbour, but she tripped in her backyard and now she is not keen. She tells Jenny she sometimes has lunch with her son's family, but doesn't really go out any other time. Her daughter brings her groceries, but she doesn't cook much as she says it's too much bother for one person.

1. Which of the following are ways Jenny can promote healthy living habits to improve Regina's wellbeing? Tick all that apply.
 - Encourage Regina to start walking short distances with her neighbour
 - Arrange the purchase of a walking stick so Regina feels more confident exercising each day
 - Speak with Regina about her spiritual needs and if she would like to go to church services more often
 - Ask Regina if she would be interested in joining an Italian speaking social group
 - Teach Regina how to use a computer and order food online
 - Ask Regina if she would like to be involved in some volunteering activity and contribute to the community



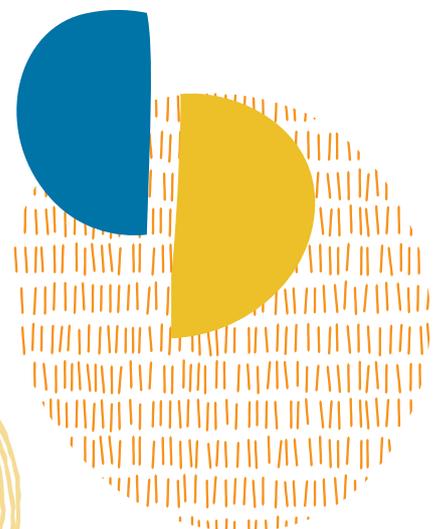
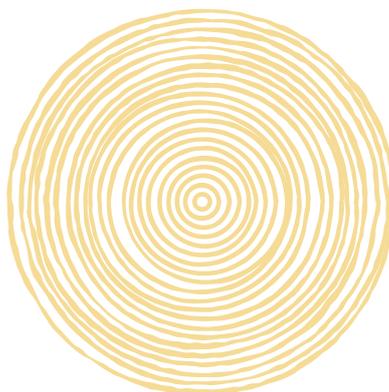
- 2.** Jenny notices that Regina seems to be drinking a lot of water and is complaining of ulcers in her mouth. When she asks Regina about this, Regina admits she is always too tired to clean her teeth and is often thirsty. Briefly outline what Jenny should do with this information.

- 3.** Regina tells Jenny that she can't go out to the Italian club because she doesn't have the money to pay for the membership fees or transport to get there. Suggest two ways Jenny can support her with her financial concerns.



Topic 4: Support social, emotional and psychological wellbeing

- 4A Use positive and supportive communication to promote self-esteem and confidence
- 4B Facilitate participation in preferred activities
- 4C Recognise risks and issues impacting wellness
- 4D Recognise and report abuse or neglect and restrictive practices



4A

Use positive and supportive communication to promote self-esteem and confidence

The quality of care given and the ability to communicate effectively, will influence client outcomes.

Professional relationships with clients need to be based on trust so that the client feels confident enough to communicate openly or honestly. Some clients are vulnerable and need to feel that they can share their concerns. They must feel psychologically safe.

Self-esteem
Confidence in one's own abilities and personal worth.

Taking the time to promote confidence and **self-esteem** will help build trust and confidence in the relationship and support. It also helps the person feel positive about themselves, their abilities, and perhaps how they contribute to their own life and/or that of the community.

Positive communication

The communication exchanges you have as part of your job will influence your relationship with clients.

A person's self-esteem and confidence influences their social, emotional and psychological wellbeing.

Positive communication involves using a strengths-based approach to encourage the person to promote their feelings of wellbeing. Focus on the person's strengths and abilities and leave the person feeling more confident and capable. Here are some actions you can take to build confidence in your clients:

Action	Strategies
Professionalism	<ul style="list-style-type: none">• Introduce yourself. Say your name, the name of the service you work for and your job title.• Show a genuine interest in people.• Follow up on actions and promises.• Be respectful of professional boundaries.• Do not make promises you cannot keep and act ethically.• Represent your service professionally in interactions with other services and health professionals.



Action	Strategies
Demonstrate respect	<ul style="list-style-type: none"> • Show a genuine interest in people. • Follow up on actions and promises. • Be respectful of professional boundaries. • Do not make promises you cannot keep, and act ethically. • Show empathy by placing yourself in another person's situation and view life from their perspective. • Acknowledge the person's feelings, even when they are angry or frustrated or sad. • Demonstrate empathy by understanding the person's point of view and their experience.

Video: Positive communication in support

Watch this video to hear people who receive support describe what they want in a support worker: aspirelr.link/creative-support-ltd

How do the comments made by the people in the video reflect a strengths-based approach to support?



Example

Using positive communication

Sharon is a support worker for a home care service provider. Sharon is making a house visit and will be helping with household duties. She arrives for her first shift with Dinesh, who is a new client to the service. Before she starts her tasks, she notices Dinesh is a little shy and is standing well away from the door. To help him feel at ease, Sharon asks Dinesh to make her a warm drink and they sit and have a chat at the table with their drinks.

Sharon uses this opportunity to see how Dinesh feels the service is going and to make sure his needs are well met. During the conversation, Dinesh reveals he is feeling low as he doesn't have the mobility he would like and cannot work in his garden. Dinesh tells Sharon about his partner and how he used to care for the roses. Sharon offers to walk with Dinesh in the garden and speak to the coordinator about adding garden maintenance to Dinesh's service plan.

Using clear communication

Whether communicating to hold a conversation, share information or ideas, give or receive a direction, or resolve a conflict or issue, your communication must be clear.

Active listening

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

Here are some tips for communicating effectively using **active listening** and questioning:

- Make sure you have the person's attention and ignore distractions.
- Provide a suitable, quiet and private environment.
- Speak to the person directly.
- Use words that the person can understand by considering their age, language, abilities and culture.
- Use clear, specific and relevant words, and avoid slang or abbreviated terms.
- Use sentences that are easy to follow and interpret.
- Ask if the person needs more information and explain yourself in different ways.
- Do not speak for the person or fill in words for them without their consent.

Active listening

It involves actively interpreting the information being communicated and participating in the conversation. For example:

- Acknowledging what a person is saying with short utterances, such as 'uh huh' and 'okay'.
- Using positive body language, such as nodding, smiling, leaning in towards the speaker, and uncrossing arms and legs.
- Repeating back to the person to confirm what you have heard and by asking a clarifying question, such as "Have I got that right?" or "So, what I hear you saying to me is that ..."
- Not interrupting the person and allowing them time to answer.

Active questioning

Questioning is the basis for identifying and understanding a client's needs. A question helps show the client that you are genuinely interested and want information to be able to support them. Using a probing question can encourage the person to provide more information, such as "I agree the community house is a nice place to visit. What else did you like?"

Questions can include open and closed styles. The following table explains both in further detail.



<p>Open questions</p>	<p>Open questions allow the person to speak in their own words and encourages thinking and reflecting.</p> <p>They normally begin with or use key words such as:</p> <ul style="list-style-type: none"> • who • where • why • what • when • how. <p>Examples of open questions include:</p> <ul style="list-style-type: none"> • What type of house are you looking for? • Why would you like to visit the hospital? • Where have you seen this service used? • How do you feel about having a different assessor? • When are you looking to have this completed by?
<p>Closed questions</p>	<p>Closed questions require the person to make a choice between a few limited options. They can be in the form of probing questions and normally begin with or use key words such as:</p> <ul style="list-style-type: none"> • can • would • which • have • does • could • are • do. <p>Examples of closed questions include:</p> <ul style="list-style-type: none"> • Do you have a preference between X and Y? • Do you want to have a look for yourself? • Would you like to speak to my manager? • Would you like me to see if this can be fixed? • Have you had this issue before?

Example

Supportive and positive communication

Rob, 22, was in a car accident a year ago that left him with head injuries. Rob has worked hard in rehabilitation and has made great progress. He has moved home with his parents and tells Sue, his worker, that the worst thing about being home is being bored and spending long hours just watching television. Rob says that before the accident he was at university studying economics. Sue hears the frustration in Rob's voice.

Sue acknowledges Rob's frustration at the difference between his life now and his life before the accident. She also acknowledges his experiences. She talks to Rob about the amazing progress he has made since the accident, and Rob agrees that he has surprised his doctors and therapists.

Sue and Rob then discuss what Rob would like to be doing and what he enjoys. They then set some goals for Rob and begin to develop a plan to achieve these goals.



Practice Task 11

Question 1

Which of the following are positive communication strategies? Tick all that apply.

- Speak loudly so the person will understand you better.
- Use body language to show you have a genuine interest in what the person is saying.
- Use clarifying questions to be clear about what the person said.
- Use probing questions to obtain more information.
- Interrupt the person when it is taking them too long to respond.
- Fill in words for the person when they need help.

Question 2

Melanie has an intellectual disability and lives with her parents who are very protective of her. She has low expectations of what she can achieve and lacks confidence about leaving her home to take part in activities and social gatherings.

Which of the following strategies can her support worker do to help build Melanie's confidence and self-esteem? Tick all that apply.

- Acknowledge Melanie's feelings
- Do things for Melanie
- Focus on Melanie's strengths and abilities
- Be non-judgmental
- Practise active listening
- Don't go against the parents' wishes

4B

Facilitate participation in preferred activities

Support workers can encourage the person to think about the social, cultural and spiritual activities that are important to them, and what they might enjoy doing.

Participation in social, cultural and spiritual activities can enhance a person's feelings of wellness by connecting them to their community and identity.

The benefits of being part of a community-based activity include:

- making social connections with people who live and work in a local area
- the safety and security of being familiar with the streets, buildings and people who live in the neighbourhood
- the benefits of casual conversations and meetings with people in the street who are known to the person
- being part of social events, such as street Christmas parties
- the possibility of the development of longer term and more significant friendships.

Acknowledge the person's preferences

The person may have existing networks or you may need to support the person to develop new networks.

Encouraging a person to participate in activities should begin with a discussion. You can ask what the person currently participates in, and/or what they have done in the past that was enjoyable or important to them.

You need to discuss the person's preferences for how and when they want to engage. Needs and interests change over time, and they may be keen to meet new people. They may have changed their preferences since the last time it was discussed.

You can list activities the person likes and their preferences for a place, group or time. For example, if the person expresses an interest in attending a weekly Saturday church service, you will need to know their preferred location, the service times and organise transport to and from the service.

People need to be provided with sufficient information so they can make choices. You can help the person choose an option by asking them to respond to the following questions:

- Will I find some fun or joy in participating?
- What support will I need to participate?
- Will I need funds to pay for this activity?



- What new skills and knowledge will I acquire?
- Is there time spent in community settings (and less in segregated settings)?
- Will there be opportunities to make new connections and friends?

Here is some information you may need to provide:

Type of activity	Some activities require a commitment, such as joining a group that provides volunteering to others or joining a sports team where attendance and training is important.
Cost	The activity may have a cost involved. If the cost is too high for the person, they may prefer a different or more basic activity.
Location	There may be an activity in the local community hall, or the person may have to travel to another suburb. If transport does not need to be considered, then the person may choose the one for which they have to travel because the activity itself is more comprehensive or suitable.
Participation level	Many activities can be undertaken at different levels of participation, such as attending weekly meetings, sports training twice a week, or optional attendance.
Timing	The timing of an activity needs to fit with other lifestyle choices or work or study commitments, such as during office hours, working remotely or on weekends.

Social activities

Enjoying social activities and participating in social networks in the community are important for people’s wellbeing.

Social skills can be enhanced and confidence improved. Social networks can also support resilience in people who are experiencing changes or stresses in their lives. When a person experiences significant changes to health, ability or wellness, it can be difficult to continue to engage in social activities. This may be because of physical limitations, experiences of stigma, financial reasons or loss of motivation.

Social networks are made up of people who fall into one of the following groups:

- immediate family (parents, children, siblings)
- extended family (aunts, uncles, cousins, grandparents)
- friends (people we know well and value)
- acquaintances (people we know less well, sometimes by name only)
- work groups (work colleagues who may or may not also fall into the ‘acquaintances’ or ‘friends’ groups)



- neighbourhood communities (people who share a residential area, such as those in the same street or block of flats)
- sporting groups (a horse-riding club, a sailing club or a hockey team)
- a special interest or hobby group (a sewing class, a choir or a theatre group).

Cultural activities

Involvement in cultural activities makes us feel included and adds meaning and value to life. Cultural identity shapes how people feel about themselves and their community. You can discuss with the person what cultural activities are important to them and what networks they have or need to develop. Culture can be expressed in many ways. Here are some examples:

- music or art group
- cultural centre
- multicultural centre
- story-telling group
- spending time in a culturally significant place with others.

Spiritual activities

Spiritual activities will mean different things to different people and you should discuss what activities are meaningful for the person. Together you should look at what networks are already in place or find out what the person feels is missing. Spirituality can be expressed in many ways. Here are some examples:

- attending a church, temple or mosque
- attending a prayer group or meditation centre
- having time on their own
- being among nature.

Facilitate participation

Look for programs and services that are accessible and inclusive to people of all abilities. This means that systems, processes and facilities are accessible and inclusive so that the environment is welcoming and appropriate for everyone. For example, a playground might be designed to be accessible to children who use a mobility aid as well as those who do not. An art centre might have fully accessible toilets and a wide range of programs to meet the needs of patrons who have specific requirements.

Information about activities needs to be shared in a way that meets the communication needs of the person. Once appropriate services, personnel, agencies



or resources have been identified, assist the person to access them. You may need to obtain their permission before completing any paperwork or documentation on their behalf. In some cases, the person will be able to complete an application on their own, but sometimes they may require assistance to access supports.

Application form	Some services and resources require an application form to be completed. These will include service guidelines and eligibility criteria.
Phone call	Sometimes a phone call may be all that is needed to seek supports or resources.
Informal networks	You may know of resources or supports available in the local community.
Waiting list	In some cases, a waiting list might apply if a program, service or resource is already fully subscribed.
Direct purchasing	Some people may be able to purchase supports or resources directly using individual funding packages.

Example

Encourage participation in activities

Liam tells his worker, Jethro, that he used to enjoy swimming and belonged to a local swimming club before he became unwell. Liam says he stopped swimming when he went to the hospital and hasn't been in a pool since he came home. Jethro encourages Liam to start swimming again. Jethro organises a time to go swimming with Liam and while they are at the pool, he encourages Liam to look into joining the swimming club again.

Establish safe and predictable routines

Routines provide structure, which in turn can provide a feeling of control and sense of safety.

Many people prefer to have a routine so that they can prepare, know what to expect and when it will occur. It creates the stability and predictability that some people need. You can support this sense of security by working with the person to develop routines around the activities they are involved in.

Predictable routines for activities involve the following.



Service appointments

Schedules are provided for:

- services that come into the person's home
- visits from support staff or other professionals
- regular appointments that are scheduled, such as physiotherapy or medical
- appointments for shopping or other errands.

Meals

Schedules outlining when meals are prepared, eaten or delivered

Social activities

Schedules for social outings or activities, such as playing golf, attending a seniors' centre or having coffee with a social club or going to the movies

Work, volunteering, school or training

Schedules are provided for:

- attending a class or course
- doing volunteer work
- working part time or full time.

Transport

Timetables for public transport, such as buses, trams or trains, booked taxis and community buses

Example

Routines contributing to a sense of security

Rachel has Down syndrome and lives in a supported accommodation unit. She works at a nursery in another suburb. Rachel, together with her support worker, Jo, has a weekly routine.

Jo wrote the routine on a big piece of cardboard that Rachel has stuck up on her wall in her room. The poster shows her what she does every day including what time to catch the bus to work, the time her parents pick her up for lunch on Saturdays, the days Jo visits, shopping day for groceries and when the weekly house meetings are. The poster also has important phone numbers and other information Rachel needs.

Once a month, Jo and Rachel look at the poster and make any necessary changes. They also plan Rachel's menu for the month and then create lists for Rachel's shopping trips. Rachel feels confident because she has a routine and knows what to expect every day.



Practice Task 12

Question 1

Suggest why a person may prefer to have a predictable routine.

Question 2

Which of the following statements relate to assisting a person to participate in activities they prefer? Tick all that apply.

- Ask the person what activities are they currently doing
- Ask the person what is important to them
- Discuss with the person how and when they want to engage
- Tell the person it is better they stay in their current activities
- Provide sufficient information so the person can make choices

Question 3

Provide at least two examples of social, cultural and spiritual activities.

4C

Recognise risks and issues impacting wellness

One in five Australians (20%) aged 16–85 experience a mental illness in any year. The most common mental illnesses are depression, anxiety and substance use disorder.

Good mental health means a person feels a sense of wellbeing, feels good about themselves and is confident. Good mental health enables a person to enjoy daily life, interact positively with other people, deal with challenges and reach their potential.

A strong sense of wellbeing contributes to good mental health. It also helps to protect us from feelings of hopelessness and depression.

Types of mental health issues and illnesses

Support workers do not need to be mental health professionals but they do need to be aware of the signs and risks in relation to mental health.

Mental health issues vary in how long they affect people; it could be a single episode or a lifelong condition. They also vary in severity; it is sometimes transitory or sometimes causes psychosocial disability requiring long-term support. These include:

- anxiety disorders
- bipolar affective disorder
- depression
- dissociation and dissociative disorders
- eating disorders
- obsessive compulsive disorder
- paranoia
- post-traumatic stress disorder
- psychosis
- schizophrenia
- substance abuse disorders.

Read more detail about the types of mental illness from one of the following government or research peak bodies:

- aspirelr.link/black-dog-institute
- aspirelr.link/sane

Indicators of emotional concerns and issues

People you work with may be experiencing symptoms of stress, depression, anxiety or other mental health issues, or their emotional wellbeing may be compromised in some other way.



Indicators of emotional concerns
Feelings of worry or anxiety that are constant or last for a long time
Feelings of unhappiness or depression causing the person to lose interest and motivation, to stop enjoying activities or to feel sad all the time
Sudden mood changes like angry outbursts or bursting into tears
Sleeping problems like insomnia or changes in sleeping patterns
Changes to appetite or significant changes in weight
Becoming quiet or withdrawn from family and friends
Using drugs or drinking alcohol excessively
Feeling worthless, useless or hopeless
Significant changes in behaviour, feelings or thoughts

Risk and protective factors

Part of preventing serious mental health issues is to identify risks and put supports in place to reduce risk. If you have serious concerns, speak to your supervisor who may refer the person to a mental health professional so that the person can be formally assessed.

Here are some of the risk factors that adversely affect a person’s mental health:

- genetic predisposition
- homelessness and unemployment
- alcohol and other drug use
- discrimination and racial injustice
- family conflict or family disorganisation
- stressful life events.

While risk factors can be present at different times in a person’s life, so too can protective factors. Protective factors are anything that supports mental health and wellbeing and provides **resilience** when difficult situations occur.

Protective factors can be:

- personal attributes, including the ability to cope with stress, face adversity and problem-solving skills
- physical health and healthy behaviours
- physical activity levels
- social support and inclusion
- strong cultural identity and pride.

Resilience

The ability to manage stress and negative life experiences and to recover quickly from difficult experiences.



Example

Positive psychological wellbeing

Mia lives alone in her own home and a worker visits once a week to provide support. Mia has arthritis and requires support with some tasks; however, the worker notes that Mia is in good mental health. Mia has a large family who visits regularly and often contacts her by phone to talk. Mia owns her home and has a secure income. She is involved in several community activities including a book club that she really enjoys.

Cultural issues impacting wellbeing

Cultural issues include difficulties relating to resettlement; discrimination based on race, language or religion; grief and loss; language difficulties; effects of trauma; separation from country or culture; or difficulties practising cultural rituals or ceremonies.

A person's culture and language skills can affect how they experience changes in their health, ageing, mental health issues or disability. It may also impact their ability to ask for help when needed. Continuing grief and anxiety over family and friends left behind can also influence wellbeing. Not being able to fully participate in culture may be having a similar effect. It may leave them feeling isolated and may reduce their sense of meaning in their lives.

Aboriginal and Torres Strait Islander peoples may have unique cultural wellbeing risk factors based on their history and shared trauma. Aboriginal and Torres Strait Islander peoples affected by the Stolen Generations have experienced a loss of culture due to being removed from the country, loss of language and not being able to participate in ceremonies or spiritual practices. The intergenerational trauma of the Stolen Generations has had a significant impact on many people's health and wellbeing.

You can read more about cultural wellbeing risk factors for Aboriginal and Torres Strait Islander peoples at the following site:

aspirelr.link/mental-health-risk-factors-indigenous-australians

You can read more about mental health issues for migrants and refugees at the following site: aspirelr.link/wa-refugee-mental-health



These are some examples of how cultural issues may affect a person:

- feelings of sadness or depression, anger or not belonging
- physical symptoms like headaches or muscle aches
- reduced ability to concentrate
- reduced self-esteem, confidence and sense of identity.

Financial issues impacting wellbeing

Financial hardship can have an impact on the person's relationships, ability to socialise, access to health care and stress levels.

Financial issues impact a person's mental health and wellbeing by increasing their stress levels and decreasing feelings of self-efficacy and independence.

Financial issues can affect the person's ability to feel confident and engage in social activities, obtain health care, or pay for treatments and medication. Issues can be due to loss of employment, difficulties with government payments, or finding it difficult to budget and manage on a limited income.

Possible signs of financial stress

- Arguments about money with family or partners
- Bills not being paid or being left unopened
- Mood changes, signs of depression
- Social withdrawal, i.e. not participating in social, spiritual or cultural activities
- Increase in negative physical symptoms

You can read more about financial issues and mental health at the following site:
aspirelr.link/mhfa-financial-difficulties-mental-health

Example

Identify cultural or financial issues

Jeff has an acquired brain injury. Due to memory impairment and mood swings, he has been unable to return to work since his injury. A worker visits him regularly. She notes Jeff's food cupboard is empty. When she asks Jeff about this, he says, "It's all I can afford; they took away my licence and I have to buy in bulk, so I can't get fresh food."



The worker provides Jeff with information on a free transport service so he can shop regularly. She also provides him with local not-for-profit groups that provide food, such as Foodbank and the Salvation Army. She goes with Jeff on his first visit to his preferred option to ensure he is comfortable with the service.

Aspects of wellbeing outside your job role

Everyone has good days and days when their wellbeing is compromised.

When wellbeing changes or deteriorates for a longer period of time or if there is significant change, you need to be aware of the effects on the person. If you identify that the person's wellbeing has changed, such as mood or behaviour changes, you need to report it to your supervisor according to your organisation's procedures.

In community services work, there are often circumstances when support is required by experts or specialists in their field. You must be clear on your work role and the limitations to your abilities so you can refer to other supports when required.

Organisations will have different procedures for reporting concerns; in most instances, this will involve (at the very least) noting the concerns in the person's file and reporting to a supervisor. In some situations mandatory reporting may apply; for example, if the worker suspects the person's wellbeing is being affected by abuse or neglect. This will be discussed in the next section.

You can gain support from a supervisor or more experienced colleagues depending on your organisation's procedures. You can also find information and support from other organisations that specialise in the issue the person is experiencing.

An extensive list of mental health services can be found at the following site:

aspirelr.link/mental-health-commission-get-help

Example

Monitoring mental health

Sean has been supporting Steve with his recovery after he came home from the hospital. They have been working on Steve returning to university and getting fit for the past three months. Sean notices that on his last visit Steve was very quiet and withdrawn.



Two days ago, Steve cancelled a meeting with Sean. Today when they catch up, Sean is concerned to notice signs of cutting on Steve's arms. Sean acknowledges that this situation is outside of his job role and immediately contacts his supervisor to discuss Steve's physical and mental health and safety.

Practice Task 13

Question 1

Briefly outline two examples of cultural issues that would impact a person's wellbeing.

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

Case study

Silvia lives alone in her own home after her partner of many years died suddenly six months ago. Silvia experienced a serious episode of depression after her partner's death and was hospitalised for more than a month. Rona, Silvia's support worker, has been supporting her since she left the hospital. Rona is actively involved in the community.

During the past month, Rona has noticed that Silvia looks tired and appears to have lost weight. In addition, Silvia does not always answer Rona's phone calls or answer the door. Today Rona receives a phone call from Silvia's sister saying the family is concerned that Silvia hasn't been attending the family's weekly Sunday lunch as she usually does.

**Question 2**

Which of the following are potential risk factors for Silvia's mental health? Tick all that apply.

- Grief and loss
- Withdrawal from family and Rona
- Sleep problems
- Poor eating habits
- Loss of weight

Question 3

Identify at least two protective factors that Rona could identify.

Question 4

Which of the following are indicators of financial issues? Tick all that apply.

- Bills left unopened or not being paid
- Mood changes and social withdrawal
- Complaints about having to pay for support
- Arguments about money with family/partners
- Sudden purchase of expensive items

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

Case study

William is 84 years old and has recently returned home after a fall put him in hospital. He receives assistance to remain living at home through the home support program. He had always been optimistic until he was robbed at an ATM near his home recently. Now he feels anxious and vulnerable. He jumps at every sound and is fearful. His sleep patterns have been disrupted and he is showing signs of depression. William's support worker is concerned but is unsure about what to do or if it is her job to assist.

Question 5

Which of the following are actions William's support worker should take within her job role? Tick all that apply.

- Ask William what to do
- Contact the police and find out what they are doing to find the thief
- Refer to the job or position description
- Ask a supervisor or experienced colleague
- Check workplace policies and procedures

Question 6

Which of the following are support services William could use to support his mental health? Tick all that apply

- William's doctor
- A private counsellor
- A family member
- An adult community mental health service or a helpline
- An online website

4D

Recognise and report abuse or neglect and restrictive practices

People with support needs can be more vulnerable to abuse or neglect.

You need to be aware of how the people you work with may be at risk of abuse or neglect.

Abuse can be **intentional** or **unintentional**.

For example, abuse can happen when a primary carer has not had a break and is caring for someone with very high needs. If there is no one else that the carer can call on, they can become tired and resentful and not provide appropriate support. They may not realise the impact their behaviour is having. This is still abuse and needs to be reported.

Recognise neglect

Neglect is when the person with care needs is neglected either through intentional or unintentional acts that result in the person not being provided with necessities.

Here is further information about neglect:

Neglect

Neglect can be:

- not providing enough food or drink
- not providing an adequate level of care
- not spending time with the person or leaving them alone for prolonged periods
- inadequate provision of clothing or personal items
- an unwillingness to allow for adequate medical, dental or personal care
- inappropriate use of medication; for example, overdosing them 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, poor skin quality
- The person appears unkempt, e.g. the same clothing is worn every day of the week, loose or baggy clothing, clothing appears to be in a poor state, unwashed hair, untrimmed nails, poor hygiene
- No dentures, hearing aids, mobility aids or glasses
- Skin burns from urine being in contact with the skin for too long

Intentional abuse

When a person deliberately causes harm to another person.

Unintentional abuse

Abuse that occurs through ignorance or other unintentional reasons, harming the person with care needs.

Neglect

Failing to properly care for a person.

Physical abuse

Physical abuse
The physical assault of a person.

Physical abuse can occur through physical acts of violence. Indicators might include physical pain or injuries.

Physical acts of violence include hitting, slapping, punching, pulling hair, spitting at the person, pinching, biting, twisting an arm or wrist, physical restraint such as tying a person to a bed or chair, confining a person to a room, or using objects to hurt a person (throwing rocks, using a strap). This abuse must be reported.

Indicators of physical abuse can include:

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

Sexual abuse includes sexual harassment, indecent assault and rape. This abuse must be reported.

Here are examples of indicators of sexual abuse:

Sexual abuse indicators

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 the genital areas

Psychological/emotional abuse

Psychological and emotional abuse
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. This abuse must be reported.

Here are some indicators of this form of abuse:



Indicators of psychological/emotional abuse
Sense of hopelessness
Fearfulness, helplessness, withdrawal, reluctance to make decisions
Behaviour swings
Anxiety, anger, moodiness, agitation, depression, passivity, low self-esteem
Tiredness
Sleep deprivation, insomnia, confusion
Unexplained weight loss or gain
Change in appetite
Increased alcohol consumption

Financial abuse

Financial abuse is not always easy to spot. For example, a carer restricting a person's access to their own money or requiring them to account for how their own money was spent in minute detail.

It can also include situations where a person with impaired cognitive abilities has given consent without truly understanding what their consent means. This abuse needs to be reported.

Financial abuse includes:

- embezzlement, fraud, forgery and stealing
- withholding money from the person or not paying accounts or debt
- forcing a person to change their will
- the enduring power of attorney refusing to provide enough money for the person to be able to live
- the enduring power of attorney refusing to provide money for the person to buy clothing or other required items
- forcing a person to hand over their money or assets.

Reporting requirements

You have an ethical and often a legal responsibility to report suspected cases of abuse and neglect. While **mandatory reporting** requirements in aged care are uniform throughout Australia, the requirements in other community services settings vary between states and territories.

Financial abuse

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

Mandatory reporting

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



It mainly relates to children, but can also relate to adults if the person involved is living in a residential service

Community services organisations will have procedures for workers to follow in situations where they find out or suspect that someone is being abused. This may include reporting to a supervisor, a state or territory department or the police. Most organisations will also have documentation that must be completed, including case notes. Children, young people, frail older people and people with disabilities are particularly vulnerable to abuse.

Focus on reporting accurately and objectively.

Objective report
What you saw (e.g. the size, location and type of bruising)
When you saw it (e.g. date, time, day)
What you did (e.g. removed the person from the situation)
What you said (e.g. explained to the person that you had to report the incident)
The person's response (e.g. what they said or did)
Follow-up action to be taken

Example

Recognise and report abuse or neglect

Jane is a support worker at a residential aged care home. She is helping Mrs Lowe, an older person who has dementia, get dressed one morning. Jane notes that Mrs Lowe has distinct bruising on her inner thighs, so Jane contacts her supervisor immediately. Medical attention is sought for Mrs Lowe. An incident report is filled out and given directly to the coordinator, and a note is placed in Mrs Lowe's file.

Restrictive practices legislation

Restrictive practice

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

In the community services context, prohibited practices include those that are abusive, those that constitute assault and those that constitute wrongful imprisonment. All are criminal offences and civil wrongs and could lead to legal action.

Using **restrictive practices** in an aged care setting must always be the last resort. There are laws around use of restrictive practices in residential aged care, and a



number of requirements that must be met for the use of any restrictive practice. The regulator of restrictive practices in aged care is the Aged Care Quality and Safety Commission.

A fact sheet detailing the requirements with 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. They can be found here: aspirelr.link/ndis-commission-safeguards

Restrictive practices as defined by the NDIS Commission and Aged Care Quality Safety Commission are further explained below.

<p>Chemical restraint</p>	<ul style="list-style-type: none"> • Chemical restraint is a practice or intervention that uses medication or a chemical substance primarily to influence a care recipient's behaviour. Psychotropic medications are the most common type of chemical restraint. • Chemical restraint does not include prescribed medications for diagnosed mental disorders, physical illness or conditions, or end-of-life care.
<p>Environmental restraint</p>	<ul style="list-style-type: none"> • Environmental restraint involves restricting free access to parts of the care recipient's environment to influence the service user's 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 service user would not normally be allowed into, such as the laundry, meal preparation area or medication storage areas.
<p>Mechanical restraint</p>	<ul style="list-style-type: none"> • Mechanical restraint involves using devices to restrain, prevent or subdue movement to influence a service user's behaviour. It includes devices used for safety purposes or to prevent harm if they are not used for therapeutic reasons. • Mechanical restraints can include bed rails, belts, harnesses, restrictive clothing or using straps to restrain any part of the body. • It does not include devices for therapeutic purposes, such as a wheelchair for someone unable to walk for more than a short period.



<p>Physical restraint</p>	<ul style="list-style-type: none"> • Physical restraint involves using force to prevent, restrict or subdue movement for the purpose of influencing behaviour. Examples include holding a service user down to administer medication, or pulling them in a direction they do not want to go. • It does not include using a hands-on technique to direct the service user away from potential harm or injury, such as holding a person back from crossing the road if there is traffic approaching.
<p>Seclusion</p>	<ul style="list-style-type: none"> • Seclusion involves putting a service user into solitary confinement for the primary purpose of influencing their behaviour. Seclusion substantially affects a person’s dignity and rights, and is an extreme form of restrictive practice that should never be used as a punishment. It should only be used when all other avenues of behaviour management have been exhausted. • It is prohibited to isolate a child or young person (under 18 years of age) in a setting where they are unable to leave for the duration of a particular incident. • Seclusion does not include a service user locking themselves in their room, or unlocking the door and leaving if they choose.

Australian Government Department of Health, *Restrictive practice use in aged care facilities* Factsheet

Video: Restrictive practices

View the following videos under ‘Recognising restrictions on people’s lives’ for more information on restrictive practices. These films were funded by the Victorian Government and developed with support from the Victorian Office of Professional Practice: aspirelr.link/yt-restrictive-practices



Read about disability zero tolerance information here: aspirelr.link/nds-considering-additional-risk

Organisational policies and procedures

Your workplace would have policies and procedures that outline the conditions under which regulated restrictive practices can be used. Some of these conditions state that the use of a regulated restrictive practice must:

- be clearly identified in the behaviour support plan
- be authorised in accordance with the process of the state or territory in which the regulated restrictive practice is to be used (however described) in relation to that practice
- be used only as a last resort in response to risk of harm to the person with



disability or others, and after the provider has explored and applied evidence-based, person-centred and proactive strategies

- be the least restrictive response possible in the circumstances to ensure the safety of the person or others
- reduce the risk of harm to the person with 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.

Positive strategies for restrictive practice

The National Framework for reducing and eliminating the use of restrictive practices in community services identified the six core strategies for reducing and eliminating restrictive practices:

1. Person-centred focus
2. Leadership towards organisational change
3. Use of data to inform practice
4. Workforce development
5. Use of restraint and seclusion reduction tools (including evidence-based assessment, prevention approaches, emergency management plans, environmental changes and meaningful activities integrated into the individual's support plan)
6. Debriefing and practice review.

The primary goal of behaviour support is to improve quality of life, with the reduction of behaviours of concern being the secondary goal. Reducing and eliminating restrictive practices upholds the rights of people and is a critical part of promoting quality of life.

Documentation and ethical considerations about restrictive practice

Every service is required to follow legal and ethical requirements in restrictive practice, as well as maintain detailed records. These are the general considerations required:



Reporting obligations and authorisation	Support workers need to be aware of their reporting obligations. They also need to follow state and territory authorisation, consent and reporting requirements consistent with relevant legislation, and policy and procedures.
Least restrictive	A restrictive practice must be the least restrictive response possible in the circumstances to ensure the safety of the person or others.
Shortest time and last resort	A restrictive practice must be used for the shortest possible time and only as a last resort after exploring and applying evidence-based, person-centred and proactive strategies.
A functional behaviour assessment	This is a key component in the development of a comprehensive behaviour support plan. A functional behaviour assessment is a requirement under section 20(5) of the NDIS (Restrictive Practice and Behaviour Support) Rules 2018.
Behaviour support plan	The use of a restrictive practice must be detailed in a behaviour support plan and only used within a framework of positive behaviour support.
Report use	Providers implementing regulated restrictive practices need to keep records of their use of restrictive practices and report use to the NDIS Commission or aged care regulator.
Reduction and elimination	Consideration should be given on how to gradually reduce (and eliminate over time) the use of the restrictive practice.
Supports should be trauma informed	This involves recognising the high prevalence of traumatic experiences in people with disability, understanding and responding to trauma as well as ensuring that any restrictive practice does not result in re-traumatisation to the person.
Communicate appropriately with the person	It is a requirement under section 20(4) of the NDIS (Restrictive Practice and Behaviour Support) Rules 2018 that the intention to use a regulated restrictive practice is communicated to the person with disability and their family in an accessible format.
Collaborate with health and allied health professionals	A collaborative approach with different professionals including health, occupational therapist, speech pathology and physiotherapist can help to assess the person's context, systems and environment in which the restrictive practice will be used.
Consider the individual	Culture, religion, beliefs, sexual expression, linguistic circumstances, the gender of the person and their family should be considered.
Physical and psychological risk assessment	A risk assessment should be conducted and should consider any physical health problems, psychological risks (e.g. a history of abuse and trauma), risk of injury or other health issues.
Staff training	Staff need to be appropriately trained in how and when they can use the regulated restrictive practice safely and it should be outlined in the behaviour support plan.



Regular reviews	The use of the regulated restrictive practice needs to be regularly monitored and reviewed.
Get advice if unsure	If you are unsure about whether the practice is a restrictive practice, seek advice from a clinical supervisor or from the NDIS Commission.

Practice Task 14

Question 1

Match each term about indicators of abuse to its definition.

Psychological abuse	A person is assaulted by another person.
Financial abuse	A person receives unwanted sexual contact by another person.
Physical abuse	A person feels disempowered as a result of the way they are treated.
Sexual abuse	A person's money is being taken without their consent.

Question 2

Match the legal and ethical requirements terms to their description.

Neglect	A law that requires the reporting of known or suspected cases of abuse and neglect.
Restrictive practices	When intentional or unintentional acts cause harm to another person.
Mandatory reporting	When intentional or unintentional acts result in the person not being provided with necessities.
Abuse	Any practice or intervention that has the effect of restricting the rights or freedom of movement of a care recipient.



Question 3

In what ways would a support worker recognise that a person is being neglected?
Tick all that apply.

- Weight loss or dehydration
- Changes in their physical appearance, such as unwashed clothes
- Sudden happy moods
- Evidence of sores on the skin from urine burns
- Unkempt home and garden

Question 4

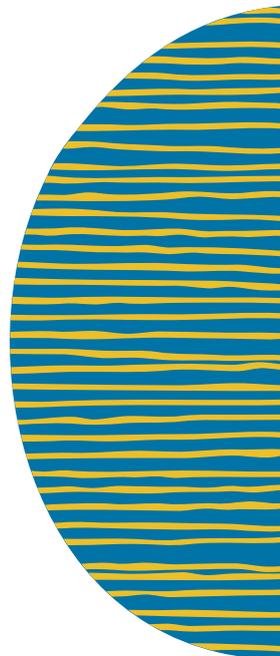
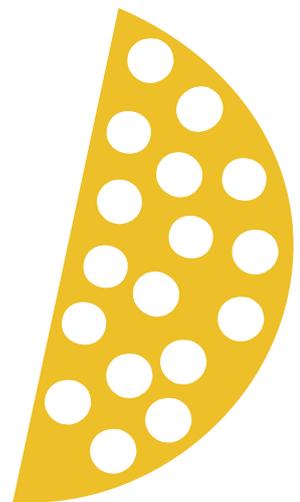
Briefly outline each of the following aspects of restrictive practices:

- Legislative or regulatory requirements
- Policies and procedures
- Positive strategies
- Ethical consideration
- Documenting requirements



Summary

- Positive, supportive communication with a person in your care, develops trust and allows the person to feel positive about themselves, their abilities and perhaps how they contribute to their own life and that of the community.
- Developing routines with a person in your care provides the person with structure and creates stability, which is comforting.
- As a support worker, you can encourage a person to participate in social, cultural and spiritual activities that are important to them. Consider what they enjoy doing to help them reach their goals.
- If you identify that a situation or issue with a person is not within your work role, it is important to seek support from a supervisor or more experienced colleagues.
- If you identify changes in a person's wellbeing, for example, changes in mood or behaviour, you need to report it to your supervisor according to your organisation's procedures.
- Cultural or financial issues may impact wellbeing by affecting the person's ability to feel confident, engage in social activities, obtain health care or pay for treatments and medication.
- Mental health issues can arise due to individual, environmental or social risk factors. If you have serious concerns, refer the person to a mental health professional so that they may be formally assessed.
- Abuse can be intentional or unintentional and can be physical, sexual, psychological, emotional or financial. You should report any abuse to your supervisor and follow organisational reporting procedures.
- Neglect is when the person with care needs is neglected and not being provided with the basic necessities. You should report any neglect to your supervisor and follow the organisational reporting procedures.
- Restrictive practices include chemical, environmental, mechanical and physical restraints, and seclusion.
- Attempting to provide support beyond the scope of your role could have consequences for the person you support as well as yourself. You need to report any situation that is beyond the scope of your work role according to the organisational procedures.





Learning Checkpoint 4

Support social, emotional and psychological wellbeing

Part A

1. List four examples of routines that a worker could develop with the person they support.

2. Provide three examples of cultural issues and three examples of financial issues that may affect a person's wellbeing.

3. List five risk factors in relation to a person's mental health.



4. List five protective factors in relation to a person's mental health.

5. Which of the following are possible indicators that a person is experiencing emotional concerns or issues? Tick all that apply.

- Feeling happy
- Feeling depressed and no longer enjoying activities
- Experiencing sleeping problems
- Increasing exercise routines
- Withdrawing from family and friends
- Using alcohol or drugs excessively

6. Identify signs that may indicate a person is experiencing each of the following types of abuse or neglect:

- physical abuse
- sexual abuse
- psychological abuse
- neglect.



7. Briefly outline the reporting requirements (mandatory reporting) for workers who suspect an abuse situation in aged care.

[Empty rounded rectangular box for writing the answer to question 7]

8. Match each term about restrictive practices to its description.

Ethical considerations	Any practice or intervention that has the effect of restricting the rights or freedom of movement of a care recipient.
Documentation requirements	Laws around the use of restrictive practices and the requirements that must be met for the use of any restrictive practice.
What constitutes a restrictive practice	Information for staff on the conditions under which regulated restrictive practices can be used.
Legislative and regulatory requirements	Ways to reduce and eliminate the use of restrictive practices.
Organisational policies and procedures	The least restrictive response possible in the circumstances to ensure the safety of the person or others.
Positive strategies	Records must be kept on their use of restrictive practices and their practice must be reported.



Part B

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

Case study

Georgia has a physical disability that means she requires a walking frame to move. She experiences episodes of severe anxiety that have limited her ability to participate in meaningful activities. After a period of support, Georgia is back living independently and is considering her future. Georgia tells her support worker, Meg, that she had to quit her university course when she became unwell and she is too embarrassed to go back.

Georgia also tells Meg that she began working on several art projects while at the clinic and would like to continue with art. She feels she is able to express herself and feels more in touch with what is important. She tells Meg she feels that perhaps this will help her make new friends as she doesn't really have many.

1. Which of the following are ways that Meg can use positive and supportive communication to promote Georgia's self-esteem and confidence? Tick all that apply.
 - Acknowledge how Georgia is feeling and show her that she understands her point of view
 - Suggest that Georgia stays home during her anxiety episodes
 - Listen carefully to what Georgia has to say and respond to acknowledge her experiences
 - Explore Georgia's strengths and abilities, such as capacity to study and interest in art
 - Suggest that Georgia find a more suitable hobby



- 2.** Suggest two ways Meg can encourage and facilitate Georgia’s participation in social, cultural and spiritual activities that meet her needs and interests.

- 3.** After working with Georgia for several months, Meg observes that Georgia seems withdrawn and is suggesting she may stop going to her art classes that she had been enjoying up until a few weeks ago. Suggest what Meg should do to act on her observations.

- 4.** What should Meg do if she sees Georgia’s mental health deteriorate and Georgia wants her to help?



Glossary

Active listening

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

Activities of daily living (ADLs)

Fundamental skills required to sustain independent living, relating to nutrition, personal hygiene and mobility.

Bias

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

Confidentiality

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

Cultural identity

A person's self-perception of belonging to a social group, such as a particular nationality, religion, ethnicity or social class.

Culture

The social behaviour and norms found in human societies, which are influenced by race, religion, economic status, family life, health, educational or governmental system of their members.

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.

Duty of care

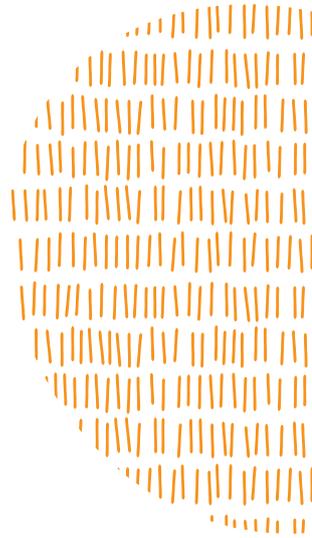
A moral or legal obligation to ensure the safety and wellbeing of other persons.

Financial abuse

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

Financial security

Being able to meet current financial commitments comfortably and having financial resilience into the future.





Harm

Mental or physical state of discomfort that may result from a one-off incident or develop over time.

Hazard

A source or a situation with the potential for causing harm, damaging humans, property and/or the environment.

Health

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Heterosexual

Being attracted to people of the opposite sex or gender.

Homosexual

Attracted to people of the same sex or gender.

Human rights

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

Integrated approach

An approach to care where there is a high degree of collaboration among involved health professionals, ensuring improved outcomes for the person.

Intentional abuse

When a person deliberately causes harm to another person.

Mandatory reporting

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

Mental health

A state of cognitive, behavioural and emotional wellbeing, allowing a person to cope with daily life.

Myths

Stories or ideas that are based on traditions and not necessarily true.

Neglect

Failing to properly care for a person.

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.

**Psychological and emotional abuse**

Ongoing intimidating behaviour that is designed to disempower a person.

Resilience

The ability to manage stress and negative life experiences and to recover quickly from difficult experiences.

Restrictive practice

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

Self-esteem

Confidence in one's own abilities and personal worth.

Sex

May refer to the act of sexual intercourse or a person's chromosomal makeup; sex is both an action and a description.

Sexual abuse

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

Sexuality

The capacity for sexual feelings and attractions to other people.

Spirituality

An inner sense of something greater than oneself, which may be met through faith or religion.

Stereotype

A fixed, over-generalised belief about a particular group or class of people.

Strengths

A person's positive personal attributes, character traits or skills available to that person.

Strengths-based approach

Recognises that all individuals are resourceful and resilient experts in their lives, and can progress in a way that enhances their quality of life.

Unintentional abuse

Abuse that occurs through ignorance or other unintentional reasons, harming the person with care needs.

Wellbeing

A sense of happiness, peace or contentment when we find satisfaction and purpose in meaningful activities and connections with others.

