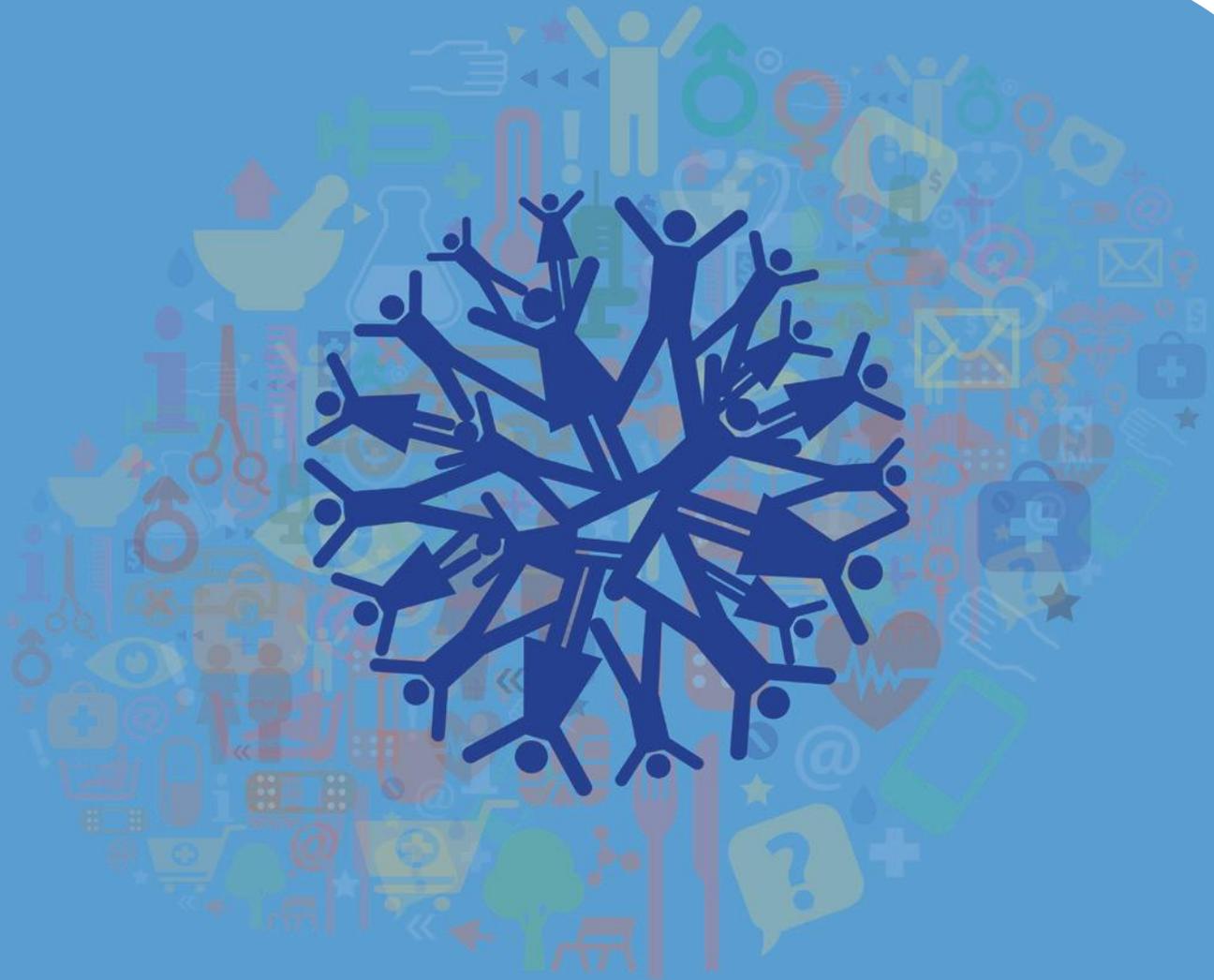


# CHCDIS001

## Contribute to ongoing skills development using a strengths-based approach

Release 1



*Learner guide*

CHCDIS001

**Contribute to  
ongoing skills  
development using  
a strengths-based  
approach**

Release 1

**Learner guide**

Aspire Version 1.2



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Version	Release date	Modification
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### CHCDIS001 Contribute to ongoing skills development using a strengths-based approach Release 1

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## Before you begin

This learner guide is based on the unit of competency *CHCDIS001 Contribute to ongoing skills development using a strengths-based approach*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: [www.training.gov.au](http://www.training.gov.au).

## How to work through this learner guide

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

Feature of the learner guide	How you can use each feature
<b>Learning content</b>	<ul style="list-style-type: none"> <li>▶ 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.</li> </ul>
<b>Examples and case studies</b>	<ul style="list-style-type: none"> <li>▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints.</li> <li>▶ Case studies highlight learning points and provide realistic examples of workplace situations.</li> </ul>
<b>Practice tasks</b>	<ul style="list-style-type: none"> <li>▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.</li> </ul>
<b>Video clips</b>	<ul style="list-style-type: none"> <li>▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: <a href="http://www.aspirelr.com.au/help">www.aspirelr.com.au/help</a></li> </ul> 
<b>Summary</b>	<ul style="list-style-type: none"> <li>▶ Key learning points are provided at the end of each topic.</li> </ul>
<b>Learning checkpoints</b>	<ul style="list-style-type: none"> <li>▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.</li> </ul>

## Foundation skills

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

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

Foundation skill area	Foundation skill description
Learning	<ul style="list-style-type: none"> <li>▶ Understanding your job role, organisational procedures and legal responsibilities</li> <li>▶ Managing your work and seeing how well you are going and making goals for yourself at work</li> <li>▶ Seeking professional development opportunities for continuous improvement</li> </ul>
Reading	<ul style="list-style-type: none"> <li>▶ Understanding how documents are presented and being able to navigate through documents</li> <li>▶ Understanding industry- and job-specific terminology</li> <li>▶ Interpreting key information in relevant documents</li> <li>▶ Understanding routine workplace checklists and documentation</li> </ul>
Writing	<ul style="list-style-type: none"> <li>▶ Planning, drafting and writing reports and documents</li> <li>▶ Communicating through written letters, email and online</li> <li>▶ Recording progress; reporting incidents</li> </ul>
Oral communication	<ul style="list-style-type: none"> <li>▶ Clarifying instructions</li> <li>▶ Providing information</li> <li>▶ Supporting others through encouragement, negotiation and conflict resolution</li> <li>▶ Using body language to model desired behaviour and responding to others' body language</li> </ul>
Numeracy	<ul style="list-style-type: none"> <li>▶ Calculating costs, weights, measurements of height and distance</li> <li>▶ Interpreting measurements</li> </ul>
Teamwork	<ul style="list-style-type: none"> <li>▶ Working well with other people by cooperating, collaborating, encouraging and building rapport</li> </ul>
Planning and organising	<ul style="list-style-type: none"> <li>▶ Planning your workload and commitments</li> <li>▶ Implementing tasks</li> <li>▶ Completing work on time</li> <li>▶ Knowing how to deal with hazards and risks</li> </ul>
Making decisions	<ul style="list-style-type: none"> <li>▶ Understanding and applying decision-making processes</li> <li>▶ Reviewing the impact of your decisions</li> </ul>
Problem-solving	<ul style="list-style-type: none"> <li>▶ Identifying problems</li> <li>▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome</li> </ul>
Innovation and creation	<ul style="list-style-type: none"> <li>▶ Recognising opportunities to develop and apply new ideas</li> <li>▶ Generating ideas by thinking of new ways to do something</li> <li>▶ Making suggestions to improve work</li> </ul>

Foundation skill area	Foundation skill description
Technology and digital literacy	<ul style="list-style-type: none"> <li>▶ Efficiently using digitally based technologies and systems correctly and safely</li> <li>▶ Accessing, organising and presenting information</li> <li>▶ Using equipment correctly and safely</li> </ul>

## What do you already know?

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

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Contribute to skills assessment	1A Observe the person's skills and competencies in a manner that respects the rights of the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Support engagement of family, carers or relevant other in skills assessment	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Record observations accurately and objectively in consultation with supervisor	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Provide feedback about changes in demonstration of skills likely to impact on skills development	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Assist with skills development in accordance with individualised plan	2A Encourage and support person with disability to engage in activities	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Interpret and follow skills development strategies identified in the individual plan	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Encourage and assist person to identify personal strengths and goals for skill development	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Provide support for person to identify resources to complement strengths	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 2 Assist with skills development in accordance with individualised plan	2E Provide support to mobilise strengths and encourage development and application of skills for personal development	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2F Provide constructive feedback to the person in an appropriate and respectful way	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2G Discuss differences experienced in implementation of skills development activities	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2H Monitor strategies to determine effectiveness and level of engagement in activities	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Support incidental learning opportunities to enhance skills development	3A Provide encouragement that can act as potential informal or incidental learning opportunities	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Use positive approaches and strategies to promote enjoyment and maximise engagement	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Withdraw support to an appropriate level to encourage experiential learning in consultation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Complete documentation	4A Comply with organisation's requirements to report	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Maintain documentation in accordance with organisation's requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



## Topic 1

In this topic you will learn how to:

- 1A Observe the person's skills and competencies in a manner that respects the rights of the person**

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- 1B Support engagement of family, carers or relevant other in skills assessment**

---

- 1C Record observations accurately and objectively in consultation with supervisor**

---

- 1D Provide feedback about changes in demonstration of skills likely to impact on skills development**

---

## Contribute to skills assessment

Historically, people whose skills are not highly regarded by the community tend to become marginalised within that community. In order for people with a disability to achieve rightful recognition, they must be given the opportunity to develop to their full potential and maintain the quality of life they desire.

Community services workers have a key role in assisting people to develop new skills and maintain their existing skills and abilities in order to live full and fruitful lives.

To achieve this, workers in community services need an understanding of the current philosophies that underpin working with people with a disability. This includes an understanding of social role valorisation, incidental learning, the importance of individual choice and the use of the person-centred approach.

# 1A Observe the person's skills and competencies in a manner that respects the rights of the person

The current thrust of legislation and the community services sector is the recognition of the rights of people with a disability and an acknowledgment that integration into the broader community is the key to rectifying direct and indirect discrimination. A powerful aspect of this change is recognising the individual's right to choose for themselves. Support workers are much more than providers of a health service; they are facilitators of community integration, using a person-centred approach to assist people to develop the skills they need to be active members of the community. Throughout the process, legal and ethical obligations when working with people must be met including respecting privacy, confidentiality and disclosure.



For some people, choice, access and equity are new and sometimes difficult concepts to adjust to, and skills need to be developed to help them cope. Other people who have acquired a disability through trauma, illness or as part of the ageing process may need assistance to reacquire skills or maintain the skills they have and remain active in the community.

## Social model of disability

The current practice of inclusion and integration of people with disabilities into their local communities is based on the social model of disability.

The social model of disability detailed by Wolfsenberger and others became widely accepted from the 1980s onwards, slowly replacing other ways of thinking about disability. This model stood in contrast to the medical model that had implicitly regarded disability as an individual deficit that needed to be managed, treated or cured.

The new model regarded disability as something that was socially constructed. While impairment was real, the disadvantage, isolation and marginalisation that people with a disability felt came largely from societal attitudes and stigma.

New government and community policies and practices were the natural results of a shift in the way society was encouraged to see disability. Strength based approaches and capacity thinking replaced the deficit view with a different view of disability.

Social role valorisation, a key social theory, proposed that only by fulfilling valued and respected roles in society would people with a disability avoid the stigma and discrimination that they had always experienced.

An example of how social devaluation negatively impacts a person's quality of life is shown here.

### **Society highly values certain attributes**

- ▶ Society highly values certain qualities, characteristics, roles and abilities:  
The prevailing societal values indicate or even dictate what qualities people in that culture people must have to become valuable or desirable, for example; beauty, wealth, youthfulness, independence. People who outwardly seem to have these valued characteristics in one area are assumed to also be able in other areas.

### **Society does not value certain attributes**

- ▶ Society does not value other qualities, characteristics, roles and abilities:  
The opposite qualities and characteristics are not valued, for example, disfigurement, poverty, incompetence, advanced age, dependence. Society has low expectations of people who show some devalued qualities or characteristics believing that they cannot make worthwhile contributions in any areas of society.

### **People judge themselves against society's values**

- ▶ People do not challenge the commonly held societal values themselves. They become societal norms. Devalued people come to see themselves as society regards them. If society is does not see value in them, they come to see themselves as worthless.

### **People see themselves as devalued**

- ▶ When people see themselves as devalued, they may become depressed, withdrawn and have low confidence and self-esteem. They may be discouraged from interacting with others for fear of rejection and so they become isolated and lonely.

## **Person-centred skills development**

The community services sector is committed to person-centred planning. Whether you are providing home care, personal care, respite, recreation or employment assistance, the person for whom you are providing care will have been assessed and an individual plan developed.

This individual plan has a skills assessment, development and monitoring component as part of the design for delivery of services.

Your role is to support the person to gain the level of independence and self-determination they desire. It is important you motivate and encourage them in this endeavour and you respect their privacy and dignity at all times. You also have a monitoring and reporting role, where it is your responsibility to communicate any difficulties you experience in the implementation of the person's plan so corrective action can be taken.



## Principles of person-centred approach

A person-centred approach to service provision sees the person as the expert in his or her own life. Your job is to assist the person to reach their goals, not to impose your ideas, values and assumptions onto the person. A person-centred approach is based on getting to know each person individually and taking time to learn their individual preferences, needs, goals and contributions.

Encouraging the person to generate their own ideas and make their own choices is the key to successful person-centred planning. The input of people close to them must also be sought and valued. Person-centred planning principles encompass valuing relationships, diversity, individual differences and personal preferences. Some of the key elements of a person-centred approach include asking questions, listening and modelling respect and empathy.

The principles of a person-centred practice include:

- ▶ respect for individuality, diversity, difference and ability
- ▶ treating the person as a whole, not focusing on perceived 'problems'
- ▶ working with respect, compassion and empathy
- ▶ collaborating with other individuals or services to provide the best possible care
- ▶ empowering the person and recognising them as the expert in their own lives
- ▶ being led by the person, their choices and goals.

## Demonstrate a person-centred approach

When supporting people who are aged or have a disability, take steps to ensure they have a sense of control over what will happen, when and how. Discuss with them every important decision; don't try and save time by making guesses about what you think the person would choose. The process is as important as the outcome.

With a person-centred approach, the person is placed at the centre of the design of services, rather than being slotted into existing services and programs. The person-centred approach acknowledges that what might be a suitable program or grouping of services for one person, may not meet the needs of another person.



## Motivate, empower and respect the person

As a community services professional, your job involves supporting people using an empowerment approach. The person must be supported to achieve their individual lifestyle goals in a manner that is motivating and empowering to them. The person's difference and dignity must be respected at all times. People are empowered when they take control of their own lives.

Many people in receipt of support services are not used to being in control. They typically feel vulnerable because of their care needs and marginalised through being labelled or stereotyped.

With this as a starting point, a useful mindset to have is that your main role is to ‘do yourself out of a job’. If your focus is to provide information, resources and support to assist the person to build capacity, gain confidence and take control of their own life, then you will be respecting their rights and taking an empowerment approach.

These tips will assist you to use communication skills that empower the person.

### **Communication tips to empower people**

- ▶ Use active listening techniques – listen first and speak only after you have listened.
- ▶ Let the person finish what they are saying – if you don’t understand, ask them to repeat it.
- ▶ Use appropriate language for their age and level of experience.
- ▶ Make sure your nonverbal communication also shows respect.
- ▶ Never speak for the person unless they have given you permission to do so.
- ▶ Be patient and give them time – if the process takes a little longer, wait.
- ▶ Don’t assume you know what they want – maximise opportunities to give them choice.
- ▶ Be a sounding board for ideas and discussion, and give constructive feedback.
- ▶ Emphasise strengths – look at abilities rather than disabilities.
- ▶ Accept the person’s values, even if they differ from your own.

## **Empowerment approach**

An empowerment approach involves providing information, resources and support to assist people to build capacity, gain confidence and take control of their lives. The principles involved include:

- ▶ promoting independence and decision-making
- ▶ ensuring access to information
- ▶ ensuring that the person can communicate in a way that reflects their communication and cultural needs
- ▶ respect for diversity, difference and an individual’s choices, preferences and goals
- ▶ being flexible and responsive to each individual’s needs and goals
- ▶ supporting each person to realise their full potential as valued members of the community.

## Skills assessment and support planning

When the person's care and support needs are assessed and their individualised plan is developed, the person has input into how the support will be delivered. The person is consulted to determine their life goals and what is important to them. Programs and services are then designed to meet their individual needs.

The individualised plan is documented and services are contracted to meet the requirements outlined. A case manager may be appointed to manage the person's plan.



If a person has limited intellectual, cognitive or verbal skills, there are assistive planning tools that can be used to help them to develop their individual goals and consider the support options available.

As a person's goals change, their plan needs to change too. The principle of person-centred planning is to provide what the person thinks is important, rather than have this decided for them.

## Person-centred practice

The concept of social role valorisation has led to a greater emphasis on the individual and on individualised planning. State and territory legislation, standards and other disability initiatives emphasise social integration, community participation and individual needs. The current philosophy is to integrate people with disabilities into mainstream organisations and services. For example:

- ▶ People with a disability are supported to attend a health centre or gym that caters to the entire community, rather than a fitness program dedicated to people with a disability.
- ▶ Integration aids are employed to help children with a disability take part in classes at state and private schools.
- ▶ Funding is available to modify workplaces for people with specific needs.

Under a person-centred approach, instead of programs being funded and people assigned to those programs, people are funded to have services set up to meet their individual needs. This gives individuals greater flexibility and more choice.

## Example

**Example: goals that will benefit from person-centred support**

Here are three examples of people who have life goals that will benefit from person-centred support.

**Nathan**

Nathan is in his early twenties. He has cerebral palsy and needs an electric wheelchair for mobility. He has some vision impairment and speech difficulty. His thought processes are a little slow, but are not impaired. Nathan needs help with showering, toileting and meals.

Nathan's goal is to travel around Australia in a campervan with his older brother, who will do the driving. Nathan's trip will lead to considerable skills growth and a sense of achievement.

**Donna**

Donna has a chronic health condition and has spent much of her adult life in hospice-style accommodation. With advances in medication, Donna's condition has improved somewhat and she now has a near-normal life expectancy. She has no cognitive impairment but lacks employability and life skills due to periods of institutionalisation.

Donna's goal is to move into public housing on her own and develop some employability skills so she can volunteer at a community resource centre.

**Joe**

Joe is 24 years old and has been diagnosed as schizophrenic. Due to a series of schizophrenic episodes in the past 18 months, his affairs are now managed by an appointed guardian.

Joe's goal is to re-establish his own business – a gardening service. He had been running the business for just over a year when he became ill. He does not need assistance with home or personal care but does need financial advice and possibly the assistance of an advocate to help him regain control of his own affairs.

## Service delivery plan

As part of this person-centred process, all people who need assistance should have an individual service delivery plan developed to meet their unique goals and objectives. The individual plan recognises that not all people with a disability have the same, or similar, interests and that a wide range of options must be available.

This individualised focus applies in all areas of the community services sector.

The people you are working with may include those:

- ▶ at any stage of the life span, from early childhood through to the elderly
- ▶ who have been born with a disability or people who have acquired a disability later in life
- ▶ living in the community with family or carers or in their own homes alone, with a partner or sharing with others
- ▶ living in supported community accommodation with a group of other residents
- ▶ living in funded residential facilities, including aged care facilities.

## Strengths-based and active support

Strengths-based support simply means that each person is treated as an individual and skill development for that person builds on the skills, abilities and strengths they already have. It recognises what they can already do well and uses that as the basis to move forward.

Active support is practical, hands-on style support, recognising that many adults learn best by doing. This can take the form of staged, step-by-step practice of new skills.

Depending on the person and the task, verbal instruction or discussion may be helpful before and after each practice session. The goal however is always for the person to actually demonstrate the new skill they have acquired, rather than merely talking about it.

Once the skill is acquired in one setting or using one type of equipment then the skill will usually need to be practised in other contexts where the person needs the skill.

Skills development areas include:

- ▶ Life skills
- ▶ Vocational skills
- ▶ Social skills
- ▶ Personal support skills
- ▶ Relationship skills, including intimate relationships
- ▶ Physical health, including sexual health
- ▶ Safety

## Organisational policies

There are several important organisational policies that you need to be familiar with to communicate appropriately at all times. It is your responsibility to be familiar with these policies as they appear in your organisation's policy manual.

Every service provider will have a policy relating to personal rights and choice. These rights reflect governmental requirements with reference to the right to quality and respectful support regardless of gender, race, social status or sexual preference, taking into account such things as cultural background, health status and special needs.

Your organisation has documented policies to assist you to ensure the rights of people are preserved. These include policies covering access and equity, privacy and confidentiality, personal rights, dignity of risk and duty of care.

You must adhere to these policies at all times to maximise the person's feelings of self-worth and independence.



## Privacy, confidentiality and disclosure

Privacy and confidentiality in the community sector are rarely defined separately. Privacy is about the right to control personal intrusions. It also means avoiding embarrassment and humiliation.

Confidentiality usually refers to data or information rather than people, such as how an organisation manages access to personal information. Confidentiality provisions restrict an individual or organisation from using or disclosing information about a person that is outside of the scope for which the information was collected.

Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. There are exceptional circumstances that enable you to disclose private information, but this is generally only when you become aware that someone is at risk of serious harm.

Confidentiality policies govern how information is:

- ▶ collected
- ▶ stored (and for how long)
- ▶ accessed and released to other parties
- ▶ destroyed when it is no longer needed.

## Protect confidentiality and privacy

Protecting a person's confidentiality and privacy means making sure personal information about them is not given to or made accessible to those who do not need it. It also means people cannot be observed when receiving care and support from anyone other than the workers providing the support.

Often you need to share a certain amount of information in order to provide continuity of care and care that best meets the person's needs. When discussing a person's situation, always be aware of maintaining their privacy and ask for consent before sharing information. You must protect confidential details. You always need the person's consent if you wish to talk about their situation. Often, people are happy to give their consent because they know you want to help.

Refer to your workplace's privacy policies and procedures and/or your professional codes of ethics. Discussing the person's needs and personal information with others directly involved in supporting them and those who you know have permission to access the person's information is acceptable. If in any doubt, check with your supervisor.

You can read more about privacy, confidentiality and disclosure at:

- ▶ <http://aspirelr.link/privacy-rights>



## Dignity

Treating a person with dignity requires you to act in a way that is respectful and acknowledges the person as someone with rights, feelings and preferences.

One way to protect a person's dignity is to make sure you do not take shortcuts in your work. You may know methods to achieve personal care tasks quicker or more efficiently but this may ignore the chance for learning or growth. Respecting a person's dignity means never treating the person as if they are just a task to be completed.

Here are some guidelines for treating a person with dignity.

### Treating a person with dignity

- ▶ Take the time to treat each person with respect.
- ▶ Discuss the tasks you will do.
- ▶ Ask the person how they feel.
- ▶ Don't rush people when they are doing tasks.
- ▶ Think about the way you would like to be treated and use this as a guide.

## Human rights

Underpinning all your work activities is the fundamental recognition that all people, including people with disabilities, have basic human rights that need to be upheld. One of the foundation documents that sets out these rights is the *United Nations Convention on the Rights of Persons with Disabilities* (UNCRPD). This is not a law, but an international convention that countries voluntarily ratify and use to guide their own laws. Australia was one of the original signatories.

The UNCRPD sets out from the basis that all people are equal and that all people have the same rights, such as the right to equality, safety, privacy and the right to a home and family. In practice, this convention informs all of your workplace procedures and activities. It is also a good starting point for educating people with support needs about their rights.

You can read more about discrimination, and about other rights of people with a disability at: <http://aspirelr.link/uncrpd>.

Additionally, you can find an easy-to-read explanation of these rights, designed to give to people with support needs at: <http://aspirelr.link/we-have-human-rights>.



## Principles of access and equity

Equity principles are about making sure everyone is treated fairly and justly. When caring for people, each person is entitled to the same standard of training, support and resources. If resources are unfairly shared, people may feel undervalued.

You must ensure people are not discriminated against. This may mean ensuring equal access to buildings for people with disabilities. It may mean purchasing resources for people with visual or hearing impairments. Treating everyone in an equal and fair manner also means being sensitive to gender, cultural and religious considerations.

Accessibility applies not only to provision of appropriate services, but workplaces should also be physically accessible for disabled persons. Making the workplace accessible means taking steps to ensure that all people can participate fully in the workplace or what it does, regardless of whether they have a disability or not.

Organisations that have addressed accessibility within the workplace have looked at a number of workplace features and situations such as those shown here.

<p><b>Physical access</b></p>	<p><b>Communication</b></p>
<p>The layout of a building, fittings such as doorways, stairs, furniture, and kitchen facilities, and appropriate lighting and signage.</p>	<p>The use of appropriate formats, interpreters and other spokespeople, and the provision of supportive communication devices such as telephone typewriters (TTY).</p>
<p><b>Training and accountability</b></p>	<p><b>Assistive technology</b></p>
<p>Ensuring that everyone within the organisation is aware of the organisation's policies and procedures regarding disability and diversity.</p>	<p>Speech recognition programs, screen readers, touch screens, keyboard and mouse alternatives.</p>

## Impact of social devaluation

Social role valorisation suggests that if a person's place in society is not valued, then that person is less likely to benefit from what society has to offer. People who are socially devalued are more likely to be treated badly, abused or neglected.

Social role valorisation argues that improving and protecting the social roles of disadvantaged people will give them greater access to social benefits and rewards.

For people with a disability, this means that the respect, sense of expectation and acceptance that most of us take for granted will only be afforded to them when the community acknowledges their valued skills and abilities.

Things we take for granted include:

- ▶ a home of our own
- ▶ family and intimate relationships
- ▶ dignity and respect
- ▶ a sense of belonging
- ▶ acceptance in the community
- ▶ opportunities for education and skills development.

## Increase community understanding

Along with fostering and promoting their skills, another strategy that will help disadvantaged people and people with a disability to grow in social standing is to highlight and challenge old discriminatory attitudes and practices. An example of this is promoting Para-Olympians as athletes on par with able-bodied athletes and providing similar funding for their training and development.

As a community service worker, part of your role may be to increase community understanding of the valuable role people with a disability can and do play in the community.

The information shown here describes how you can increase community understanding and enhance the skills of people with whom you work.

Increasing understanding	Enhancing the person's skills
▶ Speak positively about the person and the work you do with them.	▶ Encourage the person to do as much as they can for themselves.
▶ Lobby on the person's behalf.	▶ Encourage the person to increase the range of their activities.
▶ Increase your understanding of the role the person can play in the community.	▶ Help the person to develop and review their goals.
▶ Encourage the person to participate in community forums and activities.	▶ Encourage the person to develop his or her own interests and hobbies.
▶ Educate your family, friends and the community about disability rights.	▶ Model a range of skills and activities.
▶ Model a positive attitude to disability.	

## Community education

Community education has various definitions and community educators follow a wide range of methods to achieve their desired outcomes.

There are a number of features common to most community education initiatives, but perhaps the two most universal are the aims of reaching people who may not have access to other forms of education and enabling them to make a change that will improve their own lives.

Community education seeks to deliver real, noticeable benefits to the participants and often these people are marginalised, disadvantaged or at risk groups who have not engaged a great deal in formal education.

It typically focuses on immediate topics of interest and personal relevance to local communities, such as bush fire prevention and preparedness, drug awareness and environmental conservation.

However, it is not the subject or topic in question that defines community education but the approach taken to it.

The following are common features of community-based education.

### Features of the community-based approach to education

- ▶ A collaborative approach to learning including peer to peer and mentoring
- ▶ Avoids information dissemination and favours sharing of experiences
- ▶ Delivers education following an outreach model, in the community not inside institutions
- ▶ Provides opportunities for informal learning through practical and experiential activities
- ▶ Is responsive to community needs rather than imposing fixed programs and approaches

## Build community capacity

Capacity building is closely connected with community education and is a key aim of it. In order to develop and implement local solutions to solve local problems the community in question often needs to be able to draw upon complex and specialised skill sets.

Community capacity building means that before a formal community education program is wound up it has equipped the community with the skills and knowledge they need to affect the changes they want to make.

Because of this capacity building philosophy the teaching methodology used favours collaborative and experiential learning techniques. For example, capacity building makes use of mentoring to make sure that the skills to further educate the community are held within the community.

Other collaborative and experiential teaching strategies are mentioned here.

### Capacity building teaching strategies

#### Leadership from within

Mentoring in organisation, communication and leadership skills will help a community to chart its own direction.

#### Facilitating connection

Helping communities to make connections and form networks with others and share knowledge and experiences and what works gives them more resources to draw on.

#### Learning from experience

Experiential learning is immediate and real and embeds learning deeply. Practical activities that involve problem solving and enquiry or research engage learners at a deeper level.

#### Action-based research

This method of research involves learners researching their own communities and generating their own data rather than looking for the answers in statistics and previous reports on the subject.

### Example

#### Apply learning strategies to capacity building

The local emergency and fire service organisations are conducting a series of community education programs in bushfire preparedness in rural areas in the lead up to the fire season.

A series of 'community engagements' are organised in town halls and other community settings. One of these community engagements is an aged care village that is home to 26 residents. Prior to visiting the village, the fire services facilitator sends out a simple questionnaire asking the residents some questions to gauge their level of knowledge and what they hope to gain from the session.

Based on the feedback the session is planned and carried out in a communal space in the village.

The engagement starts with a question and answers session but then turns to discussing the fire plan at the village. The plan is reviewed and the residents are asked to form groups to focus on an aspect of the plan with the aim of making improvements.

At the end of the session all the residents have a much greater understanding of the plan and have each had input into it. Leading on from the session a committee is formed to monitor the plan and to ensure that actions identified in the engagement sessions are followed through.



# Practice task 1

1. List three universal human rights that are especially important to respect when supporting a person with a disability.

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2. How does following a person-centred and strength-based approach help ensure that the rights of the person being supported are always respected? Illustrate your answer with two examples.

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3. What are two strategies that the social model of disability proposes for tackling the disadvantage and devaluing that people with a disability experience in society?

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4. Detail two ways in which community education is different to formal education in its typical methodology.

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**Click to complete Practice task 1**

# 1B Support engagement of family, carers or relevant other in skills assessment

To be effective in the role, a support worker must recognise their limitations and understand the scope of the job role. As a support worker, your role in the assessment process is mainly to observe changes in the skill levels or status of the person in your care and to report this so a full assessment can be undertaken by the relevant health professional.



Where you are asked to participate in or conduct a review, you may need to seek the assistance or advice of a qualified expert in a particular field. You may accompany the relevant expert to conduct the review or perhaps work from a checklist or assessment tool that they provide. Your initial review would be referred to the relevant health professional to review your findings.

## Concept of vulnerability

Vulnerability has negative connotations in a society that values strength, power and decisiveness. But many aspects of vulnerability, such as letting your guard down, feeling uncertain, or showing frailty, are only a problem where someone, in a position of relative power, takes advantage of this.

In fact, some research has shown that allowing ourselves to be vulnerable is essential to truly connecting with each other and developing strong relationships and emotional bonds.

However, in the disability context, vulnerability impacts on our duty of care; those who are vulnerable to deception or abuse must be afforded a greater degree of consideration by those working with them.

Intellectual and psychological disabilities, for example, may make people vulnerable because a cognitive impairment may affect their ability to think through situations and anticipate the consequences of their actions.

## Skills assessment and feelings of vulnerability

In the skills assessment context, the sense of judgement that is inherent in the process is very likely to make the person feel vulnerable. If a health professional unfamiliar to the person conducts the assessment, support from someone they trust may encourage them to feel safer and less threatened.

Emphasise that skills assessment is about working out what the person can do, rather than what they can't. The purpose is to make sure skill development strategies are properly designed and therefore effective. Skill development ultimately is about building on strengths and being less vulnerable.

Here are some of the alternative perspectives on vulnerability.

Protecting the vulnerable	Equipping the vulnerable
▶ Not allowing travel on trains after dark	▶ Practising strategies to use when feeling unsafe
▶ Giving a fixed allowance each a week	▶ Teaching budgeting and money handling skills
▶ Avoiding crowds and noisy environments	▶ Listening to favourite music on mp3 player
▶ Removing all knives from the kitchen	▶ Replacing conventional knives with assistive devices
▶ Driving there in the bus	▶ Walking there on a nice day
▶ No M or R rated movie to be shown	▶ Discussing details of each movie rating
▶ Never crossing the busy road	▶ Practising safe pedestrian skills

## Concept of power

The opposite of vulnerability – power – is desirable in our society. Our lexicon is full of examples; knowledge is power, people power, power struggle, empowerment.

According to the social model of disability, being devalued disempowers people. When society offers people with disabilities pity and views them as incapable of meaningful contribution, then they will often see themselves as deserving of charity and of little worth.

This model proposes that empowerment of people with a disability is the way of overcoming devaluation. Both the support worker and significant people in a person's life can further this aim by supporting them to master new skills and take on new responsibilities.

If we define empowerment as 'being in control of decisions in our life', one of the essential ingredients to have any sort of control in most societies is money. In disability services, the move to individual, portable funding seeks to give people choice.

## Power and choice

Choice for those who have not exercised it before can be a scary thing. It can be equally scary for families to give up responsibility for these choices, particularly financial choices. Smart consumer choices require sound knowledge of the options and sound reasoning about their consequences. This is also about being savvy and streetwise.

As the rollout of the National Disability Insurance Scheme (NDIS) empowers people with a disability financially, the role of the support worker and others around them increasingly becomes assisting the person to develop the skills to make sound choices.

Family and significant others are a critical part of this. In so many areas of a person's life, family and friends must be prepared to make a clearing for them to start practising self-determination. A support worker can help by reconceptualising their support role.



**Providing support to a person**

This phrasing suggests that the person is given support and does not direct or control the support. Implicit in this phrasing is that they should be grateful for what they are given.



**Providing support for a person**

This phrasing is more cooperative suggesting the support worker is working on the person's behalf. Implicit though is that the person always needs someone as their proxy and focuses on their lack of capacity.



**Providing support with a person**

This phrasing suggests equality between person and support person and encourages thinking about a support partnership. Implicit in this is that both contribute to achieving the person's goals together.

**Concepts of independence and interdependence**

While power and vulnerability can be seen as different sides of the same coin, so too can independence and dependence.

Independence is much preferred in our society, indeed to gain independence is to gain personal control; a form of power. Therefore, independence is often seen as the same thing, or at least a key part, of empowerment.

But just as vulnerability is not in and of itself a bad thing, nor is dependence. In fact, society relies on dependencies; for example manufacturers rely on suppliers of raw materials, retailers rely on manufacturers.

But, in truth, these societal relationships are two way or, more usually, multi-directional; they are interdependencies. Manufacturers also need retailers to sell their goods, suppliers need manufacturers to supply to. In the bigger picture, retailers and suppliers even rely on each other indirectly.

## People's need of each other

People's need of each other creates families and societies. Independence does not separate us from society, it more deeply involves us in these multidirectional relationships; these interdependencies.

Skill development helps place people with disabilities amongst this interconnected web of social, family, community and business networks. When they are relied upon by those close to them for certain things they become valued, rather than devalued.

The following outlines the interdependencies that are required just for a person to play sport in a team.

### Council planning

- ▶ The local council decides that due to growth in the young population in the area that land should be prioritised for development of a sports oval and stand.

### Football teams

- ▶ A local footy team has had an explosion of interest and have enough players for 3 teams of under 10s, under 11s and under 12s. They desperately need more facilities for training. The local soccer team also need more space for training and coordinate their training with the football club.

### Volunteers

- ▶ The football team needs parents of young players to get involved in coaching, umpiring, bringing refreshments and time keeping. They set up a roster to share the load

### Parents and family

- ▶ Most of the kids are brought to training by their parents but some parents have to work weekends so it is often uncles, grandparents and brothers that end up helping out. As parents get to know each other they share pick up and drop offs to give each other more time.

### Sponsors

- ▶ A lots of the local families struggle to find the money for the uniform, boots and mouthguards, so the local real estate agent offers to sponsor the club. In return for putting their advertising up at the ground, which the council must agree to, they donate \$500 to subsidise uniforms and equipment.

## Family, carers and/or relevant others

The other people you may need to engage in the assessment process will depend on the person and their particular needs. In some cases, they may have a past history of working with a particular health professional or case manager and, if this is the case, it is wise to draw on this person again for their assistance. Often a person’s carer, relative or significant other person is involved, because they know the person well and understand their skills and needs. Depending on their circumstances, a significant other could be their employer or work colleague.



For who could be involved and the information they might contribute to the review process, please review the relevant others list shown here.

People/organisation involved	Information they contribute
<b>Case manager</b>	Provides client history Understands client needs Provides previous assessment information
<b>Advocate</b>	Speaks for clients, where appropriate, to ensure their needs are met
<b>General practitioner</b>	Gives medical advice on treatments, medications, and side effects of medications
<b>Behavioural consultant</b>	Advises on appropriate behaviour techniques
<b>Development officer</b>	Provides understanding of normal development process
<b>Educational psychologist</b>	Gives psychological assessment
<b>Employment officer</b>	Gives employability assessment
<b>Family and friends</b>	Provides insights into client’s behaviour and any changes they have observed
<b>Occupational therapist</b>	Gives advice on development of physical skills and ability to bear weight
<b>Outreach worker</b>	Offers expertise in particular conditions, lifestyles
<b>Programming staff</b>	Provides information on opportunities for skill development
<b>Supervisor</b>	Collates information gathered by all support workers
<b>Teachers</b>	Gives assessment of education level, literacy skills
<b>Continence nurse</b>	Provides continence assessment
<b>Technicians</b>	Advises on use or availability of aids and equipment
<b>Family planning</b>	Advises on reproduction and sexual health
<b>Legal aid</b>	Advises on legal matters

**Example**

**Engage relevant others in the assessment process**

Julie has a mild intellectual disability and lives on her own in public housing. She is pregnant and about to become a single mother. She is keen to be the best possible parent but has no parenting skills. The baby is due in two months.

Her support worker, Narelle, speaks to Julie about the need for parenting skills so she can look after her baby. Julie agrees that she will need help. Narelle speaks to the service supervisor who organises a family planning consultant to come in and assess Julie's parenting skills.

Julie is pleased about the assessment but asks Narelle to be present as she is nervous about talking to a stranger.



## Practice task 2

1. How does vulnerability invoke duty of care?

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2. How can a skills assessment make a person with a disability feel vulnerable?

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3. Briefly explain two ways that skills development can be empowering.

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4. How does interdependence help a person to overcome devaluation?

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**Click to complete Practice task 2**

# 1C Record observations accurately and objectively in consultation with supervisor

The purpose of any skill assessment is to develop a clear picture of a person's capabilities in order to make planning supports responsive to their needs.

The organisation you work for will have a process and protocols for conducting assessment. Assessment is a collection of observed evidence. Evidence based assessment values what can be observed not opinion or perception. The key function of any assessment protocol is to describe what evidence is collected by whom and by what means.

Any protocol should clearly detail your role in collecting evidence and a clear process to guide your actions. This includes the required documentation used to collect and convey observations from the assessment.

The Productivity Commission Report into Disability which led to the National Disability Insurance Scheme (NDIS) criticised assessment processes in state-based services for being fragmented, not clearly assigning responsibilities and devaluing input from family and friends.

## Sources of assessment

When working with (rather than for) people with a disability following person-centred approach, assessment becomes more collaborative and inclusive.

Recognition that the assessment process itself can be disempowering, has led to a focus on self-assessment. Disability groups and advocates have called for self-assessment to be the default while recognising that it is not appropriate for all people and likely not to be the only form of assessment relied upon. The different sources of assessment are detailed here.

### Professional/specialist

- ▶ In some cases, a disability or health specialist may be required to contribute to an assessment. Occupational therapists, speech pathologists and physiotherapists are some professionals who may be consulted.

### Carer/support person

- ▶ People who provide paid and unpaid support to the person will have many first hand observations of the person to contribute to a skills assessment.  
Carers or support workers may however provide more support than is necessary or be blind to situations where the person could work towards managing a task themselves.

### Self-assessment

- ▶ The person will often be the expert in what they can achieve independently and with degrees of support. Their point of view should be balanced by those around them to correct for over or underestimation of their current ability.

# Assessment processes and protocols

Assessment processes are written to ensure the assessment is accurate, fair, safe and respectful of the person's rights and dignity.

The protocols guide how evidence is observed, checked, recorded, stored and utilised.

Consider the following assessment principles and the ways in which a written process may incorporate these principles.

## Validity

A valid assessment is an accurate one. A valid assessment collects all the evidence of performance that is relevant to the task at hand. For example, an assessment of someone's cooking skills should include their ability to assemble and measure ingredients.

To ensure validity an assessment process may include a standard structure or checklist in order to avoid things being missed or forgotten.

## Fairness

For an assessment to be fair, it should give the person every chance to demonstrate their competence.

To ensure fairness, a process may require assessment over more than one occasion to allow for variability in a person's performance.

To ensure fairness a process may require a number of information sources to gather a number of points of view.

## Safe

Duty of care must be carefully considered when getting a person to demonstrate a skill or task.

For example, there are obvious safety concerns when assessing a person's ability to access transport or drive.

An assessment process may include a risk assessment.

## Respectful

Any assessment has the potential to be confronting and cause performance anxiety.

Recognition of this will often mean a process incorporates steps to ensure that confidentiality and privacy are protected, and the person is fully informed from the beginning and throughout.

Guidelines detailing the documentation required and the storage and safeguarding of this information will often be part of an assessment protocol or process as well.

## Communicate with those in your care

Service providers and support workers are responsible for ensuring the person is aware of what support will be provided and how. You should do this by first explaining in general terms what you plan to do while you are with the person. This should be done in accordance with the person's care plan.

It is also important to respect your person's right to make their own decisions and allow them the dignity of risk to pursue individual goals. Providing a person with the opportunity to make decisions about issues that affect them is empowering for the individual.



Ultimately the support worker's role is to help people develop the skills they need to be fully integrated into and valued by the community; this is achieved by empowering people and acknowledging their individuality.

## Review the person's skills and competencies

Conducting a formal review of the person's skills and competencies does not fall within the scope of every support worker's role. In some workplaces, the review will be conducted by a health professional or a supervisor. However, support workers are often called upon to make observations of a person's skills and competency; these observations may then be used as part of the review process.

You may on occasion accompany your supervisor to conduct a person's review. This usually means using a checklist along with question and answer techniques to determine the current skills level. The review seeks to confirm whether the person's skill levels have changed in some way and make recommendations for changes to their care plan.

A formal review may involve:

- ▶ advocates
- ▶ behavioural consultants
- ▶ carers
- ▶ development officers
- ▶ employment officers
- ▶ disability support workers
- ▶ educational psychologists
- ▶ family and friends
- ▶ occupational therapists
- ▶ outreach workers
- ▶ programming staff
- ▶ supervisors
- ▶ teachers
- ▶ technicians.

## Plan and conduct the assessment

The review process must be well documented and follow organisational protocols. In most instances there will be workplace documents that are used to ensure consistency or to meet funding body requirements.

The following strategies are useful as a guide to planning and conducting the assessment.

### Strategies for planning and conducting the assessment

- ▶ Check your organisation's policy and procedures manual for review checklists and competency assessment tools.
- ▶ Familiarise yourself with the recording process.
- ▶ Plan the assessment and break the task down into small steps.
- ▶ Use question and answer techniques to clarify.
- ▶ Use active prompting where necessary.
- ▶ Allow time to explore.
- ▶ Consider role-plays and ask 'what if' questions.
- ▶ Make it interesting.
- ▶ Build on what people can already do and progress from the known to the unknown.
- ▶ Respect the person's right to dignity and confidentiality.

## Review competence

The review of a person's skills or competence must:

- ▶ be fair, in that the conditions under which it is conducted must provide adequate opportunity for the person to demonstrate skills
- ▶ be valid, meaning that the person can repeat the activity several times
- ▶ be reliable, in that it assesses skills and competencies currently displayed.

The review must also take environmental, relationship and internal factors into account.

This means recognising that the context where the person is demonstrating the skill and the people involved in the assessment, may affect their proficiency at the task. For example, they may have more independence or confidence in a familiar environment or when working with someone well known to them.



## Example

### Review life skills

Rick is a support worker and one of the people he works with is Marita. She lives in supported accommodation and attends a day centre. One day, she announces she wants to go out to buy her lunch.

Rick is unsure whether Marita has the skills to buy her own lunch, so he asks Marita to talk him through the process to be sure she understands what is involved. He asks Marita to break it down into steps and tell him what she will do. He then asks her to show him what money she has and to tell him what it is worth.

They then role-play Marita buying her lunch with Rick as the sandwich hand. Marita orders her sandwich and counts out the right amount of money. After the role-play, Rick believes she is competent to buy her own lunch.

Rick documents the discussion he has had with Marita and makes a file note of the process he used including the role-play and question and answer technique.



## Respect a person's rights

Observing a person's right to dignity and respect is paramount to work in community services. For people to achieve greater status in the eyes of the community, workers must model the values of respect and dignity in all interactions with them. This is part of a support worker's professional role and also reflects current philosophies in the sector.

Showing respect for others also contributes to developing an environment of mutual respect and trust, which allows the person to reach their true potential.

Always actively involve the person in any assessment and communicate openly with them. Ask their opinion. Develop active listening skills that lead you to understand their point of view, their likes and dislikes, their want and needs. When communicating with the person, you must be patient and take the time to understand what they are saying.

To generate a relationship that respects the person's rights, you should:

- ▶ always address the person, not others with them
- ▶ make eye contact, if culturally appropriate
- ▶ give the person time to speak, even if speech is difficult
- ▶ not assume you know what they want
- ▶ not feel that you know better than they do regarding what is right for them
- ▶ avoid using unnecessary jargon or medical terminology
- ▶ ask for permission from the person before you take any notes
- ▶ involve them in problem-solving and decision-making
- ▶ listen to their concerns and reflect their emotions back to them
- ▶ not tell them about your problems.

## Record observations

Do not let the act of documenting the assessment stifle discussion. Take notes to remind you of the main observations or decisions made but don't try to capture everything. The person may be encouraged to take notes themselves, if they have the skills to, and at the end you can compare notes.

Alternatively a digital voice recorder may be used to capture observations. This is best done during a suitable break. The main points from this can be typed up later on. Computer and word processing skills are essential to reviewing and editing the assessment especially if a template is used.

Some advantages of electronic plans are listed here.



### Share with others

Supervisors, other support workers and other allied health professionals can easily access a digital version of a plan via an intranet or shared drive.



### Version control

The most current version of a plan can be tracked using versioning conventions. Revisions can also be clearly highlighted using text editing software features.



### Incorporating reviews

Evaluation and review of the assessment is a regular process and digital files make editing easy.

In digital format, a plan can be readily updated with minor but important adjustments.



### Consistency

Just as plans are reviewed, so too are your organisation's templates designed to capture planning information. Continuous improvement policies often mean template layout and design are never fixed.

**Example**

**Record observations**

Leslie has been dealing with increasingly severe arthritis in most of her joints, but mainly in her hands and feet. She has always been an independent person and a passionate cook. She does not want to become reliant on delivered meals so her support worker, Jane, has suggested she would really benefit from an assessment of her skills and needs in her kitchen.



Leslie has been planning to renovate the kitchen for years and finally has the money she needs to do it. She wants to make some changes that will make cooking easier. Jane organises for an occupational therapist, Fiona, to come and assist with the assessment.

At the first meeting in Leslie's kitchen Fiona asks Leslie about the things she finds easy and difficult about cooking in her kitchen. Fiona also discusses with Jane the sort of support she provides to Leslie.

They talk casually over morning tea and Fiona explains to Leslie how a formal assessment would be conducted. As they talk, Fiona watches Leslie as she moves around the kitchen making a cup of tea and cutting up some cake.

Towards the end of the visit, they organise an appointment for a formal assessment, where Leslie will make moussaka from scratch in her kitchen.

Shortly after, back in the office, Fiona types up some notes based on her observations to prepare her for the next visit to Leslie's place for the formal skills assessment.

## Practice task 3

1. What is the purpose of a skills assessment?

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2. List one advantage and disadvantage of each source of assessment information listed below.

a. Self-assessment

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b. Specialist

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c. Support worker/carer

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3. Explain two ways that you can make sure you accurately record assessment observations.

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**Click to complete Practice task 3**

# 1D Provide feedback about changes in demonstration of skills likely to impact on skills development

Part of the support worker's role is to monitor a person's status for changes and to provide feedback to the supervisor. Support workers see people regularly, often in the privacy of their home; this is an ideal environment to monitor changes in their appearance, mental health or physical wellbeing, as these changes may affect the person's ability to live independently.



When working with people who are recovering from injury or impairment, you may witness positive changes in their health status, social skills or level of social interaction, as they adjust to living independently. Be prepared to see negative changes too.

People with chronic medical conditions or people whose abilities are declining as part of the ageing process may show evidence of a loss of skills. Support workers in a palliative care environment may also witness subtle setbacks in a person's condition that cause concern.

## Provide feedback to your supervisor

In all instances, when change occurs to a skill area, you are required to provide feedback on this change to your supervisor. This liaison with your supervisor enables a re-assessment of the person's needs to be conducted and their individual plan adjusted to meet their changing needs.

Feedback can be reported verbally or in writing, generally using one of the following methods: a phone call, email or note on the appropriate form, a comment in the communication book or an incident report.

You must follow your organisational guidelines on reporting concerns or changes in the person's condition. While feedback may initially be given verbally, it is always wise to put it in writing so there is a permanent, dated record.

Here are ten areas of concern that need to be monitored and examples of positive and negative changes that would need to be reported.

### Areas of concern to be monitored



#### Communication

Deterioration: Loss of ability to express themselves

Improvement: Improved ability to communicate using signing



#### Personal hygiene

Deterioration: Increased body odour

Improvement: Fully showered and bathed on your arrival

- 3 Meal preparation**  
 Deterioration: Unable to cut up food for themselves  
 Improvement: A fridge well-stocked with food and cooked meals
- 4 Transport**  
 Deterioration: Loss of driver's licence  
 Improvement: Acquired a motorised scooter
- 5 Money handling**  
 Deterioration: Confusion about bills and money  
 Improvement: Paying bills on time
- 6 Dressing**  
 Deterioration: No longer getting dressed for the day  
 Improvement: Dressed in clean, fresh clothing
- 7 Grooming**  
 Deterioration: Hair unbrushed and messy  
 Improvement: Wearing makeup and perfume
- 8 Eating**  
 Deterioration: Uninterested in food and can no longer swallow  
 Improvement: Improved appetite and is regaining weight lost during illness
- 9 Working**  
 Deterioration: Absent from work  
 Improvement: Actively seeking part-time employment
- 10 Household tasks**  
 Deterioration: No longer able to use vacuum cleaner  
 Improvement: Offered to help with dusting and housework

**Example**

**Observe and communicate a change in a person's status**

Lachlan, a person with paralysis due to post-polio syndrome, is able to move around his house in an electric wheelchair but finds some activities quite tiring – even using a keyboard at his computer. One day Lachlan shows his support worker that he has acquired a voice activated input for his computer so that he no longer has to type. This has increased the amount of time he can spend on the computer and the contact he can have with others via email or chatting on Skype.



His support worker tells her supervisor about the change but is not sure which documentation to complete. The supervisor advises the worker that she should enter a note on Lachlan's file.

# Practice task 4

## Case study

Danielle is a young aspiring artist with multiple sclerosis and this makes it difficult for her to hold the various media she uses to create such as paint brushes, crayons and charcoal.

For her birthday her family buy her a Wacom tablet; an input device that connects to her computer and allows what she draws on the tablet to appear on the screen. She finds the experience of creating via the tablet very rewarding but gets frustrated with some aspects of using it.

Over a few weeks, Jerome, who works with her in a community art program, notices that she is less interested and enthusiastic about creating art. He finds her spending more time watching animation clips on her phone rather than sketching her ideas for her next painting.

1. What behaviour has Jerome noticed?

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2. What is the best way for Jerome to act on what he has noticed?

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3. What should Jerome do to about getting Danielle's needs met?

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**Click to complete Practice task 4**

# Summary

1. The social model of disability describes ways in which people with disabilities are devalued in society.
2. Social role valorisation is a theory of the social model of disability that proposes that social devaluation can be tackled by supporting people with disabilities to fulfil valued societal roles and by challenging community attitudes to disability.
3. A person-centred approach to skills assessment should be holistic, collaborative and respectful as well as being directed by the person and their goals. Changes to the way funding is distributed is essential to making a system truly person-centred.
4. An empowerment approach to support involves promoting independence, decision making and supporting the person to take control of their life. While independence is often seen as a step along the road to empowerment, relationships of interdependence are vital to society and to any person seeking connection and inclusion. Supporting a person to become truly empowered requires us to see support as a partnership that is entered into with the person.
5. Your role requires you to be informed about a range of organisational policies which adhere to disability service standards. Disability standards emphasise the importance of equal access and respect for dignity, privacy and confidentiality as part of assessment and service delivery.
6. International conventions underpin the rights of people with a disability, which have also been set out in legislation and standards that prohibit direct and indirect discrimination.
7. Skills assessments benefit from the incorporation of a range of views and perspectives including that of experts, carers and family who may have valuable knowledge and experience to share as part of any assessment process.
8. Assessment should be based on gathering of objective observable evidence or performance.
9. Assessment processes includes steps to ensure validity, fairness, safety and respect throughout assessment. Assessment processes and support strategies should be communicated clearly and fully to the person.
10. A support worker may be called upon to assist with a formal review of the person's skills and competencies.
11. Documentation of any assessment or review must follow organisational policy and be clear, fair and objective. Observations can be documented using digital templates which have advantages over paper-based systems.

# Learning checkpoint 1

## Contribute to skills assessment

This learning checkpoint allows you to review your skills and knowledge in contributing to skills assessment.

### Part A

1. What sort of learning strategies are favoured by an active support approach?

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2. List three organisational policies that are important in ensuring respect for a person's rights.

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3. Briefly explain how risk is important to respecting a person's rights.

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4. What are two ways that the social model of disability explains how people with a disability are devalued by society?

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5. How can social devaluation of people with a disability be challenged?

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6. How is the goal of interdependence a more inclusive aim than merely independence for people with a disability?

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7. What sources of information should be included in a skills assessment of person with a disability?

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8. List three guidelines for gathering and recording evidence in a skills assessment?

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9. What should be the main aim of a skills assessment?

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10. What are the four main principles of a skills assessment?

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11. If a person shows evidence of a marked change in their ability to perform a skill or task, who should you inform and how?

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## Part B

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

### Case study

Kylie's Craft Group is a government-funded craft program run two days a week at a community centre on the outskirts of Adelaide. The sessions are run in an activities room designed originally as a children's play centre but then converted for craft activities. About 15 clients with varying disabilities attend the session, paying a nominal fee each time of \$10, which includes lunch.

Classes are conducted by Kylie, an ex-primary school teacher, who teaches a specific project each month. All participants do the same activity; no choice is offered. One a month they all make candles. The next month it might be papier mâché piggy banks. Kylie's aim was for all craft to look the same so it could then be sold at a local market.

Some participants complained that the teacher would do their work for them because they couldn't do it to her satisfaction, and that she often reprimands them for wasting materials.

In private, most of the clients said they only came to Kylie's Craft Group for the social outlet and that they were treated like children and not given the opportunity to do anything interesting.

An official from the funding body visits the program and expresses dissatisfaction with it because it is not person-centred, does not cater for individual choice or offer skill development to increase the valued status and independence of participants. The official points out that the learning is too highly structured and did not lead to greater individual growth.

Kylie's Craft Group is given one month to come up with a proposal to meet these outcomes or funding will be withdrawn.



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- .....
- .....
- .....



## Topic 2

In this topic you will learn how to:

- 2A Encourage and support person with disability to engage in activities**
- 2B Interpret and follow skills development strategies identified in the individual plan**
- 2C Encourage and assist person to identify personal strengths and goals for skill development**
- 2D Provide support for person to identify resources to complement strengths**
- 2E Provide support to mobilise strengths and encourage development and application of skills for personal development**
- 2F Provide constructive feedback to the person in an appropriate and respectful way**
- 2G Discuss differences experienced in implementation of skills development activities**
- 2H Monitor strategies to determine effectiveness and level of engagement in activities**

## Assist with skills development in accordance with individualised plan

Skills development must follow a structured plan even though skill development may be mostly a result of informal or incidental learning.

A skills assessment provides an evidence based starting point for skill development while the person's goals determine the end point to work towards.

The best chance of success comes from using the person's strengths and their preferred learning style to shape the strategies and activities that will make up the learning process.

Feedback about progress should be ongoing and always constructive. Evaluation of a skills development plan should also be ongoing and be heavily based on the experience of the person as they work towards their goals.

## 2A Encourage and support person with disability to engage in activities

Support workers are in an ideal position to encourage people to take an active role in activities and aspects of daily life. Workers may have a profound impact on the people with whom they work. Through regular contact they build up a relationship of trust and mutual respect. Your role, then, is predominantly one of a motivator, providing a positive role model and a positive attitude towards social integration.



Good communication skills are key to achieving this goal. You will need to know where to access information to provide to those in your care. This includes finding education pathways that are available in your local community as well as sourcing information about social groups and events. This information will be invaluable as you assist people to realise their personal potential and enjoyment of life by enhancing their skills and interests.

### Provide active support

For all of us, keeping active is a key component of our health and sense of wellbeing. This is also true for people with a disability, who should be encouraged to do as much as possible to keep their mind and body active. As a support worker you have a role to play here.

### The impact of disability on engagement

People with an acquired disability often experience a grieving process for their loss of independence. This can be accompanied by a period of depression, self-imposed social isolation and physical inactivity. During this period, people typically reduce their engagement in living activities. As a support worker, part of your responsibility is to encourage them to re-engage in these activities.

For those who have lived with a disability for most of their life, over-protective family and cultural attitudes sometimes prevent them from maximising their social engagement. With these people your role is to encourage engagement, for what might be the first time, in new activities and new interests.

Engaging people in a range of activities increases the likelihood that they will be able to keep their skills current and sustain their quality of life.

## Encourage activity

An observant, proactive support worker can encourage people at any stage of life to engage more actively in a whole range of living activities, helping them set and achieve individual goals. For a young person, a senior citizen or anyone in between, the quality of their life is better when they are encouraged to be active in all aspects of living. Activities can be designed or identified that are age appropriate and relevant to a person's stage of development.

Some people with a disability have a greater capacity to take part in a range of activities than others. Identify people's strengths, draw on their existing skills and build on these. Setting achievable goals allows people to experience success and gain confidence from their achievements. Avoid setting people up for failure.

Here is a range of situations where people may need encouragement to be active.

### Social isolation

- ▶ Some people, whether living alone, with a partner or sharing with others, may experience feelings of social isolation because of the restrictions of a disability. These people can be encouraged to take part in activities that reduce the social isolation that accompanies being housebound for much of the time.

Example:

Allan, a support worker, encourages Tom to join a bridge club that meets once a month. For several years Tom, who was a stockbroker before retiring, has been confined to his immediate neighbourhood because of a disability. With Allan's help and encouragement, Tom accesses mobility aids and transport, joins the bridge club and gains an interest and a new circle of new friends.

### Supported community accommodation

- ▶ People who live in supported community accommodation can be encouraged to take part in activities that make them more a part of the community in which they live, or in activities that help develop friendships and relationships. The following example shows how people's needs for relationships can be met.

Example:

David lives in a community house. He has met a girl from another community house and wants to ask her out on a date. He talks to his support workers and they encourage him by helping him plan where he can take his friend on a date and how they can get there. David rings and invites her out. They are both excited by the prospect of being able to share a social outing without needing direct assistance.

### Residential housing

- ▶ People living in residential housing can be encouraged to take part in activities in the house and in the wider community to give them a greater sense of independence.

Example:

The residents of a shared community house are bored with their current meals. Their support workers encourage them to start a roster and take it in turns to cook for the house. The residents borrow cookbooks from the local library to learn new recipes. They enjoy being able to use their skills to create interesting meals and so take a more active interest in meal times.

## Support in aged care facilities

Aged care facilities often look after people with a disability. These people can be young, middle-aged or older. Their disabilities might range from:

- ▶ a physical disability such as being confined to a wheelchair
- ▶ a sensory disability such as being blind or deaf
- ▶ an intellectual disability such as having dementia
- ▶ a psychiatric one where understanding and thinking are impaired

If you work in an aged care facility you might have to help people with a disability. You need to understand the various requirements depending on the area in which you work. Some people specialise in disability work.

Just like everyone else, people with a disability are all different. You need to understand how people are affected by their disability. If you are looking after a younger person find ways to help them stay involved with the community and people their own age.



## Strategies to encourage people to engage in activities

There are many strategies you can use to encourage people to engage in activities. Strategy ideas are listed here.

### Strategies for encouragement

1

#### Be a role-model

Shannon is apprehensive about using public transport until his support worker points out that she uses it every day. When he realises he had seen her use the bus, he decides he could use the bus, too.

2

#### Demonstrate how to do something

Con wants to use an ATM. His support worker demonstrates how to do it and assists Con until he is able to follow the procedure for himself.

3

#### Ensure mastery of skills

Anna wants to bake her own cakes. Her support worker goes through it step by step to make sure Anna has mastered all components of the process of baking a cake.

4

#### Use drama and role-plays

Dimitri does not want to go to his first day at a new school. His support worker role-plays going to school: she plays the teacher and Dimitri plays himself. Dimitri feels more confident after the role-play.

5

#### Engage in group activities

Jana likes singing, so her support worker encourages her to join a choir. She practises with the choir every second Thursday.

6

#### Join a club or take out a membership

Julie is interested in reading, so her support worker encourages her to join a book club. Julie reads one book a month and goes along to the group to discuss it.

7

**Find a partner or buddy to do the activity with the person**

Derek is vision impaired and feels apprehensive about starting a fitness program. His support worker mentions a friend he knows who already jogs and suggests the two could buddy up.

8

**Encourage peer education**

Stefan is questioning his sexuality. His support worker encourages him to join a program for young gay people so he can learn about his sexuality with a group of others in the same situation.

**Access information and skills**

Skills assessments provide information of value to both the support worker and the person being assessed. By acknowledging their strengths and current abilities and sharing this information with people close to them, a higher set of expectations are formed than would be otherwise.

Higher self-expectations and expectations of those around them encourage a higher level of engagement and participation.

A person with a disability is likely to have negative opinions of themselves that they have taken on from society. By confronting these, the person becomes free to engage without negative self-talk holding them back.

Other information that will encourage engagement are details about opportunities and possibilities for the sort of growth and skill development the person is motivated to achieve.

Encourage the person to identify their own skills in a range of areas of life and work together with them to find opportunities to build on these skills. The following are important areas of life that require skills development.

<b>Areas of everyday life where people have developed skills</b>	
▶ Self-care – for example dressing, bathing, hygiene and grooming	▶ Domestic – for example; laundering clothes, washing dishes, sweeping, cooking
▶ Communication – for example speaking, signing, gesturing, literacy	▶ Social – for example relating to others, initiating interactions
▶ Leisure – for example home activities such as watching videos, completing puzzles, etc.,	▶ Recreation – for example out of home activities such as bushwalking or sports
▶ Decision making – for example day to day decisions about what clothes to wear and what food to eat	▶ Time concept – for example the ability to read a clock to estimate the time that various activities will take
▶ Money concept – for example understanding the relative worth of items, being able to estimate totals and change	▶ Vocational – for example transferrable work skills such as teamwork skills and the ability to follow instructions

**Example**

**Engage in living activities**

Winnie is recovering from a serious car accident and completing a range of rehabilitation exercises both at home and at her local gym. Her skills assessment included input from an occupational therapist and physiotherapist but also included plenty of input from Winnie herself about what does and doesn't work for her at the moment.



Winnie was initially embarrassed to exercise in public but her support worker, Annabelle, has helped her to identify exercise classes where she feels comfortable and times that suit her. As her rehabilitation progresses, Annabelle supports Winnie to move to different classes that continue to challenge her.

Winnie attends the gym once week with Annabelle, but she has also made an arrangement with a female friend who wants to get fit to come along at the same time as her on a Thursday. Winnie finds that they both motivate each other and they reward themselves with a coffee and a chat afterwards.

## Practice task 5

1. What particular barriers to active engagement do people with acquired disabilities face?

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2. List two strategies that may be used to help a person engage actively in the community.

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3. How can a skills assessment encourage a person to actively engage in living activities?

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**Click to complete Practice task 5**

# 2B Interpret and follow skills development strategies identified in the individual plan

To be able to effectively implement a skills development plan you need an understanding of the broad objectives of the plan, how the plan was developed and written as well as the common training approaches to skills development with adults.

Very broadly, plans will tend to be focused mainly on preserving the level of skill development that the skills assessment has identified or on developing new skills and achieving greater independence.

If the focus of the plan is skills preservation this is considered a maintenance plan rather than a skills development plan.

The stage of life that a person is at may influence the type of plan a person has. Here are some further criteria that may influence the type of plan created.

## Maintenance plan

Used when:

- ▶ a person is in the later stages of life and is experiencing a reduction in their level of independence due to aging, disease or disability
- ▶ a series of skills assessments have identified diminishing capacity and /or an increased level of dependence
- ▶ a person of any age has a degenerative condition where it can reasonably be expected that existing skills may be lost without active work to practice and preserve these skills.

The plan takes the person's current level of skill development as the goal and that directs strategies and activities detailed in the plan.

## Skill development plan

Used with people:

- ▶ in earlier stages of life seeking greater independence and self determination
- ▶ recovering or rehabilitating from an injury or acquired disability.

The plan takes the person's current level of skill development as a benchmark to build upon. Their goals in a range of living areas are used to direct the strategies and activities that the plan will employ.

## Interpret individual plan

Skills development will usually be achieved by a combination of planned or formal activities as well as by creating opportunities for informal or incidental learning outside of an explicit teaching structure.

The degree to which formal instruction or informal learning is preferred will depend on the learning style and strengths of the individual as well as the particular skills in question.

To acquire a complex or new skill, explicit instruction such as demonstration, practice and even coactive support will often be required. This instruction relies on a task analysis or task breakdown to identify the steps and sub steps involved. The achievement of each step requires a complete understanding of the required skills that are sufficient to make this achievement possible.

Broad transferable skills, such as communication, on the other hand are best learned in the range of real life contexts in which a person operates and may require prompting, encouragement and reinforcement. How these skills are applied are very context dependent so learning them outside of a real context is of little use.

## Key learning theories

To effectively follow the strategies in the plan an understanding of formal and informal teaching theories and methods is very useful.

Here are two key learning theories and their features and methods.

### Behaviourist

#### Behaviourist learning theory

Behaviourism is an approach to learning that favours formal teaching of skills.

Behaviourists include Pavlov, Skinner and Watson.

Behaviourism is based on the theory of operant conditioning which maintains that consequences can be used to modify the occurrence and form of behaviour.

Behaviourism therefore relies on formal demonstration, role modelling and practice to communicate desired behaviour and positive and negative reinforcement to encourage retention and repetition.

Behaviourism relies on breaking learning into small steps and rewarding demonstration of the skill with instant feedback and positive reinforcement.

### Social Constructivist

#### Social Constructivist learning theory

Social constructivism is a variety of cognitive constructivism that emphasises the collaborative nature of much learning.

Social constructivism was developed by Lev Vygotsky, a cognitivist who rejected the assumption that it was possible to separate learning from its social context.

Because this theory maintains that all knowledge is created as an interaction, it values informal settings and real life contexts as the place where learning occurs.

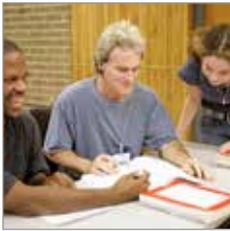
A key premise of this theory is that there is a zone of proximal development for each person in all learning arenas. Once a person's current level of skill is identified, the support of another targeted at this level will naturally move the learner towards the next stage of competence.

## Formal learning

While the distinction between a formal, structured, behaviourist approach and an informal, unstructured, social constructivist approach to skills development is an over simplification, it is a useful one to keep in mind when considering the resources required for learning.

These resources include the facilities required for learning such as the buildings and rooms, the equipment such as computers, instruments and learning aids, as well as the human and capital resources; the people and the finances.

Here is a list of resources that are valued by a formal approach to learning that can be employed to support skill development of people with disabilities.



- ▶ Accessible classrooms, computer labs and others facilities such as breakout rooms, toilets and lunchrooms.



- ▶ Equipment which can capture structured learning such as workbooks, computers and storage devices.



- ▶ Staff with specialist knowledge, skills and training to manage learning and group dynamics in the classroom.



- ▶ Presentation media or equipment such as whiteboards, smartboards and data projectors.



- ▶ Assistive equipment such as text to speech software and modified input and output devices.



- ▶ Skill development plans with detailed task breakdowns, listing reinforcements and feedback as motivators.

## Informal learning

While informal learning requires less infrastructure and fewer dedicated, fixed resources, it makes more demands on community resources.

Here is a list of resources that are valued by an informal approach to learning and examples of how these resources can be employed to support skill development of people with disabilities.



- ▶ Transport required to access community facilities such as libraries, youth centres and fitness centres.



- ▶ Money for memberships to community groups and organisations, and to attend community events.



- ▶ Support staff with experience in providing minimum support required and encouraging engagement.



- ▶ Assistive technology with an emphasis on mobility and communication such as electronic communication devices.

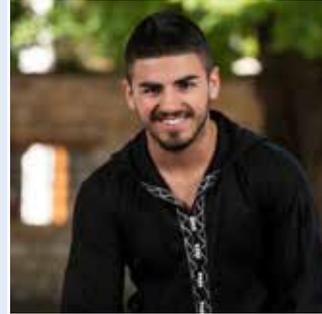


- ▶ Skill development plans that detail preferred learning style and social contexts in which to practise skills.

**Example**

**Formal and informal learning**

Abdullah is in his twenties and has clear goals that include employment and starting a family. He has a hearing impairment but is a very skilful lip reader. He has a skills assessment that includes looking at his readiness for work.



From this Abdullah decides to get involved in a job seeking course through his local job agency. This requires him to attend classes regularly for four weeks and to study at home outside of class. The class is run in the training rooms of the job agency and Abdullah enjoys using the modern computers and the fast internet speeds. His teacher gives him many good practical job seeking tips. He also develops his web searching and letter writing skills through studying the course.

The job agency uses a range of videos to teach Abdullah and others about job seeking, but Abdullah has trouble understanding them because of his hearing impairment. Another trainer at the job agency works out how to turn on the closed captioning feature of the video and Abdullah takes these home to view them for homework.

Abdullah has a support worker that assists him with transport and accessing the community including attending the local Arabic youth group where they play sport and discuss literature. Through his involvement with this group Abdullah makes many new friends. One of these friends, Hamid, tells Abdullah he has a sister that has many interests in common with him. Hamid offers to organise an evening where they can all go and see a closed captioned movie together.

## Practice task 6

Formal and informal learning approaches require different resources, equipment and facilities.

Use this table to contrast the requirements of education in a formal setting and in community contexts.

Type of resources	Formal education	Informal education
Facilities		
Money		

Type of resources	Formal education	Informal education
Equipment		
Staff		
Presentation media		
Assistive equipment		
Skill development plans		

[Click to complete Practice task 6](#)

## 2C Encourage and assist person to identify personal strengths and goals for skill development

In strengths-based support, skill development for the person builds on the skills, abilities and strengths they already possess. In this approach, the focus is on the individual and what is already working well for them. The person is assisted to develop new skills and knowledge by extending what they already know or can do for themselves.

Their existing knowledge is recognised as a valuable resource and used to help them explore and develop new concepts, ideas and skills. Strengths-based support respects the dignity of the person and the importance of their life experience as a tool for skill development.



### Establish trust and respect

Because support workers see those with whom they work regularly, they are in an ideal position to observe and evaluate the skills the person demonstrates. As a support worker, you will notice changes, both positive and negative, in a person's skill development. These changes need to be reported to and discussed with your supervisor.

Establishing an open, trusting and respectful relationship with people gives them a basis for sharing an honest appraisal of what they can currently do for themselves and what they need your help with. When working with the person, you must respect their rights to dignity, privacy and confidentiality while still exercising your duty of care. At times, you will need to work in cooperation with other health professionals to assist them to re-evaluate the skills and competencies that the person demonstrates.

### Identify strategies and opportunities

Being able to identify strategies and opportunities that maximise the person's engagement in a range of lifestyle activities is essential to providing effective support. Once you have built a relationship of trust, you are in a position to make suggestions about what opportunities exist. In many ways, the person may look to you as an expert in areas such as service availability and eligibility.

Once the contexts for engagement have been identified, appropriate teaching strategies such as role modelling, role playing, demonstration, peer education and task analysis can be implemented.

Here is a summary of different types of skill sets, and examples of opportunities for engagement.

### Life skills

Skills:

- ▶ Problem-solving
- ▶ Time management
- ▶ Planning
- ▶ Prioritising and sequencing

Opportunities for engagement:

- ▶ Social clubs
- ▶ Formal training
- ▶ Committee service
- ▶ Reference group or focus group

### Vocational skills

Skills:

- ▶ Literacy and numeracy skills
- ▶ Professional work skills and qualifications
- ▶ Occupational skills

Opportunities for engagement:

- ▶ Formal training
- ▶ Volunteer work
- ▶ Buddying or mentoring
- ▶ Work experience
- ▶ Vocational counselling

### Social skills

Skills:

- ▶ Communication
- ▶ Networking
- ▶ Empathy
- ▶ Speaking in a public forum

Opportunities for engagement:

- ▶ Joining any kind of club or association
- ▶ Formal training
- ▶ Speaker's forum
- ▶ Public meetings
- ▶ Volunteering
- ▶ Providing peer support

## Personal skills

Skills:

- ▶ Counselling
- ▶ Angermanagement
- ▶ Debriefing

Opportunities for engagement:

- ▶ Attending counselling
- ▶ Formal training
- ▶ Peer support
- ▶ Relationship counselling

## Relationship skills

Skills:

- ▶ Meeting people
- ▶ Establishing trust and intimacy
- ▶ Building a rapport
- ▶ Understanding sexuality
- ▶ Settling differences

Opportunities for engagement:

- ▶ Family gettogethers
- ▶ Clubs or social activities
- ▶ Formal relationships training
- ▶ Counselling
- ▶ Sex education

## Physical health skills

Skills:

- ▶ Exercise and relaxation skills
- ▶ Identifying symptoms in own condition
- ▶ Recognising normal development/ageing

Opportunities for engagement:

- ▶ Gym/fitness centre
- ▶ Yoga classes
- ▶ Personal trainer
- ▶ Sex education
- ▶ Swimming and hydrotherapy
- ▶ Massage

## Safety skills

Skills:

- ▶ Identifying risk
- ▶ Taking preventative action

Opportunities for engagement:

- ▶ Formal safety training
- ▶ Fire drills
- ▶ Self-defence classes

## Work with individual people

Strategies and opportunities vary greatly from person to person depending on their current skills, their energy level and the environment in which they live. You need to work with each person individually to assess what their goals are and what opportunities and strategies exist to meet these goals. This may be done in the form of an action plan, which lists what needs to be done step-by-step and within a specified time frame.



## Encourage the person to identify strengths

As a support worker you can play an important role in encouraging people to achieve greater independence through skill development.

Using a strengths-based approach, you can encourage people to acknowledge and draw on their life experience, assisting them to identify strengths they already have. People can use these strengths to increase knowledge or skills related to their existing strengths or to develop new skills and competencies.

The person may identify current strengths and skills in:

- ▶ literacy and numeracy
- ▶ problem-solving
- ▶ planning and time management
- ▶ contingency planning
- ▶ oral communication skills
- ▶ emotional intelligence
- ▶ attention to detail
- ▶ language skills.

## Skill sets

In addition to these broad-based skills, the people with whom you are working may have specific skills and knowledge in other skill groups. Here are examples of some of the skills that people may already have that they could use to build on in their skill development.

### Life skills

- ▶ Communicating nonverbally
- ▶ Signing, using Auslan
- ▶ Navigating with a cane or guide dog
- ▶ Using a mobile phone

### Vocational skills

- ▶ Writing in plain English
- ▶ Higher education qualifications
- ▶ Professional qualifications or experience
- ▶ Computer literacy

### Social skills

- ▶ Acting as convenor of a club or group
- ▶ Relating to a wide range of people
- ▶ Listening and empathising
- ▶ Networking

### Support skills

- ▶ Advocacy
- ▶ Peer support and mentoring

### Relationship skills

- ▶ A happy and successful relationship/marriage
- ▶ Parenting skills
- ▶ A close relationship with family

### Physical health skills

- ▶ Lap swimming
- ▶ Yoga and meditation techniques
- ▶ Sexual health awareness

### Safety skills

- ▶ Identifying situations of potential risk
- ▶ Self-defence skills

## Identify strengths

There are many strategies you can use to encourage people to identify strengths. The most successful strategy is to get the person talking about themselves, what they have done in the past and what they enjoy doing. Help them to think about what strengths are implied by what they have done in their life.

It is important for the self-esteem and for the development of the person with whom you are working, that you encourage them to build on their existing strengths. This approach will make learning quicker, easier and more relevant to the person.

Ultimately, learning will be more rewarding and result in more successful outcomes.

The only drawback of strengths-based learning is that it requires an individual learning plan and may well necessitate a resource intensive, one-on-one approach.



## SWOT analysis

A SWOT analysis is often used in organisations to assess strengths and weaknesses, but it can equally be used by individuals. A SWOT analysis consists of identifying strengths, weaknesses, threats and opportunities that are available to that person. Strengths and weaknesses are the person's own personal strengths or weaknesses. Threats are things that could go wrong and opportunities are favourable situations or conditions.

## Skills development

The emphasis for the support worker is on active support of the person. Typically, this would involve providing whatever form of support the person needs to actually acquire the skill in question.

Here are some examples of skills development and the role you may play in this development.

### Life skills

Examples include:

- ▶ catching a bus to a day centre or school
- ▶ planning a weekly budget
- ▶ going shopping for groceries
- ▶ preparing and eating a meal
- ▶ dressing, grooming and personal hygiene.

The role of support worker involves providing structured or incidental learning in:

- ▶ home care
- ▶ personal care
- ▶ respite care
- ▶ recreational activities.

## Vocational skills

Examples include:

- ▶ pre-employment training through a vet provider
- ▶ attending college or university.

Role of support worker:

- ▶ Integration aid
- ▶ Page turner
- ▶ Note taker and scribe
- ▶ Personal care
- ▶ Eating assistance

## Social skills

Examples include:

- ▶ meeting new friends
- ▶ taking part in social activities
- ▶ joining clubs.

Role of support worker:

- ▶ Lifestyle and leisure assistant
- ▶ Respite carer
- ▶ Mentor/coach
- ▶ Role model
- ▶ Providing transport

## Support skills

Examples include:

- ▶ advocacy
- ▶ peer support group.

Role of support worker:

- ▶ Assisting a person to self-advocate
- ▶ Providing information or referral

## Relationship skills

Examples include:

- ▶ relationship training
- ▶ marriage guidance
- ▶ counselling.

Role of support worker:

- ▶ Information for referral
- ▶ Role modelling

## Physical health

Examples include:

- ▶ attending family planning
- ▶ attending sex education
- ▶ gym and fitness exercises
- ▶ yoga, meditation, etc.

Role of support worker:

- ▶ Assisting these activities in respite
- ▶ Advice on referral process
- ▶ Providing transport

## Safety skills

Examples include:

- ▶ fire evacuation drills
- ▶ self-defence training – the right to say ‘no’.

Role of support worker:

- ▶ Assistance
- ▶ Advice on referral
- ▶ Role model

## Example

### Provide active support for developing new skills or interests

Jamal has autism and lives at home with his parents. When Jamal tells his support worker, Anna, that his main interest is model trains, Anna suggests he join a model train club. It is not a club specifically for people with a disability but for train enthusiasts in general.

Anna knows that by joining the train club, Jamal will learn more about trains, which is his greatest interest, and he will gain social skills and feel more accepted by the community. Anna helps Jamal to find out about the club and attend his first meeting.



## Action planning tool

You can use a simple planning tool, which identifies an issue and actions that need to be taken. The tool then lets you decide what the person can do for themselves and where they need assistance. It will help you identify the person's strengths and where their skill gaps are.

A simple action plan will answer the questions listed here.

### My action plan

- ▶ What do I want to achieve?
- ▶ What can I already do?
- ▶ What do I need assistance with?
- ▶ Who or what can provide this assistance?

## Skills inventory

Various skills inventories are available. These are formal lists of skills within a skill set. An inventory can be used to help identify what skills the person has. It can be used as a prompt to identify current strengths.

Here is an example of a specific skills inventory. When the skills are demonstrated they can be checked off.

### Literacy skills inventory:

- ▶ Can write own name and address
- ▶ Can read and write simple sentences
- ▶ Can write a short paragraph that combines several thoughts
- ▶ Can read instructions and complete forms with information from a variety of sources
- ▶ Can write persuasively to explain an argument
- ▶ Can write formal submissions

## Skills inventory scales

A skills inventory is most effective when it is capable of distinguishing between a range of performance levels. It is usually an artificial distinction to simply say a person can or can't perform a skill or task. Often it is far more useful to understand what level of support is required for them to be able to perform a skill.

A skills inventory should include a scale so that the level of independence that a person has in a skills area can be richly described.

### Skills inventory five point scale

#### Independent

Person is able to complete task without any form of physical, verbal or non-verbal support including prompting.

The person may rely upon natural cues in the environment or refer to a task list or written steps or procedure as a memory aid but do so independently.

The person at this level will be able to deal with a range of common contingencies and solve these problems effectively.

#### Little support

Person is able to complete task with very limited physical, verbal or non-verbal support including prompting.

The person may at times look for reinforcement but will be aware of natural cues in the environment to assist them and may make use of a task list or written steps with or without prompting.

The person at this level will be able to deal with a limited range of basic contingencies and solve these problems effectively.

#### Some support

Person is able to complete task with varying degrees of physical, verbal or non-verbal support including prompting.

The person may use physical, verbal and natural cues in the environment to complete the steps involved.

The person at this level will be able to deal with only the most basic changes to routine without significant support to solve these problems effectively.

#### Significant support

Person is able to complete task or perform skills only with a high degree of physical and verbal support including prompting and reinforcement.

The person at this level will be unable to deal with any unexpected occurrence without significant support to solve these problems effectively.

#### Full support

The person is unable to perform any aspect of the task without significant physical and verbal support.

## Trial and error and reminiscence

Often trial and error or experimentation is the best way to establish what someone can do for themselves. You must allow people the right to make mistakes as part of the process.

Reminiscence is talking about what interests the person had in the past; what they were good at, and what they achieved in their life. This is a useful way of getting them to talk about skills they have and how they could perhaps use them again. Often a photograph album is used as a prompt.



## Learning styles inventory

A learning styles inventory is a tool that indicates a person's preferred way of learning. The most commonly used one is the VAK Inventory, which looks at whether people are visual, auditory or kinaesthetic learners.

Once you have identified a person's learning style, you draw on their strength by using that style to provide information.

Here is an explanation of the different types of learning styles.

### Visual

People with a visual learning style like to view or observe things, including posters, pictures, photographs, diagrams, displays and films as a way of learning. These people will say 'Show me' and 'Let's have a look at that' and are best able to perform a new task after reading the instructions or watching someone else do it first. These are the people who will work from lists and written directions and instructions.

### Auditory

People with an auditory learning style like to hear information, spoken words, music or rhymes. These people will use phrases such as 'Tell me' and 'Let's talk it over' and will be best able to perform a new task after listening to instructions from an expert. These are the people who are happy being given verbal instructions over the telephone, and can remember all the words to songs they hear! This method works well for people who are not good readers.

### Kinaesthetic

People with a kinaesthetic learning style like to learn through the physical experience of doing. They learn through touching, feeling, holding, doing – practical, hands-on experiences. These people will use phrases such as 'Let me have a go' and 'How do you feel?' and will be best able to perform a new task by going ahead and trying it out, learning as they go. These are the people who like to experiment, hands-on, and never look at the instructions first! These people can enjoy a boot camp or adventure learning approach.

**Example****Encourage the identification of strengths**

Hazel has an acquired brain injury and has trouble remembering the names of her support workers when they arrive. In addition, she does not always remember why they are there.

Hazel is a visual learner who learns through pictures, posters and other visual things. This was assessed using the VAK learning style inventory. Hazel's main hobbies are arts and crafts.

Her support worker, Ingrid, is aware Hazel gets frustrated when she can't remember names so Ingrid suggests they collect photographs of each of the support workers and make up a chart with their names and photos on it.

Hazel enjoys doing this, as she is good at crafts. Once the chart is finished, they hang it near the front door so when a support worker arrives, Hazel can look at the chart and remind herself of the support worker's name.



## Practice task 7

1. Create a skills inventory of at least eight items in a skill set area such as:
  - ▶ Cooking skills
  - ▶ Vocational skills
  - ▶ Social skills
  - ▶ Relationship skills
  - ▶ Physical health/exercise skills
  - ▶ Safety skills
  - ▶ Transport skills
2. Define a scale for the skills inventory of between 4–6 indicators.
3. Using the skills inventory, observe and question a person you support to get a full picture of the skills they currently have in the chosen skill area.

**Click to complete Practice task 7**

## 2D Provide support for person to identify resources to complement strengths

Support workers can play a valuable role in providing support for a person to identify resources to complement their strengths. Resources may include financial and physical resources, such as extra hours, funding or equipment; or information resources such as details about additional services available, individual rights or processes for lodging a complaint.

The resources each person needs to identify to complement their existing strengths, and continue their skill development will be different.

You may be able to offer support by:

- ▶ being a sounding board to help them clarify an idea
- ▶ providing information or contacts
- ▶ making a phone call or assisting them to make a phone call
- ▶ making enquiries on their behalf or putting them in touch with an advocate or lobbyist
- ▶ approaching your coordinator on their behalf
- ▶ assisting them to attend an information session or training session
- ▶ encouraging them to network with people with a common interest or need
- ▶ reading information to them.

### Resource needs and support settings

The different support settings and the resources that may be needed are discussed here.

#### Home care

People receiving home care may need support to access additional services such as gardening, maintenance and window cleaning. Alternatively, they may need support to obtain resources that build on their current strengths to reduce isolation, such as specialised transport or communication devices.

#### Example

Malcolm is a retired schoolteacher who is interested in genealogy. He talks to his support worker; together they determine he will need a computer with internet access to trace his family tree. He will also need to relearn basic computer skills, as he hasn't used a computer since he retired 10 years ago. The support worker provides computer course details, and Malcolm decides to attend classes at his local community centre and buy a computer so he can take up genealogy.

## Residential

For persons living in a residential facility, the main resources they need in order to complement existing skills include transport and transport information, information on activities in the local community, information on training opportunities and how to become involved in local community issues.

### Example

Pat lives in residential accommodation in an outer suburb of Sydney. She worked for many years as a bookkeeper before developing Parkinson's disease. She is very keen to attend the local football match each Saturday, as well as volunteer her skills. She wants to join the club but does not know who to contact. Her support worker contacts the club and finds out how Pat can become a member. Pat joins the club and becomes their treasurer.

## Respite

In a respite situation, people typically say they need to access more resources in terms of additional hours, additional activities, gyms and fitness centres, and art and cultural groups.

### Example

Christos wants to start going to the swimming pool. He asks his support worker to help him identify which centres have the facilities for hydrotherapy. He needs a ramp and hoist to enter the pool. Christos's support worker helps him to look up addresses in the Yellow Pages and make a phone call to enquire whether the centres have the necessary equipment.

## Recreation

For those who attend recreational activities, the support worker may be asked to help them identify new or different recreational activities, or the equipment, tools or materials for them to complete projects. Other relevant information may be about transport and transport services.

### Example

Lina has an intellectual disability. She attends a recreational centre and enjoys taking part in craft activities. Lina decides she wants to take up weaving and make a big wall-hanging. Lina asks her support worker to help her. Together they contact the local weaving guild, which has a second-hand loom for sale at a reasonable price. The support worker helps Lina purchase and collect her new loom. Lina joins the weaving guild and ends up expanding her social circle as well as her craft skills.

## Employment

Typically, the complementary resources a person will be looking for when they are receiving support with employment will be job vacancy information, job search skills, access to training in interview techniques, transport, and modified equipment and office space. Work-based care might also be an issue.

### Example

Chrissie is vision impaired and has experienced periods of depression. Through a work-based program she has the opportunity to return to work part time as a receptionist for a not-for-profit organisation. Chrissie decides she needs assistance from her support worker to identify how the organisation can get funding from Centrelink for office modifications and special equipment for her use. Her support worker obtains brochures from Centrelink with the information.

## Identify resources

Identifying the additional resources needed is an essential step for a person in building on their existing skills. A support worker who assists others to identify these resources gives people a sense of empowerment and a greater level of independence.

Other ways to identify resources include:

- ▶ networking
- ▶ peer support
- ▶ contacting a case manager
- ▶ using professional advocates.

## Help to mobilise the person's strengths

People should be encouraged to put the strengths they currently have to use. Mobilising a person to use their existing strengths helps to ensure important skills are not lost.

Workers also have a role to support people to overcome devaluation and realise that their strengths are valuable, remarkable and unique to them. Not only should workers support the person to value their own strengths, they should celebrate these abilities and provide opportunities for the person to highlight these strengths to others close to them and society at large.

Once a person is putting their skills to use, you can help them to build on their existing strengths, and add new strengths and abilities.

## Strategies to mobilise strengths

To increase a person's sense of empowerment, the support worker and the whole team of health professionals that come into contact with the person should create a culture of independence and action.

Here are several strategies to use when mobilising the strengths of others.

### Provide positive feedback

- ▶ Make the feedback specific and timely; make sure the person acknowledges and understands the feedback.

### Help people prioritise

- ▶ Help people to work out what is most important to them and to prioritise accordingly. Use basic time-management skills and agree to do the most urgent things first. Help them work out what they can delegate to others and what they should do for themselves.

### Focus on the outcome, not just the journey

- ▶ Help the person focus on what they want to achieve, rather than how difficult it may be to get there. Help them to set clear goals of what they want for the future.

### Make success achievable

- ▶ It is important that people experience success, so focus on what is realistic and achievable for them. Start small if necessary.

### Focus energy where it will do most good

- ▶ If the person has limited energy, encourage them to use it on what is most important and does most good.

## Stages of empowerment

Here are the stages of empowerment a person may go through and suggested strategies to mobilise them into a state of greater independence.

### Powerlessness

#### Feelings of powerlessness can be caused by:

- ▶ social isolation
- ▶ lack of control
- ▶ unresponsiveness
- ▶ reliance on support services.

Individual outcomes are:

- ▶ prolonged dependency
- ▶ inability to feel empowered
- ▶ inability to mobilise strengths.

Support worker should:

- ▶ provide support
- ▶ recognise the person is the expert of their own condition
- ▶ work on maintaining existing skills
- ▶ be open to providing new information or new experiences that may awaken the person into action.

### Awareness

#### Feelings of awareness can come from:

- ▶ new information
- ▶ a crisis or life transition
- ▶ a change in context.

Individual outcomes are:

- ▶ a desire for change
- ▶ anger or frustration with current situation
- ▶ beginning to develop new directions.

Support worker should:

- ▶ actively work on identifying strengths the person can use
- ▶ respond to cues of readiness for change.

## Connecting

### Connecting and learning, when the person:

- ▶ develops support relationships with people
- ▶ connects with resources, expands choices and opportunities.

Individual outcomes are:

- ▶ decreased isolation
- ▶ increased selfesteem
- ▶ increased sense of control
- ▶ improved selfconcept
- ▶ expanding social network.

Support worker should:

- ▶ encourage identification of resources needed to build on strengths
- ▶ provide moral or practical support
- ▶ build on existing strengths
- ▶ promote mentoring
- ▶ provide a facilitating or linking role
- ▶ act as an information resource.

## Mobilisation

### Mobilisation/action occurs when the person:

- ▶ engages in new activities and selfexpression
- ▶ is involved in new social groups.

Individual outcomes are:

- ▶ increased feelings of competence
- ▶ increased sphere of participation
- ▶ greater sense of selfworth and value to community.

Support worker should:

- ▶ support participation in activities and social groups
- ▶ encourage action
- ▶ provide positive feedback.

## Contribution

### Contribution is achieved when the person:

- ▶ has a sense of being accepted as an active, contributing member of the community.

Individual outcomes are:

- ▶ feeling of belonging and acceptance
- ▶ vastly improved concept of self.

Support worker should:

- ▶ encourage and reflect on growth
- ▶ continue to support only if needed.

**Example****Mobilise people to use existing strengths**

Wendy was in a serious car accident 18 months ago. She received facial burns and lost her left arm. Since the accident, she feels self-conscious in public and did not return to her job as a journalist. She has been diagnosed with depression and is receiving support services to help with home care.

Wendy slowly develops a relationship of trust with Kaleen, her support worker. Kaleen suggests Wendy go out into the community more but Wendy's response is a flat 'no'.

Kaleen suggests Wendy volunteer for a program where she can provide English tutoring in her own home to new migrant women. At first Wendy says she is not interested but Kaleen points out that Wendy has well-developed language skills and that she might enjoy helping people who need to learn English.

After Kaleen leaves, Wendy thinks about her suggestion and the value of giving something to others, so she phones and enquires about becoming a volunteer. Wendy tutors new migrants two afternoons a week from her home.



## Practice task 8

1. Using the skills inventory you created and used in the previous practice task, create a plan for using the strengths identified by the inventory as a platform for further skills development with the person.
2. Identify at least two skills from the inventory that the person is independent in or requires little support.
3. Discuss with the person an empowerment goal such as:
  - a. to become more aware of changes they want
  - b. to become more connected to their community
  - c. to become more confident to participate more actively.
4. Describe the identified strengths in the plan and detail the strategies you will use to mobilise these strengths to achieve their empowerment goal including how you will:
  - a. focus on the outcome
  - b. help the person prioritise
  - c. make success more achievable
  - d. help them focus their energy
  - e. provide positive feedback.

**Click to complete Practice task 8**

# 2E Provide support to mobilise strengths and encourage development and application of skills for personal development

Prior to having an individualised care plan prepared, the people you are working with will have had an initial assessment, which is usually conducted by a health professional or case manager. It is from this assessment that the care plan is drawn up and services contracted to meet the person's identified needs.

The care plan is prepared with the input of the person and significant others, and is correct at the time it is prepared. However, the initial assessment may have been conducted in an environment not conducive to the person demonstrating their real potential. Once a person-support relationship is formed and familiarity and trust are established, a different picture of the person may emerge.

It is your role to provide support as the development of skills continues. Circumstances may change and strengths may become increasingly mobilised. Constant monitoring, review and re-assessment of the person's skills and abilities are essential.



## Influences on skill levels and behaviour

The outcomes of an assessment of personal skill levels and behaviour may be influenced by the factors detailed here. Any of these factors (alone or in combination) may influence the person's ability to demonstrate skills or competence.

### Environmental

#### Environmental factors that may influence an assessment:

- ▶ Physical environment such as the building or setting
- ▶ Time of day and weather conditions
- ▶ Distractions or external stimuli that affect the person
- ▶ Availability of suitable aids and equipment

### Relationship

#### Relationship factors that may influence an assessment:

- ▶ People who are present and their roles as perceived by the person
- ▶ The person's feelings towards those people
- ▶ Whether or not encouragement is given
- ▶ The perceived purpose of the assessment
- ▶ Whether suitable support was offered, including prompting
- ▶ The language and other communication strategies used

## Internal

### Internal factors that may influence an assessment:

- ▶ Person's physical health status, including the medication they are taking, the presence of infection, or other illness or injury
- ▶ Person's mental health status
- ▶ Person's general wellbeing, including their level of tiredness, motivation, nutrition and hydration

## Encourage individual independence

As a support worker, you have a very significant impact on a person's skill development and maintenance. Support workers can and should foster self-determination, encouraging people to exercise as much choice as possible and do things for themselves and others where they can.

Here are some strategies that can be used to encourage independence.

### Strategies to encourage independence

- ▶ Ask the person to show you how they like things done.
- ▶ Provide information and opportunities for new activities.
- ▶ Be patient when the person's way of doing something seems slow.
- ▶ Resist the temptation to do something for the person if they can do it for themselves.
- ▶ Resist the temptation to finish sentences for the person.
- ▶ Ask the person to teach you how to do something or talk you through it.
- ▶ Give positive feedback and praise for skills demonstrated.
- ▶ Give verbal prompts to assist with memory.
- ▶ Make learning and skill development fun.
- ▶ Build trust through being genuine and respectful.

## Observe changes

The changes you observe and need to provide information on will cover the full range of skills. Changes may be positive or negative. That is, those with whom you work may have developed new skills or other skills may have diminished. Be alert, also, for the influence of environmental, relationship or internal factors. For example, you may find the person demonstrates increased ability to assist with their personal hygiene when in their own home. When identifying changes, you should make your observations in various environments.

Here are some examples of common skill areas and the changes you may observe in relation to those skills.

**Skill areas and changes**

**Communication**

1

- ▶ Changes in a person’s ability to tell you what they need
- ▶ Speech difficulty in either finding the necessary word or controlling the muscles to pronounce words
- ▶ Changes in written communication or ability to read

**Personal hygiene**

2

- ▶ Changes in the ability to bathe or shower themselves
- ▶ Incontinence

**Meal preparation**

3

- ▶ Changes in the ability to plan or prepare a meal
- ▶ Reduced variety in meals they are preparing
- ▶ Heavy reliance on takeaway or fast foods

**Transport**

4

- ▶ Changes in ability to drive
- ▶ Damage to car or driveway area
- ▶ Changes in ability to catch public transport, read timetables and plan trips

**Money handling**

5

- ▶ Changes in recognition of the different notes and coins
- ▶ Changes in their ability to pay bills on time and the amount of money they require each week

**Dressing**

6

- ▶ Changes in their ability to dress themselves, including ability to use buttons and zips
- ▶ Changes in standards of grooming; for example, remaining in pyjamas or track suit all day

**Grooming**

7

- ▶ Changes in ability to undertake general grooming
- ▶ Changes in interest level for grooming

**Eating**

8

- ▶ Changes in the ability to chew and swallow food
- ▶ Loss of interest in food
- ▶ Overeating
- ▶ Changes in the nutritional value of food

**Working**

9

- ▶ Changes in their ability to hold down a job
- ▶ Increased frustration or boredom in work
- ▶ Absenteeism

10

**Household tasks**

- ▶ Changes in the state of tidiness and cleanliness of the house
- ▶ Changes in strength and capacity to use equipment
- ▶ Loss of interest by people who were once house proud
- ▶ Changes in ability to care for pets

11

**Recreational activities**

- ▶ Interest in new activities
- ▶ Boredom with existing activities
- ▶ Reduced level of fitness or agility
- ▶ Changes in flexibility
- ▶ Loss of interest in social groups and activities

## Monitor skill levels

To effectively monitor the person's skill level, you need to undertake the duties as set out in the person's care plan and note any discrepancies between what they could previously perform for themselves and what they can perform now for themselves.

The monitoring process may vary according to the organisation; however, the process outlined here is a general guide.

### The monitoring process

- ▶ Observing
- ▶ Checking against the individual care plan
- ▶ Giving the person feedback on your observations
- ▶ Asking the person to repeat the activity and observing whether the outcome is the same
- ▶ Asking the person to talk you through the process or activity, prompting them if necessary
- ▶ Observing the behaviour on a number of occasions under varying conditions
- ▶ Discussing your areas of concern with the person
- ▶ Documenting your areas of concern
- ▶ Recording the environmental, interpersonal or internal factors that could lead to change
- ▶ Requesting a formal review by a relevant health professional

**Example**

**Monitor changes in skill levels**

Janice is working on building up the skills and confidence to get her driver's licence back after a car accident that has not seen her drive for over five years.

Her support worker initially takes Janice for a drive as a passenger and gets her to watch for hazards as they drive around locally. When Janice is feeling comfortable she asks if she can practice driving her car around the car park of a local business on a Sunday when there are no other cars around.

Her support worker contacts the company and discusses this with the security office. Janice is given permission to practice in the car park. The support worker soon notices that Janice has learned all she can without engaging in traffic, so he talks with Janice about getting professional driving lessons. Janice and the support worker contact a number of driving schools before deciding to book in a lesson.



## Practice task 9

### Case study

Adam had his leg crushed in a workplace accident and had a skill assessment conducted in his home by an occupational therapist to identify how well he was managing with his prosthetic leg and any further supports that he needs for his daily living activities. At the time of the assessment Adam was depressed and drinking heavily every night. He was neglecting his personal care and not bothering to cook or eat regularly

Adam has recently met a woman and started a relationship. They are already talking about moving in together. He has also moved to a new pain management regime and has come through his depression and cut right back on his drinking. Many of the supports that were put in place, such as meals and personal supports, are no longer necessary.

1. What changes have occurred in Adam's relationships?

.....

.....

2. What internal factors have changed for Adam?

.....

.....

.....

3. What temporary factors affected the initial skills assessment that Adam had?

.....  
.....

4. What would you recommend Adam does before considering moving in with his girlfriend?

.....  
.....  
.....

**Click to complete Practice task 9**

# 2F Provide constructive feedback to the person in an appropriate and respectful way

Everyone likes to receive positive feedback. It makes us feel good about ourselves and acknowledges our achievements. However, it is also necessary to receive constructive feedback that tells us what we could improve on.

People with a disability benefit enormously from constructive feedback and information that assists their development. There are many different types of feedback you can give others in order to help them to learn.



## Categories of feedback

Here are some categories of feedback that can be offered to people with whom you work.

Categories of feedback	
▶	Giving instructions or talking through the process
▶	Prompting
▶	Praising a job well done
▶	Explaining what is working and what is not working
▶	Encouraging further experimentation
▶	Suggesting other ways to do things
▶	Providing information
▶	Acknowledging success

## Constructive feedback

The aim of feedback is to improve the person's skill development; therefore, feedback must always be constructive and appropriate. Constructive feedback offers the possibility of doing things better by looking for other options; it focuses on improvement, not failure. Feedback and advice must be appropriate to the person's age and level of development.

First, focus attention on what the person is doing well and then suggest what they might try to do differently. The 'sandwich technique' is helpful for getting people to 'digest' feedback: praise is given first, followed by suggestions for improvement and then, praise again.

When giving feedback to a person with an intellectual disability:

- ▶ keep feedback to one thought or instruction at a time
- ▶ provide concrete and specific feedback, as abstract ideas are confusing
- ▶ use simple words
- ▶ get the person to explain back to you what they have to do, to make sure they understand.

## Provide feedback promptly

The feedback you offer can be verbal and nonverbal; your body language and facial expressions also provide feedback. Be aware there must be agreement between what you say and what your body language communicates or else your message will be confused. If your body language or tone contradicts your words then the person will not believe the feedback is genuine.

Provide feedback as soon as possible. The closer to the event the person receives feedback, the more effective the feedback will be. This can take the form of standing back and offering supportive words of encouragement as the person is undertaking the task, or by giving detailed feedback immediately upon completion of the task.

If you have to give a suggestion on ways to improve, praise the person as soon as they achieve success in the area that needs improvement.



## Respect the person

On a more practical level, workers need to respect the person's individual way of doing things and support them in this.

There is no one 'right way' to complete the typical tasks of daily living. While another person's method of doing things may be different to ours, a person should not have to justify why they do things a certain way.

Part of respecting a person's valued status is valuing their expertise and uniqueness. Respecting their right to self-determination includes respecting their opinion, even if you do not agree with it.

Here are the day-to-day issues where individual preferences may need to be considered.

### Day-to-day issues

- ▶ Whether they get dressed on the bed or in the bathroom
- ▶ The order of a person's morning routine
- ▶ Whether they prefer to shower or bathe
- ▶ What foods they can swallow
- ▶ What medication they need to take and when
- ▶ Whether exercise is too exhausting
- ▶ What their preferred position is for sleeping

### Example

#### Respect the person

Alfonso is learning to cook a number of his favourite dishes to enable him to move out of a supported accommodation home where he lives.

Sarah, his support worker, helps Alfonso to measure out the ingredients and remember the steps involved, as he does not read and has short term memory problems.

Alfonso regularly goes ahead and puts in ingredients without referring to Sarah or the recipe. Sarah tells Alfonso that he should measure all the ingredients he needs and assemble them on the bench so that it will be quicker for him to add the right amounts as required.

Alfonso tells Sarah that he has an idea of the quantities that are needed after cooking each recipe a few times and now prefers to cook 'by feel' rather than accurately measure and weigh everything.

Sarah accepts that Alfonso's approach to cooking is more laissez-faire than hers and does not worry too much about the quantities, concentrating instead on making sure he remembers all of the ingredients.



## Practice task 10

1. What are three types of feedback a support worker may offer?

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2. List three features of constructive feedback that make it effective in encouraging skills development.

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3. Explain what it means for all forms of your feedback to be in agreement.

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[Click to complete Practice task 10](#)

## 2G Discuss differences experienced in implementation of skills development activities

Skills development activities may vary in success from week to week. Gains may be obvious and significant one week, but these achievements may not always be maintained into the next week.

Just as results may vary, so too can levels of engagement, cooperation, enthusiasm and responsiveness.

If communication is no barrier, the simplest and most effective way to handle any concerns you have as a support worker is to state what you have observed and to ask the person what is going on for them. This will show that you are engaged and committed to the task of helping the person achieve their goals.



If there are difficulties with communication or the person is unresponsive it may be worth pursuing your enquiry with a family member or carer. To maintain trust between yourself and the person you are supporting you should always discuss with them your intention to speak to others about them and make sure they are okay with that.

You may need to check their file to see if there are any standing instructions or written consent documents. These may cover preferred communication methods or special requirements for privacy and/or confidentiality.

### Differences in skills development implementation

A common area where differences are encountered in implementing a skill development program is between different support workers.

Personal relationships exist in the midst of professional ones and it is inevitable that people will work better with some people than others. As long as progress can be made and each relationship is functional, it is not a big issue if amongst a support team there are different personal dynamics and different approaches.

A diversity of approaches is usually a good thing as long as consistency of support is not compromised.

As a support worker, you must be able to recognise when a professional relationship is becoming problematic or dysfunctional. This includes a relationship that directly involves you as well as relationships you observe that involve other support workers.

Here are some signs to be aware of.

### Barriers to skills development implementation

#### Prejudice

Judging a person because of race, religion or any other aspect of their background will ruin a working relationship. Listen for comments that indicate discriminatory attitudes.

#### Lack of communication

Communication styles will vary and may be a source of conflict if people have diametrically opposing approaches. People may withdraw from interactions rather than engage in conflict.

#### Complaining

If a person tries to engage you in a critical conversation about another support worker, listen but don't encourage or agree. Refer to your supervisor if necessary.

#### Cancellation

Avoidance is a common approach to dealing with conflict for people who are disempowered. If a person consistently cancels appointments, something may be wrong.

### Example

#### Differences in skills development implementation

Monica provides support to Kubra in the practical classes of her vocational course at a local training institute. Usually in her horticulture classes, Kubra is the first to grab a spade or fork and get her hands dirty.

When Monica returns from a three week holiday she notices that Kubra is less enthusiastic about participating. She asks Monica to get tools and equipment for her that she used to get for herself. When Monica protests that Kubra is capable of getting the tools herself, Kubra yells at Monica; 'but you're here to help me!'

Monica reviews Kubra's file and sees that her aunt is the family contact person. Monica tells Kubra that she is concerned Kubra is not moving forward in the horticulture classes and asks if Kubra is okay with her speaking with the aunt. Kubra suggest they all have a talk when her aunt comes to pick her up.

When the three of them talk it is revealed that the support worker who filled in when Monica was away was very protective and did not allow Kubra to do much by herself. They agree that Kubra should trust in her own ability and aim to be as independent as she can from now on.



# Practice task 11

1. List three differences you may notice when implementing skill development activities.

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2. What are two steps you should take before discussing skills implementation with others close to the person?

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3. What are three signs that a relationship between a support worker and a person is not working?

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[Click to complete Practice task 11](#)

## 2H Monitor strategies to determine effectiveness and level of engagement in activities

Just as it is important to monitor changes in a person's skill level and their status, it is also important to monitor their level of engagement in a range of activities. Providing care requires that any change in the level of engagement must be recorded and reported, as these changes may indicate a corresponding change in the person's physical, mental or emotional health.



Support workers should monitor:

- ▶ the person's level of engagement inside their home
- ▶ the person's level of social interaction with people outside their home
- ▶ changes in the person's daily activities and outings
- ▶ changes in the person's level of communication with you as a support worker.

### Types of changes

Since every person is an individual, the changes that occur may well be different and subtle. However, any change should be discussed with the person and your concerns recorded in the communication book. You should also read the communication book to see if others are reporting similar findings, as a pattern may be emerging that is cause for concern.

The types and examples of changes you might typically see in a person are shown here.

#### **No longer interested in talking about their hobbies or interests**

- ▶ Example: Person stops offering you tips on the football or the races.

#### **Stops attending activities**

- ▶ Example: Person cancels his weekly bingo session with friends.

#### **Becoming lethargic or losing motivation**

- ▶ Example: Person stays in bed and has no interest in getting up or getting dressed.

#### **Reducing contact with family or friends**

- ▶ Example: Person complains that she doesn't want to see her daughter and her husband anymore. She tells you that it is just too much fuss to see the grandchildren.

### **Falling out or arguing with others**

- ▶ Example: Person becomes argumentative with you or their family members, announcing he can't be bothered with anyone.

### **Refusing to have normal contact**

- ▶ Example: Person does not answer the doorbell, and when you call him he says, 'Sorry, Bill isn't at home'.

## **Increased engagement**

In some cases you will see increased engagement that should also be recorded and reported.

You could observe the kind of changes listed here.

### **Going out more often**

- ▶ Example: You arrive and there is a note saying the person has gone to the movies with friends.

### **Entertaining people at home more**

- ▶ Example: Person has visitors more often.

### **Reading the paper and asking more questions**

- ▶ Example: Person becomes interested in a current issue in the newspaper and wants to talk about it with you.

### **Engaging you in discussion more often**

- ▶ Example: Person asks you about your family and how everyone is.

### **Requesting to change their routine to fit in new activities**

- ▶ Example: Person's care plan and roster have to be changed as he needs to be ready to go out earlier to play sport on the weekend.

### **Increased spending**

- ▶ Example: Person has a bill for club membership and has paid for several meals on her credit card.

### **Increased interest in their physical appearance**

- ▶ Example: Person announces she wants to get a new hairstyle and buy new clothing.

## Strategies to monitor skills

Monitoring skills requires more than just looking for clues that tell a story about a person. To get a more complete picture and confirm your judgment you may also need to talk to the person and gather the views of other people who play a significant role in their care.

When observing people for changes to their skill levels, there are some simple strategies you can use to guide you and support or confirm the observations you make. These strategies are outlined here.

### Observe

Observe:

- ▶ what the person does for themselves
- ▶ what they no longer do for themselves
- ▶ what doesn't get done
- ▶ changes in the environment, internal factors or relationships.

### Discuss

Discuss with the person:

- ▶ what they would like to do for themselves
- ▶ what they feel they can no longer do
- ▶ how they would like it done
- ▶ what they enjoy doing
- ▶ what they feel others can learn from them.

### Gather feedback

Gather third-person feedback from:

- ▶ relatives and significant others
- ▶ friends and neighbours
- ▶ fellow support workers
- ▶ other health professionals.

## Consult with your supervisor

Your duty of care does not stop once you have monitored and evaluated the success of the strategies being used and recorded these in the case notes or plan of the person. Where you are concerned for the person's wellbeing or believe action is necessary, you should consult with your supervisor as soon as possible and bring the issue to their attention directly.

As a support worker you may have the most contact with the person or anyone in their network. Regardless of how good your rapport is with the person you should never shoulder responsibility for their wellbeing if you believe they are at any risk. Make every attempt to discuss with your supervisor in the clearest terms possible any unusual or uncharacteristic behaviour you have noticed.

On a less serious level, it may be clear that skill development strategies are becoming ineffective. Your supervisor will need to institute a revision of the plan to avoid the strategy becoming a demotivator.

## Record and report changes

Every organisation will have its own system for recording and reporting changes. The three common forms of recording this information are explained here.

### Communication book

A communication book is usually kept in the person's home and is an open document to be read by the person, family members and other support workers. It will detail any important information in regard to changes in the person's condition or skill level.

The communication book is a legal document, so it must be objective, factual and accurate. Write concisely and describe only the behaviours that you witnessed yourself. Depending on the circumstances, if you fill in a communication book you may also have to file a report with your supervisor. This may be recorded as a concern on an incident report.

### Case notes

Case notes may be recorded using software that enables all support workers to have ready access to up-to-date information relevant to the person's skills development. This will include observed or reported changes to their health, medication, living situation and relationships.

The policies of your organisation will guide your reporting requirements and how to advise other support workers of important changes.

### Incident report

An incident report forms part of an organisation's work health and safety system. It is used to describe incidents, near misses or concerning changes that you have witnessed. Generally the form will then be lodged with your supervisor and followed up by a WHS specialist.

An incident report is also a legal document and you must record accurately and objectively what you have observed.

### Recommendation for re-assessment

A recommendation for a re-assessment may be included on your incident report form or it may be a separate form on which you report your concerns and recommend a re-assessment. In common with other documents, you must record your observations in an objective manner, stating only facts, not opinions. The recommendation for reassessment is normally lodged with your supervisor.

## Record information

When you record information you should be factual, accurate, clear, brief but complete, follow organisational requirements and check what you have written.

You will also need to store information, either manually or on a computer system.

Information must be kept safe and you are bound by law to keep client information private and confidential.

Always read, understand and follow your procedures, particularly WHS and emergency procedures. Ask for help if there is anything you don't understand. If you are working in a person's home, you should call your supervisor.



### Example

#### Observe and report changes

Sophie has worked with Ken for a long time, assisting him with many of his hygiene and domestic tasks. Ken can undress himself if he sits on the bed to do so and can wash himself once seated in the shower. One day while Ken is washing himself under the shower, Sophie observes that the laundry basket contains underwear stained with faeces.

When Ken is getting dressed, Sophie carefully raises the subject with Ken by asking whether he is having bowel problems. Ken acknowledges that he is having problems and asks her what he should do. Sophie suggests that Ken might need a continence assessment and reports this concern to her supervisor in an incident report. She decides not to record it in the communication book as it would then be available for anyone in the house to read.



## Practice task 12

1. Describe three observable signs of disengagement from the skills development process.

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2. Describe three observable signs of increased engagement in the skills development process.

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3. Describe a circumstance in which you would have to fill out an incident report.

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4. When should you communicate directly with your supervisor about the level of engagement of the person?

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**Click to complete Practice task 12**

## Summary

1. An individualised plan should be based on a skills assessment.
2. Ways of encouraging activity will be different in different contexts. Encouragement strategies include role modelling, demonstration and peer education.
3. Each person has individual and unique strengths in a range of skills areas. Areas of skill development include self-care, communication, leisure and vocational.
4. Skill development plans may focus on skills maintenance rather than developing new skills.
5. Behaviourist learning theory heavily influences traditional formal learning strategies, while social constructivist learning theory influences approaches to informal and incidental learning in community contexts. The resources required to support learning are different in formal and informal contexts.
6. Active support approaches will vary greatly depending on the skill area of choice.
7. A SWOT analysis or skills inventory can help to identify individual strengths. A skills inventory should include a scale that helps accurately identify the level of support a person needs.
8. An action planning tool can help identify appropriate skill development strategies and necessary resources.
9. A learning styles inventory can individualise a skill development approach and match learning methods to the person's strengths.
10. Strategies to mobilise a person's strengths include assistance to prioritise, focus their energies and clarify the outcomes that they want.
11. As empowerment increases, a person moves through a series of stages from powerlessness through to contribution.
12. A range of environmental, relationship and internal factors influence a person's skill level.
13. Changes may be observed in many skills areas that include communication, household tasks and recreation.
14. Observation, discussion and third party feedback all provide useful evidence of how skill development strategies are working. Constructive feedback is important to maintaining engagement and motivation. Feedback should be immediate and focussed on improvement.
15. Differences in implementing skills development may be due to improvements or worsening of the relationship between the support worker and the person.
16. Monitoring the effectiveness of the strategies in the plan should be ongoing and take place in a range of contexts that they operate in. A communication book, case notes or incident report can be used when reporting the findings.

# Learning checkpoint 2

## Assist with skills development in accordance with individualised plan

This learning checkpoint allows you to review your skills and knowledge in assisting with ongoing skills development in accordance with individualised plan.

### Part A

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

#### Case study

Alex has a learning disability and wants to get a part-time job in a bakery. He has never had a job but is very energetic and motivated. He is fit and loves riding his BMX but he generally sticks to riding around the local park.

He will have no problem with the early mornings, however he doesn't drive and is not sure how he would get to a job if it wasn't close to home as he relies on his parents for transport. Alex is good at listening and following instructions but is shy and very reserved mainly because he has a stutter and is embarrassed to talk to people he doesn't know.

1. What two vocational skills would you suggest Alex work at developing to achieve his goal?

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2. What strengths does Alex have that will help him to get the job he wants? List two.

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3. Explain how to make best use of Alex's skills when preparing him to develop his vocational skills. Give two examples.

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4. What resources or equipment would Alex need to help him get the job he wants?  
Give two examples.

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5. What methods could you use to encourage Alex to develop his skills?

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6. How would you monitor Alex's progress towards his goals?

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## Part B

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

### Case study

Evelyn Carter is recovering and rehabilitating from a motorcycle accident which smashed her hip and broke her leg in three places. During her extensive time in hospital Evelyn spent a great deal of time on her laptop and learned a great deal about website design.

Now Evelyn is back home, living with her brother who works full-time and who is often interstate. She is working to regain her independence and is following a skill development plan. The plan is based on an assessment contributed to by an occupational therapist and physiotherapist. Review the skill development plan below for Evelyn.

My goals	Priority	What activities / strategies will help me achieve my goals	What support / resources will help me achieve my goals	Target date	Actual date	Progress notes
To create a blog and post to it weekly	Medium	<ol style="list-style-type: none"> <li>Complete online learning course in website design</li> <li>Set up laptop with proper keyboard, mouse and furniture</li> <li>Dedicate two hours each day to designing website</li> </ol>	<ol style="list-style-type: none"> <li>Equipment:                             <ul style="list-style-type: none"> <li>Docking station and hardware</li> <li>Website subscription and word-processing software</li> </ul> </li> <li>Staff:                             <ul style="list-style-type: none"> <li>No help required, sourcing equipment online</li> </ul> </li> </ol>	May		EC has completed 3 of 5 online units and completed assessment. Regularly spends 2-3 hours studying online each day.
Walk to the local shops independently	High	<ol style="list-style-type: none"> <li>Attend water aerobics class at the local pool two days a week</li> <li>Perform resistance exercises according to physio exercise fact sheet using exercise bench at home</li> <li>Commence with physical support according to OT plan to a comfortable distance and extend slowly</li> </ol>	<ol style="list-style-type: none"> <li>Equipment:                             <ul style="list-style-type: none"> <li>Pool membership</li> <li>Exercise bench</li> </ul> </li> <li>Staff:                             <ul style="list-style-type: none"> <li>SW to accompany classes and assist with showering and toileting according to OT plan</li> <li>SW to provide initial support with resistance exercises and withdraw progressively</li> </ul> </li> </ol>	March		EC has increased participation in classes and completes the whole session when she attends. EC has moved from requiring physical support with exercises to needing verbal prompting. EC regularly walks to post box approx. halfway to shops.
To independently remember all the things I need to take to the shops	High	<ol style="list-style-type: none"> <li>Investigate most appropriate and manageable bag</li> <li>Type up list of essential items in reminder app</li> <li>Set reminder app for correct time</li> </ol>	<ol style="list-style-type: none"> <li>Equipment:                             <ul style="list-style-type: none"> <li>Shopping bag, basket or jeep</li> <li>Mobile phone and app</li> </ul> </li> <li>Staff:                             <ul style="list-style-type: none"> <li>SW to assist with sourcing shopping bag</li> </ul> </li> </ol>	March		Shopping jeep purchased. Mobile app downloaded and set.

1. What sort of information will help Evelyn pursue her goals?

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2. What sort of encouragement will help Evelyn pursue her goals?

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3. What is the purpose of the exercises listed in the plan?

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4. What other assessments and documents will need to be referred to as well as this plan?

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5. What is one strength that Evelyn has to help her with her achieving her goals?

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6. What further goals might Evelyn set once she has achieved those set in the plan if she wanted to progress more in these areas?

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7. Give examples of two resources that Evelyn is using to develop her skills.

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8. What other resources may be of use to Evelyn? List two.

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9. What sort of hurdles may Evelyn face in achieving her goals? List two.

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10. List one method that would be effective in helping Evelyn maintain her motivation.

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11. Evelyn often forgets to charge her phone and this affects one her shopping strategies. What is a constructive way of discussing this with Evelyn?

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12. You support Evelyn to attend her water aerobics class. Out of the last three classes, she has attended only one as she has forgotten her bathers twice. What is the best way to handle this with Evelyn?

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13. When you arrive to assist Evelyn to the pool one day, you find that she has twisted her ankle and it has swollen up and is causing her pain. What is the best way to handle this situation? Explain four steps you would take.

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14. In late February, Evelyn is walking half way to the shop independently. Your supervisor asks you for a progress report on Evelyn. List three things you would report to your supervisor.

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## Topic 3

In this topic you will learn how to:

- 3A Provide encouragement that can act as potential informal or incidental learning opportunities**
- 3B Use positive approaches and strategies to promote enjoyment and maximise engagement**
- 3C Withdraw support to an appropriate level to encourage experiential learning in consultation**

## Support incidental learning opportunities to enhance skills development

Incidental learning is learning that occurs outside of the classroom and indeed outside of any formal setting for learning. It is learning that is situated in a real life context and not explicitly taught. Incidental learning involves exposure to and experience of typical social settings and interactions. Through repeated exposure to certain routines in a given context the learner incorporates socially acceptable and valued behaviour almost unconsciously by picking up on contextual cues.

For example, rather than explicitly teaching hygiene and handwashing in a formal setting, it may be learned incidentally by being repeatedly role modelled and prompted at the start and end of a particular activity.

# 3A Provide encouragement that can act as potential informal or incidental learning opportunities

As a support worker, it is essential to have an understanding of incidental learning and the invaluable role it can play in skill development of people with a disability. The nature of incidental learning is that it is largely unstructured, unplanned and happens as a consequence of what is going on around us in real-life situations. Support workers, as potentially one of the main sources of incidental learning for those with whom they work, need to understand how to best use incidental learning opportunities as they arise.

Three main methods to foster incidental learning are listed here.

## Role modelling

Role modelling involves consistently performing the target behaviour or skill in context and repeatedly drawing the person's attention to this and highlighting when others do the same.

## Prompting

Prompting involves open ended questioning to remind a person to exhibit the behaviour or perform the skill. Rather than tell the person what to do, engage them in the process by asking questions such as 'what do we need to do next?'

## Positive reinforcement

Whenever a person performs the skill in the appropriate setting or context, positive reinforcement in the form of encouragement, congratulations or giving thanks will make them more likely to repeat the behaviour next time.

## How people learn from support workers

People learn from you, the support worker, by observing what you do and how you do it. They may ask questions or even ask you to show them how something is done. Often they will just learn through imitation.

You have a major influence on what the person you work with deems to be normal, acceptable or even morally right. You may be the only person they see some days. You must be aware that the person can be significantly empowered and become more self-reliant through small pieces of incidental learning that, when combined, mean greater independence.

The ways people learn from their support worker and what they may learn are illustrated here.

### **Role model**

You will serve as a role model for punctuality, proper conduct, and respect for personal and social boundaries. People will notice how you manage your own life and life experiences.

**Example:**

A person sees that you are punctual and complete everything on the care plan, so he does his best to be ready when you visit and on time for appointments.

### **Observation**

People will observe how you manage infection control, food handling and home care and may well take on your way of doing things.

**Example:**

A person observes how you store their medication in the fridge and that you always buy the meat last when shopping and place it in a cooler bag on the way home.

### **Discussion**

People may ask you for advice or information about what you would do in a certain situation.

**Example:**

A person asks you what it is like returning to study and how you found out about the course you are doing.

### **Life experience**

People may identify with your experience in forming and maintaining relationships, raising children and so on.

**Example:**

Through casual conversation, you share your experience of what it was like having children.

### **Trial and error**

People will try out new ways of doing things from what they have observed you doing in the workplace.

**Example:**

A person works out the easiest way of dressing themselves from the way you lay out clothes for them on their bed.

## Acknowledge the person as their own expert

One of the first things you discover when you work in aged care or disability services is that you do not have to be an expert in everything in the field. Everyone is already an expert in their own condition. They know what it is like to live with a disability and the best way of achieving independence for themselves. Your role is to support them and to draw on their expertise to do so.

Many of the people with whom you work will have acquired a wealth of medical information and understanding about their condition. As a support worker, you can validate their knowledge by listening to them and treating what they have to say as valuable.

## Recognise personal expertise

It is now more widely recognised that people with a disability have greater expertise about their own condition. This idea first came to prominence through AIDS lobby groups that championed what was then a new model of care. Concepts like a person-centred approach, respecting the right to knowledge and the right to make lifestyle choices have now become the norm.

Today, health professionals work with people to support them to achieve their desired quality of life. Peer support groups and disability advocacy groups have empowered people to be recognised for their expertise.

People and their families have expertise in:

- ▶ the progression of their condition
- ▶ their symptoms and how to manage them
- ▶ what is best for the person in a holistic sense
- ▶ what matters in terms of lifestyle
- ▶ the level of pain management versus quality of life
- ▶ palliative care in the home environment
- ▶ dignity of risk.

### Example

#### The person as expert

George is providing care to Barry, who has decided he no longer wants to use the blood pressure medication he is on because of the unpleasant side effects. He explains that the medication makes him feel so tired he can't even walk up the steps to his house without wanting a rest.

George respects the fact that Barry knows better than anyone whether the medication is right for him. They agree that Barry will take his medication this morning and then see about changing his prescription as soon as possible. George helps Barry to make an appointment that afternoon with his GP to discuss other types of medication.

George also suggests they record it in the communication book so that all Barry's support workers know. He will also notify his supervisor so that Barry's care plan can be amended. Barry agrees.



## Recognise opportunities for learning

To identify situations as potential learning opportunities for those with whom you work and to encourage their learning, you need to understand how people learn, and particularly how adults learn.

Understanding the preferred learning style of different people can be valuable, as this will influence how they best access incidental learning. These styles are briefly summarised here.

### Learning styles

Visual – the person learns by watching you, by reading instructions and by following diagrams.

Auditory – the person learns by listening to you, the radio, talking books or instructions.

Kinaesthetic – the person learns by copying what you do, by trial and error and by experimentation.

## Teaching and learning strategies

Established theory holds that adults learn differently to children. Each adult has a different motivation to learn, so one of the keys to successfully working with people as they learn new skills is to tap into these motivators.

Adults prefer active learning that is relevant and meaningful to them, uses a problem-solving approach and is negotiated. Feedback, reinforcement and reward are important to maintaining motivation.

Incidental learning is most successful when it targets things learners want to know and can use in their daily lives. Inappropriate teaching strategies can be blocks and demotivators for learners.

According to adult learning theory, adults learn best when:

- ▶ the content of the learning is relevant and applicable to their lives
- ▶ the experience is satisfying and encourages a better self-image
- ▶ learning takes place in a climate of trust and understanding
- ▶ the language is clear, easy to understand and direct
- ▶ cooperation rather than competition is promoted
- ▶ the opportunity to try out ideas or skills is provided, followed by constructive feedback
- ▶ theory and practice are linked
- ▶ the information, skills and ideas build on previous knowledge.

## Task analysis

A task analysis or task breakdown describes how a task will be accomplished by many small steps a learner goes through to complete the task. Usually the steps indicate quite clearly where the learner begins and ends. A task analysis usually covers how long the task should take, what decisions may be needed along the way, how often the activity occurs and what equipment is required.



For people to learn tasks with many steps it is often best to chunk together the steps into logical groups. If you analyse the task yourself first, you will be better able to structure the task breakdown and explain the details of it.

Letting the person become competent at one step before you go onto the next is called skills component mastery.

## Learn through daily activities

The opportunities for incidental learning are with us every day as we go about daily activities with others. For instance, if you are providing personal care and home care to a person in their own home or a residential setting, you can contribute to their current skill level by using the opportunities that arise from their care plan.

Some of the tasks you may perform from a care plan and the ways in which they offer opportunities for incidental learning are explained here.

### Showering

While you assist people to shower, you can help them learn how to do more for themselves such as wash their own groin area or soap their hands.

This can be through task analysis and then trial and error.

### Preparing meals

Those with whom you work may watch you prepare meals and ask you why you do it a certain way. They may ask what ingredients you use or how long it takes to cook things in the oven. In this way they are using strategies of observation and questioning to acquire new learning.

### Cleaning

Those with whom you work may watch the way you vacuum and then decide it looks easy enough and they can then do it for themselves.

### Grooming

Those with whom you work may slowly learn ways of applying their own make-up. You may have to break it down in small, easy steps and make sure they have mastered one step at a time.

## Definition of incidental learning

Definitions of incidental learning vary but most sources agree with the following information.

Incidental learning occurs outside of the restraints of studying a structured program; for example, children learn to walk by watching and copying others and through trial and error.

Incidental learning has no set curriculum, set text or essential reading and no set time frame. It is not separated from life experience but a part of life experience; for example, we often change the way we dress or behave to fit with a peer group, without even discussing it and even if the learning is negative or inappropriate.

Incidental learning happens almost accidentally, just by being where you are and witnessing the behaviour of others; for example, if we observe someone doing something a better way than we do it ourselves, we try doing it their way.

Incidental learning is not tested or assessed to see what has been learnt and generally focuses on what is useful or practical to a person's needs.



## Incidental learning and recreation settings

In a recreational setting, it may be possible to teach people many skills just through playing games or taking part in activities; whether it is art and craft or fitness. When undertaking recreational activities, people tend to learn as they go.

Some of the activities involved in a recreational setting and the ways in which they offer opportunities for incidental learning are explained below.

### Craft activities

Craft and art activities incorporate a component of learning new ways of making things through processes of copying, experimentation or even trial and error. Each of these is a form of incidental learning.

### Social activities

Through mixing with others, there are opportunities to learn what is normal behaviour in the peer group and the accepted ways to communicate. It is also a way to build and understand relationships.

People learn by watching and copying what seems to be the norm.

### Sport or fitness activities

In health and fitness there can be a more structured approach to learning new skills and practising them. Learning is through demonstration and copying until the person has mastered the skill. Every sport offers opportunities to develop coordination, flexibility and muscle control. People may also develop skills in working with others in a team activity.

## Incidental learning and employment

Employment offers opportunities for incidental learning in communication and relationship skills, as well as those that are job specific.

Two key activities involved in employment and the ways in which they offer opportunities for incidental learning are explained here.

### Communication

A work environment offers opportunities for incidental learning in written and verbal communication and in the use of office style communication by email and telephone.

These are skills learnt through a combination of observation, copying and some mentoring.

### Relationships

There are opportunities to observe and copy new skills in office etiquette and how to establish good working relationships with those around us.

## Teaching strategies

In all settings, there are one-off opportunities for incidental learning that do not seem directly related to the environment you are in. To identify whether or how the situation offers the potential for incidental learning, you need an understanding of the current skills the person has in the areas concerned, and a knowledge of the skills required to perform the task satisfactorily. If there is a gap between these two, there is an opportunity for incidental learning.

When these opportunities arise, there are a range of learning strategies that may be drawn upon.

Strategies and examples of where they might be applicable and how you would go about using them are explained here.

### Role-modelling

#### Scenario: Taking a person into a shop to buy some clothing

The support worker asks the shop assistant for the items the person wants, looks at the goods carefully, decides whether they are right for the person, commits to purchasing the goods and checks that the right amount is paid and a receipt is received. The person will observe the process and learn from what they have seen the support worker do.

### Demonstration

#### Scenario: Helping a person to catch a train

Break down the process into steps and demonstrate and discuss each step.

Show how to buy a ticket, read a timetable, board the train, and so on.

After each step, check that the person understands.

### Skills component mastery

**Scenario: Assisting a person with personal hygiene routines**

Demonstrate to a person how to clean their teeth.

Break the activity down step-by-step and make sure the person learns each step before they proceed to the next.

Watch them perform the whole process on several occasions to know they have mastered it.

### Contextualisation

**Scenario: Helping the person on social outings**

Teach the person that they don't shout to people at a restaurant but it is okay to shout at the football to cheer your team on. Explain that it is the situation and the location that determines what is acceptable behaviour.

### Drama and roleplays

**Scenario: Helping the person prepare for a special event, like being a bridesmaid at a friend's wedding**

Role-play this situation so the person feels confident that they will know what to do.

In the role-play the person should play himself or herself and you play the other roles.

### Peer education

**Scenario: Helping the person learn about relationships and intimacy**

Work with a peer group of young people with a disability who meet to talk about the issues of finding a partner and establishing a relationship.

The group learn from, and with, their peers.

## Advantages and disadvantages of incidental learning

The great advantage of incidental learning is that the person will be learning something that is of immediate interest and use to them. This is what makes incidental learning such an effective adult learning tool.

There are some disadvantages to incidental learning. It is unstructured, and involves little planning or documentation which means there may not be a record of what is learnt. Another disadvantage is that it relies on context. People with an intellectual disability may not easily be able to transfer their learning into another context.



**Example****Identify a potential learning opportunity**

Matt is a recreation officer who works with a group of young adults with Down syndrome. Together they are putting on a play. They agree to all go out for a counter meal after one of their rehearsals. They are all excited, as some of them have never been for a counter meal before.

When they get to the hotel, they sit together at one table and read the menu. They all discuss what they want to order. Matt then explains they have to go to the counter to order and pay for their meal. Once they all agree that they want to do this for themselves, Matt volunteers to go first. They watch as he goes up to the counter, orders and pays. One by one they follow suit.

**Strategies to maximise learning opportunities**

When working with a person there are many informal learning opportunities. You may not think of these as opportunities as they are part of your person's daily routine. However, whenever there is a gap between a person's current skill level and that required to perform a task independently, there is an informal learning opportunity.

As a support worker, you are in an ideal situation to promote skills development in any of the tasks a person performs.

You can also identify potential opportunities for learning by considering the person's hobbies and interests. Contexts where the person's levels of interest and motivation are high provide perfect incidental learning environments.

**Social and relationship skills**

Social interaction offers opportunities for learning social and relationship skills. As a support worker, helping others to be better recognised as members of the community can provide information and model social interaction for others. For example, taking people shopping offers a number of learning opportunities. This might include learning about acceptable public behaviour, money and money handling, how to decide what to buy, which shop sells what, how to wait your turn, how to communicate in shops, and how to use public transport.

You must be aware of your organisational policies on duty of care and dignity of risk when supporting them in the community. Also bear in mind policies on privacy and confidentiality when providing feedback on learning. The more immediate feedback is the more effective it is but do consider whether anyone else can hear the feedback.

## Tools, equipment and resources for learning

Tools, equipment and resources required to support learning must be appropriate to the task, the person and the setting. Tools may be physical aids, such as calculators, or teaching strategies and methods, such as practical demonstration and experiential learning.

Whenever possible, typical or generic equipment used widely in the community should be the preferred learning supports. This enables a person to readily generalise a skill they have learned to other contexts where that equipment or resource is available. For example, when learning an exercise routine to aid rehabilitation, use typical gym equipment if possible. Minimise the modifications needed to suit the individual.

In the same way, if a good video tutorial is available and readily accessible via YouTube, prefer this to a specialised instructional video that cannot be saved or downloaded for personal use.

Despite this rule of thumb, some type of assistive technology is often the best tool or resource for a person with a disability. For activities of daily living, the Independent Living Centre in each state has many solutions tailor made for people with various physical disabilities.

For example, just in the area of cooking, there are a multitude of devices that have been invented to enable a person with effective use of only one hand to perform tasks that usually require two, such as chopping vegetables.

Consider the various degrees to which learning tools and equipment can be adapted to purpose. The varying degrees are outlined here.

### Degrees of personalisation in assistive technology

#### Personalised

Unique, one of a kind, equipment designed and made for a particular person.

#### Adapted

Assistive equipment that is modified in some way to better suit the unique needs of the person.

#### Assistive

Equipment produced for a typical need or type of disability that a person needs to learn to use and match to their purposes..

#### Re-purposed

Equipment that is typically used in a certain way or certain context is applied to a different purpose or use.

#### Unadapted

Equipment is exactly the same as that commonly used in the community.

**Example**

**Learn by watching someone perform a task**

Pat and George receive home help. Both are in their 80s. Pat has Parkinson’s disease and George has had a hip replacement. They tried Meals on Wheels but did not like the food. This was probably partly because Pat had always prepared home-cooked meals and she now felt powerless having someone else coming in with prepared meals.



While watching TV, they decide to try a commercial range of pre-prepared meals. The food is delivered for them and George heats the meals in the oven. Their son has bought them a microwave but neither Pat nor George use it.

One day Shelia, their support worker, heats lunch for them. She places it in the microwave and heats it for about three minutes. George watches and says nothing. The next day George asks Shelia if she could again heat their lunch in the microwave.

The next day, when Sheila arrives, Pat and George are already eating lunch. George heated it in the microwave.

## Practice task 13

1. List five features common to most types of incidental learning.

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2. According to adult learning theory, what are three advantages of incidental learning when used with adults?

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3. List two teaching strategies that work well outside of the classroom where incidental learning is occurring. Give an example of using each to help teach a life skill.

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4. Briefly explain why regular off-the-shelf learning tools should be preferred to specialised adaptive tools if they are quite suitable for the intended need?

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**Click to complete Practice task 13**

# 3B Use positive approaches and strategies to promote enjoyment and maximise engagement

Your communication style and methods of reinforcement should be matched to the person you are supporting, favouring their preferred learning style wherever possible. For example, make sure you don't spend too much time verbally explaining something to someone who is a visual or kinaesthetic learner.

Offering the right amount of support and reinforcement will help to maintain motivation. Too much support and reinforcement will not provide any challenge or sense of achievement, while too little is likely to lead to frustration, confusion and resistance.

Never let the incidental learning shape the activities or event that the person is participating in, otherwise the experience will become inauthentic and probably lose the enjoyment that it held for them in the first place.

Enjoyment is essential to engagement. Below are suggestions for retaining the enjoyment in the activity.

## Exploration

### Active exploration and discovery

Active exploration of new and unfamiliar areas of a person's life can be energising and invigorating. People who have had restrictions and barriers to their participation removed may have a natural inclination to explore and test their boundaries.

Exploration may also be very confronting to some people who have lowered their expectations of themselves and what they can get out of life.

## Flexibility

### Flexibility and adaptability

Some people find comfort in a routine and structure while others appreciate flexibility and being able to go with the flow. If circumstances change and make it impossible or difficult to participate in or complete an activity, some re-organisation may be necessary. The ability to make subtle shifts to a planned program may lead to discovery of a better way to do things.

## Self-expression

### Self-expression and creativity

Any activity that people engage in has the potential to be a vehicle for their self-expression. This is not only true in areas we would consider to be creative pursuits, but even in common areas of support such as personal care and grooming.

## Checking in

### Checking in with the person

Checking in with the person you are supporting from time to time involves asking them what is important to them. Once an individualised plan is created and strategies are implemented it may take on a life of its own. It may or may not be working for the person in the way they had hoped at the outset.

## Independence and empowerment

Most people take pride in being as independent as possible. Whether workers are assisting with showering and grooming, with food preparation or with home-care duties, those with whom they are working generally want to do as much as possible for themselves.

The following information describes different types of people you may be working with and how you can help them maintain an existing skill or relearn skills that have been lost.

### Young people

People who develop new life skills, social skills or relationship skills will be proud of their achievement, particularly if they have mastered the skill with minimal assistance.

Example:

Gena, a young girl with an intellectual disability, attends day school and has a happy group of friends. She takes pleasure in doing her own grooming and changing her hairstyle whenever she wants. One day she announces to a support worker, 'I have a boyfriend, but don't worry. I know where babies come from so I won't get pregnant.'

### People with an acquired disability

For people who have acquired a disability, you can see how they regain a sense of independence as they remaster old skills or develop new ways of doing things. Consider the next example.

Example:

David is 24 years old. He became partially quadriplegic after a car accident. David's proudest achievement since coming out of rehabilitation is having had his car modified and relearning how to drive.

### People with degenerative illness

People with degenerative conditions value their independence, particularly as there may come a day when they are unable to do even small things for themselves. Support workers may need to help these people find new ways of doing things or offer assistance as the condition progresses.

Example:

Loula is in her 50s. She has multiple sclerosis and lives at home with her husband. She tells her support workers she can still weight bear and so can transfer herself with minimal help. As long as she has the ability to do this, she feels independent.

### People living in their own home

The support worker's role is to help people maintain the skills they formerly had – particularly life skills such as showering, grooming, cleaning and general housework. Workers can also assist with maintaining a person's hobbies, interests, recreational pursuits and social networks.

Example:

Ruby is 75 and has early signs of dementia. She is conscious that daily activities are becoming difficult to negotiate. Ruby's sense of independence is linked to her ability to keep house and prepare meals. Her support worker, Rick, takes her shopping each afternoon. He uses various techniques to discreetly remind Ruby what she is doing. Ruby feels she is still independent and valued by her family and the community.

### **People in residential houses**

The emphasis in residential houses is on developing social skills and learning about relationships in balance with life skills. Those you work with may have always lived in residential housing or may be adjusting from living in their own homes.

### **People in shared housing**

The skills needed by people living in shared housing centre around relationships and sharing, as well as life skills such as budgeting and food preparation. There will be a greater emphasis on shared decision-making and the skills needed to achieve this.

### **People in high-care facilities**

In some high-care residential facilities, people may be learning basic life skills for the first time, as well as the concepts of choice and decision-making. Safety skills may also be required.

## **Communication needs**

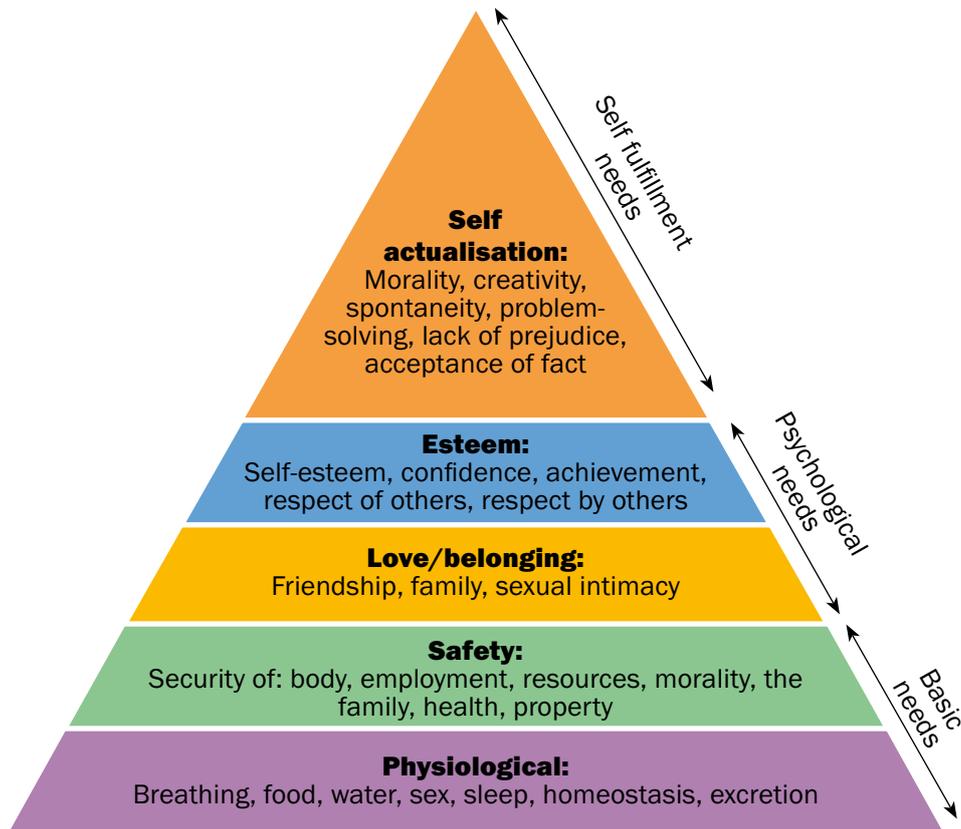
As humans are social beings we all have certain universal communication needs. Fundamental to this is the need to connect with other people and to enjoy meaningful social interaction within our communities.

This is true of all the settings we operate in including our home and our workplace.

Aside from companionship, communication is also the way we get our basic needs met for food, safety, shelter and rest. We communicate that we are hungry, afraid, cold, hot, sick, tired and to protect ourselves and others from danger.

Maslow theorised about a hierarchy of needs from the most basic physiological needs that ensure our survival through to higher level needs such as self-worth and spiritual fulfilment. Key to the theory is that people cannot concern themselves with higher level needs until more basic needs – at the bottom of the pyramid – are met.

Connection through communication, according to Maslow can only come, therefore, after the needs for sustenance and security have been satisfied.



## Communication strategies

The key to recognising the expertise of others is good communication skills. Simple practices work the best.

Here are some examples of simple communication techniques you can use.

Communication techniques
▶ Ask the person what they want; do not assume that you know this already.
▶ Listen carefully and use active listening techniques to make sure you have understood.
▶ Think of the word 'support' in your job title and what that means.
▶ Don't patronise (talk down) people.
▶ Follow the care plan as it has been written to meet the person's goals.
▶ Encourage others to ask the person with the disability what they want, rather than talking over or past them to their carer or companion.
▶ Use respectful language.
▶ Don't tell people what to do – avoid phrases like, 'It will be good for you' or, 'You should do it this way'.

## Communicate without speech

While verbal communication is the most often used channel, people who have a disability may have significant barriers to speech and listening.

Here are some devices that are commonly used to communicate with people who cannot communicate orally.

### Communication boards

A communication board is a device with pictures and words displayed in a square. A person with limited speech can communicate by pointing to the squares on the board. The board is see-through so it can be held in a variety of ways. For those who cannot point to the board, you need to sit opposite them and hold the board up between you and follow their eye movement to see what they are saying.

### Spelling boards

Some people use a board with letters on it instead of pictures. They point to the letters to spell out the words they want to say. This allows for greater flexibility in what they can communicate. It is suitable for people with good intellectual and cognitive skills.

### Signing

Some people with a disability use signing to communicate. Signing can take several different forms. It is important to understand how the person communicates. Some of the different and accepted methods of signing are:

- ▶ Signed English: Word-for-word translation from spoken English to signs.
- ▶ Keyword signing: Keywords only are signed.
- ▶ Individual sign language: Some families make up their own system of signing to communicate. This is often the case when they have a child with an intellectual disability who is also nonverbal.
- ▶ Australian Sign Language (Auslan): A complete language of signs, facial expressions and body language. People born deaf generally use it; they think of it as their first language.

### Electronic devices

Electronic communication devices have software that enables someone to choose images or words that are then output as speech. There is a variety of electronic communication devices available, including dynamic display and voice output devices.

## Unaided communication

Sometimes people with severe physical disabilities use a system of eye movements, such as blinks, to communicate their needs. You can converse by using closed questions that require only a yes or no answer. This may take a little longer but it allows the person to communicate with you, even if they have severe restrictions.

Having a reliable yes and no response is an important skill to develop with a person who has severe communication difficulties because it enables them to express a whole range of choices and is, therefore, a tool for empowerment.

You can view a tutorial in teaching yes/no responses at the following site:

<http://aspirelr.link/autism-communication-tutorial-video>

Yes/No responses can also be shown by:

- ▶ Squeezing hand once for yes, and twice for no
- ▶ Looking up for yes, looking down for no
- ▶ Moving tongue in for yes, sticking tongue out for no
- ▶ Shrugging shoulder once for yes, and twice for no
- ▶ Pointing to a printed card for yes or no

## Communication resources

While many people rely on listening (or more precisely the auditory channel) to communicate, all of a person's senses are potential channels of communication.

To varying degrees, these are the resources that we all have available to communicate. Following is a description of how a person can use different senses to communicate.

### Visual

#### Sight

A rich array of visual means is used to consciously and unconsciously communicate. Gestures, facial expression and body language all carry messages and can emphasise or contradict the words that come out of our mouth.

### Auditory

#### Hearing

We listen not only for the meaning of the words that we hear but also for the many other qualities of voice that carry meaning. Prosodic elements of speech communicate the emotional state of the speaker; the form of the utterance (statement, question, or command); the presence of irony or sarcasm and much more.

Prosodic elements include volume, intonation, tempo, stress, rhythm and pitch.

### Tactile

#### Touch

The presence or absence of touch when communicating can add another layer of meaning and again highlight the emotional state of the speaker.

Braille is a language of raised dots felt for by the fingers and is used by many blind or vision impaired people to enable them to read.

## Kinaesthetic

### Movement

People with profound disabilities can make use of movement to convey meaning, for example by blinking, nodding or pointing.

Used in conjunction with communication aids such as spelling and communication boards, movement can be a very effective medium for communication.

## Olfactory

### Smell and Taste

While not a channel that readily permits interactive communication, these primitive and raw senses create an immediate response; they register naturally in people's memory, triggering strong and lasting personal emotions and experiences.

## Proprioceptive

### Reflexes and balance

Proprioception is the sense of knowing where your body part is in space and mostly occurs subconsciously. It is the process by which the body can vary muscle contraction in immediate response to external stimulus such as pain, pressure, tension, and temperature.

Proprioceptive neuromuscular facilitation (PNF) is a technique that has been used to communicate messages directly to the body's movement centre. It has been used with people with neuromuscular system dysfunction such as people with cerebral palsy but there are differing opinions of the technique even within the occupational therapy field.

## Reinforcement techniques

Reinforcement is a concept that comes from behaviourist psychology and involves using positive or negative consequences to try and achieve certain behaviour.

Positive reinforcement provides rewards to the person for the behaviour by providing them with something they like while negative reinforcement, as a reward for the behaviour, removes something that they don't like.

For example, a support worker may use positive reinforcement, such as congratulating and acknowledging when a person completes the first step of a task they have been learning. A negative reinforcement might be to suggest that because they have done so well on one task they don't have to do another task which they find undesirable.

In the disability support work context, positive reinforcement is the preferred method because it involves giving something to the person rather than removing something. This approach therefore does not rely on the support worker having any control or power over the person's life.

Positive reinforcement should be generous and plentiful but not indiscriminate. It is far more effective if it is specific and provided when real achievements have been made.

A number of behaviourist techniques can be used to increase the opportunities for genuine positive reinforcement when supporting a person learning skills.

## Chaining

Chaining can be used when a skill is made up of a number of steps that need to be linked together in order for a person to complete the entire task. Many tasks require the sequential teaching of skills, because the task is made up of too many steps to be learned all at once.

Chaining also provides many more opportunities for positive reinforcement as each small step, once achieved, can be celebrated.

Chaining may be taught from the first to last step of a task; this is forward chaining.

When a task is taught from last to first step this is called backward chaining.

## Shaping

Shaping is used when the skill being practiced cannot be broken into steps or treated as a procedure. The strategy involves providing reinforcement when any sort of progress towards the end goal is observed.

For example, if someone is trying to improve their concentration, they are congratulated and encouraged each time they persist longer at a task than they did before.

## Forward and backward chaining

The first step towards developing a skill or performing a task is breaking it down into logical and discrete steps.

A support worker should plan for early and regular successes to encourage a person to persevere in their learning. Backward chaining should be used when the last step in the process is the most achievable.

Take, for example, the task of getting out of a car. Consider the following steps involved and decide if forward or backward chaining is the better approach to learning this task.

### How to exit a vehicle

Press the seatbelt button and make sure the seatbelt retracts out of the way.

Twist body slowly around by using the seat and the dashboard for leverage and support and place feet on the ground.

Place left hand on the back rest of the seat and hold walking aid with right hand.

Push on the back rest of the seat and shift weight forward onto the walking aid.

## Provide encouragement

You should provide encouragement to people when they take initiative in a learning environment.

Support workers have a responsibility to empower people by encouraging them to become as independent as possible. When a person takes the initiative to experiment in a learning situation it is sometimes not necessary to give them instructions, information or advice. They may be coping perfectly well without assistance. In this situation, a support worker can provide encouragement that inspires the person to continue in their initiative.



Without encouragement, a person can feel their effort is not valued or appreciated. Research has clearly demonstrated that behaviour is more likely to be repeated or continued if it is rewarded by positive consequences. Behaviour that is not rewarded by encouragement is more likely to cease. Therefore, if we do not encourage initiative it may not be repeated.

## Encouragement and motivation

It is important to provide encouragement by praising, complimenting or congratulating people when they are undertaking an activity. Encouragement after the event is less effective. Encouragement can be verbal or nonverbal and does not necessarily have to be specific.

You need to know the people with whom you are working and what motivates them in order to encourage them.

Here are types of possible motivators, examples of them, and what a support worker might say or do to encourage the initiative shown.

### Concrete rewards

Example: Special outings such as going to the football, special food or favourite meal, a new piece of equipment or electronic device.

What a support worker might say:

'Finish this and you can have whatever you want for tea.'

'Wow, that was so fantastic. I think you deserve a special treat.'

### Self-esteem

Example: Being told how much they have grown and developed, seeing their progress towards reaching a personal goal.

What a support worker might say:

'You have achieved so much for yourself.'

'Well, you set your goal and you got there. Congratulations!'

### **Being recognised by others**

Example: Being recognised by their peers or the community; teacher, trainer, recreational officer congratulating them.

What a support worker might say:

'We are going to nominate you for a community award for achievement.'

### **Pleasing you or someone special**

Example: Knowing that you or someone special is watching and impressed.

What a support worker might say:

'I am so happy you have achieved this.'

'Your parents would be so proud.'

### **Discovering new power or ability**

Example: Finding they can achieve things for themselves that give greater independence.

What a support worker might say:

'Bet you never thought you could!'

'You don't need a support worker for that anymore!'

### **Being the centre of attention**

Example: Having a crowd of people tell them they have done well, being clapped or applauded.

What a support worker might do:

Get a cheer squad together.

Get a group to stand and clap.

### **Competition**

Example: Proving better than others at an activity, event or feat.

What a support worker might say:

'You are a champion.'

'Winners are grinners.'

## De-motivators and blocks to learning

Success is the best motivation for continuing along any chosen path.

The key to avoiding blocks and maintaining motivation is to redefine success. A well designed skill development plan will break a task down into very manageable chunks that ensure achievement and therefore engagement.

Of course if a person is not willing to try or does not give their best, they will not achieve the first success that will be the kick start to keep going along the path.

Previous negative experiences of learning may inhibit a person from wanting to engage in learning. Previous failures may have encouraged a person to think of themselves negatively and to have low expectations of what they can achieve. A person may react to previous failures by making a decision that it is easier to not try in the first place rather than risk failure.

This is the dignity of risk that, as a support worker, you should encourage while, of course, balancing it with your duty of care.

Success and failure are both value judgements and they are subjective. It is arguable that most things can be viewed as either a success or failure depending on your perspective.

### Setting up for success

By structuring learning, you can ensure that regular successes are a planned part of the process. Techniques such as chaining and shaping can build in many success checkpoints. If a person has high expectation of achievement, these should be encouraged but falling short of these expectations should not be allowed to be seen as failure. Focus always on the observed improvements and practice seeing the 'glass half full'.

### Negative views and blockers

Seeing a person's failings may come more naturally to them than seeing their strengths. For people with a disability this is not a random or personal decision. The social model of disability explains how devaluation and negative self-image are a product of the view that society hold of disability. People with a disability will have faced these societal attitudes all their life and most likely incorporated them into their own sense of identity. Help the person to see the blockers they put up internally by asking them about their self-perception and asking them to question that view of themselves.

### Taking a risk

Everyone values something enough that it is worth taking a risk for. If what a person is trying to achieve is meaningful and important to them, then they will be more likely to take the risks necessary to achieve it. Ask the person to reflect on what is important to them and why they have chosen to develop a particular skill. What will it mean to them? What opportunities will it open up?

**Example**

**Reinforce learning**

Walid is supporting Joe to become independent in getting dressed in the morning. Walid found Joe was getting frustrated putting his jumper on as he always left it inside out when he took it off. He had great difficulty getting it back the right way.

Walid decided to backward chain the skill of putting on Joe’s jumper. Walid did the first and most difficult step for Joe (turning it from inside out) and then helped Joe to locate the front of the jumper. The final step, pulling the jumper over his head, was the first step that Joe mastered and he managed that quickly with limited initial support. Achieving this last step encouraged Joe to keep on trying.

Joe will soon be able to manage the middle step independently and the confidence that comes from becoming independent in two steps of the process will help him persevere to tackle the hardest step.



## Practice task 14

As humans, many of our communication needs are universal because they are tied closely to our basic living needs. Maslow theorised a hierarchy of needs and suggested that people can only look to address higher order needs once our basic needs are satisfied.

Use the information in this table about communication needs and communication resources to suggest communication aids or techniques that could help in these situations.

An example is provided to get you started.

Communication need	Communication resources	Communication aids/techniques
The person is feeling lonely and left out at a local cultural festival.	The person communicates with body language and gestures suggesting they are feeling withdrawn and shy.	Ask the person what is going on for them and whether they are getting what they want from the festival. Suggest ways to engage that they feel comfortable with.
The person is experiencing pain from a new set of shoes.	The person communicates using eye movements and responds to yes/no questions.	

<b>Communication need</b>	<b>Communication resources</b>	<b>Communication aids/techniques</b>
<p>The person wants to make friends with his workmates at a workplace where he has worked for several years.</p>	<p>The person has a hearing impairment and communicates by lip reading and signing.</p>	
<p>The person wants to develop self-esteem and confidence to be able to speak publicly in front of an audience.</p>	<p>The person communicates well verbally and is a visual learner and hands on learner.</p>	

**Click to complete Practice task 14**

# 3C Withdraw support to an appropriate level to encourage experiential learning in consultation

People with a disability often have to adapt practices to match their own capabilities, so it is useful for them to learn by experience and experimenting, otherwise known as experiential learning. As a support worker, you have a responsibility to encourage people with whom you work to engage in whatever style of learning works for them. Many people will learn best by doing.

Withdrawing support over time will encourage people to become more independent and they may also develop the skills to teach themselves additional skills. Mindful of the dignity of risk, it is important for you to let people make errors as they learn.



The technique of prompting helps people to learn by providing them with cues until they can complete the activity without needing external reminders. You need to be mindful of your duty of care as you work with others to ensure that they stay safe.

## Strategies to create independence

When working towards achieving independence the degree and type of support is critical. A skill development plan should guide a support worker through these aspects of support.

The type of assistance should be matched to the person and their preferred learning style or mode, whether this is verbal, visual, auditory, kinaesthetic, or a combination of these.

The degree of assistance is the amount of support provided across the spectrum – from doing the task or activity for the person through to them doing the task independently. Assistance will usually start at the minimum level needed for the person to complete the activity and progressively be reduced.

Dividing the task into steps or stages will help the person progress towards total independence as they gradually take responsibility for more and more of the steps.

The process of reducing support should be gradual, staged and clearly communicated throughout.

Consider the following as an example.

### Pushing the button at pedestrian lights

At first the worker provides full physical assistance by placing their hand over the person's hand and assisting him to push the button.

The full physical assistance provided by the support worker is accompanied by a verbal cue to press the button.

The worker reduces the amount of physical assistance by holding the person's wrist while continuing to give the verbal prompt consistently

The worker guides the person by supporting them at the elbow and giving them the verbal prompt irregularly.

The worker withdraws the physical support progressively while meeting their duty of care and begins to leave out the verbal prompt more often as well.

## Definition of experiential learning

Experiential learning is learning by doing. People build on their skills by doing things for themselves but not necessarily by themselves. Support may be offered coactively hand-to-hand or via prompting or demonstration.

Initially, the person may experience difficulty as they find the execution of a skill or process new and unfamiliar. Over time, with repetition and self-reflection on their performance, the learner develops the capability to perform the task with greater ease. This cyclical process continues until the person has mastered the skill.



Experiential learning is therefore an individual process that is self-paced and allows people to develop capability that is directly relevant to their needs.

Experiential learning can offer a deeper level of learning because it is lived. Learning to ride a bike is a good example of experiential learning. Once you have acquired the skill it is not something you are likely to lose.

## Encourage experiential learning

The usual progression in experiential learning is to start in a fairly structured way, using a task analysis approach and demonstrating the process. If you sense the person is feeling confident or impatient with this process, adapt your strategy to allow more trial and error. The use of prompting when the person needs a reminder allows you to withdraw slowly from the demonstration approach; eventually you are able to withdraw from the learning process, letting the person, in effect, teach themselves. By withdrawing support in this way, you are no longer imposing your way of doing the task but encouraging the person to find their own way.

When supporting the person to engage in experiential learning, you must be aware of relevant policies of your organisation particularly duty of care and dignity of risk.

## Prompting and fading

Prompting is a method to help a person learn a particular behaviour or skill. Prompts can be:

- ▶ physical – such as touching a person’s hand to initiate action
- ▶ visual – such as using a photograph or drawing
- ▶ gestural – such as pointing, signing or demonstrating by movement
- ▶ verbal – such as asking a person to do something.

Prompts may need to be used repeatedly, perhaps in combination, until the person can carry out the skill satisfactorily.



Fading is the gradual removal of a prompt. For example, you might start with a physical prompt of guiding a person’s hands, then touching their hand, then using a verbal prompt and so on until the person can eventually do the task independently.

## Duty of care

Duty of care describes the legal obligation of individuals and organisations to anticipate and act on possible causes of injury and illness that may exist in their work environment or as a result of their actions. A person or organisation must do everything they can to remove or minimise the possible cause of harm.

While aspects of work health and safety (WHS) legislation may vary between states and territories, there are common legislative requirements and obligations under the duty-of-care principle. Everyone in the community services environment has the responsibility of duty of care for themselves, the people they care for, visitors and each other. Your workplace will have a specific duty of care policy that you must use to guide your actions.

In practice, your duty of care is expressed by ensuring that you contribute to providing a safe, healthy and supportive environment, where everyone’s rights are upheld and supported. This involves reporting WHS hazards and risks, ensuring access for all people and maximising the wellbeing of all the people that you support.

You can read an example duty of care policy at: <http://aspirelr.link/csisa-quality-standards>.

## Dignity of risk

The rights of people to dignity and choice, upheld in legislation and service standards, also require 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 adherence to duty of care and safety must be balanced with the concept of dignity of risk, which means that a person has the right to make their own choices and to take risks.

The right of people to make their own choices upholds their right to self-determination. With any choice comes consequences and the risk is that these may not be favourable. A person has the right to make mistakes – and to learn from them. Of course, we should make sure that people are armed with the appropriate information to allow them to make informed choices.

In practice, this right can sometimes conflict with your obligation of duty of care and mandatory reporting. Generally, a person must be allowed to make their own choices, unless it involves the likelihood of significant harm to themselves or another.

Complicated situations can arise and you should discuss these with your supervisor or professional network supervisor if you are unsure.

You can read more about the dignity of risk at: <http://aspirelr.link/dignity-of-risk>.



## Duty of care when support is withdrawn

Duty of care requires us to take reasonable care to avoid injury to others and damage to property as a result of our actions or inaction. When progressively withdrawing support to encourage skill development, the inaction of a support worker is both intentional and planned. It must however, also always be reasonable in the circumstances. For example, a day with particularly bad traffic and particularly bad visibility is not the right day to further withdraw support for a person developing their pedestrian skills.

Therefore, before you withdraw support, ask yourself whether the person is able to make an informed decision to take the risk involved. Do they have the physical, mental and cognitive capacity or competence to manage the level of risk?

If you are following an approved skill development plan, rather than making ad hoc decisions, and staying mindful to the circumstances and consequences, then you can rest assured that you are meeting your duty of care.

You can assess risk taking by:

- ▶ assessing the likelihood and extent of the foreseeable risks against foreseeable benefits
- ▶ looking at ways to minimise risk without sacrificing the benefits
- ▶ balancing foreseeable harm against foreseeable benefits.

## Your duty of care responsibilities

A duty of care exists when someone's actions could reasonably be expected to affect another person. The law has established a duty of care to the person. This principle is based on the worker taking reasonable care to avoid acts or omissions that may cause foreseeable harm to any person. You must follow the organisation's policies and procedures while thinking ahead about possible risks or dangers to the person using your service, your co-workers and members of the community.

## Withdraw support

When withdrawing support, you must first have established that the person is not at any risk of harm or that it is an informed risk. If you are concerned that the person needs further support and is at risk, discuss this first with the person. If you are still concerned, you must contact your supervisor or the person's case manager to discuss your concern. You also need to document your concern through an incident report and possibly through the communication book.

As part of withdrawing support, you need to make sure the person has developed their skills sufficiently or has access to suitable resources to complete the task on their own. A large range of adaptive equipment is available to people for everything from mobility to sexuality needs. The Independent Living Centre in your state can advise on this type of equipment. You may also need to draw on the expertise of other health professionals.



## Example

**When to withdraw support**

Here is an example of when it may be appropriate to withdraw support to a person.

**What is the person's situation?**

Joey has cerebral palsy and uses an electric wheelchair for mobility. He has limited verbal skills so chooses to use an electronic communication device. Joey is 27 years old and deemed to be able to make decisions for himself, as he has no diagnosis of cognitive impairment. Joey lives in a residential house that he shares with five other people with a disability. He gets on well with the other residents and with the team of support workers who provide assistance. Joey enjoys the freedom of choice that is available in the group house and is keen to increase his level of independence.

**What does the person plan to do?**

The residents arrange a taxi service to take them to the local shopping complex once a fortnight. Joey has joined the group on a couple of occasions and noted there is a cinema in the complex.

One day Joey informs his support worker, Lana, that he is planning to see a movie at the complex and intends to get there in his electric wheelchair. Lana is concerned but Joey explains he has checked the starting time for the movie and made sure the battery in his chair is fully charged. Lana asks if he knows how to get there and Joey says he has checked in the street directory. Since Lana seems dubious, Joey explains the route he plans to take. He also has his mobile phone.

**What is the supervisor's advice?**

Lana is still concerned about Joey going out on his own, so she contacts her supervisor. Lana's supervisor tells her that Joey should be able to make the decision for himself and work out his own way of getting to the cinema and back. The supervisor points out that Joey is entitled to the dignity of risk, and to prevent him going out might constitute unlawful restraint. She suggests Lana document that Joey has informed her of the route he is to take and has charged the battery on his chair.

**What was the outcome?**

Lana agrees it is time to withdraw support, as Joey is making an informed choice and wants to learn for himself how to get there and back. Joey goes to the movies on his own. It takes him longer than he expected because he decides to have coffee while he is out.

Joey now knows how to get to the cinema and shopping complex on his own.

## Practice task 15

The withdrawal of support to enable a person to engage in experiential learning of a particular targeted skill requires a clear plan and consideration of both duty of care and dignity of risk. Use the information in [this table](#) to plan a withdrawal of support. Consider duty of care and dignity of risk.

Bear in mind that the withdrawal of support will be staged. An example is provided to get you started.

<b>Task, type and degree of support</b>	<b>Withdrawal of support</b>	<b>Duty of care</b>	<b>Dignity of risk</b>
<p><b>Setting oven temperature</b>                      Demonstrating the various oven settings and setting oven to the correct temperature. Prompting to check the temperature setting with that specified in the recipe.</p>	<p>Withdraw demonstration and practical support.</p> <p>Continue with verbal prompting to check the temperature against recipe.</p>	<p>Continue to provide prompting around the temperature of the oven and safe handling of dishes to avoid burns.</p>	<p>Allow the person to burn or overcook the dish as a real consequence of not accurately reading the recipe and setting the oven temperature.</p>
<p><b>Logging on to password protected network</b>                      Verbal cue to find login and password details in notebook. Typing in the log in address for the person. Prompting them to type in their password themselves unless two incorrect entries are made. Assistance to type in password provided if they may be locked out of the system.</p>			
<p><b>Re-learning how to swim</b>                      Use of a buoyancy aid (vest) and kick board to practice kicking in the pool and to strengthen legs.</p>			

Task, type and degree of support	Withdrawal of support	Duty of care	Dignity of risk
<p><b>Crossing at pedestrian lights</b>                      Verbal prompting to press the button at the pedestrian crossing and check the road before stepping out onto the crossing. Physical support of the person holding onto the arm of the support worker when crossing the road.</p>			
<p><b>Performing on stage</b>                      Listening to warm up and tuning of guitar. Encouragement and emotional support for the person prior to them going out on stage.</p>			

**Click to complete Practice task 15**

## Summary

1. Support workers must understand incidental learning in order to properly support skills development. Incidental learning happens outside of a formal learning setting and does not follow a set structure or curriculum. It can occur in almost any community setting including as part of workplace and recreational activities.
2. Types of incidental learning include support worker role-modelling, peer-to-peer interaction, demonstration, role-play and contextualisation.
3. The person being supported should be regarded as the pre-eminent expert in their condition.
4. Understanding learning styles helps to identify opportunities for incidental learning most appropriate to the person.
5. Incidental learning has certain drawbacks such as its reliance on context and a relative lack of documentation and planning.
6. Opportunities for incidental learning occur in all manner of daily living activities including when socialising. Assistive and adaptive technology may be useful aids to learning.
7. Appropriate matching of the type of reinforcement to the person's learning style is important to maintain their motivation to learn.
8. Communication is sensory, and each sense is a means for communication.
9. Positive reinforcement is the main means a support worker has to encourage skill development. Skill development techniques have focussed on providing greater opportunities for positive reinforcement.
10. People find different motivations for learning and may be motivated by rewards, recognition, discovery, attention or competition.
11. Failure and fear of failure is the major blocker to learning. A support worker must encourage people to look for successes rather than failures to maintain their motivation.
12. Incidental learning is often experiential; it is learning that comes from doing.
13. Gaining independence in a skill area requires experimenting and experiencing, and contains a degree of risk. It also requires the staged withdrawal of support over time.
14. Prompting is a means of encouraging experiential learning and prompts may be physical, visual, gestural or verbal.
15. Your responsibilities to provide a duty of care to the person you are supporting and others must be carefully considered when withdrawing support. A person is entitled to take necessary risks when mastering skills and supporting this is a very important part of the support worker's role.

# Learning checkpoint 3

## Support incidental learning opportunities to enhance skills development

This learning checkpoint allows you to review your skills and knowledge in supporting incidental learning opportunities to enhance skills development.

### Part A

1. How can a person use their personal experiences to encourage their own learning?

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2. What is incidental learning and what are three features common to all types of incidental learning?

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3. Describe two teaching strategies that are often used in informal learning.

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4. How does meeting a person’s communication need improve their enjoyment of and engagement in activities?

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5. Apart from praise and encouragement what other motivators can be used as part of skills development?

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6. List three important principles to follow when withdrawing support from a person you are working with?

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7. Withdrawing support often involves using a different approach to prompting. Give examples of three different types of prompting.

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## Part B

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

### Case study

Belinda has recently become partially paralysed due to surgery to remove a tumour from her spine. Before the tumour was diagnosed, Belinda was a typical woman in her 20s, a bit of a party animal, not sure what she wanted to do with her life.

After her operation, Belinda went through an intensive rehabilitation process and was told it may be quite some time until it became clear what level of permanent paralysis she would have. Belinda claims she gets feeling in her legs at times and hopes that she will get some movement back. She has good arm movement but needs to build up strength in her upper arms.

Since her operation, Belinda has lost contact with her old group of friends and has become depressed and withdrawn. She used to be very good at meeting and chatting to people but has lost confidence now that she has to use a wheelchair.

Belinda lives at home with her parents in a separate unit at the back of their house. She has been assessed since coming out of hospital and an individual plan has been put in place that covers both support and skills development. She receives support with showering and personal care from a support worker named Sophie. Sophie and Belinda are similar ages and get on well.

Belinda gets frustrated when she goes to rehabilitation sessions and everyone is watching. She has trouble with triceps movement and cannot transfer out of her chair on her own. As part of her skills development plan, she is doing weight training with a physiotherapist to build up these muscles. Sophie has observed that when Belinda is relaxed at home she can transfer by using her triceps muscles. This is very important to Belinda, as potentially it means she will not need Sophie to be there when she showers.

One day Belinda was in tears when Sophie arrived. Belinda had managed to transfer out of bed and into a shower chair on her own. Sophie thought she should be delighted and congratulated her on her progress but instead Belinda was crying. 'No one will believe I can do it,' she lamented, 'I can do it on my own at home, or when you are here because you are at my side and say the right things to prompt and encourage me; but when that physio woman is there, I am hopeless!'

Belinda and Sophie sat and worked out the process by which Belinda could transfer herself at home. They broke it down into steps, working out where to place the wheelchair next to the bed or the shower chair and through trial and error worked out a system Belinda would then be able to demonstrate to the physiotherapist.

Sophie also suggested they should start recording the times Belinda could transfer herself and keep a diary of the times and conditions involved, so they could report it as part of her next assessment. They made up a simple chart for this with dates and both signed off when she transferred on her own. To make it fun, they put stars on the chart each time she succeeded.

They also talked about Belinda feeling she couldn't go out and socialise. Sophie reported this to her supervisor, as she was concerned Belinda was losing out on the social life she had experienced before. She also completed a care note about her concerns. The supervisor suggested that instead of doing weights with her physiotherapist as part of rehabilitation, Belinda could join a gym and Sophie could accompany her there to do the weights training. Belinda could do her weights training under supervision of one of the gym staff.

When this strategy was put to her, Belinda reluctantly agreed. The supervisor made the necessary amendments to Sophie's care plan.

### Case study cont...

Belinda was unsure of how her disability would affect her social life and she was nervous of meeting guys now she was in a chair. Sophie saw that there was an opportunity to start working on this discreetly. Whenever Belinda went to the gym, Sophie would accompany her and they would talk about the guys there. Then Sophie would stand back and encourage Belinda to start to socialise again, by talking casually to whoever was there. Afterwards, they would gossip about the guys and whom Belinda fancied and Sophie would encourage her to talk to them if she liked them; 'You are so good at talking to people. You know there is nothing wrong with speaking to people first. You don't have to wait for them to speak to you'.

Belinda particularly liked a young man there called Victor, and Victor seemed to like Belinda too. Sophie encouraged them to get to know each other; then one day Victor offered to spot for Belinda as she did her weights.

1. What current theories and philosophies are demonstrated in this case study?

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2. How does skill development contribute to Belinda's sense of independence and empowerment?

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3. How did the environment play a factor in Belinda's ability to demonstrate skills?

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4. What role did Sophie play in assessing and monitoring Belinda's skill development and engagement?

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7. In what ways did Sophie encourage her to build on her strengths through experimentation and how did she assist to identify resources to complement Belinda's strengths?

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8. What opportunities did the gym offer for incidental learning?

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9. Give two examples of when Sophie withdrew support.

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## Topic 4

In this topic you will learn how to:

- 4A Comply with the organisation's requirements to report**

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- 4B Maintain documentation in accordance with organisation's requirements**

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## Complete documentation

A skills development program will usually be concerned with documenting a number of observations. These include learner achievements, successful approaches to learning, level of engagement with learning strategies and the need for learning resources.

Your organisation will have policies and procedures for recording and reporting observations and actions. You must be aware of and follow these policies to meet your duty of care to the person and others.

# 4A Comply with organisation's requirements to report

Reporting requirements may be set by a funding or regulatory body. The reason for reporting may be to account for spending of funds or to demonstrate compliance with industry quality standards or legislation. This may include work health and safety (WHS) requirements.

An organisation will often have its own set of reporting requirements to ensure staff follow processes and procedures that will lead to the best possible outcomes for the people they support.

Reporting may also be required by quality assurance and quality control processes so that an organisation can engage in continuous improvement of the services it provides.

These requirements are summarised here.



## Funding and legislative obligations

The funding body will have reporting requirements that are a condition of accepting funding and that will be detailed in a funding agreement.

Community services organisations must also adhere to standards such as the Disability Service Standards. Compliance with these standards may be conducted externally through audits by the relevant regulatory body.

Most organisations will also conduct internal audits as part of a risk management approach. Templates and documenting procedures may be put in place to make this auditing process efficient.



## WHS requirements

WHS reporting requirements are set out in law and apply in all industries.

Each sector will have its own standards and advisory codes to guide best practice and to minimise injury and disease.

Incidents, accidents and near misses must be recorded in accordance with legislation and organisational policy.



## Staff accountability

To ensure quality programs are run and to enable supervisors to effectively monitor staff actions, reporting procedure will have been set up.

These organisation procedures will use specific internal forms and outline staff responsibilities around, how, when and what to document as well as where and how to store this information.



## Continuous improvement

Continuous improvement is a critical part of service management and each organisation will have a reporting and feedback structure designed to identify areas that need improvement.

Continuous improvement includes quality assurance which focuses on processes and quality control that targets outcomes. Both may require structured reporting and documentation to capture evidence.

## Meet organisational requirement to report

Skill development, at a minimum, requires initial assessment, goal setting, strategy implementation and progress evaluation. Each of these steps should be based on evidence and therefore requires reporting and documentation.

Formal approaches to learning will usually entail more planning and reporting than informal learning approaches but both must capture and document progress and barriers.

Apart from reporting on the educational aspects, support staff will also take a holistic approach mindful of the person's broader wellbeing, health and safety.

Organisations will have enacted policies and procedures for reporting that meet all their statutory obligations and reflect the organisations' ethos.

Organisational requirements will usually specify the frequency of reporting, the form of reporting and the storage of reports. Reports storage must meet privacy and confidentiality requirements relating to the security of documents and prudential requirements in terms of how long documentation must be retained.

Here is a list of possible reporting requirements in each of the skill development stages.

### Initial assessment

- ▶ Assessments may be required of the person's physical, sensory, cognitive and emotional abilities.

Assessments are usually documented by specialists but may require input and observations from support workers and supervisors familiar with the person.

### Goal setting

- ▶ An individualised person-centred plan is always based on a person's goals. Input from the person and people close to them such as family, friends and carers needs to be captured in the plan or related documents. The individualised plan should include an agreed action plan for how to work towards achieving the stated goals.

### Strategy implementation

- ▶ The workability of the strategies contained in the plan is the first concern once the action plan has been developed. Strategies may require risk assessments to be made to ensure work safety. When issues are encountered, support workers must be willing to document these and seek advice from colleagues or supervisors on ways to work around them.

## Progress evaluation

- ▶ Information on progress being made towards achieving goals should come from all relevant sources; that is all the people working towards those goals. The person should be encouraged to self-assess and compare their perspective to that of support workers, carers and family. As achievements are made, goals need to be reassessed and reset.

## Organisational legal responsibility to report

Legal requirements exist to ensure that people with a disability have their human rights respected and protected. Federally the *Disability Discrimination Act 1992* (Cth) protects people with a disability from direct and indirect discrimination, abuse and neglect.

When it comes to dissatisfaction with service provision, complaints procedures and appeals processes are set out in state law and federal standards for disability services.

The source of funding in most cases determines whether state or federal regulations apply to provision of a particular service. Standard Four of the National Standards for Disability details guidelines for service providers on collecting customer feedback on services, handling complaints and resolving disputes. Federally the Human Rights and Equal Opportunity Commission has judicial power to act as an arbitrator of last resort when complaints cannot be reconciled.

Most states have disability and equal opportunity laws which offer similar protections to the Disability Discrimination Act. Disability service organisations in some state jurisdictions must report to regulatory bodies annually on all the complaints they have received and the actions they have taken in response to these complaints.

Here is a description of just some of the legislation that imposes reporting obligations on organisations who provide services to people with disabilities.

## WHS regulations

### **Work Health and Safety Regulations 2011 (Cth)**

Reporting requirements for workplace accidents and incidents in each state are guided by these federal regulations.

Each state has their own regulatory body that is responsible for workplace insurance and safety with the power to investigate unsafe workplaces and work practices and hand out penalties.

## Discrimination

### **Disability Discrimination Act 1992 (Cth)**

Direct and indirect forms of discrimination are illegal under this federal act in areas such as employment, education, accommodation, clubs and organisations and the provision of goods and services.

## Disability services

### **Disability Services Act 1986 (Cth)**

This law governs the provision of services by federally funded disability services mainly in the areas of employment and advocacy.

With the impending national implementation of the National Disability Insurance Scheme, federal funding of disability services will replace state funding in a far broader range of areas.

## National standards

### **National Standards for Disability Services**

The standards framed in 2013 cover the areas of:

- ▶ rights
- ▶ participation and inclusion
- ▶ individual outcomes
- ▶ feedback and complaints
- ▶ service access
- ▶ service management.

Federally funded organisations, such as employment and advocacy services, must demonstrate adherence to these standards through their policies and procedures.

If they are not certified against these standards they may lose funding.

## State disability legislation

### **State disability legislation**

State-based legislation, such as the Victorian Disability Act 2006, set up a regulatory environment for state funded disability agencies. In Victoria for example, the act set up the Disability Services Commission with powers to mediate and investigate complaints. The Senior Practitioner is the person empowered by legislation to regulate the use of restrictive practices.

## Communicate issues

It is necessary to monitor and report any difficulty experienced in implementing the skills development plan of people with whom you work.

The first step is to become familiar with the development plan and with the program that has been developed to implement it. You should have access to these documents. If you do not, consult with your supervisor.

Once you are familiar with the person's plan you can monitor it for any difficulties that arise in its implementation, identify what sort of difficulty the person is experiencing and then report accordingly.

Person difficulties to watch for include:

- ▶ inappropriate skill level (too easy or too challenging)
- ▶ difficulty with the physical or cognitive component
- ▶ a lack of necessary resources or equipment for the person
- ▶ a decline in ability level or a change in health status
- ▶ a lack of motivation or getting tired

- ▶ changed priorities or new interests that make the plan seem irrelevant
- ▶ support workers who do not have the skills to assist with the tasks involved
- ▶ situations that require further assistance from health professionals.

## People to communicate with

When any of these issues arise, you must liaise with your supervisor, relevant health professionals and significant others so the person can be re-assessed and their plan revised.

People you may need to communicate with include:

- ▶ advocates
- ▶ behavioural consultants (for acquired brain injury)
- ▶ carers
- ▶ colleagues
- ▶ other support workers, development officers or teachers
- ▶ the person’s family or friends
- ▶ outreach workers
- ▶ programming staff
- ▶ supervisors.

## Reporting methods

Your organisation will have a formal reporting method to monitor the person’s development. This usually includes lodging a form expressing your concern as well as documenting your observations in the communication book to keep other support workers informed.



If difficulties are not communicated and the situation is not re-assessed, the person may become frustrated with the learning activity and give up, or express themselves through resistant behaviour.

You need to know how to report information in a way that complies with your organisation’s requirements. You also need to make sure that you report and record all information in a timely manner so that the records for those with whom you work remain current and accurate.

### Example

#### Report difficulty to learn

Jerry begins a computer literacy program because he wants to use the internet. After a couple of lessons he is finding the process frustrating and announces that he does not want to attend any more. His support worker talks to Jerry and then reports her concerns to her supervisor and the computer trainer.

The computer trainer says that Jerry appears to be frustrated with his lack of fine motor skills, which makes it difficult to use the keyboard. The trainer suggests that Jerry try a voice activated computer or a specially designed mouse. Either will enable him to continue with the lessons.

All this information needs to be recorded in Jerry’s files for future reference. This includes the feedback from the trainer. It may be useful if Jerry wants to take on another course in the future and will need similar support resources.



# Practice task 16

1. Depending on the source of funding for your service (state or federal) search online for one of the following:
  - ▶ National Disability Service Standards (Federal)
  - ▶ Disability Act (relevant to your state)
  
2. Summarise the organisation’s legal obligations for:
  - ▶ collecting feedback
  - ▶ handling and reporting complaints
  - ▶ continuous improvement.

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3. What is the overall intent of this regulation?

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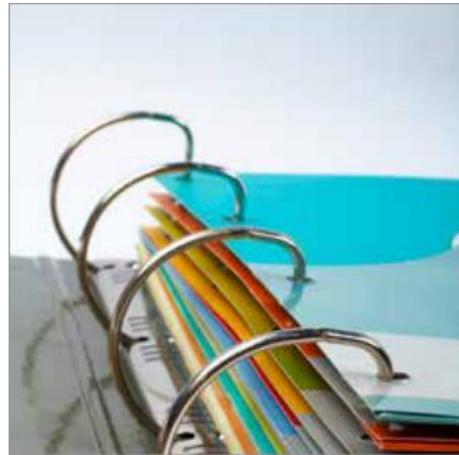
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**Click to complete Practice task 16**

# 4B Maintain documentation in accordance with organisation's requirements

One of a support worker's responsibilities in contributing to a person's skill development is to collate and maintain the records that are used in the organisation to monitor and review a person's skill development plan.

This is about gathering evidence of the person's progress and competence – information on the person's progress compared against their learning plan objectives. The records should be accurate, objective and current and should meet legal requirements, organisational policy requirements and industry standards.



## Types of documentation

Some common types of documentation include:

- ▶ client admission forms that detail the person's interests, medical and family history and background
- ▶ assessment records that provide specific information about the person's care needs
- ▶ medication records ensure the person receives the right medication at the right time, in the right way
- ▶ care notes and care plans detail the actual care the person will receive and when it happens
- ▶ incident reports provide details of any accidents that happen or nearly happen due to hazards.



## Learning plans

The main record used to monitor learning is usually called a learning plan. Alternatively, it may be called a development plan or simply the person's individual plan. The plan should have; a set of learning goals the person has agreed to including a possible time frame, an action plan for each of the steps needed to achieve that goal, a record of the resources needed to achieve that step, and a way to monitor the evidence provided to demonstrate competence in that step.

## Record competence

The other significant documentation you are required to complete and maintain relates to recording evidence of the person's competence. Progress may be monitored via a logbook or a chart.

Charts are useful as they show information in a simple visual form for both you and the person to follow. Charts are particularly useful if there is relevant quantitative information that needs to be recorded over time, such as how far a person is able to walk unaided.

When recording a person's competence, you should include:

- ▶ the method of demonstration
- ▶ the level of assistance provided
- ▶ the number of times the skill was demonstrated
- ▶ any special condition that affected the demonstration of competence
- ▶ the date, time and location that competence was demonstrated.

## Maintain the integrity of information

Remember, any documentation you maintain is regarded as a legal document, so you need to follow your organisational guidelines on reporting, privacy and confidentiality. Organisational guidelines usually require that you write in plain English, report objectively only what you have seen, and do not express opinions or interpret facts.

Records should be signed and dated by the person completing them. In a computer-based record, you often need to use a unique log-in to access records that shows your name as the author of that information.



The records you keep are an important tool for monitoring your person's progress in their skill development. The records are evidence that their individual plan has been activated and map their progress towards achieving their individual goals.

**Example**

**A learning plan**

Here is an example of a learning plan.

<b>Learning Plan</b>				
<b>Name:</b>		<b>Commencement date:</b>		
<b>Learning objective:</b>				
<b>Links to personal goals:</b>				
<b>Skills or knowledge</b>	<b>Action plan</b>	<b>Responsibility</b>	<b>End date</b>	<b>Evidence</b>
<b>Resources required (technology, equipment, etc.):</b>				
<b>Assistance required:</b>				
<b>Evaluation methods:</b>				

# Practice task 17

1. What are four important headings or sections for an individual learning or skills development plan?

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2. List two methods that can be effective for collecting information on skills development and software that may be used to capture this information.

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3. List two important pieces of information to include with any recorded observations.

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**Click to complete Practice task 17**

## Summary

1. The reporting requirements of an organisation include funding and legislative obligations, WHS, staff accountability and continuous improvement.
2. Some reporting requirements at the organisational level are to ensure staff accountability and to enable effective supervision.
3. Each step of the skills development planning process requires documentation and reporting.
4. Legal reporting requirements are set out in federal and state legislation and standards.
5. Any issues with a skill development program should be addressed promptly and involve relevant people, staff and family.
6. Reporting must follow organisational policies and procedures.
7. Reporting requirements not only cover when and what to record but how to record information.
8. Observations should be objective and based on facts not opinion.
9. All types of documentation must be kept up to date.
10. Observations should include the time, date and context in which they were made.
11. Action plans are a useful part of any learning plan.
12. Useful and easily understood ways of recording information include logbooks and charts.
13. Privacy and confidentiality obligations require personal information to be securely stored and only shared according to organisational policy.
14. Learning plans may be in a variety of formats and structures but should include key information about goals, strategies, measures, resources and progress.



## Part B

Read the chart below from Hussein’s skills development plan showing the distance he walks each week as part of his rehabilitation. Answer the questions that follow.



1. Summarise in a sentence what the chart shows about Hussein’s progress overall.

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2. Explain briefly what the chart shows happened on week five and week nine.

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3. Does the chart show any pattern that might explain what happened on these weeks?

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4. What other information is necessary from the learning plan in order to judge the success of what Hussein has achieved?

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