

BSBXDB301

Respond to the service needs of customers and clients with disability

Release 1

BSB Training Package
Release 4.0 Inclusion of People
with Disability in VET Cross Sector

Learner guide

BSBXDB301

**Respond to the service needs
of customers and clients with
disability**

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Learner guide

Aspire Version 1.1

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BSBXDB301 Respond to the service needs of customers and clients with disability, Release 1

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Before you begin

This learner guide is based on the unit of competency *BSBXDB301 Respond to the service needs of customers and clients with disability*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

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

Icon	Feature of the learner guide	How you can use each feature
	Learning content	<ul style="list-style-type: none"> Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
	Examples	<ul style="list-style-type: none"> These highlight key learning points and provide realistic examples of workplace situations.
	Practice tasks	<ul style="list-style-type: none"> Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
	Summaries	<ul style="list-style-type: none"> Key learning points are provided at the end of each topic.
	Learning checkpoints	<ul style="list-style-type: none"> There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

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

The following table provides definitions for each foundation skill.

Foundation skill area	Foundation skill description
Reading	<ul style="list-style-type: none"> • Accesses, reads and interprets information related to resources and supports available
Communication	<ul style="list-style-type: none"> • Discusses and seeks information using appropriate structure and language for the particular audience • Exchanges information through questions and responses to clarify or confirm understanding • Engages with others clearly, using appropriate language and pace suitable to audience and environment
Navigate the world of work	<ul style="list-style-type: none"> • Complies with organisational protocols, policies and procedures relevant to own role • Understands nature and purpose of own role and associated responsibilities and how it contributes to organisational goals and outcomes
Interact with others	<ul style="list-style-type: none"> • Selects and uses appropriate communication techniques in response to differences in customer or client profile • Establishes connections and shares information with others who can contribute to effective work outcomes
Get the work done	<ul style="list-style-type: none"> • Uses problem-solving skills to identify and analyse issues or barriers, consider options and develop responses and opportunities for improvement

What do you already know?

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

Topic	Key outcome	Rate your confidence in each section
Topic 1: Determining the service requirements of people with disability	1A Applying different communication techniques	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Determining reasons for accessing services	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2: Evaluating service options	2A Evaluating the suitability of service options	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Referrals to other organisations	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3: Providing services to people with disability	3A Providing information about products and services	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Accessing services and resources	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Responding to feedback	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

Determining the service requirements of people with disability

Part of your role is to assist a customer or client with a disability to access services provided by your organisation.

This means having a comprehensive conversation with the person about what services they want to access and why.

During that conversation, you need to recognise the communication needs of the person. You must be able to respond to those needs while maintaining respect and confidentiality, which will help you to build trust. As a member of frontline staff, you should communicate respectfully and effectively using a range of communication techniques.

Each organisation has their own way of referring to the people they provide products and services to – customer, client, consumer, etc. Use the term preferred by your organisation.

In this topic you will learn about:

- 1A Applying different communication techniques
- 1B Determining reasons for accessing services

1A

Applying different communication techniques

Disability is a broad term. According to the Australian Network on Disability, a disability is any condition that restricts a person's mental, sensory or mobility functions.

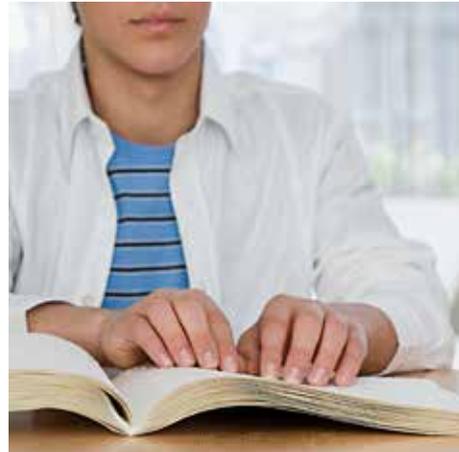
It may be caused by accident, trauma, genetics or disease.

A disability may be:

- temporary or permanent
- total or partial
- lifelong or acquired
- visible or invisible.

According to a range of surveys conducted by the Australian Bureau of Statistics in 2015:

- Over 4 million people in Australia (one in five) have some form of disability.
- 18.6 per cent of females and 18 per cent of males in Australia have a disability.
- The likelihood of living with disability increases with age.
- 1.8 million or 50.7 per cent of Australians aged 65 and over have disability, compared to one in eight (12.5 per cent) aged under 65.
- 2.1 million Australians of working age (15–64 years) have a disability.
- 35.9% of Australia's 8.9 million households include a person with disability.



Source: Australian Bureau of Statistics (2016) – 2015 Survey of Disability, Ageing and Carers 2015, Australia: www.abs.gov.au

These statistics highlight the prevalence of disability in Australian society. People living with disability may have more than one disability and many find it difficult to engage in society and their local community. For some people their disability may be impacted by other types of diversity, such as age, gender, race, religion, location and sexual orientation.

Disability Discrimination Act

The Disability Discrimination Act recognises that people with disability must be treated equally before the law.

The *Disability Discrimination Act 1992* (Cth) (DDA) defines disability as:

- total or partial loss of a person's bodily or mental functions
- total or partial loss of a part of the body
- the presence in the body of organisms causing or capable of causing disease or illness
- the malfunction, malformation or disfigurement of part of the person's body
- a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction
- a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment, or that results in disturbed behaviour.

It includes a disability that:

- presently exists
- previously existed but no longer exists
- may exist in the future (such as having a genetic predisposition to that disability)
- is imputed or attributed to a person.

The DDA aims to ensure that people with disability have the same rights to equality before the law and the same fundamental rights as the rest of the community. It aims to eliminate discrimination against persons on the ground of disability in the areas of:

- employment
- accommodation
- education
- access to premises
- sport
- access to products and services.

The Australian Human Rights Commission (AHRC) is the government body that investigates and attempts to resolve complaints of discrimination, including complaints related to disability.

You can read more here: <http://aspirelr.link/ahrc-disability-rights>.



National Disability Strategy

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

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

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

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

National Standards for Disability Services

The National Standards for Disability Services aims to ensure a nationally consistent approach to improving the quality of services to people with disabilities.

The National Standards focus on rights and outcomes for people with disability. Anyone who provides services to people with disabilities, including through the NDIS, must be registered and is required to follow the National Standards.

The National Standards set out six standards that consist of:

- rights for people
- outcomes for people
- standards for service
- indicators of practice.

For more information on the National Standards, go to: <http://aspirelr.link/nsds>.

Attitudes to disability

Attitudes towards disability affect the way people understand and respond to a person with disability.

The community's attitude towards disability has undergone a significant shift. Traditionally, disability was viewed as a medical or health condition often characterised as an impairment. The impairment was seen to be the reason that someone with disability was unable to access goods and services or participate in mainstream society. This is referred to as the 'medical model of disability'.



The medical model views disability as something that needs to be fixed or cured. This view of disability leads to statements such as:

- 'She can't read because she is blind.'
- 'He can't work in reception because he can't speak clearly.'

The social model of disability sees the problems for people with disability as a result of external or environmental factors. This model aims to remove the barriers that prevent people from participating in society, accessing work and living independently.

The social model challenges attitudes to disability. It sees disability as something a person experiences and gives rise to statements such as:

- 'She can't read because the material isn't available in a suitable format for her.'
- 'He can't attend the play because wheelchair access ramps haven't been fitted in the theatre.'

The table below illustrates the two different approaches to disability. In many cases, organisations may still be aligned with the medical model.

Issue/ environment	Medical model	Social model
Transport	Specialist transport is provided for people who cannot access mainstream transport	Mainstream transport and infrastructure is made accessible to everyone.
Home environment	Homes are adapted and specialist products are recommended by professionals such as occupational therapists to meet the needs of individual disabled people.	Mainstream retailers (kitchen and bathroom shops) offer more options, such as different heights and depths of units as standard. Products around the home are designed with accessibility in mind so that specialist products are not required.

Issue/ environment	Medical model	Social model
Education	Disabled children receive specialist provision in special schools and are entered for alternative qualifications.	Disabled children are educated in accessible mainstream schools alongside non-disabled children. Education is accessible to all and everyone has opportunities to gain the same qualifications.
Work environment	Australian Disability Enterprises are created for people with a disability to work alongside others with a disability in a specially adapted environment doing specific work.	Workplaces are made accessible for people with a disability, and training and development is available to enable people with a disability to apply for a range of roles.
Communication	Communication takes place in standard ways; for example, documents are in size 12 font.	Communication is tailored to meet the needs of individuals and information is available in a range of formats, including large print.
Talking about disability	Language usually refers to a person's medical condition, what is 'wrong' with them and what they can and can't do.	Language is focused around the barriers faced by an individual and what can be done to remove them.
Attitudes	People make assumptions about what someone is capable of based on general information about their medical condition.	People talk to individuals about their individual needs and experiences, and the barriers they face.

Communication methods and techniques

Good communication is about ensuring the message is understood.

The most common methods of communicating include:

- Speech – word choice, pace of speech, stress patterns, choice of language, etc.
- Writing – by hand, computer, Braille, etc.
- Facial expression – mouth and eye movement and expressions to convey emotions
- Touch – to convey intimate feelings
- Mimes and gestures – the use of face and hands to form actions with specific meanings
- Eye gaze – how and where we direct our attention
- Behaviour – a mix of verbal and non-verbal actions that require interpretation
- Body language – how we position our bodies to convey feelings and emphasise points
- Voice qualities – the tone and modulation we use to give emphasis to certain words
- Signing – the use of sign language to communicate

Communication is important to many aspects of our lives, such as learning, understanding, staying safe and developing relationships with others. Communication must be tailored to meet individual needs, and a range of formats and technologies must be made available.

Different communication methods can be adjusted to meet the individual capabilities and preferences of the person you are communicating with. Everyone has different communication needs depending on various factors, including their age, first language, education level and personality.

Communication can be affected by:

- the ability of someone to understand – cognitive ability, application of logic, linking ideas, etc.
- memory – both short- and long-term
- speech – pronunciation, speech patterns, stammers, etc.
- hearing – frequency range; partial to complete loss of hearing, interference of background noise
- the formation of ideas and opinions
- language memory and word formation – inability to form or remember words, inability to use the right words
- the rate at which someone can express themselves and communicate
- the rate at which someone can process information and formulate a response
- the capacity of someone to listen in group settings or with background noise or distractions
- social confidence and competence
- the ability to understand and respond to social cues – taking turns, recognising pauses, recognising when someone has finished speaking, etc.

Communicating with people with disabilities

The aim of communication is the same for everyone – with or without disability.

According to the National Disability Coordination Officer Program (NDCO), people without disability can feel uncomfortable communicating with people with disability. This can be for a range of reasons, including:

- They are unsure what the correct terminology to use is when speaking about or to a person with disability.
- They are fearful of offending someone and saying the wrong thing.
- They are unsure of the best way to communicate with someone.
- They have had a previous uncomfortable experience, or no previous experience communicating with a person with disability.

Communication tips

- See the person, not the disability – Recognise that a person with disability doesn't want to be considered different.
- Always speak directly to the person with disability, even if they are with a carer or interpreter.
- Speak to adults as adults (not as children).
- Don't make assumptions about a person's disability; for example, don't assume a person using a wheelchair is paralysed.
- Don't make assumptions about what a person with disability can or can't do.
- Don't assume a person with a physical disability also has a mental disability; for example, don't assume a person with a speech impairment also has an intellectual disability.
- Ask before you help and respect a person's right to refuse your help.
- Take the time to listen to people with disability. If you can't understand what a person is saying, don't pretend to – just ask them to repeat themselves.
- If at any time you're not sure how best to communicate effectively, ask the person what would work for them.

Adapted from: National Disability Coordination Officer Program, *Communicating effectively with people with disabilities*: <https://www.education.gov.au/national-disability-coordination-officer-programme>

The Australian Federation of Disability Organisations (AFDO) provides the following tips on communicating with people with disability in a face-to-face situation.

Type of disability	Tips when communicating
Physical disability	<ul style="list-style-type: none"> Remember that someone's personal space can include their wheelchair and crutches. Don't touch or push a person's wheelchair, and don't move their crutches or walking stick without their permission. When speaking with a person who uses a wheelchair, try to find something to sit on to be at eye level with them.
Vision impairment	<ul style="list-style-type: none"> When you meet people who have a vision impairment, always address them by name (if you know it) and introduce yourself. When you enter or leave a room, say something to make sure that the person won't be embarrassed by speaking to an empty space.
Hearing impairment	<ul style="list-style-type: none"> Gain the person's attention before speaking. Try a gentle tap on the shoulder, a wave or some other visual signal to get the person's attention. Face the person directly and maintain eye contact. Make sure your mouth is visible – don't cover it with your hand or any other object as you talk. Don't exaggerate your mouth movements – this will only make it more difficult to lip-read. Use short sentences. Keep your volume at a natural level – don't shout.
Intellectual disability	<ul style="list-style-type: none"> Create an environment free from distraction. Make sure you have the person's attention before you start talking. Use their name and make eye contact. Keep your questions simple and your answers easy to understand. Remember that your body language is important because people with an intellectual disability often rely on visual cues and facial expressions such as smiling.
Mental illness	<ul style="list-style-type: none"> Be respectful to the person. Explain they are in control and confirm they are comfortable communicating at this time and that they can stop or have a break at any time. Speak in a relaxed and calm manner. Communicate in a straightforward manner and stick to one topic at a time.

Adapted from: <https://www.afdo.org.au/resource-communication-with-people-with-disabilities>

Augmentative and alternative communication

Augmentative and alternative communication (AAC) refers to communication strategies or techniques that maximise communication for people who have difficulty speaking.

AAC can provide:

- a means of independent communication
- participation in a variety of environments
- autonomy, choice and self-determination
- increased quality of life.

The most appropriate methods to communicate will depend on:

- the requirements of the person with the disability
- the training and skills of the staff employed at the organisation
- the service context, such as whether the communication needs to occur over the phone, face to face, via email, etc.
- the purpose of the communication, such as to obtain information.

AAC can be categorised as either aided or unaided.



Unaided AAC

Techniques that do not require the use of an external aid.

This includes eye contact, facial expressions, body language, gestures and manual signing.

Aided AAC

External items used to aid communication (referred to as high or low technology):

- Low technology includes objects such as pen and paper, pictures and communication books.
- High technology includes a tablet, phone app or a speech-generating device that uses software and accessories to aid communication.

The person with disability can provide advice on the most appropriate and suitable AAC required for them. Many people with disabilities own equipment and understand how to use it. A lack of training or expertise among staff can be a major barrier for communication.

Communication symbols

The complexity of a person's communication needs will determine the way they are able to communicate.

Some people have more complex communication needs and are unable to speak. This includes people with an acquired brain injury (ABI), cognitive impairment or speech difficulty. Instead of using spoken words, they may use symbols that represent meanings.

Here are examples of communication symbols.

Photographs

Photographs are a kind of symbol used to represent meaning. Photos may represent items a person wants or likes, friends and relatives or may have personal meaning. They can be used in chat books, activity boards and other communication aids.

Pictures

Pictures are used to represent objects or items a person wishes to communicate about. A widely used system is the Picture Exchange Communication System (PECS). It is based on exchanging pictures to express a person's communication needs. PECS is divided into structured phases that progress from teaching about requesting specific items to building sentences.

Icons

Minspeak is a visual language designed for use in augmentative communication and uses icons as symbols instead of relying on the written word. The person using Minspeak can independently communicate a large vocabulary with a small number of icons. This means the person doesn't have to spell, or learn or navigate a large set of pictures.

For more information, go here: <http://aspirelr.link/minspeak>.

Pictographs

Pictorial aids are a type of assistive technology that do not rely on reading, hearing or speaking words. Because of this, pictographs do not require any level of literacy. They include a set of clear and easily understood drawings that allow someone to convey the information needed.

A communication board allows someone to use a combination of communication symbols to communicate their needs and feelings. A communication board includes frequently used letters, words or pictures the person can point or gesture to. The pictures or symbols are ordered in a systematic way. A communication board may be grouped according to activities, food or the alphabet.

The following examples of non-electronic (low technology) AACs are provided by Scope Australia.

Frenchay Alphabet Board (FAB)	FAB is used by people with literacy skills who can type out their message.
E-Tran Board	This is a non-electronic alphabet board for people who need to use eye-pointing access for communication. The letters are grouped in each quadrant and the user indicates the quadrant that the letter is in followed by the colour of the letter. This system requires the person to have good encoding and literacy skills.
ICU Communicator	This was developed by speech pathologists at the Austin Hospital in Victoria. It contains pictures, words and phrases suitable for a hospital setting.
Vidatak EZ Communication boards	These boards are designed with vocabulary focused on healthcare topics. They are available in either word or picture formats and in 17 different languages.

Source: <https://www.scopeaust.org.au>

Electronic aids

Devices and technology can encourage and support people of all abilities to communicate.

Apps available for devices such as smartphones and tablets provide a range of accessibility features, including:

- vibration, spoken and audible feedback
- virtual buttons to navigate a device without having to touch it
- voice-operated interfaces
- camera feature that narrates what is happening in the environment surrounding the person
- listening and translating what has been said into text
- colour or light identifiers
- automated actions such as reading text messages out loud.

There are telephone systems for people who have a speech or hearing impairment. These include the Telephone Typewriter (TTY) that allows communication through the National Relay Service. It is an electronic device that sends a text over the phone line.

High-technology aids vary in cost and size. In many cases these can be mounted on a wheelchair if necessary. They include devices such as the following.

Voice amplifiers	These are used by people with quiet voices to amplify their voice.
Voice Output Communication Aids (VOCAs)	Also called speech-generating devices (SGDs), these produce speech in a synthesised voice based on typed words. They can be used to supplement or replace speech.
Eye gaze devices	These devices use eye movement and blinking as a method to select letters, which are displayed on a screen.

Using plain English

Plain English helps make communication easier.

Plain English means presenting information that is clear to the reader or listener the first time they read or hear it. Plain English started as a movement some decades ago to improve the readability of documents produced in the public sector (government departments).

People with disability often must change the way they communicate to be understood.

When communicating with another person, ask yourself:

- How familiar will they be with the words and terms you are using?
- What can you assume they understand?
- What background information or context will they need to make sense of what you say?
- What details will you need to explain?

When you write or talk using plain English, make sure you:

- use everyday words
- keep sentences short
- check for understanding
- spell out acronyms
- use an active voice.

Sentences written in an active voice require less effort to process and understand. Using an active voice means the person doing the action (subject) is introduced before the action (verb). The opposite is the passive voice, where the subject follows the verb. Here are some examples.

Active voice: Subject + Verb + Object	Passive voice: Object + Verb + Subject
We will do it	It will be done by us
Jane wrote the letter	The letter was written by Jane
The service will provide your accommodation	Your accommodation will be provided by the service

Example

Communication techniques

Peter’s carer Brianne organises a meeting with a loan manager at the bank. Brianne advises the manager, Monica, that Peter uses a speech-generating device for communicating. Monica ensures that a suitable room is available for Peter and Brianne. Monica has experience in communicating with people who use a speech-generating device.

During the meeting, Monica directs her conversation to Peter. Peter tells Monica that his physical and intellectual impairment is a result of a motor vehicle accident. Monica makes no assumptions about what Peter can or cannot do, and asks Peter to explain further. Monica uses plain English to explain the process of getting a loan and provides some paperwork for him to fill out.





Practice task 1

Question 1

Match each of the following statements to either the social or medical model of disability.

- | | |
|--|-----------|
| * Susan wasn't able to play sport since losing her leg in an accident. | * Social |
| * Roger is meeting with a specialist provider to have some safety glasses tailor-made. | * Social |
| * George thought the best option for Karen was to enrol her in an Australian Disability Enterprise program. | * Medical |
| * Leigh couldn't find the toilets independently because he is blind and there is no braille signage. | * Medical |
| * Miguel has worked with Jason to redesign the receptionist role, which will allow Jason to spend no more than two hours on the reception counter. | * Medical |

Question 2

Which of the following statements refer to the Disability Discrimination Act? Select all that apply.

- It aims to eliminate discrimination against a person with disability in several areas, including employment.
- A disability can be a total or partial loss of the person's bodily or mental functions.
- A disability is a medical condition where the impairment stops that person from participating in society.
- People with disabilities have the same rights to equality as the rest of the community.
- A disability is something that must be fixed or cured.
- A person with a disability cannot be discriminated against when accessing or being provided with goods and services.

Question 3

Donna has a hearing impairment. She and her carer present themselves at an organisation seeking information and an appointment. She wants to arrange a time to come back and speak with someone. During the interaction, the receptionist noticed Donna had trouble understanding some of the words she used. She had to repeat some words several times.

Which of the following are things that can be done to improve communication between Donna and the organisation? Select all that apply.

- Ensure questions and answers are easy to understand.
- Ask Donna if she has an AAC device that will help her understand what has been said.
- Ask Donna's carer when Donna would like an appointment.
- Ask Donna if she would prefer to move to a room that is less noisy.
- Use lots of hand gestures because people with hearing impairment are good at reading body language.
- Make sure there is nothing in the way of Donna seeing the face and mouth of the person speaking.

1B Determining reasons for accessing services

Organisations use personal information with the best interests of the client or customer in mind.

Some organisations require personal and sensitive information, and use this to determine if they can provide the appropriate services and products that the person wants or needs. The information may be obtained in face-to-face interviews, over the phone, or via documents provided by the person or a third party.

Staff must handle information according to legal obligations and organisational policies, procedures and behavioural guidelines.



Privacy, confidentiality and dignity

In Australia information collected about individuals is regulated by the Privacy Act 1988 (Cth).

Employees must know what this means for them. It covers requirements for:

- securely storing information
- sharing information with others
- requesting clients or customers to provide information about themselves
- providing information on the length of time that personal information can be stored.

Here are some useful definitions.

Privacy	Privacy means freedom from intrusion and embarrassment. It relates to all information and practice that is personal or sensitive in nature to an individual.
Confidentiality	Confidentiality is about data or information (both verbal and written). It refers to managing access to private information. Confidentiality restricts an individual or organisation from using, storing and disclosing information about a person that is outside of the scope (purpose) for which the information was collected.
Dignity	Dignity refers to an individual's right to be respected and provided with ethical treatment. It describes personal conduct that enables the person the right to have their concerns heard, and their wishes listened to and carried out. Respecting a person's privacy and confidentiality underpins the right of dignity.

An organisation can request the following information from a client or customer:

- Personal information – This includes a person’s name, address, contact details (such as phone number or email), date of birth and gender.
- Sensitive information – This is a special category of personal information and is subject to stricter legal requirements for collection, storage use and disclosure. It includes information or an opinion about a person, such as their racial or ethnic origin, political opinions, religious or philosophical beliefs, sexual preferences or practices, or criminal record.
- Health information – This is sensitive information about a person’s physical and mental health, disability, health preferences, use of health services and genetics.

People have the right to request personal information be removed from the organisation’s database under some circumstances.

How information is used by an organisation

In line with privacy laws and principles, you have a duty to disclose how someone’s personal information will be used.

This information is usually found on an organisation’s website as well as in brochures. It may also be explained verbally. Organisations require clients or customers to agree to have their information shared with others. This consent must be given freely. The following information must be provided before they agree.

Information that must be provided by the organisation:

- personal information that will be collected and held, including recorded audio and visual material
- why this information is held
- who will have access to the information
- how the organisation will ensure the information is secure
- how the information will be used
- how the person can access and amend information held about them
- how to make a complaint if the person feels that the organisation has breached their privacy obligations.

The organisation must balance providing products or services that best meet the person’s needs with protecting their information. Personal information must not be discussed or repeated without the person’s consent. If the person is unable to provide permission to share their personal information, someone may be appointed to make these decisions for them, such as a medical power of attorney.

Breach of privacy

A breach of privacy is a failure to maintain confidentiality.

Examples of privacy breaches include:

- using a person’s name or discussing their condition in public places inside or outside the workplace
- discussing or sharing information without the person’s prior consent (unless the person, their family or their representative is present)
- leaving documents containing personal information in a public place
- releasing details of a person’s medical history to a third party without their written or verbal consent.

Example

Procedures for maintaining privacy, dignity and confidentiality

Here is an example of a service provider's procedures for maintaining the privacy, dignity and confidentiality of individuals who access its services.

Procedures for maintaining privacy, dignity and confidentiality	
The agency will:	
1.	Only collect information about the client that can be shown to be directly relevant to effective service delivery and the agency's duty of care responsibilities.
2.	Seek the written consent of the client or family prior to obtaining information from any other source.
3.	Seek the written consent of the client or family prior to releasing information to any other source.
4.	Ensure that personal information is stored securely and is not left in view of unauthorised agency staff or the general public.
5.	Ensure that only those agency staff who require access to the above information will be granted access.
6.	Advise the client and family of the nature of the personal information that is held by the agency about the client.
7.	Advise the client and family of their right to view the information that the agency keeps in respect of the client.
8.	Ensure that personal information about a client is only held by the agency for as long as it remains relevant to the delivery of effective services and the agency's duty of care obligations.
9.	Promptly investigate, remedy and document any consumer grievance regarding privacy, dignity or confidentiality.

Person-first language

Staff must use inclusive language when communicating with and about people with disability.

Person-first language places the disability as a secondary consideration. Keep in mind that the person with a disability can identify themselves however they want to be identified. For example, autistic people often prefer to be called autistic rather than 'person with autism' because they don't have autism; it is who they are.

Consider the following examples of ways to describe a person with disability.

Person-first language	Disability-first language
<ul style="list-style-type: none"> • Person who is deaf • Person who is hearing impaired 	<ul style="list-style-type: none"> • Deaf person
<ul style="list-style-type: none"> • Person who is blind • Person who is visually impaired • Person who has low vision 	<ul style="list-style-type: none"> • Blind person
<ul style="list-style-type: none"> • Person with a disability • Person with a physical disability 	<ul style="list-style-type: none"> • Disabled person • Physically challenged person
<ul style="list-style-type: none"> • Person with a mental illness • Person with bipolar disorder, schizophrenia, etc. 	<ul style="list-style-type: none"> • Mentally ill person • Mentally disabled person • Bipolar, schizophrenic, etc.
<ul style="list-style-type: none"> • Person using a wheelchair 	<ul style="list-style-type: none"> • Wheelchair-bound person

The Australian Network on Disability (AND) is an organisation that works with businesses to develop strategies to welcome people with disabilities into the workplace.

AND provides some examples of ways to use inclusive person-first language:

- Change the focus from disability to accessibility.
- Don't make out that people with disability are victims or objects of pity. Just because a person experiences disability, it does not make them weak, a victim or someone to be pitied. Examples of language that can imply people should be pitied include 'suffering from...' and 'afflicted by...'
- Don't use terms such as 'wheelchair-bound'. A person who uses a wheelchair is not bound or confined by the chair; they are enabled and liberated by it and it can become an extension of their body.
- Avoid using the term 'disclose' when talking about a person's choice to let their employer or colleagues know about their disability or specific requirements.
- Don't use language that implies a person with disability is inspirational simply because they experience disability. Also avoid using terms such as 'disAbility' and 'special needs'. Implying that a person with disability is courageous or special just for getting through the day is patronising and offensive.

More information on person-first language can be found here: <http://aspirelr.link/inclusive-language>.

Behavioural guidelines for interactions

Don't make assumptions about what is in the best interest of a client or customer.

When working with a client or customer to determine what products or services they require, focus on making the person with disability the centre of the decision-making process. They are the most appropriate person to provide information about their capabilities.

Organisations should train their staff to be responsive to the individual needs and preferences of their clients or customers.

Inclusive interactions

- Involve the person, family members and/or advocates in the decision-making process.
- Invite the person to state their preferences with respect to the products or services they would like to receive.
- Advise the person of the full range of products and services available.
- Make every effort to accommodate their preferences and choices.

Some useful videos on access and inclusion can be found at: <http://aspirelr.link/access-and-inclusion-videos>.



Practice task 2

Question 1

Which of the following would be considered health information of a client or customer under the Privacy Act? Select all that apply.

- Home address
- Passport number
- Any medication they are on
- Religious beliefs
- The name and contact details of their GP
- Gender
- Previous medical conditions

Question 2

Rewrite the following sentences using person-first expressions and inclusive language.

- John disclosed that he's deaf on his job application.
- The team consisted of vision-impaired staff and able-bodied volunteers.

- c) Wheelchair-bound people can access the amenities by using the ramp to the left of the building.
- d) Sally was struck down with cerebral palsy when she was a child.
- e) I admire the way Debbie pretends she doesn't have a disability and just gets on with life.

Question 3

Which of the following are organisational requirements for responding to clients or customers? Select yes or no for each one.

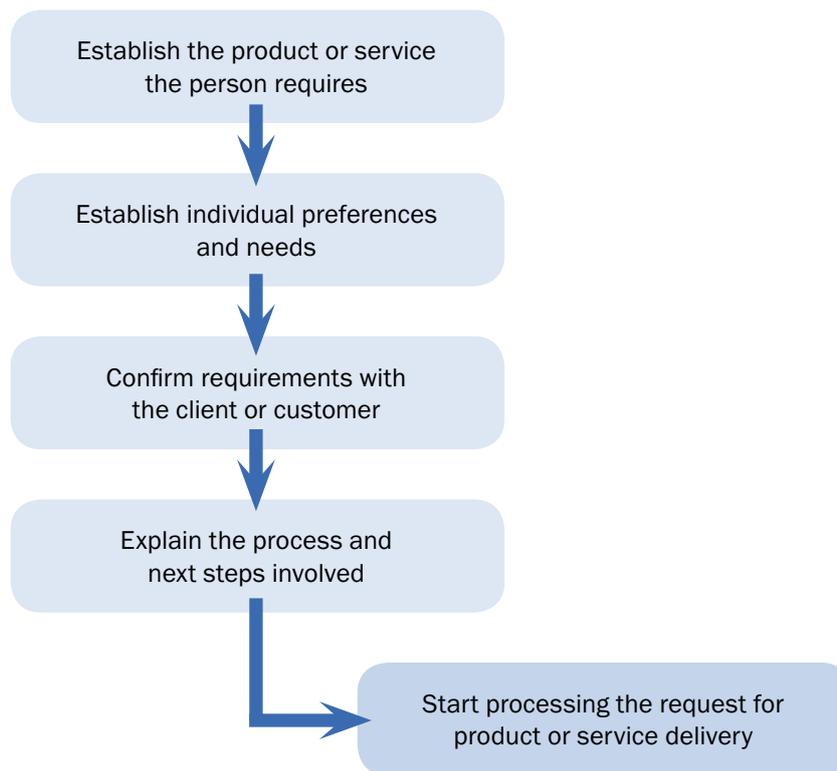
- | | | |
|---|------------------------------|-----------------------------|
| a) Confidentiality is important for limiting access to personal information of others. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Dignity refers to the consent someone gives for their personal information to be shared. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Privacy relates to all information and practice that is personal or sensitive in nature to an individual. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) A breach of privacy would occur if documents containing private information were left in a public place. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) People who are unable to provide permission to share their health information may have someone with a power of attorney make decisions for them. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Confirming service requirements

Once the reason for a customer or client making contact has been established, you need to confirm their requirements.

You will need to ask questions to determine their needs and personal preferences. In some cases, you can request to speak to carers or interpreters who can highlight particular needs based on their experiences with the person with disability. Some people may be able to provide the contact details of specialists who understand the person's particular needs and who can provide additional information.

The process of identifying the requirements of a client or customer is outlined here.



Several different methods can be used to confirm the information accurately represents the person's needs and preferences. Whatever method is used, consider their preferred method of communication.

You may need to provide:

- a printed summary of the information
- an electronic summary of the information, such as in a PDF that can be emailed
- a verbal summary of the information
- a text message and/or reminder about an upcoming meeting or appointment.

Additional support needs

Collecting accurate and thorough information is essential to understanding the client's preferences and capabilities.

If your organisation provides services, such as through the NDIS, you may need to gather a range of information to determine the suitability of services. By providing the following information, the client may be able to offer some insight into their particular needs.

Information on additional support needs
<ul style="list-style-type: none"> Diversity – This includes ethnicity, gender, physical ability, sexual orientation, religion or social background.
<ul style="list-style-type: none"> Complex communication needs – This includes information on communication deficits and communication aids, such as modified or alternate keyboards.
<ul style="list-style-type: none"> Mental illness – Diagnosed disorders include bipolar disorder, depression, anxiety, schizophrenia, anorexia, obsessive compulsive disorder and post-traumatic stress disorder.
<ul style="list-style-type: none"> Family circumstances – This may include next of kin arrangements, current family structure, current family contact and decision-making authority of family members.
<ul style="list-style-type: none"> Decision-making capacity – What decisions the client is able to make by themselves and what decisions need to be made with others.
<ul style="list-style-type: none"> Challenging behaviour – Current behaviours the client exhibits that may or may not be controlled with medication.
<ul style="list-style-type: none"> Social isolation – The extent to which the person is in contact with others, including family, friends and the community.
<ul style="list-style-type: none"> Substance misuse – The client's history of substance misuse, including use of drugs and alcohol.
<ul style="list-style-type: none"> Socio-economic circumstance – This may include the client's prior and/or current income levels, financial support and cost of providing care.

You may also need to ask questions about existing or past services the client has used, such as:

- community programs they have been involved in, such as art, music, dance or community participation activities
- guardianship arrangements, such as family or close friends who may have legal authority to make decisions on behalf of others
- past experience with the criminal justice system, including as a witness, victim or offender
- receiving government benefits.

Government benefits may have been provided for a number of reasons, including:

- housing, such as supported independent living or group housing
- education services, including specialist education providers and education access programs
- employment services, including employment support, financial support, and training and development
- health services, including clinical services, in-home support, therapy and receiving prescription medication
- alcohol and other drug services, including support groups, detox clinics, needle exchange programs and counselling services.

Example

Confirming additional support needs

Mitch is a 30-year-old man with an intellectual disability. He has poor physical health, difficulty with verbal communication and a low level of literacy. Mitch lives alone in public housing and finds it hard to look after the house and himself.

Mitch is allowed supervised visits with his two children who are in out-of-home-care, but he has not seen them regularly. Mitch wants to find work and earn money so he can resume his former interests, such as going to football matches.

Debbie is meeting with Mitch to find out how her organisation can assist him. During this meeting, Debbie notices that Mitch communicates well and understands information in plain English. Mitch describes himself as independent and says he wants to continue to make his own decisions. Debbie asks Mitch about his goals for the future and documents his goals as being:

- To get a job.
- To meet new people through work.
- To have more regular contact with his children.
- To re-establish a relationship with his mother.

Debbie identifies that her organisation can provide resources to help Mitch meet some of his goals, but that some goals are outside the scope of her organisation. Debbie will discuss other services with her supervisor that Mitch may want to connect with to help him reach these goals.

Mitch and Debbie discuss the next steps and Debbie explains that before they meet again, she will do some research. At their next meeting she will explain Mitch's options and eligibility to access resources to help him achieve his goals.

Debbie reads back her notes to Mitch to confirm she has recorded the information correctly. She also prints off a copy for Mitch to take with him. Mitch agrees on the next appointment time and Debbie offers to send him a text message reminder.





Practice task 3

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

Case study

Joanne is enquiring after accommodation services for an upcoming trip. She has an intellectual disability and has trouble understanding and retaining information. She does not use a smartphone or any form of social media. Joanne has several family members who support her, as well as a support person who is employed through the NDIS. Joanne has given permission for the family members and support worker to receive information on her behalf.

Question 1

Which of the following are ways to confirm with Joanne that the information about her accurately reflects her needs and preferences? Select all that apply.

- Providing a printed summary of the information to Joanne in plain English
- Providing a verbal summary of the conversation to Joanne over the phone
- Sending a text message to the contact number listed in Joanne's records with a reminder of a follow-up meeting
- Providing a copy of the conversation to Joanne's family members and support person
- Speaking to Joanne's key family members or carers who are directly involved in providing care
- Confirming with Joanne that she wants to book the accommodation



Summary

- Legislation such as the Disability Discrimination Act protect the rights of people with disability and ensures they can participate fully in life.
- There has been a change in how disability is viewed from an impairment in the medical model to the social model of disability.
- Staff members need to adjust how they communicate to better meet the needs of people with disability.
- Augmentative and alternative communication (AAC) is the term used for strategies or techniques that maximise communication for people who have significant difficulties communicating.
- Establish the reasons someone wants to access products or services to determine if appropriate products or services are available.
- A person's privacy, dignity and confidentiality must always be protected.
- The person's preferences must be confirmed before determining the capacity of the organisation to meet their needs.



Learning checkpoint 1

Determining the service requirements of people with disability

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

Case study

Penny is an adult who was in an accident several years ago. The accident left her a paraplegic with an acquired brain injury that affects her speech. Penny has slow and often slurred speech and has trouble finding the right words. She has come to the reception desk of a law firm seeking legal advice.

1. Which of the following statements are correct about Penny? Select yes or no for each one.
 - a) Penny's rights are covered by the Disability Discrimination Act. * Yes * No
 - b) Referring to Penny as a person who can't speak clearly because of her acquired brain injury is an example of the social model of disability. * Yes * No
 - c) You should use verbal and non-verbal communication to confirm Penny's understanding, particularly when she can't find the right words. * Yes * No
 - d) Penny needs an augmentative and alternative communication device in order to be understood. * Yes * No
 - e) Penny must be told about how her personal information will be stored, accessed and disseminated to others. * Yes * No
2. Which of the following are examples of guidelines to follow when communicating with Penny? Select all that apply.
 - Don't make assumptions about what Penny needs; ask her about the services she requires.
 - Take time to allow Penny to speak as she has difficulties finding the right words and needs more time to express herself.
 - Direct Penny away from the reception desk into a private space so she doesn't disturb others in the reception area.
 - Speak clearly and loudly so Penny can understand what you are saying.



Topic 2

Evaluating service options

Customers and clients will want the best solution for their needs and may source services from one or more organisations over time.

Individual needs can be complex and can change over time. You must always work in the best interests of clients and customers to find the most suitable solutions for them.

However, you should also recognise that you will not always be able to meet every person's needs. You should confirm with a supervisor if you are unsure if you can fulfil someone's needs. This may require some discussion to decide if you have the training and skills required.

You will need to know about the range of products and services offered by other organisations. You may need to support the client or customer to seek assistance from other businesses.

In this topic you will learn about:

- 2A Evaluating the suitability of service options
- 2B Referrals to other organisations

2A

Evaluating the suitability of service options

Determine if you and the organisation are able to provide appropriate products and services to meet the person's individual needs.

Evaluating if you can provide the products and services required will depend on:

- the client's or customer's personal circumstances, such as their needs, wants and goals
- the scope of your job role
- your skills and knowledge
- your ability to perform your role and carry out your responsibilities
- what services the organisation is registered or authorised to provide.

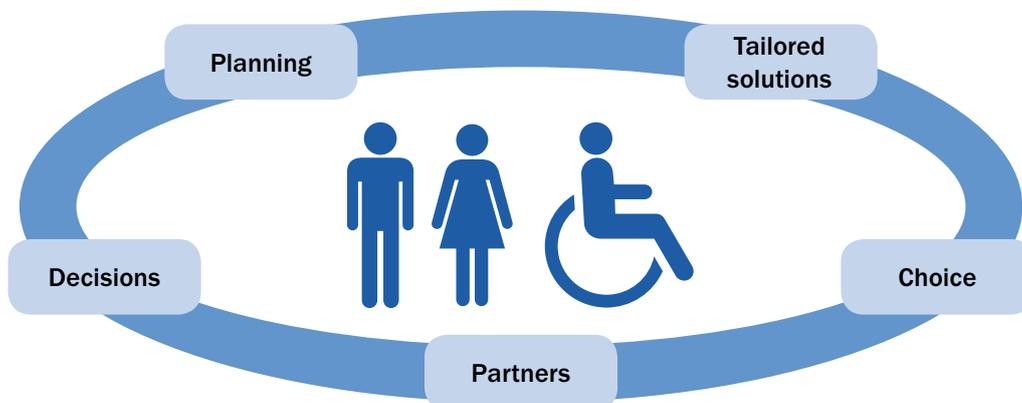
Person-centred support

Decisions should always be made with the client or customer as the focal point.

Placing the person with disability at the centre of any discussion and decision-making gives the person choice and control. This is known as a person-centred approach. Consider the following differences.

Person-centred approach	Service- or system-centred approach
Talking with the person	Talking about the person
Planning with the person	Planning for the person
Focused on strengths, abilities, skills, etc.	Focused on labels/diagnosis, deficits, etc.
Finding solutions that could work for the individual	Creating supports based on what has worked for people with that diagnosis in the past
Things are done that way because they work for the person	Things are done that way because they work for staff or the service
Family members and the community are seen as partners	Family members and the community are seen as peripheral to the person

This diagram shows the person with the disability at the centre of their own destiny.



Person-centred outcomes

A person-centred approach means seeing the person as the expert in their own life.

Your job is to assist the person to reach their goals, not to impose your ideas, values and assumptions on them. A person-centred approach means getting to know each person individually and taking time to learn about their individual preferences, needs and goals.

Some of the key principles of a person-centred approach include asking questions, listening, and modelling respect and empathy. It also values relationships and capabilities.

The principles of a person-centred approach 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 businesses to provide the best possible service
- empowering the person and recognising them as the expert in their own life
- being led by the person, their choices and goals.



The following information is provided by National Disability Practitioners (NDP). It describes actions to ensure a person-centred approach when working with people with disabilities.

Check what matters to a person

Before you can think about outcomes, you need to know and record what matters to the person. This ensures that when you develop outcomes with the person, they will be meaningful to them.

Determine where they are now

It is important that you understand the person's specific situation right now, and understand from their perspective what the issues are that they want to address, rather than what you think should be addressed.

Prioritise issues

After identifying the issues that the person would like to address, prioritise the issues by mutual agreement.

Determine what success would look like

For each of the issues the person has prioritised, start to develop outcomes by identifying what success would look like if each of the issues were addressed successfully. This helps you determine the outcome.

Test the outcome

There are some simple questions you can ask to test the outcome. Sometimes, outcomes have solutions embedded in them, and asking questions like, 'What would this make possible for you if you had that outcome?' can help to uncover the true outcome.

Identify what is getting in the way

After identifying what the person wants to achieve, you need to identify the obstacles that may be getting in the way of achieving it.

Adapted from: National Disability Practitioners, *What is a person centred approach?*
<https://www.ndp.org.au>

Example

Person-centred approach

Owen is 20 and has Down syndrome. His parents divorced when he was young and he now lives with his mother, Lynne, in a regional town in NSW. There is a large, newly built indoor pool on the edge of town. Owen has never learnt to swim and decides he would like to learn. Lynne is concerned about his safety and his capacity to get himself to and from the pool as she has never learnt to drive.

Owen asks Denise, the aquatic and leisure services coordinator at the local pool, to assist him to speak with his mother about his goal to learn to swim.

They sit down together and map out what is required for Owen to have swimming lessons. Lynne explains her worries, and Owen explains what it means to him to be able to swim like his friends. They discuss friendship, transport and the cost of learning to swim. Together they come up with a list of actions that Owen and Denise can explore further. They identify a few risks and discuss how to manage them. They also explore new skills that Owen will need, such as using public transport and helping to manage the household budget to afford the swimming lessons.



Scope of the organisation

As a frontline staff member, you must be able to describe the products and services provided by your organisation.

This information allows you to match the needs of the client or customer with the products and services offered. You may need to discuss with a supervisor before finalising services, or if their needs cannot be met by the organisation. Your supervisor can explain where to find alternative services, resources or equipment.

Several factors may need to be considered when determining what can and cannot be provided by the organisation, such as:

- the availability of services, products, facilities, etc.
- waiting periods
- additional or special needs of the person with disability
- the location of services, facilities, etc.
- the client's access to transportation
- funding, eligibility and financial considerations.

Scope of your role

The capacity of the organisation to provide suitable services will depend on the skills and expertise of its staff.

Position descriptions describe the roles and responsibilities of every employee in an organisation. They can include the job title, duties and responsibilities of the job, how performance on the job will be measured, reporting lines, and knowledge and skills required for the role.

Here is an example of an extract of a job description for a disability support worker that describes the responsibilities and duties for a role.

The scope and purpose of the job	
<p>The Disability Support Worker is responsible for implementing training and support services aimed at maximising the living, employment, social and recreational skills of people with disability. Community inclusion, independence, decision-making and personal choice should be promoted through these supports, with a focus on individual needs.</p>	
Responsibilities and duties	
Client services	<ul style="list-style-type: none"> • Support clients to participate in age-appropriate activities and tasks, including: <ul style="list-style-type: none"> – employment – in-home support – community access such as activities and outings. • Provide direct care assistance to each client in accordance with their service plan and as directed by the Manager. • Work in accordance with the medication administration policy, health and safety procedures and client rights policies, including privacy and confidentiality. • Monitor the safety and wellbeing of the clients and report any concerns to the Manager. • Provide one-to-one or small group training and support in response to individual client needs. • Ensure completion of appropriate documentation, such as client notes and communication book as required.
Operational	<ul style="list-style-type: none"> • Participate in the planning process for individual clients and monitor outcomes. • Work with clients, family/carers, relevant case managers and other professionals to support the client's individual goals. • In conjunction with other members of staff, assist in developing, implementing and evaluating training and behaviour programs to attain identified individual goals. • Ensure that all programming undertaken is appropriately maintained, documented and reviewed. • Assume the role of key worker for designated clients, including preparing a monthly report on client progress.
Staff/team	<ul style="list-style-type: none"> • Liaise extensively with other staff to ensure the overall smooth and consistent running of the service. • Actively contribute to a team environment through open communication, participating in regular staff meetings, planning processes and policy review. • Provide back up and support to other staff as necessary. • Participate in performance development meetings to identify ongoing training and support opportunities.

Example

Evaluating the scope of the role

Peta is an administrative assistant at a real estate agency. Barry, who has cystic fibrosis, has seen a recent ad online for a rental property that he thinks would be suitable for his needs. He goes to the front desk and speaks to Peta to inquire about it.

Barry is an NDIS participant who has specialist disability accommodation (SDA) in his plan. He would like to move in with his friend Steve, who is not an NDIS participant.

Peta is unsure if this is possible and seeks the advice of her supervisor. Peta's supervisor advises Barry that he will need to contact the NDIS to find out more information. He promises to hold the property until the end of the week and gives him a business card, asking Barry to contact him once he has an answer.



Practice task 4

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

Case study

You work for the local council making arrangements for bookings and social activities in council-owned properties. Pedro, a 19-year-old with cerebral palsy, calls because he wishes to join a local meet-up group for young people who are same-sex attracted. You see that there's a space available and book him into the next group meet-up.

The next day, you receive a phone call from Pedro's mother, who tells you that she doesn't want Pedro to join this group because she does not agree with Pedro's 'lifestyle choice'.

Question 1

Which of the following reflect a person-centred approach? Select all that apply.

- Acknowledge Pedro as the expert in his own life.
- Collaborate with Pedro's mother to determine more suitable meet-up groups that Pedro could join.
- Be led by Pedro's choices and goals.
- Assume Pedro will want to do what his mother says he should do.
- Respect Pedro's individuality, diversity and ability.

Question 2

Which of the following will determine if you can meet Pedro's needs? Select yes or no for each one.

- | | | |
|--|------------------------------|-----------------------------|
| a) Discuss Pedro's situation with a supervisor. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Discuss Pedro's situation with his mother. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Discuss with Pedro if he is interested in joining a disability support group. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Refer to your position description to confirm your responsibilities. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2B

Referrals to other organisations

You need to understand your role and the limits of your capabilities and responsibilities.

There will be occasions when it is difficult to meet a person's needs or preferences. The difficulties might be due to:

- the person's needs or preferences
- a lack of staff skills and knowledge
- organisational limitations, such as a shortage of staff or other resources to provide services.

Some people have complex needs that cannot be met by a single organisation.



Complex needs include:

- high physical support needs
- high communication support needs
- co-existing or chronic health requirements
- poverty or financial difficulties
- substance abuse
- domestic violence.

These situations should be discussed with a supervisor. A referral to another organisation can be offered, which the customer or client may use in conjunction with yours.

Example

Informal referral

Carla finished her TAFE course in business services nine months ago, but has so far been unsuccessful in gaining long-term employment. She arranges a meeting with Denise, who works for the Australian Government Job Access program. After some discussion, Carla reveals that she has failed to show up for her last three job interviews because of her anxiety.

Denise realises that it is beyond the scope of her role to offer Carla the support she needs. She looks up the database of referral organisations and writes down a phone number and email address for a counselling service that Carla can contact to help her manage her anxiety.



Referral process

The person with disability must be involved at every step of the referral process.

Knowing what other organisations can offer means having a good understanding of other products and services available. Referrals can be made by phone, letter or email. Permission will need to be obtained from the client, so ensure privacy and confidentiality procedures are followed.

In some situations, the person may prefer to complete a referral themselves.

Before discussing a referral with a client, consider the following:

- the eligibility criteria, such as their age or geographical location
- the cost of the service
- waitlists and waiting periods
- other referrals, such as a doctor's referral if the service is health-related
- the type of information the referral service will require
- travel requirements to and from appointments.

As a frontline staff member, you can help by providing appropriate information and assisting with the documentation. You must have the information about the client and understand their individual needs, such as:

- the person's current situation and presenting needs
- any issues that might make it difficult for the person to follow through with the referral, such as its location or cost.

The client needs to be given information about the referral procedure and criteria. The information provided in a referral must be clear and include the following:

- personal details of the person wishing to access the service (name, address, contact details, etc.)
- information relevant to the type of service required (disability type, current situation, etc.)
- any specific needs the person may have (communication, access, interpreter needs, etc.)
- details of the person making the referral (name, contact number, etc.).

Referral services

There are several ways a referral may be conducted. The process will be outlined in a procedural document.

Each organisation may use one or more methods, depending on the needs and capabilities of the client. For example, the client might ask for contact information for appropriate services and be left to make their own contact at a time that suits them best. Other procedures include:

- The referring organisation makes an appointment with the other service on the client's behalf, and asks the other service to make contact with the client with their consent.
- A live three-way conversation in the presence of the client (can be face to face or over the phone) in which the referring organisation introduces the client, explains what has already been done to assist them and why they are being referred to the service.

Specialist services the client may be referred to include:

- doctors who provide medical advice and can prescribe medication
- emergency services, such as ambulance or police services
- counsellors, who can provide emotional and mental guidance and support
- psychologists, who can provide mental and emotional support, and behavioural strategies and assessment
- psychiatrists who can provide mental, emotional and behavioural support and assessment, and can prescribe medication
- physiotherapists, who can provide physical exercises and treatment
- occupational therapists, who can provide physical and mental exercises and treatment for day-to-day living
- employment agencies, who can provide employment advice, training and recommendations
- solicitors or legal advocates, who can provide legal advice and representation
- financial counsellors, who can provide financial support
- alcohol and other drug services, which can provide support for drug and alcohol substance abuse.

The Department of Social Services provides a list of resources for people with disabilities and their carers, including information on agencies at: <http://aspirelr.link/disability-sites>.

You can read more about registered NDIS providers here: <http://aspirelr.link/ndis-registered-providers>.

Example**Choosing the best referral method**

Monica is assisting Fatima to access a range of services, some of which her organisation can provide. Fatima, who has limited spoken English and literacy, wants to be referred to OpenHouse, an organisation that she has been told provides group and community activities to people from non-English-speaking backgrounds. Monica believes the best approach is to make a warm referral. With Fatima's permission and the assistance of an interpreter service, Monica and Fatima engage in a three-way conversation with Faith from OpenHouse. Faith emails through the appointment details to Monica, who provides them to Fatima. Fatima's interpreter responds to confirm Fatima's understanding.





Practice task 5

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

Case study

The agency where you are employed provides a range of services to clients, including supported independent living. Ming is a client who has contacted you by phone to say he wants to move closer to his parents. He is currently living in supported accommodation provided by your organisation. Ming has autism and finds it difficult to communicate with people he doesn't know well. He asks if he can move to a house in his new location. You check on the system, but cannot find suitable accommodation. You confirm with a supervisor that there is no accommodation service available in the area Ming wants to move to.

Question 1

Number each step from 1 to 7 in the order you would follow to set up a referral for Ming to another service provider.

- Provide Ming with the suitable options available in the area.
- Confirm if Ming would like you to research supported independent living providers in the area on his behalf.
- Work with Ming to complete the referral documents and arrange for them to be forwarded to the other agencies.
- Contact the shortlisted providers to determine if they have vacancies suited to Ming's requirements.
- Seek consent from Ming to begin the referral process to one or more providers.
- Develop a shortlist of possible supported independent living providers in the area.
- Advise Ming that you do not provide supported independent living services in the area he wishes to move to.

Question 2

Which of the following statements relate to Ming's need for new accommodation? Select all that apply.

- Ming might prefer the referral service to be contacted on his behalf so he doesn't have to keep repeating his reasons for needing new accommodation.
- Prior to meeting with Ming, you need to research information on eligibility criteria and costs from the other agency.
- You must seek permission from Ming to speak on his behalf if he is not comfortable speaking for himself.
- Speak to your supervisor about setting up accommodation in the new location because there is obviously a need for it.
- Arrange for Ming to get a doctor's referral letter to accompany the referral documents.



Summary

- A person-centred approach focuses on the customer's or client's needs and preferences rather than what is convenient for the organisation or staff.
- The capacity of the organisation to provide suitable services for the person depends on the skills and expertise of its staff.
- Policies and procedures outline the limits of a job role and indicate when issues need to be escalated.
- Where there is a need that cannot be met by a single organisation, a referral can be organised to meet this need.
- The person with disability must be involved at every step of the referral process.
- Frontline staff can help by providing information and assisting with the documentation.
- When sharing someone's personal details with others, permission needs to be sought, and privacy and confidentiality rules must be respected at all times.



Learning checkpoint 2

Evaluating service options

1. Which of the following statements represent a person-centred approach? Select yes or no for each one.
 - a) Family members must be consulted in the initial meeting with clients, regardless of the person's age. * Yes * No
 - b) Decision-making should be centred around the client or customer and based on the benefits to them. * Yes * No
 - c) Services must be provided based on the skills and ability of the client. * Yes * No
 - d) Planning must be completed on the client's behalf and include input from healthcare and disability experts. * Yes * No
 - e) Supports should be recommended based on what has worked in the past for clients with a particular condition or impairment. * Yes * No

2. Which of the following should be considered when providing products and services to a customer or client with complex needs? Select all that apply.
 - The cost to the client of providing a referral if the organisation is unable to provide appropriate services
 - The extent to which the organisation can meet the needs of the customer or client
 - Whether the organisation has the capacity to provide the products or services required
 - If the staff have the knowledge and skills to provide the products or services
 - If the customer or client has had previous interactions with the organisation
 - Any issues that might require referral to a specialist organisation



Topic 3

Providing services to people with disability

Providing quality services depends on matching the right product or service to the circumstances of the client or customer.

Make sure the customer's or client's presences are being met, and evaluate the effectiveness and suitability of the products or services you are providing. This means anticipating how the client or customer will use the resources, and asking for feedback on the suitability of products or services.

In this topic you will learn about:

- 3A Providing information about products and services
- 3B Accessing services and resources
- 3C Responding to feedback

3A

Providing information about products and services

Clients and customers need information about how products and services can be accessed and used.

Some organisations offer a wide range of products and services. Others may specialise in one area, such as providing employment services or specialised equipment. Your job will be to explain each of the services and products that are available, and work with the client or customer to decide which are the most suitable.

Information requirements
• Where the service will be provided, such as in their home
• Whether transport will be provided if the person needs to go to another location
• How many clients are involved if the service is group-based
• The expected outcomes and how these will match with the person's goals and needs
• If they require appointments for viewing facilities and fitting equipment
• The cost of products and services, and when it needs to be paid
• How long the service or support will be available for (e.g. funding may be for one year or there may be a six-week program)

Available products and services

There is a wide range of products and services that may suit a person's particular needs.

Some of the products and services can be categorised as follows.

Services and supports	<ul style="list-style-type: none"> • Allied health, such as physiotherapy, occupational therapy and speech therapy • Professional health services, such as medical specialists • Children's services, such as paediatricians and children's speech therapists • Aged care and respite care • Mental health services, such as counsellors and psychologists • Behaviour support • Training and education • Employment • Accommodation • Interpreter services • Home modifications • In-home support, such as cleaning and gardening • Support coordination through the NDIS • Support groups for carers and others
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Facilities	<ul style="list-style-type: none"> • Specialised accommodation • Recreational and leisure facilities • Sporting clubs • Public meeting room/hall
Devices and aids	<ul style="list-style-type: none"> • Mobility aids • Food preparation and consumption aids • Communication aids • Dressing aids • Bathroom and toileting aids
Resources and information	<ul style="list-style-type: none"> • Advocacy groups, peak bodies and lobby groups • Courses for signing and gesturing, such as Auslan • Communication resources, such as the National Relay Service • Planning resources, such as the NDIS • Equipment providers • Resources for carers and families

Accessibility of information

Information on products and services must be in a format that meets the person's communication needs.

This information must be suitable and easily accessible by the person with disability. You need to find out how they want to access information about products and services. To do this, you should consider their preferences for:

- images
- links to online content
- video transcripts
- font size
- plain English
- braille
- text descriptions of maps, charts or graphs.

Instructions for aids and products may also need to be in a suitable format.

Here are some tips for making information about products and services accessible in a range of formats.

Verbal

Information delivered verbally can make use of non-verbal cues that reinforce the message, such as nodding to show understanding or demonstrating how to use a product. It may also include a recorded audio format that allows someone to pause and replay what has been said.

Phone

Telephone typewriter (TTY) and the National Relay Service can be utilised for people with hearing disabilities. Email, text or digital communication may be preferred by people who are deaf or hearing impaired.

Written

Resources can be produced in hard or soft copies and should be written in plain English. You also need to consider the font size and type, use of headings and the amount of white space and colour, and whether information should be produced in braille or translated into languages other than English.

Email or text message

If you are sending information via email or text message on a smartphone or tablet, you may need to confirm the customer or client has a phone and the correct software updates installed.

The person with disability may prefer to receive information on a USB or mobile storage device so they can access it later.

Digital web pages

The international standard, referred to as the Web Content Accessibility Guidelines (WCAG 2.1), is designed to make websites universally accessible to people with disabilities. There are also apps and websites that offer online chat and translation services.

Various government departments provide advice on how information can be formatted so it is accessible to everyone and targets a range of abilities.

You can read guidelines provided by the Victorian Government on accessibility here: <http://aspirelr.link/accessibility-guidelines>.



Practice task 6

Which of the following are suitable ways for customers or clients to access information about available products or services? Select all that apply.

- Listen to a podcast on a phone so it can be stopped and started when required.
- Call a number to find out information.
- Read a brochure produced in braille using plain English.
- Watch a video with captions provided in AUSLAN.
- Make a call using a telephone typewriter (TTY) and the National Relay Service.

3B

Accessing services and resources

You may need to hold a meeting with a client or customer to ask them about their goals, and inform them about the services and resources available to help them meet those goals.

From this discussion, a plan can be developed that outlines how these services and resources will be provided.

The following table highlights examples of the tasks involved in preparing a plan.

Services	<ul style="list-style-type: none"> • Create an initial appointment. • Develop a service provision plan that will include: <ul style="list-style-type: none"> – the service to be provided – goals and outcomes – where the service will be delivered – when the service will be developed. • Provide referral or waitlist information to the client if required.
Supports	<ul style="list-style-type: none"> • Create an initial appointment. • Determine how support will be provided in conjunction with other services or facilities. • Provide referral or waitlist information to the client if required.
Facilities	<ul style="list-style-type: none"> • For accommodation support: <ul style="list-style-type: none"> – confirm a time and location to view the premises – arrange a move-in date – arrange a discussion with support staff – develop a checklist for the client or customer to ensure they are aware of what they need to bring with them. • For other facilities, such as recreational activities or support groups, provide access details, such as attendance, opening hours and appointment times.
Aids	<ul style="list-style-type: none"> • Provide a list of suppliers to the client. • Make an appointment for the supplier to fit or determine the most suitable type of aid to meet the person's needs. • Follow up on the outcomes of the assessment and support the purchase/delivery of the aids.

Example

Accessing services and resources

Ben has cerebral palsy. He wants to take steps towards increasing his independence. Ben decides on the following options:

- physical therapy with a physiotherapist to improve his motor skills
- purchasing an augmentative and alternative communication (AAC) eye-tracking device.

Ben contacts the organisations that provide these products and services:

- Physiotherapy – He asks if a physiotherapist can travel to his home to provide physical therapy sessions. He would like these to be flexible to suit his other commitments. Ben arranges a suitable time to meet the physiotherapist so that a therapy plan can be developed.
- AAC device – Ben inquires about a suitable AAC device. He arranges an appointment with Sarah, who provides advice and fitting of devices. She explains how the device is used in practice and how it would be fitted to his wheelchair. She explains the various options for Ben, including the features of each device, how they can be fitted and the costs involved.



Barriers to access

People can face barriers when accessing products and services.

According to the World Health Organization (WHO), barriers to services and resources can be greater for people with disabilities. Barriers can be more than just physical obstacles.

Here is how WHO defines barriers:

‘Factors in a person’s environment that, through their absence or presence, limit functioning and create disability. These include aspects such as:

- a physical environment that is not accessible
- lack of relevant assistive technology (assistive, adaptive and rehabilitative devices)
- negative attitudes of people towards disability
- services, systems and policies that are either non-existent or that hinder the involvement of all people with a health condition in all areas of life.’

As a frontline worker, you need to be aware of the barriers that can make accessing and using services difficult for people with disabilities.

Here are some barriers that customers or clients may face when attempting to access and use products and services.

Attitudes

Negative attitudes towards a person with disability include:

- stereotyping
- prejudice
- discrimination.

Communication	Information is provided in a format that cannot be accessed, such as auditory information for people with hearing impairments or written information for people with impaired vision.
Physical	Physical barriers are structural obstacles in natural or manmade environments that prevent or block mobility. For example, steps and curbs may block a person with a mobility impairment and prevent them from entering a building.
Policy	Some policies may make it difficult for people with disabilities to access and use services. The difficulty may come from the organisation not considering the needs of people with disabilities when it was developed.
Programming or scheduling	These limit the access and participation for people with disabilities because they are inconvenient, don't provide suitable equipment or insufficient time is allowed. In addition, communication may be poor or the organisation may have a poor understanding of the needs of people with disabilities.
Transportation	A lack of adequate transportation may interfere with a person's ability to be independent and to participate in society.

Seeking support from a supervisor

When providing products and services to a customer or client, there may be difficulties matching the product or service to the person's needs.

Your job will involve following procedures for documenting and reporting progress with access to products and services. You may also need to communicate any barriers that prevent effective service delivery. You can support them by communicating these barriers and referring them to your supervisor. The organisation's policies and procedures will describe when to speak to your supervisor or escalate an issue that is beyond the scope of your job role.

You may need to consult with a supervisor in the following situations:

- You cannot locate procedures or you don't understand what your responsibilities are for providing services.
- It is the first time you have provided services to the client and you are unfamiliar with their needs, particularly if they are unable to explain their requirements to you.
- The instructions contained in the notes you have been given are unclear or seem out of date.
- The customer or client asks you to do something differently to the way it is described or is outside of your job role, experience or qualifications.

Organisational barriers can also make it difficult to provide professional and targeted service to people with disabilities.

Common organisational barriers

- Economic – Lack of funding
- Physical – Lack of appropriate physical equipment or aids, or insufficient space
- Language/cultural – Inability to meet specific needs, such as the needs of Aboriginal and Torres Strait Islander people or people who do not speak English as a first language
- Staffing – Lack of training or expertise, insufficient staff, or staff who are stressed or overworked
- Structural – Lack of funding, lack of representation or lack of knowledge about services available
- Training – Lack of training in providing services to people with disabilities

Example

Working within the scope of the job role

Penny is an educational support worker who is talking to Harriet, the mother of Darcy, a young child at the school. Darcy has a neurological condition that significantly affects his overall development and functioning.

Penny and Harriet are developing an individualised plan for Darcy. Harriet mentions that one of her goals for Darcy is to protect the child from his father gaining custody of him. Harriet has recently left her husband and is worried that he will take Darcy overseas where Harriet will never be able to find him. Penny listens to Harriet empathetically, but explains that this goal is outside of her area of expertise and the scope of her organisation.

Penny tells Harriet that she will get back to her with some advice on where she can seek some professional help for this particular goal.





Practice task 7

Question 1

Number each step from 1 to 7 in the order you would follow to make products and services available to a customer or client.

- Update customer or client records to record what products and services have been supplied.
- Familiarise the person with the use of the products and services.
- Follow up to ensure products and services are being delivered as agreed.
- Explain how the products and services can be used.
- Arrange for product support if appropriate.
- Outline what products and services can be provided by the organisation.
- Contact product and service suppliers.

Question 2

Which of the following are barriers that must be reported to a supervisor? Select yes or no for each one.

- | | | |
|--|------------------------------|-----------------------------|
| a) A policy is discriminatory and limits access of a person with a disability to attend a day activity program. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Information cannot be offered to a customer or client in a format suitable for them to understand. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) The person with disability doesn't want to catch the available public transport and wants the organisation to supply individual transport to a group program. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) The support documents are not clear and appear to have pages missing. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) The customer or client wants you to perform tasks that are beyond the scope of your role or responsibilities. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3C

Responding to feedback

Feedback can provide an insight into the quality of products and services being provided.

You must seek feedback from customers or clients on how well the products and services are meeting their needs and if they are satisfied. Feedback is part of the regular evaluation and review of services that an organisation must undertake.

Many organisations collect feedback, but it is what they do with this feedback that is important. Feedback should be used so that existing and future customers or clients will benefit from improvements. As a staff member in a frontline or customer-facing role, you are ideally placed to gather both positive and negative feedback from the people you interact with. You can then provide this information to your supervisor or add it to your organisation's quality improvement system.



Methods for seeking feedback

The methods used to seek feedback must be clearly communicated and accessible to everyone.

Most organisations have various ways to collect feedback, including:

- formal methods, such as customer or client focus groups and meetings
- informal methods through conversations with staff, customers, suppliers or others
- online methods, such as electronic feedback forms or surveys available on the organisation's website
- other methods, such as phone calls, emails and questionnaires.

Feedback can be gathered on specific aspects of an organisation's product or service delivery, such as:

- how information was communicated
- product performance
- service delivery
- privacy
- discrimination
- abuse
- access to services
- personal progression
- responsiveness to changes in customer or client needs.

Acting on feedback

Feedback should always be followed up, and the customer or client should always be acknowledged for providing the information.

Feedback that forms part of a complaint should be acknowledged and actioned in line with the organisation's complaint-handling procedures, and may require more urgent escalation or investigation, such as in the case of damaged goods or equipment.

Some organisations provide customers or clients with an explanation as to how their feedback has been used to change processes or improve services. For example, it may have led to changes in staff training, scheduling, location of services, communication methods to customers or clients, and accessibility of information.

If you were seeking feedback or observing how someone was using a product or service, you could ask the following questions:

- What were the person's expectations for the product or service?
- How were those expectations met?
- How did the product or service fail to meet expectations?
- How could the product or service be improved?
- What training could staff be provided to improve the interaction with or outcome for the customer or client?

Example

Seeking and acting on feedback

Sandra works for the public transport group to provide information and assistance for people to use public transport. This includes locals, visitors from interstate and overseas, and people with disabilities. Her employer has asked her to conduct a focus group to get feedback from participants about the program. She asks the group a series of questions:

- What have you found difficult about catching public transport?
- What else would you like the program to offer?
- How have you found the accessibility of public transport?

Sandra collects the feedback from the group and presents it to her team.

Sandra sends an email to everyone in the group with a summary of the feedback that includes the positive and negative feedback she received, and some changes she will make to the program as a result.





Practice task 8

Question 1

Which of the following are useful questions to ask when seeking feedback on services provided? Select all that apply.

- The date the product was purchased or the service commenced
- Whether the product or service met the person's expectations
- What other organisations the person has used in the past
- How the product or service could be improved

Question 2

Which of the following statements are correct in relation to seeking feedback on someone's satisfaction with products or services? Select yes or no for each one.

- | | | |
|---|-------|------|
| a) Customers or clients can expect to see improvements as a result of feedback. | * Yes | * No |
| b) People have the right to give both positive and negative feedback about all aspects of products and services. | * Yes | * No |
| c) Feedback should be gathered in a formal way so there is transparency in the way it was collected and used. | * Yes | * No |
| d) If the person's expectations for the product or service were not realistic at the start, the feedback is not useful. | * Yes | * No |



Summary

- Information about services and products must be available in an accessible format.
- Organisations must discuss access and use of products and services to ensure it is suitable for people with disabilities.
- Some organisations offer a wide range of products and services, while others specialise in one particular area.
- Frontline staff need to be aware of the barriers that can make accessing services difficult for people with disabilities.
- Support the customer or client by communicating any barriers to your supervisor.
- The organisation's policies and procedures will outline when to escalate an issue to a supervisor because it is beyond the scope of your job role.
- Organisations are obliged to seek feedback from customers or clients on the suitability of the products and services they provide.
- Some organisations provide an explanation as to how their feedback has been used to change processes or improve products or services.



Learning checkpoint 3

Providing services to people with disability

Part A

1. Match each of the following examples to one of three types of barriers.

- | | |
|--|------------------|
| * Staff don't have the training to use AAC devices. | * Transportation |
| * The building does not provide any disabled toilets. | * Transportation |
| * The head office is located on level 2 and does not have wheelchair access. | * Communication |
| * Wheelchair access is only fitted to buses on certain routes. | * Communication |
| * No public transport is available to the shopping centre. | * Physical |
| * There are no sign language interpreters during the presentation. | * Physical |

2. Which of the following statements relating to providing accessible information are correct? Select all that apply.

- Written resources must be provided in size 12 font because that can be read by most people.
- Customers or clients can be directed to the website designed to be accessible to people with disabilities.
- Products and services should be described in a video with captions so that everyone can understand the information.
- A supervisor must be advised when a person with disability cannot use their communication aid, as this may limit their access to information.
- A lack of staff knowledge about the services available to meet individual needs indicates that staff training may be required.

Part B

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

Case study

Glen uses a motorised scooter to get around. He visits a department store in his local shopping centre to buy a new outfit for his cousin's wedding. With the shop assistant's help, he chooses an outfit to try on. She provides him with the key to the change room. However, when he gets there, he realises his wheelchair will not fit in. He goes back to the shop assistant to explain the situation. She says that they are the only change rooms they have and is unable to offer an alternative.

Glen asks to speak to the manager. When the manager arrives, he is unsympathetic and tells him that he'll either have to buy the outfit without trying it on or go somewhere else. When Glen asks if he can get a refund if it doesn't fit, the manager explains there's a no refund policy. Glen leaves without purchasing anything. He later makes a complaint.

1. Which of the following are good practice examples for seeking and responding to feedback? Select all that apply.

- All complaints must go through the 'How to complain' section on the organisation's website.
- The manager should have thanked Glen for his feedback, and used the information he provided to improve the department store's facilities.
- If Glen had positive feedback for the manager, this would not require a response.
- Glen should be offered several ways to provide his feedback.
- Glen has the right to give feedback and have his needs responded to.