



CHCDIS020

Work effectively in
disability support



CHCDIS020

Work effectively in disability support

Release 1

Learner Guide

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CHCDIS020 Work effectively in disability support, Release 1

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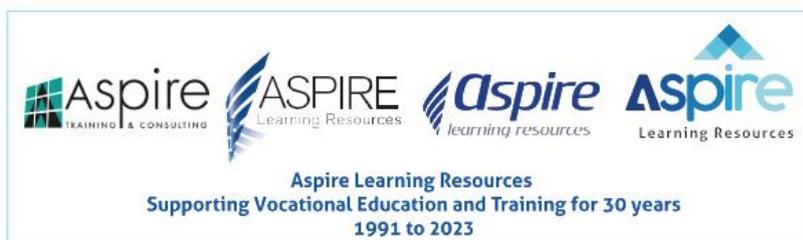
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Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country



Before you begin

This Learner Guide is based on the unit of competency *CHCDIS020 Work effectively in disability support*, Release 1.

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

How to work through this Learner Guide

This Learner Guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the Learner Guide you need to read, and which Practice Tasks and Learning Checkpoints you need to complete.

Feature of the Learner Guide	How you can use each feature	
Learning content	Read each topic in this Learner Guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.	
Examples	These highlight learning points and provide realistic examples of workplace situations.	
Practice Tasks	Practice Tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which Practice Tasks to complete.	
Callouts	Callouts reiterate key learning points to help students revise for their assessments.	
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.	
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.	 
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.	
Summaries	Key learning points are provided at the end of each topic.	
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.	
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.	

Foundation skills

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

These skills are listed below:

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



Foundation skill area	Foundation skill description
Planning and organising	<ul style="list-style-type: none"> • Planning your workload and commitments • Implementing tasks • Completing work on time • Knowing how to deal with hazards and risks
Self-management	<ul style="list-style-type: none"> • Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	<ul style="list-style-type: none"> • Efficiently using digitally based technologies and systems correctly and safely • Accessing, organising and presenting information • Using equipment correctly and safely

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

What do you already know?

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

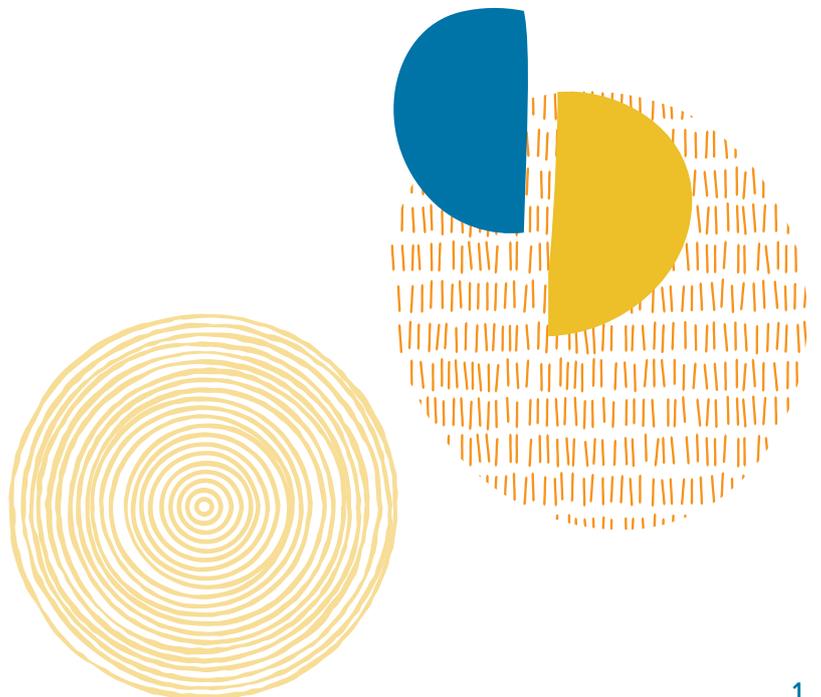
Topic	Key outcome	Rate your confidence in each section
Topic 1 Meet your job role requirements	1A Identify and discuss job role requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Recognise and refer tasks outside job role	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Work within organisational requirements	2A Comply with professional conduct, legal and human rights requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Communicate and cooperate with interdisciplinary team members	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Use digital technology to access and share information	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Work within a disability support context	3A Read individualised plans to identify tasks	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Use person-centred communication and seek informed consent	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Recognise and report signs of abuse	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





Topic 1: Meet your job role requirements

- 1A Identify and discuss job role requirements
- 1B Recognise and refer tasks outside job role



1A

Identify and discuss job role requirements

When you are clear about the scope of your job role, you will have a better understanding of your responsibilities.

A range of different professions operate within the disability sector. It is common for teams to include people from different professional backgrounds who work together to support people with disability to achieve their goals and aspirations.

It is important for people who work in disability support to understand the requirements and scope of their job role. Before you can be clear about your own job role requirements, you need to understand disability support work generally, and the disability support sector.

Disability and disability support work

The National Disability Insurance Scheme (NDIS) defines disability in the following ways:

- The reduction or loss of an ability to perform an activity which results from a loss of, or damage to, a physical, sensory or mental function.
- Those who have long-term physical, mental, intellectual or sensory impairments which may hinder their full and effective participation in society on an equal basis with others.

Disability can be caused by one or more of the following:

- a genetic disorder
- illness
- accident
- injury
- ageing.

People supported in the disability sector have disabilities that are:



Permanent or recurring

For example, an amputated arm is a permanent disability.

Multiple sclerosis is a recurring disability, because it often causes symptoms that the person recovers from for a time, before returning again.

Similarly, people with depression can have periods of recovery from their symptoms.



People supported in the disability sector have disabilities that are:	
	<p>Lifelong or acquired</p> <p>Down syndrome is a lifelong disability, whereas permanent disability resulting from an accident is an acquired disability.</p>
	<p>Visible or invisible</p> <p>A person who uses a wheelchair has a visible disability, whereas a person with a mental illness has an invisible disability.</p>

Types of disability

Each type of disability impacts people in different ways.

Type of disability	Impact of disability	Examples
Physical disability	affects a person's mobility, physical capacity or dexterity	<ul style="list-style-type: none"> paraplegia quadriplegia dwarfism
Intellectual disability	affects a person's intellectual functioning and their ability to function in everyday life	<ul style="list-style-type: none"> Down syndrome foetal alcohol syndrome Prader-Willi syndrome
Psychiatric disability	affects a person's mental and emotional processes	<ul style="list-style-type: none"> schizophrenia bipolar disorder obsessive compulsive disorder (OCD)
Sensory disability	affects a person's ability to perceive the world through the senses	<ul style="list-style-type: none"> vision impairment hearing impairment
Neurological disability	affects a person's brain and central nervous system	<ul style="list-style-type: none"> epilepsy multiple sclerosis
Developmental disability	affects a person's ability to process information	<ul style="list-style-type: none"> autism spectrum disorder (ASD)

For more information about disability types visit: aspirelr.link/nds-disability-types

Functional capacity

The following table outlines the functional abilities considered essential to carry on the normal activities of life.

Functional abilities	What this functional ability incorporates
Communication	<ul style="list-style-type: none"> • Being understood in spoken, written or sign language • Understanding others • Expressing needs and wants
Social interaction	<ul style="list-style-type: none"> • Establishing and maintaining social connections • Interacting with people in the community • Coping with feelings and emotions in social contexts
Learning	<ul style="list-style-type: none"> • Understanding and remembering information • Learning new skills • Using new skills
Mobility	<ul style="list-style-type: none"> • Moving around the home • Moving around in the community • Undertaking activities of daily living, such as getting in and out of a bed or chair
Self-care	<ul style="list-style-type: none"> • Feeding oneself • Showering and bathing • Dressing and grooming
Self-management	<ul style="list-style-type: none"> • Making plans • Decision-making • Problem-solving

Functional Impairment

Disability can affect a person’s functional capacity and their ability to look after their everyday needs without help. This is known as **functional impairment**. There are varying levels of functional impairment ranging from no functional impairment to severe functional impairment.

Not everyone with a disability has functional impairment. For example, a person who is born with one arm might have found ways to effectively undertake tasks that typically require two arms, such as dressing and driving. The methods they use to do those tasks might work just as well as the methods other people use. In other words, the person’s disability does not interfere with their ability to undertake the daily tasks of living. They have simply found alternative ways of performing those tasks.

Functional impairment
Difficulties a person experiences, due to illness or disability, which limit or interfere with their ability to carry out key functions in their daily lives.



People with the same type of disability will often have functional impairments in the same areas. For example, people with autism spectrum disorder often have functional impairments in communication and social interaction.

However, not everyone with the same disability will have the same levels of functional impairment. For example, one person with autism spectrum disorder might have a mild functional impairment relating to communication, whereas another might have an extreme functional impairment in that area.

Misconceptions and stigma

When someone experiences **stigma**, it means they are treated differently from other people. They may be discriminated against and often experience feelings of shame, isolation and worthlessness.

Although attitudes in Australia are gradually changing, people with disability still experience stigma. Indeed, one of the barriers to employment for people with disability in Australia is stigma. When employees make blanket assumptions about what people with disability can and can't do, they risk overlooking the skills and qualities of individual candidates.

There are also many misconceptions about disability that contribute to stigma and discrimination against people with disability. Here are some common misconceptions, along with the corresponding facts.

Stigma

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

Misconception	Fact
Only a small number of people in Australia have a disability.	One in five people in Australia has a disability.
Disability is a condition, impairment or disease that impacts mobility or the senses.	Not all disabilities are visible and many affect neither mobility nor the senses.
People with disability want to be left alone.	A person with disability may or may not want to participate in social activities. Just like any group within the population, people with disabilities are individuals who have different needs, wants and preferences.
People with disability cannot work.	Everyone has different strengths, skills and abilities. People with disability can and do work. As a signatory to the UN Convention on the Rights of Persons with Disabilities, Australia recognises the rights of people with disability to work in an environment that is open, inclusive and accessible.
'Disability' is a negative word.	Disability is not in and of itself a negative word – it depends on how the word is used.

Source: www.lwb.org.au/news/5-biggest-disability-myths-we-all-need-to-understand/

Psychosocial disability

Supporting a client's human rights involves caring for all aspects of their physical and mental health and wellbeing.

Psychosocial disability

A term used to describe a disability that may arise from a mental health issue.

The NDIS defines **psychosocial disability** as 'a term used to describe a disability that may arise from a mental health issue.' Psychosocial disability is not a diagnosis; instead, it describes when a person's mental health condition impacts their ability to navigate their life in society as desired.

According to the Australian Bureau of Statistics, in 2018, 4.6% of Australians (1.1 million people) were affected by psychosocial disability. Of these:

- 85.5% had at least one other disabling condition
- 38.8% had a profound limitation
- 24.1% experienced discrimination.

Psychosocial disability can result in barriers that inhibit a person's involvement in activities, such as:

- work
- education
- social activities
- cultural or public activities
- getting or keeping a home
- staying physically healthy
- achieving one's full potential or life goals.

The NSW Health department says psychosocial disability may restrict a person's ability to:

- enter certain environments
- concentrate
- complete tasks
- cope with time pressures and multiple tasks
- interact with others
- understand constructive feedback
- manage stress.

Mental illness describes a wide range of health problems that affects people's thoughts, mood, behaviour or the way they perceive the world around them.

Psychosocial disability details how these present barriers to a person's interaction with, and equal access to, the community.

Living with a mental health condition (and its symptoms) may make it difficult for some people to interact and manage problems of everyday living. A person may feel uncomfortable or unwelcome in certain social situations: they perceive that they communicate and manage social situations differently to other people. This affects their ability and willingness to engage and socialise with others.

Psychosocial disability often interacts with other disabilities a person may be living with, such as the existing challenges a person may face living with a disability. For example, cognitive disabilities, such as an intellectual disability or vision impairment, may require a person to use multiple resources to assist with activities of daily living. This may create barriers to participation in activities they enjoy. For some people, their disability can negatively affect their mental health. This could be related to concerns about their body image, social inclusion, and of being accepted and belonging in society. These additional concerns that compound an existing disability describe psychosocial disability.

People you support with psychosocial disabilities often need support from a range of services to meet their needs. This may not be required all the time, but support will likely need to be monitored, and increased or decreased, according to the person's mental health condition. For example, if a person experiences worsening symptoms.

Your service may have access to a range of professionals and programs to help you provide support. The person's individual plan will list a person's preferred contact details. Speak to your supervisor, and follow their instructions regarding the steps to take for additional or alternative supports.

Services that assist with managing individuals with psychosocial disabilities often cater the following areas:

- Employment, training and education
- In-home support services
- Community access and participation
- Financial assistance and relief
- Advocacy
- Legal
- Specialist support for cultural and linguistic needs
- Gender and sexuality support
- Counselling
- Medical care

Video: Disability support role

Watch this video on psychosocial disability: aspirelr.link/yt-psychosocial-disability

- How would you describe psychosocial disability to someone who is unfamiliar with it?
- Consider the impact that psychosocial disability can have on a person's life



Disability support sector

The right of people with disabilities to be independent, make choices and control their own lives is considered paramount in the disability support sector.

For much of the 20th century, disability supports in Australia were provided in institutional settings such as asylums, hospitals, hostels and nursing homes. People with disability lived apart from society and had few opportunities to make decisions about their lives.

In the 1980s, there was a major shift in attitudes towards people with disability in many countries, including Australia, and most people with disability relocated from institutional living to community-based settings, such as group housing. This shift is referred to as 'deinstitutionalisation'.

Deinstitutionalisation led to improved health and wellbeing outcomes for people with disability, as the new structure provided them with more opportunities to make choices, participate in activities and develop social networks and connections.

In contemporary Australia, disability supports are focused upon the needs of the person (rather than what's easiest for the service) and their strengths (rather than their limitations), as well as their role within their family and community.

Importantly, contemporary views of disability support highlight the difference between 'support' and 'care'. Care implies an unequal relationship where one person (the 'cared for') is reliant upon another (the 'carer'). Support, on the other hand, is beneficial but not unequal. When you support someone, you encourage and inspire them, but they are not reliant upon you.

Not everyone with a disability needs assistance from formal disability services; about four out of 10 people with disabilities in Australia need that form of assistance.

Key philosophies and concepts

Here are some key philosophies and concepts that underpin the delivery of disability supports in contemporary Australia.



Philosophies and concepts	Description
<p>Social model of disability</p>	<p>The social model of disability is a way of thinking about the world which was developed by people with disability.</p> <p>A 'medical model' encourages us to view disability as an individual impairment, whereas a social model of disability encourages us to view people as being disabled by the barriers they face, rather than something inherent in them.</p> <p>For example, rather than seeing deafness as an impairment that affects an individual's ability to hear public announcements at a train station, we could see the person being disabled by a lack of alternative methods of communication at the train station (e.g., written information on a screen).</p> <p>Whereas the medical model focuses on what is 'wrong' with a person with disability, the social model focuses on removing barriers to create opportunities for greater independence, control and choice.</p>
<p>Person-centred approach</p>	<p>A person-centred approach is founded upon respect for individuals' autonomy, their right to make choices in their lives and their right to self-determination.</p> <p>Person-centred approaches place the person rather than the service at the centre of service delivery.</p> <p>The principles of person-centred approaches include:</p> <ul style="list-style-type: none"> • respect for individuality, diversity, difference and ability • focusing on the whole person rather than their perceived problems • working with respect, compassion and empathy • collaborating with others to provide the best possible care • empowering the person • being led by the person, their choices and goals. <p>In practice, a person-centred approach involves getting to know people, seeing them as experts in their own lives and taking the time to learn about their preferences, needs and goals.</p>

Person-centred approach

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



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

Cultural competence
 Having awareness, respect and understanding of the cultural diversity around you.

Philosophies and concepts	Description
<p>Empowerment</p>	<p>When people are empowered, they have choice, influence and control over events in their lives.</p> <p>When you empower someone you:</p> <ul style="list-style-type: none"> • uphold and promote their rights • are respectful and non-judgmental • support, encourage and respect their decisions about their own life • build a relationship that allows them to communicate their feelings, wishes and needs • provide them with the information and resources they need to build their confidence and take control of their lives.
<p>Social role valorisation</p>	<p>Different roles are valued differently in different societies. For example, in some cultures, people with what we might label a 'mental illness' are viewed as seers or healers, whereas in other cultures these people are viewed as outcasts.</p> <p>The concept of social role valorisation highlights the benefits of having a valued role in society. It is easier for a person who is valued to access good things in life – such as housing, meaningful work and social connections – than it is for a person who is not valued.</p>
<p>Cultural diversity and cultural competence</p>	<p>Cultural diversity is the existence of numerous cultural groups within a society.</p> <p>Australia is a culturally diverse country; one in four people were born overseas and almost 20% of the population speaks a language other than English at home.</p> <p>Cultural competency refers to a person's ability to anticipate, recognise and respond to the varying expectations of people from diverse backgrounds. These varying expectations might relate to differences relating to language, culture, beliefs or values.</p> <p>Cultural competency and respect for cultural diversity is a requirement of disability support work.</p>



Philosophies and concepts	Description
<p>Trauma-informed approach</p>	<p>Some people who use support may need these services due to a traumatic event, such as child abuse or family violence. Clients may present to services with a wide range of symptoms and behaviours due to their trauma.</p> <p>The Substance Abuse and Mental Health Services Administration (SAMHSA) defines six key principles of a trauma-informed approach:</p> <ul style="list-style-type: none"> • Safety – clients need to feel safe, both physically and psychologically • Trustworthiness and transparency – if organisations are transparent, client trust can be built • Peer support – from other trauma survivors • Collaboration – taking a collaborative approach to healing with staff, clients and the service provider • Empowerment, voice and choice – by using a strengths-based approach to foster recovery and healing • Cultural, historical and gender issues – using policies and processes that are responsive to the needs of clients.
<p>Social and emotional wellbeing frameworks</p>	<p>Many Aboriginal and Torres Strait Islander peoples use the term social and emotional wellbeing (SEWB) to describe the social, emotional, spiritual and cultural wellbeing of a person. The term recognises their connection to land, sea, culture, spirituality, family and community; these are often incredibly important to people, and taking the time to recognise the significance of each may have a positive impact on their wellbeing. It also recognises that a person’s SEWB is influenced by policies and past events.</p> <p>These programs support culturally appropriate, community-led primary mental health and social and emotional wellbeing services for Aboriginal and Torres Strait Islander peoples.</p>

Trauma-informed approach
 A trauma-informed approach is based on the understanding of how trauma affects the service needs of clients.

Sources: www.afdo.org.au/social-model-of-disability/
www.family-advocacy.com/ordinary-lives/advocacy-making-it-happen/social-role-valorisation/
<https://humanrights.gov.au/our-work/education/face-facts-cultural-diversity>
<https://healthinonet.ecu.edu.au/learn/health-topics/social-and-emotional-wellbeing/>

For more information about the disability rights movement in Australia visit: aspirelr.link/pwd-disability-rights-movement

For more information about cultural diversity in Australia visit: aspirelr.link/cultural-diversity-australia

Example

Demonstrating cultural competence and respecting cultural difference

Dinesh works at a day centre that runs a range of activities including a fitness club for teenagers with Down syndrome. To celebrate the group's success, and to encourage their social skills, Dinesh asks the group whether they would like to have a picnic lunch in the gardens of the day centre during their next session.

Most of the group are keen but Christine, a 16-year-old who has been coming to the fitness club since it started, says she won't be able to come. She tells Dinesh that her parents won't allow her or her sisters to have social interactions with boys they don't know. "It's a cultural thing," she explains to Dinesh.

Respecting cultural differences is a key aspect of Dinesh's role. He tells Christine that her parents are welcome to come along and meet the group after class one day, in the hope that they will become more comfortable with Christine participating in other social events in the future.

Key organisations

There are thousands of organisations in Australia that provide services and supports to people with disabilities. Some of these provide direct support to people with disability and their families, for instance:

- home-based supports
- day programs
- residential services
- advocacy.

Other organisations in the sector provide indirect support to people with disability. These include services that provide financial support to people with disability, such as Services Australia.

Some organisations that provide direct support to people with disability operate across Australia; others provide services across one state or territory, or in one single location. Government organisations are funded by a government department, agency or local government. Non-government organisations receive funding from a range of potential sources including government, the private sector and the public. They can also receive funding from grants and tax concessions, such as payroll tax exemptions.



Other key organisations in the sector include advocacy groups and peak bodies. These organisations advocate for the interests of people with disabilities generally, or people with specific disabilities, as well as people who work in the disability sector.

Many disability service providers are also advocates for people with disability and some advocacy organisations are also service providers.

Here are some examples of key Australian organisations within the disability support sector.

Type of organisation	Examples of organisations
Disability service providers	<ul style="list-style-type: none"> • Achieve Australia • Bedford • The Benevolent Society • Life Without Barriers • Mind Australia • Sunnyfield disAbility Services
Advocacy organisations and peak bodies	<p>General</p> <ul style="list-style-type: none"> • Australian Federation of Disability Organisations • Disability Advocacy Network Australia • National Disability Services • People with Disability Australia
	<p>Specific disabilities</p> <ul style="list-style-type: none"> • Amaze (Autism) • Blind Citizens Australia • Brain Injury Australia • Deaf Australia • Deafness Forum of Australia • Epilepsy Action Australia • Inclusion Australia (intellectual disability) • Mental Health Australia • MS Australia (multiple sclerosis) • Physical Disability Australia • Spinal Cord Injuries Australia
	<p>Specific groups</p> <ul style="list-style-type: none"> • Children and Young People with Disability Australia • First People’s Disability Network Australia • National Ethnic Disability Alliance • Women with Disabilities Australia
Other key organisations	<ul style="list-style-type: none"> • National Disability Insurance Agency (NDIA) • The NDIS Quality and Safeguards Commission

For more information on specialist disability support services visit: aspirelr.link/aihw-specialist-disability-support

Accreditation

Accreditation is recognition by an independent body that an organisation meets the requirements of industry standards.

Accreditation is relevant to all disability service providers, including NDIS service providers. All NDIS service providers (except for government entities) need NDIS verification. NDIS service providers who deliver complex or high-risk supports and services need certification. The process of verification is less rigorous than the process of certification.

Other standards applicable to disability services include the following.

The National Standards for Mental Health Services (NSMHS)

The National Standards for Mental Health Services (NSMHS) were developed to support service providers to improve their service delivery, policies, standards and communication, as well as protocols around consent and consumer safety and privacy.

- aspirelr.link/national-standards-mental-health-services

The Human Services Quality Standards (Queensland Government)

The Human Services Quality Standards outline the standards for disability, child safety, community and community care services in Queensland. The standards are based on the principles of respecting human rights, social inclusion, participation and choice.

- aspirelr.link/qld-human-services-quality-standards

Department of Human Services Standards (Victorian Government)

The Department of Human Services Standards outline the quality standards for the Department of Families, Fairness and Housing and department-managed services in Victoria. The standards are informed by the principles of empowerment, access and engagement, wellbeing and participation.

- aspirelr.link/vic-human-services-standards

Issues for disability and community support

Here are some examples of some of the major issues affecting disability and community support in Australia.



Attracting and retaining skilled staff	<p>Disability service providers report difficulties with attracting and retaining skilled staff across a range of different job types.</p> <p>Staff shortages within disability services contribute to resource pressures which can affect workers' capacity to provide high quality, personalised services to people with disability.</p>
Workforce satisfaction	<p>The disability workforce is highly casualised with comparatively low rates of pay. Employees within the sector also report income insecurity, lack of job security and limited career advancement opportunities. These issues contribute to ongoing issues for the disability services sector.</p>
NDIS issues	<p>Service providers and people with disability have expressed overwhelming support for the principles underpinning the NDIS; however they have also identified a range of issues with the scheme.</p> <p>Some of these issues include:</p> <ul style="list-style-type: none"> • inefficient systems and processes • a lack of choice for people living in rural and remote areas • a lack of stakeholder consultation • variability in the skills and abilities of planning and Local Area coordination • pricing • models based on unrealistic assumptions.
Increasing demand	<p>There is an increasing demand for disability support services and a lack of skilled staff to meet that demand.</p> <p>Increasing the number of people in the workforce can undermine quality if staff are not given adequate training and support.</p>
Carer fatigue and burnout	<p>Unpaid carers of people with disability commonly experience fatigue, especially when they do not receive adequate respite. Fatigue can lead to burnout. Burnout among unpaid carers could exacerbate the pressures on services in the context of increasing demand. In other words, if carers cannot provide unpaid care to people with disabilities, services will need to fill those gaps.</p>
Support for people with complex needs	<p>With the introduction of the NDIS, there is concern in the sector that people with complex needs are being (or will be) overlooked because other clients are 'easier' and more profitable.</p>
Inclusion and participation	<p>Issues such as stigma, discrimination and misunderstandings about disability continue to impact upon the inclusion and participation of people with disability.</p> <p>Employment rates among people with disability are a long-standing concern in Australia; less than half of working-aged adults with disability are employed, compared to 80% of working-aged adults without disability.</p>

Understanding your role

The scope of your role will be outlined in the position description associated with your job. Position descriptions are typically provided to workers during the process of applying for a job and/or during induction.

Position descriptions typically include the following information.

Information included	Examples
Who you report to (reporting lines)	<ul style="list-style-type: none"> workforce manager level 5 supervisor service supervisor team leader
Skills, abilities and experience required to perform the job	<ul style="list-style-type: none"> ability to establish effective and professional working relationships with clients, their families, external stakeholders and colleagues commitment to achieving valuable outcomes for people with disabilities within the person-centred environment experience providing complex personal care in a community setting 18 months of experience in a similar role (aged care, community/social service etc.) ability to work with people from culturally and linguistically diverse communities high level of problem-solving abilities an ability to perform both in a team environment and independently
Qualifications required to perform the job	<ul style="list-style-type: none"> Certificate Level III in Disability or equivalent Certificate Level III or IV in Disability or Aged Care



Duties and responsibilities of the job	<ul style="list-style-type: none"> • foster an environment that supports and empowers people to make choices • in conjunction with the team, develop, implement, monitor and review people's planning episodes • deliver a variety of support programs to people with a disability and their families that assist them in achieving their goals • accurately complete administrative tasks as required, including client progress notes, shift reports and incident reports • provide care in accordance with each client's specific service delivery agreement (SDA) such as showering, teeth cleaning and shaving • providing domestic assistance to clients such as shopping, laundry and feeding pets • uphold duty of care and dignity of risk for people we support • follow the policies and procedures of the organisation
Licences or accreditations required to undertake the job	<ul style="list-style-type: none"> • current full NSW driver licence • current First Aid Certificate • current Victorian Working with Children Check

Clarifying and confirming scope and expectations

After you have read your position description, there may still be aspects of the role you need to clarify. You can do this by discussing the job role requirements with your supervisor.

Clarification involves checking your understanding of something and resolving any areas of confusion. Here are three different methods you can use for clarification.

Method	Description	Examples
Closed-ended questions	Closed-ended questions require a specific and direct answer to a specific and direct question. They are useful for gathering information and clarifying information.	<ul style="list-style-type: none"> • 'Will I need to get a First Aid certificate for this job?' • 'Am I reporting directly to you?'
Open-ended questions	Open-ended questions cannot be answered with a simple 'yes' or 'no'. They can be used to gather more information and give the speaker an opportunity to fill in missing details.	<ul style="list-style-type: none"> • 'What are the main responsibilities of my job?' • 'What are your expectations of me in this role?'



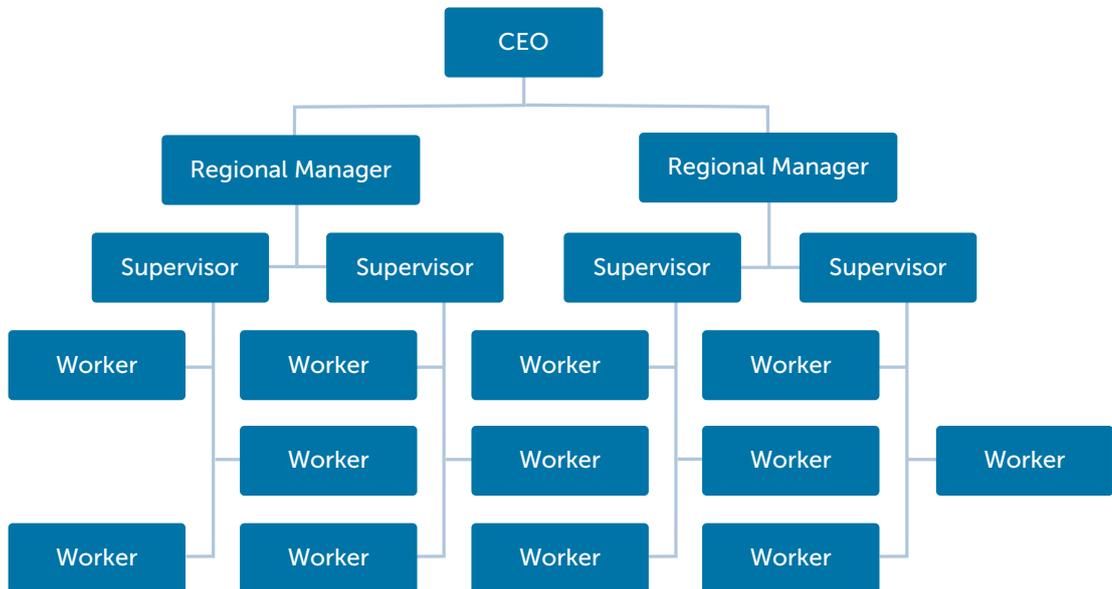
<p>Summarising</p>	<p>Once you think you have understood, you should repeat a summary of the key points back to the speaker to confirm that your understanding is correct.</p> <p>It is important that you are willing to listen and be corrected if you have misunderstood.</p>	<ul style="list-style-type: none"> • ‘So, from what you’re saying, it seems that my main responsibilities are... Is that correct?’ • ‘So, I do need to get a First Aid certificate and I am reporting directly to you. Is that right?’
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Supervision

Organisational charts indicate the lines of communication and authority (the ‘chain of command’) within an organisation, as well as the relationships between each role, team and branch.

For example, the organisational chart below indicates the reporting lines for a worker, a supervisor, a regional manager and the CEO. The workers report to the supervisor, the supervisors report to the regional managers and the regional managers report to the CEO.

The supervisors, managers and CEO also have ‘reports’ (i.e., roles that report to them). For example, each supervisor has three direct reports.



Delegate

To entrust a task or responsibility to another person.

When a supervisor or manager **delegates** something, it means they assign authority and responsibilities to another person. Delegation helps to ensure the efficiency of an organisation. For example, when a supervisor is overloaded with tasks, delegating some tasks to another person may help to ensure those tasks are completed on time.



Practice Task 1

Question 1

Which of the following misconceptions contribute to stigmatising people with disabilities? Tick all that apply.

- Only a small number of people in Australia have a disability.
- People with disability can have the same interests and hobbies as everyone else.
- People with disability want to be left alone.
- People with disability cannot work.
- People with disability can contribute positively to their community.

Question 2

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

a. For most of the 20th century, disability support in Australia was provided in institutional settings.	Yes / No
b. Relationships founded upon care and relationships founded upon support both reinforce power inequality.	Yes / No
c. The social model of disability was developed by doctors to help classify different disabilities.	Yes / No
d. Working with empathy is one of the principles underpinning a person-centred approach.	Yes / No

Question 3

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

a. Respect is an important principle for empowerment and person-centred practice	Yes / No
b. According to the concept of social role valorisation, it is easier for someone who is valued in their community to access good things in life compared to someone who is not valued.	Yes / No
c. About 60% of people with disability and of working age are employed in Australia.	Yes / No
d. Some people need help dealing with a traumatic event in their life.	Yes / No
e. Social and emotional wellbeing frameworks are programs that support Aboriginal and Torres Strait Islander peoples.	Yes / No



Question 4

Which of the following abilities are required for cultural competency? Select all that apply.

- Ignoring varying expectations
- Anticipating varying expectations
- Relaying varying expectations
- Recognising varying expectations
- Responding to varying expectations

Question 5

Identify two key Australian organisations that represent the interests of people with disabilities from specific groups.

Question 6

What are two ways a worker could clarify their job role scope and expectations in conversation with their supervisor?

Question 7

Provide three examples of the impact psychosocial disability can have on a person's life.



Question 8

Briefly outline how psychosocial disability is different from mental health.

Question 9

Provide an example of how psychosocial disability may interact with other disabilities a person may be living with.

Question 10

You are supporting a person who is experiencing a period where their mental health condition is negatively affecting their social abilities and ability to socialise and engagement with other people.

Suggest at least two additional or alternative supports that may be required to support the person during this time.



Question 11

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

a. In Australia, the government provides some of the funding for non-government disability support organisations.	Yes / No
b. All NDIS service providers require NDIS certification.	Yes / No
c. Position descriptions outline the 'chain of command' within an organisation.	Yes / No
d. Organisational charts indicate who reports to whom within an organisation.	Yes / No
e. An issue facing disability support in Australia is a lack of skilled and qualified staff.	Yes / No

Question 12

A person you support has a hearing impairment. What type of disability is this and in what ways is their functional capacity impaired? Provide two examples.

1B

Recognise and refer tasks outside job role

It is vital to be able to recognise those tasks that are outside your job role and refer them on appropriately.

There are numerous reasons why you might be tempted to undertake a task even if it's outside your job role. Perhaps you feel obligated to complete the task because of your commitment to a client, or perhaps you think it will save time in the long run.

However, it is important to remember that people with disability have the right to receive services, performed by workers with appropriate qualifications, knowledge and expertise. Undertaking tasks outside one's job role can be unsafe for the person receiving the service and the worker themselves. It can also undermine the efficiency and effectiveness of service provision.

To better understand your own role, it is important to understand the roles of different professionals within the disability support sector. The following table outlines some key roles and their scope of practice.

Disability support workers	<p>People in disability support roles support people with disabilities with tasks relating to function and participation in home- and community-based settings.</p> <p>Specific roles include:</p> <ul style="list-style-type: none">• disability support workers• residential support workers• in-home respite workers• social educators• day support disability officers. <p>The job scope of disability support roles is outlined in position descriptions or duty statements.</p> <p>People in these roles work under different levels of supervision, from receiving day-to-day supervision to working independently with minimal supervision.</p>
Line managers	<p>Line managers provide managerial and operational supervision to disability support workers, allied health professionals and other staff within disability support services. People in these roles might be known as a disabilities supervisor or disability team leader.</p> <p>Line managers are typically responsible for recruiting disability support workers, rostering, managing performance and doing other related managerial tasks.</p>



<p>Allied health professionals</p>	<p>Allied health professionals provide support to enhance, support and maintain the function of people with disability in home-, education- and community-based settings.</p> <p>Allied health professionals can delegate tasks to disability support workers if they deem it to be appropriate.</p> <p>In these cases, the allied health professional has a legal responsibility to ensure that that worker has the knowledge and skills required to undertake the task they are assigned.</p> <p>They also need to ensure that they provide the worker with an appropriate level of supervision and feedback.</p> <p>Allied health professionals are registered under the National Registration and Accreditation Scheme.</p>
<p>Allied health assistants</p>	<p>Allied health assistants support allied health practitioners with less complex allied health tasks.</p> <p>The scope of an allied health assistant’s role is outlined in their job description.</p> <p>The type of tasks that might be delegated to an allied health assistant include:</p> <ul style="list-style-type: none"> • direct client therapy • provision of information to clients and their families • provision of training, education and instruction to a disability support worker.
<p>Social workers</p>	<p>Social workers aim to maximise the wellbeing of individuals, families, communities and society. They have a holistic approach to practice, which means they focus upon both individual and systemic factors that affect the people they work with.</p> <p>Within an interdisciplinary team, social workers might be involved in individual planning, coordination and case management, advocacy and counselling.</p>

Sources: www.health.vic.gov.au/publications/supervision-and-delegation-framework-for-allied-health-assistants-and-the-support

Click the following link to learn more about social workers and disability: aspirelr.link/aasw-scope-disability-social-work

Video: Disability support role
 Watch this video to better understand the role of a disability support worker:
aspirelr.link/yt-disability-support-worker



Recognising tasks outside your job role

The scope of a job role refers to the boundaries of the role – where a worker’s responsibilities and authority begin and end. Codes of conduct and professional standards reinforce the importance of working within the scope of your job role.



One of the ways you can recognise whether a task is outside the scope of your role is to check your position description. Here are some example questions you could consider.

- Are the skills required to undertake the task included in the position description?
- Does the task require experience that is beyond what is outlined in the position description?
- Does the task require qualifications that are beyond what is included in the position description?
- Does the task require a licence that is not included in the position description?

If you are still unsure whether a task is outside the scope of your role, you should seek clarification from your supervisor.

Referring tasks outside your job role

In addition to the questions outlined above, other situations may require you to refer a task to another person.

You may need to refer a task to another person if:

- you lack the necessary knowledge to undertake a task
- you lack information about how to undertake a task
- you are not physically capable of undertaking the task (e.g., you risk injuring yourself or the person if you try to undertake the task alone)
- you lack the necessary resources to undertake the task.

Organisations have different **policies** and **procedures** regarding how this should be done. Check your organisation's policies and procedures, which are typically located on an organisation's intranet.

Policy

A course of action proposed by an organisation as a basis for making decisions.

Procedure

An established or official way of doing something.

Example

Recognise and refer tasks that are outside your job role

Wes is a disability support worker. He works as part of a team that includes allied health professionals, allied health assistants and a social worker.

One of the people Wes supports, Rob, asks him about some instructions he was given from the team's physiotherapist. "I don't understand the exercises she wants me to do. Can you explain them to me?"

Wes does not have the required knowledge to advise Rob on the exercises he needs to do. Nor does he have qualifications as a physiotherapist.

Wes tells Rob that he doesn't have the relevant qualifications or skills to explain the exercises, but he says he will call the physiotherapist and ask her to clarify the instructions with him over the phone. This approach aligns with the policies and procedures of the organisation where Wes works.

Practice Task 2

Question 1

When can a disability support worker undertake tasks typically undertaken by an allied health professional? Select all that apply.

- If the disability support worker believes they have the skills to undertake the task
- If the disability support worker's line manager has asked them to undertake the task
- If an allied health professional has delegated the task to the disability support worker
- If an allied health professional believes the disability support worker has the skills and knowledge to undertake the task, and delegates it to them
- If an allied health professional does not have time to undertake the task themselves



Question 2

List two questions a disability support worker could ask themselves when looking at their position description as a way of clarifying whether they can perform a certain task.

Question 3

Identify two situations where a worker might need to refer a work task to another person.



Summary

- There are a range of different types of disability including physical, intellectual, psychiatric and sensory disabilities.
- Disability can impact upon a person's functional capacity – that is, what they can and cannot do in their everyday lives.
- People with disability experience stigma and people in the wider community have many misconceptions about disability.
- In contemporary Australia, disability supports are focused on the person and their strengths, as well as their role within their family and community.
- Thousands of organisations in Australia provide services and supports to people with disability.
- The disability sector faces some significant challenges including attracting and retaining staff and issues related to the NDIS.
- The scope of a worker's role is outlined in their job description.
- A range of professionals work in the disability sector including support workers, allied health professionals and allied health assistants.



Learning Checkpoint 1

Meet job role requirements

Part A

1. Match each type of disability types to its description.

Mental illness/psychiatric disability	A disability that affects a person’s ability to hear, see or otherwise perceive the world
Physical disability	A disability that affects a person’s central nervous system
Neurological disability	A disability that affects a person’s mental and emotional processes
Sensory disability	A disability that affects a person’s mobility or dexterity

2. Provide two examples of how the following types of disabilities could impact a person’s functional capacity.

- a. Physical disability
- b. Psychiatric disability/mental illness



3. You support a person who uses a wheelchair. Explain how stigma associated with disability could affect this person's ability to find employment.

4. Outline why the statement that 'people with disability just want to be left alone' is a misconception.

5. Which of the following dimensions does a contemporary view of disability support services focus on? Tick all that apply.

- The person with disability
- The strengths of the person with disability
- The role of the person with disability in their family
- The role of the person with disability in their community
- The impairments of the person with disability



6. Outline the difference between care and support.

7. Match each concept to its definition.

Social and emotional wellbeing frameworks	A concept that highlights the benefits of having a valued role in society because it is easier for a person who is valued to access good things in life.
Trauma-informed care	The experience of having choice, influence and control over events in one's own life
Social role valorisation	An approach that involves placing the person rather than the service at the centre of service delivery
Social model of disability	A person's ability to anticipate, recognise and respond to the varying expectations of people from diverse backgrounds
Empowerment	A model that focuses on removing barriers to create opportunities for people with disability for greater independence, control and choice.
Person-centred approach	A model that is based on understanding how trauma affects the service needs of clients, including clients presenting with symptoms and behaviours due to their trauma.
Cultural competency	A framework that recognises Aboriginal and Torres Strait Islander peoples' connection to land, sea, culture, spirituality, family and community are important aspects that impact on their wellbeing.



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

a. Psychosocial disability affects many aspects of a person’s life, such as their work, education and social activities.	Yes / No
b. Psychosocial disability is the same as mental health.	Yes / No
c. Psychosocial disability interacts with other disabilities a person may be living with.	Yes / No
d. A person with psychosocial disability may need alternate supports during certain times.	Yes / No
e. Psychosocial disability can act as a barrier for people being involved in the activities they enjoy.	Yes / No

9. Give a definition for the term ‘cultural diversity’.

10. List two key Australian organisations that represent the interests of people with sensory disabilities.

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

a. Staff burnout could increase demands on disability services.	Yes / No
b. The principles underpinning the NDIS are a significant issue for disability service providers.	Yes / No
c. Tax concessions are a potential source of funding for government disability support organisations.	Yes / No
d. The process of accreditation is the same for all NDIS service providers.	Yes / No



- 12.** List three sections of a position description which could help you identify your job role requirements.

- 13.** Outline one communication technique you could use to clarify your job role requirements with your supervisor.

- 14.** Explain the responsibilities of an allied health professional when delegating tasks to a disability support worker.

Part B

Read the case study and answer the questions that follow.

Case study

Bronte has just started a new job as a disability support worker providing in-home support to people with disability. Bronte wants to make sure she understands the requirements and scope of the role.

Priya, Bronte's supervisor, has recommended Bronte review the position description and follow up with her if she needs to clarify anything.



1. Outline what information Bronte's position description should include.

2. Outline how Bronte could use the position description to recognise tasks outside the scope of her role.

3. Which of the following documents indicate who Bronte should refer tasks to if they fall outside the scope of her job role? Select all that apply.

- Codes of conduct
- Organisational policies
- Position description
- Organisational procedures
- Organisational chart



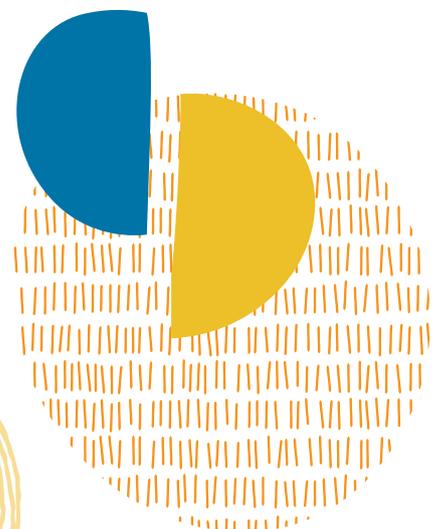
4. The organisation where Bronte works is having difficulties attracting skilled staff to positions. Outline the impact that these difficulties with recruitment might have on service users.

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Topic 2: Work within organisational requirements

- 2A Comply with professional conduct, legal and human rights requirements
- 2B Communicate and cooperate with interdisciplinary team members
- 2C Use digital technology to access and share information



2A

Comply with professional conduct, legal and human rights requirements

Employees in every sector need to work within the boundaries of relevant laws and standards.

Workers in the disability sector need to comply with a range of codes, standards and laws. These include national and state and territory laws as well as industry standards and codes. Many of these laws, codes and standards are underpinned by international conventions such as the United Nations Convention on the Rights of People with Disability.

Professional conduct

Most professions, including nurses, midwives, architects, teachers and solicitors, have codes and standards that workers need to follow. These codes are developed to promote safe and ethical practice within a profession.

Whereas some standards and codes apply to whole professions, others are applicable to specific practices. For example, the Western Australian Government has a code of conduct for the elimination of restrictive practices and the Victorian Government has a set of child safe standards for all Victorian organisations that provide services to children.

For a copy of the Voluntary Code of Conduct for the Elimination of Restrictive Practices visit: aspirelr.link/voluntary-code-of-practice

For more information about the Child Safe Principles in Victoria visit: aspirelr.link/vic-child-safe-principles

Codes of conduct and standards

As these examples demonstrate, standards and codes of conduct vary according to:

- the sector of the worker
- their organisation
- their location (i.e., state/territory).



Codes of conduct and standards	Applicable to whom?	Content
NDIS Code of Conduct	All workers employed or otherwise engaged by NDIS providers to deliver supports and services in the NDIS	<p>The NDIS Code of Conduct comprises seven elements:</p> <ol style="list-style-type: none"> 1. Act with respect for individual rights to freedom of expression, self-determination, and decision-making in accordance with relevant laws and conventions. 2. Respect the privacy of people with disability. 3. Provide supports and services in a safe and competent manner, with care and skill. 4. Act with integrity, honesty and transparency. 5. Promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability. 6. Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability. 7. Take all reasonable steps to prevent sexual misconduct. <p>To access the NDIS Code of Conduct, see: aspirelr.link/ndis-workers-code-conduct</p>
The NDIS Practice Standards	NDIS providers	<p>The core module of the NDIS Practice Standards incorporates:</p> <ul style="list-style-type: none"> • the rights and responsibility for participants • governance and operational management • provision of supports • support provision environment. <p>There are also a number of supplementary modules including high intensity daily personal activities and specialist behaviour support.</p> <p>To access the NDIS Practice Standards, see: aspirelr.link/ndis-quality-indicators</p>



Codes of conduct and standards	Applicable to whom?	Content
<p>The National Standards for Disability Services</p>	<p>Disability support providers</p>	<p>There are six items in the National Standards for Disability Services:</p> <ol style="list-style-type: none"> 1. Rights 2. Participation and inclusion 3. Individual outcomes 4. Feedback and complaints 5. Service access 6. Service management <p>To access the National Standards for Disability Services, see: aspirelr.link/nsds</p>
<p>Voluntary code of conduct for the Elimination of Restrictive Practices (WA)</p>	<p>Everyone providing services under and funded by the Disability Services Commission (WA)</p>	<p>Restrictive practices may only be implemented:</p> <ul style="list-style-type: none"> • as a last resort, when the person presents a risk to themselves and/or others • for the least possible time • with the informed consent of the person involved.
<p>Code of conduct for disability support workers: Zero tolerance of abuse of people with a disability (Vic)</p>	<p>Disability support workers and employees in disability services funded, delivered or registered by the Department of Health and Human Services (Vic)</p>	<p>A disability service worker must:</p> <ul style="list-style-type: none"> • provide services without engaging in abuse, exploitation, harassment or neglect • report any form of abuse or suspected abuse • act ethically, with integrity, honesty and transparency. <p>For the complete code see: aspirelr.link/vic-code-conduct-disability</p>
<p>Community workers Code of Ethics</p>	<p>Members of the Australian Community Workers Association (ACWA)</p>	<p>Community workers are obliged to:</p> <ul style="list-style-type: none"> • treat clients with dignity • safeguard, promote and acknowledge their capacity for self-determination. <p>Community workers are expected to:</p> <ul style="list-style-type: none"> • achieve the aims of the employing organisation without denying clients their rights. <p>For more information about the Community Workers Code of Ethics, see: aspirelr.link/acwa-ethics-standards</p>



Video: NDIS Code of Conduct

Watch this set of videos to better understand the NDIS Code of Conduct, from the perspective of people with disability and people with extensive experience in the sector. There are seven videos in total.

aspirelr.link/nds-code-of-conduct



Complying with professional conduct requirements

Disability support organisations implement codes of conduct in various ways. For instance:

- including aspects of relevant codes of conduct into organisational policies and procedures
- providing training on relevant codes of conduct, including during induction
- providing tools and resources to help workers follow codes of conduct
- using staff meetings to remind workers about best practice.

Workers can ensure they are complying with professional conduct requirements in a range of ways:

- by following organisational policies and procedures
- by participating in training provided by their organisation on codes of conduct
- by using tools and resources provided by the organisation
- by participating in meetings and discussions about best practice
- by reviewing the codes of conduct that are relevant to their role, profession, location and sector
- by seeking clarification about codes of conduct when required.

Risk assessment frameworks

Risk assessment frameworks identify potential risks associated with a specific task or setting and provide appropriate response strategies.

There are a range of risk assessment frameworks relevant to the work undertaken by disability support services. Some of these are developed by government agencies. For example, various state and territory governments have produced risk assessment frameworks for recognising and responding to domestic and family violence.

Organisations also have their own policies and procedures regarding risk assessment, as well as checklists and forms that staff need to use when undertaking risk assessments.



Here is some information about risk assessments and their relationship to the work undertaken by people in the disability support sector.

Aspect of work	Risk assessment information
<p>Personal care worker role</p>	<p>NDIS Practice Standards set out the responsibilities of NDIS providers when providing 'high intensity daily personal activities'.</p> <p>The NDIS Practice Standards require that each participant's plan outlines how risks relating to these personal care tasks will be managed.</p> <p>Examples of high intensity daily personal activities include:</p> <ul style="list-style-type: none"> • complex bowel care • enteral feeding and management • urinary catheter management • ventilator management.
<p>Working in a person's home</p>	<p>Workers who provide services to people with disability may be required to undertake a home visit checklist. These checklists are used to assess risks within the home environment.</p> <p>The types of risks faced by workers who provide services in people's homes include:</p> <ul style="list-style-type: none"> • work-related violence • work-related stress • isolation (e.g., working in a remote location) • biological hazards (e.g., contact with blood and body substances).
<p>Assisting a person to engage outside of their regular setting</p>	<p>When assisting a person with behavioural issues to engage outside of their regular setting, it may be necessary to undertake a risk assessment relating to behaviour, such as:</p> <ul style="list-style-type: none"> • physically aggressive behaviour • verbally disruptive behaviour • disinhibited behaviour. <p>This type of assessment could be undertaken by a behavioural specialist. The role of the worker in this case would be to provide information as part of this risk assessment.</p>
<p>Planning an activity</p>	<p>While planning an activity, it may be necessary to undertake a risk assessment of the location of the activity and the activity itself.</p> <p>This typically involves an assessment of an individual's:</p> <ul style="list-style-type: none"> • physical circumstances (e.g., mobility, sight) • cognitive circumstances (e.g., ability to respond to change) • emotional state (e.g., levels of stress).



Aspect of work	Risk assessment information
Medication	<p>Management of medication is a requirement of the NDIS Practice Standards.</p> <p>All workers responsible for administering medication need to demonstrate understanding of the effects and side-effects of medication and what steps need to be taken in the event of an incident involving medication.</p>

Sources: www.worksafe.qld.gov.au/___data/assets/pdf_file/0012/22233/community-working-safely-in-peoples-homes.pdf
www.ndiscommission.gov.au/sites/default/files/documents/2019-12/ndis-practice-standards-and-quality-indicators.pdf

Legislation

A range of laws in Australia are relevant to individuals who work with people with disability and disability service providers. Some of these laws only apply to a specific state or territory, whereas Commonwealth laws apply across the whole of Australia.

Here are some examples of national and state and territory laws relevant to the disability sector.

Relevant laws		Description	Role in the industry
National legislation	<i>The Disability Discrimination Act (1992)</i>	<p><i>The Disability Discrimination Act 1992</i> (Cth) (DDA) recognises that people with disability must be treated equally before the law.</p> <p>The DDA aims to ensure that people with disability have the same fundamental rights as the rest of the community, including the right to equality before the law.</p>	Outlines when it is unlawful for organisations and individuals in the broader community to discriminate against a person because of their disability.
	<i>Disability Services Act 1986</i> (Cth)	<p><i>The Disability Services Act 1986</i> (Cth) describes the arrangements for service provision to people with disability.</p> <p>It outlines legislation to ensure that people with disability receive the services they need to fully participate as members of the community.</p>	Provides a framework for the funding and provision of support services for people with disabilities.



Relevant laws		Description	Role in the industry
State or territory legislation	<i>The Disability Discrimination Act 1991 (ACT)</i>	<p><i>The Disability Services Act 1991 (ACT)</i> outlines the standards for specialist disability services in the ACT.</p> <p>It is relevant to the services that support people with disability in the ACT, and the funding of those services.</p>	Provides legislation for specialist disability services in the ACT.
	<i>Disability Inclusion Act 2014 (NSW)</i>	<p><i>The Disability Inclusion Act 2014 (NSW)</i> requires the NSW government to make communities more inclusive and accessible to people with disability.</p> <p>It also regulates specialist disability supports and services to people with disability in NSW.</p>	Sets out the legal principles relating to people with disability, including people with disability from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander people.
	<i>Disability Act 2006 (Victoria)</i>	<p><i>The Disability Act 2006 (Victoria)</i> is designed to ensure people with a disability cannot be discriminated against or treated in an unfair way because of their disability.</p>	Provides organisations with a framework for providing high quality services and supports for people with a disability in Victoria.
<p>Privacy and confidentiality <i>Privacy Act 1988 (Cth).</i></p>		<p>In Australia, information collected about individuals is regulated by the <i>Privacy Act 1988 (Cth)</i>.</p> <p>Within the Act, a higher level of protection is given to 'sensitive information', such as information about religious affiliation, sexual orientation and criminal record.</p> <p>In addition to the Commonwealth law regarding privacy, most Australian states and territories have their own privacy legislation.</p>	

Privacy

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

Confidentiality

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



Relevant laws	Description	Role in the industry
Duty of care	<p>Duty of care relates to common law negligence principles which require workers to take reasonable steps to avoid someone in their care being harmed.</p> <p>The laws around duty of care vary depending upon your work role and the type of service you provide as well as the state/territory where you are working.</p>	<p>The concepts of both duty of care and dignity of risk provide a framework for services to comprehend and apply their legal and ethical responsibilities towards service users.</p>
Dignity of risk	<p>Dignity of risk refers to the right of individuals to making choices in their lives, including those that carry a degree of risk.</p> <p>Dignity of risk acknowledges that life comes with risk, and that support workers must encourage people to experience both success and failure.</p>	

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

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

Example

Comply with professional conduct requirements

Pippa is 19 years old and has an intellectual disability. Jay is Pippa's support worker. Pippa asks Jay if he'll go with her to the local skate park so she can try out the skateboard she got for her birthday.

When Jay reminds Pippa that skating in the park can be dangerous, Pippa says she already knows that, and still wants to try it.

Jay has a duty of care, which means he needs to take reasonable care to avoid Pippa being injured. However, Pippa also has an inherent right to decide upon the level of risk she is comfortable with. This is called dignity of risk.

Jay agrees to go with Pippa to the skate park but reminds her of the rule that all skate park users must wear a helmet while they're skating.

Restrictive practices

The health and community sector is working towards reducing and eliminating the use of restrictive practices.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability defines restrictive practice as ‘any action, approach or intervention that has the effect of limiting the rights or freedom of movement of a person’.

There are numerous types of restrictive practice, including the following.

Type of restrictive practice	Examples of restrictive practice
Seclusion 	<ul style="list-style-type: none"> confining a person in a room that they cannot voluntarily leave confining a person in a space and implying that they cannot voluntarily leave that space
Physical restraint 	<ul style="list-style-type: none"> holding a person down so they cannot move using physical force to prevent, restrict or subdue a person’s movement or part of their body
Chemical restraint 	<ul style="list-style-type: none"> using medication to sedate someone using chemical substances to influence a person’s behaviour
Mechanical restraint 	<ul style="list-style-type: none"> tying a person to a chair taking a person’s communication device
Environmental restraint 	<ul style="list-style-type: none"> locking a garden area to stop people using it locking a fridge to stop people accessing food
Psychosocial restraint 	<ul style="list-style-type: none"> making a person feel unnecessarily frightened or anxious as a way to prevent them from doing something, such as telling them you will call the police if they don’t do what you ask.

Sources: <https://disability.royalcommission.gov.au/system/files/2022-03/Issues%20paper%20-%20Restrictive%20practices.pdf>
www.ndiscommission.gov.au/regulated-restrictive-practices#01



Conditions and parameters for using restrictive practices

There are some circumstances in which it is legal to use restrictive practices, however they are very limited. Restrictive practices are only legal under very specific conditions. A restrictive practice might be needed when there is no other way to keep the person safe from harm, or to prevent the person from harming other people.

Examples include:

- When a person with schizophrenia is having violent or suicidal ideation (thoughts), there are allowances in the law to prevent them from leaving a hospital or secure unit due to the immediate danger they pose to themselves and the community.
- When a person with severe autism spectrum disorder repeatedly bangs their head against hard surfaces, they may need to be prevented from doing this by putting a helmet on them, even if they do not wish to wear it.
- When a person with a severe intellectual disability suddenly threatens physical harm to disability support workers, there are allowances in the law for emergency containment.
- For the rare situations where a person with an intellectual disability uses extreme ongoing violent behaviours that pose risks to workers and the public, secure facilities exist with design features that allow for seclusion used to protect staff.

Least restrictive practice

Often there are less restrictive ways to keep the person or other people safe. Whenever there is an option that poses less of a restriction on the person's freedom, this, by law, must be used.

Once the least restrictive option has been determined, it must be approved according to strict state or territory requirements, if the service is funded by the state, or according to NDIS regulations if the service is funded by NDIS.

For NDIS services, restrictive practices can only be used when:

- the service is registered to use behaviour support with the NDIS Commission
- a behaviour support practitioner (such as a behavioural psychologist) has been engaged to assess the need for restrictive practice and develop a behaviour support plan (BSP).

In most cases, except in rare emergencies, a restrictive practice can only be used as a last resort in response to a risk of harm to the person or others, in instances where it has been recorded on a BSP that has been approved by the NDIS Commission.

Even in these cases, person-centred strategies must be tried first.



For more information about the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018: aspirelr.link/national-disability-insurance-scheme

For more information about behaviour support plans and using restrictive practices in NDIS funded services: aspirelr.link/ndis-regulated-restrictive-practices

Example

Using the least restrictive practice

Jonathan has an intellectual disability and frequently scratches at his face, causing deep lesions that often get infected.

Staff have considered various possible ways to prevent Jonathan from harming himself. The alternatives they have considered, in order of least restrictive to most restrictive are:

-
1. Determine what factors seem to trigger Jonathan to scratch his face, such as boredom, and prevent Jonathan from becoming bored.
 2. Cut Jonathan's nails very short.
 3. Place cotton mittens on Jonathan's hands and tie them to his wrists to prevent him from removing them.
 4. Tie Jonathan's hands to his chair when he is seen scratching himself.

The staff have a legal obligation to consider and try options 1 and 2 first. If these do not resolve the issue, and there does not seem to be any other way to prevent Jonathan from harming himself, the staff must now:

5. Record the restrictive practices on a behaviour support plan, and have them assessed by a behaviour support practitioner.
6. Have the restrictive practices approved and lodged with the NDIS Commission.
7. Use these practices only as a last resort (in other words, after options 1 and 2 have been tried).



8. Regularly review the restrictive practices.

Other laws for the use of restrictive practices are outlined in mental health legislation and state and territory laws, such as:

- *Disability Act 2006* (Vic)
- *Disability Services (Restrictive Practices) and Other Legislation Amendment Act 2014* (Qld)
- *Disability Services Act 2011* (Tas).

For more information about the *Disability Act 2006*, visit: aspirelr.link/vic-disability-act-2006

Statutory bodies

In Australia, **statutory bodies** and agencies operate independently from government.

A range of statutory bodies are relevant to the disability sector. Here are some examples.

Statutory body

A body set up by law that is authorised to check whether organisations are following relevant legislation.

Type of body	Examples	Description	Role in industry
National statutory bodies	National Disability Insurance Agency (NDIA)	<p>An independent statutory agency that operates the National Disability Insurance Scheme (NDIS).</p> <p>The NDIS provides individualised support for eligible people with permanent and significant disability as well as their families and carers.</p> <p>The NDIA's role is to implement and manage the NDIS.</p>	<ul style="list-style-type: none"> • administers access to the NDIS scheme • provides plans for NDIS participants • enables payments for supports to NDIS providers



Type of body	Examples	Description	Role in industry
National statutory bodies	NDIS Quality and Safeguard Commission (The NDIS Commission)	An independent agency established to improve the quality and safety of NDIS supports and services. Some of its tasks include: <ul style="list-style-type: none"> responding to complaints from NDIS participants overseeing the NDIS code of conduct monitoring the use of restrictive practices. 	<ul style="list-style-type: none"> regulates the NDIS market provides national consistency promotes safety and quality services resolves problems identifies areas for improvement
State/territory statutory bodies	Disability Worker Registration Board of Victoria	The Disability Worker Registration Board of Victoria is one of the statutory bodies that administers The Disability Worker Regulation Scheme, which regulates disability workers in Victoria.	<ul style="list-style-type: none"> sets the standards for registration of disability workers in Victoria sets the standards for accreditation of approved programs of study in Victoria
Health Ombudsmen and Health Complaints Commissioners	Office of the Health Ombudsman (Qld) Health Complaints Commissioner (Vic) Health Complaints Commissioner (Tas)	State and territory organisations that receive and respond to complaints from the public about the behaviour or performance of a health practitioner.	<ul style="list-style-type: none"> receives and responds to health complaints promotes safe and competent health practices

For a list of all health complaints commissions in Australia visit: aspirelr.link/nhpo-health-complaints



Human rights frameworks

The Universal Declaration of Human Rights acknowledges the value of every person, regardless of background, appearance, thoughts or beliefs.

These rights are about being treated fairly, treating others fairly and having the ability to make genuine choices in our daily lives. They allow every person to contribute to society and feel included.

Human rights principles are a key foundation for the service delivery frameworks of organisations within the disability sector. For example, policies and procedures are founded upon the rights of people with disability to make choices and be treated with respect.

These policies and procedures encourage organisations and workers to comply with human rights principles. Workers can also support the human rights of people with disability by ensuring they understand their rights and supporting them to provide feedback and complaints about the services they are receiving.

For more information about disability rights in Australia visit: aspirelr.link/humanrights-about-disability-rights

UN Convention on the Rights of People with Disabilities

Australia ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007. The UNCRPD is an international convention that outlines the fundamental rights of people with disability, such as the right to:

- freedom from exploitation, violence and abuse
- freedom of expression and opinion, and access to information
- live independently and be included in the community
- education, health and employment.

Some of the benefits of the UNCRPD for the sector include that it:

- provides clearly defined standards for responding to issues
- provides a clear framework for ensuring people with disability are treated in a fair and equal way in every aspect of their life
- can be used by advocates to fight for more resources for people with disabilities.

For more For more details about the UNCRPD visit: aspirelr.link/convention-rights-persons-disability



Practice Task 3

Question 1

Identify one national code or standard applicable to disability service providers in Australia.

Question 2

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

a. Laws regarding duty of care are the same across Australia.	Yes / No
b. Dignity of risk is based on the principle that people have the right to make choices and take risks.	Yes / No
c. The NDIA is the agency responsible for overseeing the NDIS Code of Conduct.	Yes / No
d. The NDIA is a government agency.	Yes / No
e. Part of the role of Health Ombudsmen is to deal with complaints about the behaviour of health practitioners.	Yes / No
f. Information collected by organisations about individuals that is sensitive in nature must be handled securely and reasons for collection must be disclosed.	Yes / No
g. The laws about restrictive practice in the Australian disability sector are set by the Commonwealth government.	Yes / No

Question 3

List one national and one state or territory Act relevant to disability in Australia.



Question 4

Which of the following statements about the United Nations Convention on the Rights of Persons with Disabilities are correct? Select all that apply.

- It does not apply in Australia.
- It is another name for the *Disability Discrimination Act 1992*.
- It outlines the rights of people with disabilities to live independently and be included in the community.
- It encourages services to provide an institutional model of care.
- It states that people with disabilities have the same rights to education, health and employment as non-disabled people.

Question 5

Match each type of restraint with its description.

Environmental	Disconnecting the power supply of an electric wheelchair
Physical	Locking the exterior door of a supported residential house so that residents cannot go outside
Mechanical	Telling a person there are snakes under their bed to prevent them from getting up during the night
Psychological	Holding a person down on their bed so they cannot move

Question 6

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

a. When supporting a person who has complex bowel care needs, risks related to their personal care must be included in their support plan.	Yes / No
b. A home visit checklist need only be completed when there are fall or trip hazards present on the person's property.	Yes / No
c. A support worker must conduct a risk assessment before taking a person with behavioural issues outside of their regular setting.	Yes / No
d. Before a person starts a new activity, risks related to the location of the activity are the only hazards that need to be identified and managed.	Yes / No
e. To administer medication, a worker needs to understand the effects medication can have on the person and the steps required in case the medication causes adverse effects.	Yes / No



Question 7

Provide two examples of when restrictive practices may be legally used.

2B

Communicate and cooperate with interdisciplinary team members

In the disability sector people often work in teams made up of professionals with diverse knowledge and skills.

Teams within disability services include professionals who have qualifications and expertise in allied health, nursing, community services or education. These teams are often referred to as 'interdisciplinary'. This means the professionals are from different disciplines or areas of expertise who all work together to provide the best possible support.

Interdisciplinary teams are useful in disability services because each person brings something different to the table. They can communicate and cooperate with each other about the person's physical, medical, social and emotional needs, and meet those needs in a coordinated way.

Roles of interdisciplinary team members

When you understand the scope of each team member's role, you will have a better idea of the boundaries of your work, and your authority and responsibility.

In an interdisciplinary team, professionals deliver services according to a shared plan while maintaining professional boundaries.

Interdisciplinary teams function differently from multi-disciplinary teams where members have minimal interaction and largely work independently of each other.

The following table outlines some of the different professionals who might work within an interdisciplinary team.

Profession	Role of team member
Physiotherapist	Physiotherapists help diagnose and treat a range of conditions associated with movement and exercise. Within an interdisciplinary team, physiotherapists work with clients to treat injuries or conditions that affect their movement, support them with exercises, and show them how to mobilise safely.
Occupational therapist	Occupational therapists (OTs) help people to maintain or resume participation in everyday activities. Within an interdisciplinary team, OTs might support clients to get back into education, work or the community. They might also prescribe aids or suggest changes to the home or office environment.



Profession	Role of team member
Speech therapist	<p>Speech pathologists diagnose and treat communication disorders, including issues with speaking, understanding language, social skills and stuttering.</p> <p>They also help people who have difficulties chewing or swallowing.</p> <p>Within an interdisciplinary team, a speech pathologist might work with people with communication difficulties due to developmental delays, intellectual disabilities and cerebral palsy, or people with dysphagia (difficulty swallowing).</p>
Dietician	<p>Dieticians are specialists in food and nutrition.</p> <p>Within an interdisciplinary team, a dietician might do nutrition assessments and provide recommendations for meal planning in residential and respite settings.</p>
Social worker	<p>Social workers help people facing life challenges by providing counselling, information or referral to other services.</p> <p>Within an interdisciplinary team, a social worker might be involved in individual planning, coordination and case management, advocacy and counselling.</p>
Nurse	<p>Nurses are regulated health professionals who undertake training and registration in order to practise with the Nursing and Midwifery Board of Australia (NMBA).</p> <p>Within an interdisciplinary team, a nurse might be involved in maintaining the health and independence of the person with disability, and support early intervention, health promotion and counselling people with disability and their families.</p>

Communicating and cooperating with interdisciplinary team members

Good communication within the team fosters trust and creates a positive and cooperative work environment. Communication between the members of an interdisciplinary team works best when people:

- are honest and authentic
- demonstrate and cultivate an atmosphere of trust
- practise active listening.



Here are some other common approaches that support effective communication and cooperation within interdisciplinary teams.

<p>Become familiar with terminology</p>	<p>Every discipline has its own jargon. It is useful to be aware of the terminology used by the professionals you work closely with.</p> <p>For example:</p> <ul style="list-style-type: none"> • acute – a medical condition that comes on suddenly and may only last for a short time • chronic – an illness or pain that is long-lasting and persistent • cohort – a group of people who share similar traits, e.g., age • transition care – when an eligible person receives support services in a care facility or at home after being discharged from hospital. <p>If you hear someone using terminology that you don't understand, ask them what it means, or ask another colleague or your supervisor.</p>
<p>Consider different perspectives</p>	<p>People from different professional backgrounds have different perspectives on a range of concepts, ideas and approaches related to disability. It is important to genuinely listen to and consider these different perspectives.</p>
<p>Be open and willing to learn</p>	<p>An openness and willingness to learn will help generate a culture of trust and respect. You need to be open to new thinking and viewpoints to make the most of your colleagues' unique skills, knowledge and experience.</p>
<p>Be respectful of different roles</p>	<p>Part of respectful practice is an understanding and respect for the role of each member of the interdisciplinary team. Culturally respectful communication and practice also helps team members demonstrate and develop respectful and trusting relationships.</p>
<p>Ask questions and encourage others to do the same</p>	<p>By asking questions you can learn about the different perspectives and skills of your team members. Encouraging others to ask questions can generate new ideas and alternative perspectives.</p>
<p>Participate in meetings and discussions</p>	<p>Participating in meetings doesn't simply mean attending meetings. It means actively engaging: participating in discussions, sharing your viewpoint and listening to others.</p>

For a list of acronyms and glossary terms relevant to the health sector visit: aspirelr.link/dep-health-glossary



Example

Communicate and cooperate with interdisciplinary team members

Catriona is a home care assistant within an interdisciplinary team that includes a dietician, an occupational therapist, two social workers and a psychologist.

The team meets regularly to plan and review the services they are providing to people with disability. Although Catriona doesn't always understand the terms used by other team members, she knows much more jargon than she did when she started the role.

Although Catriona sometimes feels awkward about sharing her observations with the people she works with, whenever she does, the other members of her team are keen to hear what she thinks. They regularly remind her that her frontline knowledge of the people she supports is invaluable to the team. This feedback has helped Catriona feel more confident and comfortable in the team.

Practice Task 4

Question 1

Match each profession to its role.

Physiotherapist	Helps provide aids and training so the person can live more independently
Occupational therapist	Helps to connect people with housing and other community supports
Social worker	Helps the person to communicate and/or swallow
Speech therapist	Helps the person with movement



Question 2

List three strategies for effectively communicating and cooperating with interdisciplinary team members.

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

2C

Use digital technology to access and share information

Disability support workers need to be confident using digital media to access and share information.

Digital media is information that is recorded or shared on a computer, phone or tablet. Your workplace will have communication policies and procedures regarding the use of digital media. The aim of these policies and procedures is to ensure that digital media is used in a safe, effective, appropriate and ethical way.

Digital technologies

Digital technologies are used for a range of reasons in the workplace, including for:

- communicating with colleagues, other professionals, other services and clients
- sharing and storing information.

Here are some examples of digital technologies used in disability support services.

Digital technology	Description
Mobile phone	A wireless, handheld device that allows people to make and receive phone calls. Modern-day mobile phones, known as 'smartphones' are connected to the internet and have web browsers, cameras, video recorders and players and navigational technology.
Email	A digital tool used for exchanging information via internet or intranet (within an organisation) platforms.
Internet	A globally networked system that facilitates communication and access to information via a collection of networks.
Intranet	A secure online portal that provides workers with access to information, applications and opportunities for communication within an organisation.
Software applications	A program or group of programs designed for an end-user. Common software applications include the Microsoft Office suite, which includes Word, Excel, Access and PowerPoint.
Removable media	A physical and portable form of data storage. Examples include USB flash drives, memory cards and external hard drives.
Content sharing application	Content sharing applications are used to share files, documents, information and data. Examples include Dropbox and SharePoint.



Digital technology	Description
Instant messaging applications	Instant messaging applications provide a similar function to SMS on a mobile phone – users can send and receive messages instantly. Examples include Whatsapp, Slack and Yammer.
Video conferencing technology	Technology that allows two or more people to communicate via high-quality audio and video. Examples include Zoom and Skype.
Social media	An umbrella term for internet applications that allow users to connect with a network of people, create content and share information. Examples include Instagram, Facebook and Twitter.

For more information about using social media platforms as an NDS provider visit: aspirelr.link/nds-social-media

Maintaining information

Your tasks may include:

- making written reports about your work
- sharing written and recorded information with others
- storing documents and information correctly
- following policies and procedures regarding privacy and confidentiality.

Here are some examples of the types of documents and information you may be required to engage with.

Individual plans	Individual plans are a record of a service user's needs, goals and other relevant information. Individual plans include information about service delivery, such as the current supports provided. They need to be updated on a regular basis; the timing will depend upon your organisation's policies and procedures. They need to be stored according to the requirements of privacy legislation and organisational policies and procedures.
Forms and reports	There are a range of forms and reports you may need to complete in the course of your work, such as referral forms, funding requests and hazard and injury reports. Forms and report templates are usually available on the organisation's intranet, along with policies and procedures about how to complete and store these documents.



Notes	<p>You need to make sure that any notes you take regarding service users are kept secure so they cannot be seen by people who are unauthorised to access them.</p> <p>Your notes should be written legibly and clearly as you or someone else may need to refer to them later.</p>
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Maintaining documents and information correctly involves:

- filing documents in the correct location to ensure all relevant information is retrievable
- using file naming protocols to make it easier for other people to locate documents
- disposing of hardcopy documents according to procedures to ensure personal and sensitive information is dealt with appropriately and in accordance with privacy laws.

Your organisation will have policies and procedures which provide further details on these tasks.

Workplace reports and checklists

It is likely that you will need to complete workplace reports and checklists as part of your role. For example, you might need to record personal and sensitive information about the people you are providing services to, as well as their needs, preferences and goals. You might need to also record file notes

Here are some examples of reports and checklists you might need to complete:

- hazard inspection checklists
- incident reports
- referral forms
- accessibility checklists (e.g., auditing a venue to determine accessibility)
- risk assessments.

Organisations have different policies and procedures for how to record information and complete reports and checklists. Some common principles for good record-keeping are listed below.

Record the information as soon as possible after the incident or interaction – this helps to ensure the record is accurate.
Record the date and time of the interaction.
Focus on the facts and avoid emotive language.
Do not use abbreviations or jargon.
Record all relevant information.



Try to avoid errors and omissions. If you do make a mistake, you may need to write a new case note or follow the procedure for amending the record (e.g., signing and dating the amendment).

Write legibly and enter electronic data correctly.

Sign and date the record.

Your organisation may also have documentation standards you need to follow when completing reports. For example, you may need to use a specific form or template when making a report. These forms are typically stored in an organisation's intranet files.

Meeting privacy and confidentiality requirements

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

When you are providing support to someone with a disability, you will often need to share information with other people on your team and with other professionals and organisations. This might involve face-to-face conversations or sharing information using digital technology.

Before you share any information about a person with another agency, you must be aware of the legislation regarding privacy, confidentiality and **disclosure**.

The Privacy Act requires that an organisation take reasonable steps to protect personal and sensitive information.

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

Personal information	Includes a person's name, address, contact details (such as phone number or email), date of birth and gender.
Sensitive information	A special category of personal information that 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	Sensitive information about a person's physical and mental health, disability, health preferences, and use of health and genetics services.



By law, organisations must ensure that the personal and sensitive information they store is:

- not misused, interfered with or lost
- not accessed by an unauthorised person
- not modified
- not disclosed.

Although digital devices are highly effective tools, they pose some specific challenges. Because they are easily accessible to many people, it requires forethought and careful systems in place to ensure privacy and confidentiality laws are upheld when sharing information on a device.

IT data and systems are also at risk of hacking, malware, viruses, spam and online scams that may corrupt hardware or allow criminals to steal private data.

Here are some steps you can take to help ensure you are meeting privacy and confidentiality requirements in the workplace.

Tips for ensuring privacy and confidentiality
Do not discuss details about a client to a colleague who is not involved in that client's care.
Do not discuss individual clients in public settings (e.g., meetings, conferences).
Always follow your organisation's procedures for obtaining consent to collect and share personal and sensitive information.
Change your passwords on a regular basis. This prevents unauthorised users from accessing the company's server.
Make sure you log off when you walk away from your computer.
Be careful when opening attachments, especially if they come from an unknown source. Attachments can contain viruses which pose a threat to an organisation's data security and may enable people outside the organisation to illegally access sensitive information.
Place computer screens out of the view of people who are not authorised to view information, especially visitors to an organisation.
Keep hardcopy documents containing personal and sensitive information in a locked file or cabinet.



Example

Use digital technology to access and share information

Eimear is a behavioural support officer. She has just started working with Connie, a 26-year-old woman with an intellectual disability. She is visiting Connie in her home where she lives with her parents.

Eimear, Connie and her parents are talking about Connie's needs, preferences and aspirations. Eimear is taking notes as they talk. This will help her accurately record everything that is discussed.

Eimear looks at Connie and her parents when they are talking and provides subtle verbal encouragements, such as 'okay' and 'I see'. She nods her head and leans forward slightly to show Connie and her parents that she is listening carefully.

When she is in the office later that day, Eimear types up her handwritten notes. She makes sure she focuses on facts and avoids using jargon.

Eimear is in the habit of logging off her computer when she leaves her desk. People are coming in and out of the office all the time, and Eimear wants to make sure that her clients' privacy is protected.

Engaging with people and organisations using digital technology

One of the major benefits of digital technology is the ability to easily communicate, connect and engage with other people. In the workplace, there are a range of people you might engage with via digital technology, including:

- your colleagues
- your supervisor
- service users
- family and friends of service users
- professionals in other services.

You might also engage with your own or another organisation. For example, you might post something on your organisation's intranet, or engage with another organisation via social media.



Most disability support services have policies and procedures outlining communication and digital technology. For example, disability support service might have policies such as using a friendly and professional tone when communicating with others and reporting the loss of devices that belong to the organisation.

These policies are designed to promote positive and respectful organisational culture and to ensure that organisations operate in alignment with their legal obligations regarding privacy and confidentiality. It is important to familiarise yourself with your organisation's policies and procedures regarding the use of digital technology.

Not every digital communication needs to be formal. For example, if you are using an instant messaging service to communicate with a colleague about an upcoming meeting, you might use relatively informal language. In some cases, a more informal approach to digital communications will help to facilitate effective communication within a team.

However, it is important to remember that in the modern-day workplace, organisational policies and procedures regarding communication and behaviour apply to digital technologies as much as they do to face-to-face communication. For example, most organisations have policies that prohibit the use of workplace digital technologies to bully or harass others.

Here are some other useful tips for using digital technology in the workplace.

Tips for using digital technology to engage with people and organisations in the workplace
Email and some other digital technologies don't allow communication to happen in 'real time'. To ensure others can contact you to discuss issues requiring immediate attention, include your work phone number and other relevant contact details in your email signature.
Digital technologies such as email and mobile phones encourage a '24/7' work culture. When using these technologies to communicate with clients, set clear limits and manage expectations around your availability.
It is easy to misinterpret messages that are communicated via text-based digital technologies such as email because of the lack of visual cues (e.g., body language, tone of voice). To avoid misinterpretation, make sure that your emails are simple, clear and direct.
Proofread your emails and intranet posts before you send them – look for anything that could be misinterpreted.
When contacting other organisations via email, use a simple and clear subject line that indicates the purpose of your email.
You should seek consent before you post images of individuals on your organisation's website or social media accounts. Media release forms are typically used for this purpose.



Tips for using digital technology to engage with people and organisations in the workplace

Before contacting people via email, consider whether a phone call would be more appropriate. Situations where a phone call might be more appropriate include:

- when the issue is urgent
- when the person is likely to have a lot of questions
- if you need to explain something complicated.

Organisations that use social media to engage with the broader community and promote their services typically have policies regarding who can post and what they can post. Check these policies before posting on your organisation's official social media sites.

For more information about using technology in organisations that provide services to families, children and young people, visit: aspirelr.link/aifs-technology-service-delivery

Practice Task 5

Question 1

List three digital technologies that workers can use to engage with people and share workplace information.

Question 2

List three actions you could take to maintain and store workplace information in line with privacy and confidentiality requirements.



Question 3

Provide at least three examples of record keeping procedures that might need to be followed when dealing with workplace information.

Question 4

Identify two situations in the workplace where it might be more appropriate to phone rather than email someone.

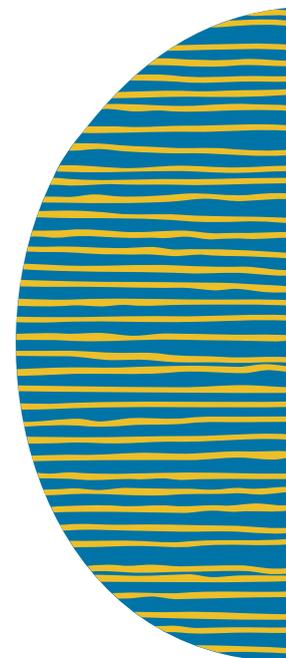
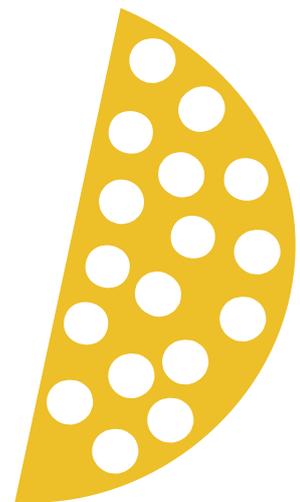
Question 5

How often must individualised plans be updated, as a minimum?



Summary

- Workers in the disability sector need to comply with a range of codes, standards and laws.
- Risk assessment frameworks are used to identify potential risks associated with a specific task or setting.
- Some laws relating to disability support apply to the whole of Australia, and others apply to a particular state or territory.
- The parameters for restrictive practice (e.g., physical and chemical restraints) are outlined in state and territory laws and mental health legislation.
- In an interdisciplinary team, professionals from different areas work together while maintaining professional boundaries.
- Australia's Privacy Act protects personal and sensitive information about people.
- It is easy to accidentally breach privacy and confidentiality laws when sharing information digitally.
- A range of digital technologies are used in disability support.





Learning Checkpoint 2

Work within organisational requirements

Part A

1. Match each term to its description.

Confidentiality	The right of an individual to make choices about their life, including those that involve risk
Privacy	The process of managing access to private information
Dignity of risk	The principle by which a worker takes reasonable steps to ensure someone in their care is not hurt or injured
Duty of care	Relating to information that is personal or sensitive in nature

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

a. The NDIA and the NDIS are the same thing.	Yes / No
b. Statutory bodies are organisations authorised to check whether an organisation is following official rules.	Yes / No
c. Seclusion is a type of restrictive practice.	Yes / No
d. In Australia, statutory bodies and agencies are branches of government departments.	Yes / No
e. Stopping a person from walking into traffic by holding onto their arm and pulling them back is a kind of restrictive practice.	Yes / No

3. Which of the following pieces of disability legislation apply to service delivery and those who work in disability services?

- Disability Services Act 1986* (Cth)
- Disability Services Act 1991* (ACT)
- Duty of Care Act 2021* (Cth)
- The Disability Discrimination Act 1992* (Cth)
- Privacy Act 1988* (Cth)



- 4.** Identify one state or territory agency that receives and responds to complaints about health practitioners.

- 5.** Identify two rights outlined in the United Nations Convention on the Rights of Persons with Disabilities that support workers can uphold in their everyday practice.

- 6.** You support Nigel, a 28-year-old with an intellectual disability. Today he is very agitated when you ask him to sit further away from the television; he begins to bang his head against the wall and will not stop.

List three parameters for the use of restrictive practices that you need to abide by when trying to stop Nigel from causing himself further harm.



- 7.** List three ways disability support workers can effectively communicate and cooperate with interdisciplinary team members.

- 8.** List three ways to ensure personal and sensitive information is kept confidential.

- 9.** Identify three principles of good record-keeping that should be followed when recording information and completing reports and checklists.



10. Match the following terms with the matching statement about risk assessment.

Personal care workers	I must be specially trained before I do this.
Assisting with medication	A hazard inspection of the area must be completed, and the abilities of the client considered, in order to understand the risk.
Planning an activity	I understand that isolation is a risk for workers in this setting.
Working in the home	I need to read and understand the manual handling risk assessment or the manual handling profile.

11. When a worker is assisting a person to engage outside of their regular setting, identify one type of behaviour that might mean a risk assessment should be done.



Part B

Read the case study and answer the questions that follow.

Case study

Delia is a family support worker at an NDIS-registered service provider in Victoria. The organisation she works for provides a wide range of in-home and community-based supports to children with disability and their families.

Delia works as part of an interdisciplinary team that includes:

- Carl – a physiotherapist
- Benita – a speech therapist
- Raul and Jerome – occupational therapists
- Hakim – a social worker and
- Ryan – an early childhood educator.

The team meets regularly to plan the delivery of services. They engage with each other daily using a range of digital technologies including mobile phones, email and group messaging apps.

Every member of the team is responsible for maintaining and storing information about the children and families they work with.

1. As a worker in Victoria within an organisation that is an NDIS service provider, identify two codes or standards that Delia needs to comply with.



2. Identify two kinds of tasks Carl is likely to undertake in this interdisciplinary team.

3. Identify two types of tasks Raul and Jerome are likely to undertake in this interdisciplinary team.

4. Delia is writing an email to the team's social worker, Hakim, to let him know what happened at the last team meeting, as Hakim was absent. List three actions Delia should take to ensure she communicates clearly.



- 5. Delia is responsible for maintaining her own hardcopy notes about the children and families she works with, as well as other electronic forms and reports that are relevant to her work.

Identify two things Delia can do to ensure she correctly files these documents.

- 6. The office where Delia works is busy. There are lots of people from different organisations and agencies coming and going. Occasionally, children and families come to the office as well.

Identify three steps Delia could take in the office to ensure that the personal and sensitive information stored on her computer cannot be accessed by people who are not authorised to view it.



Topic 3: Work within a disability support context

- 3A Read individualised plans to identify tasks
- 3B Use person-centred communication and seek informed consent
- 3C Recognise and report signs of abuse



3A

Read individualised plans to identify tasks

An individualised plan outlines a person’s care needs and says how those needs will be met.

Each person with disability that you support will have been assessed by a range of different professionals. The organisation you work for will have completed an assessment of the person’s needs and developed a plan for meeting these needs. This information is documented in an individualised (or individual) plan.

An individualised plan is developed in consultation with the person with disability. It includes information about their goals, needs and preferences, what services will be provided, when, and by whom. It also states when and under what circumstances the plan will be reviewed.

The purpose of an individualised plan is to ensure that services provided meet the individual needs of the person with disability. They must be person-centred.

Family members, carers and other people involved in the person’s life and care may also be involved in the development of the plan (with the person’s consent).

A person-centred planning process helps people with disability to:

- identify their goals for the future
- understand the actions needed to meet those goals
- identify opportunities for participation and inclusion in the community.

Key content

Individualised plans may look different depending on the organisation that has developed them. However, in general an individualised plan includes the following content.

Participant details	These details include personal information, such as name, date of birth, gender, address, phone number and email address.
Information about the person	This information includes a description of the person’s disability, history, types of supports needed, use of aids, and personal background and circumstances (e.g., language, employment, family and home).
Goals	Goals are what the person wants to achieve: <ul style="list-style-type: none">• in the short term – by the time the plan is next reviewed• in the long term – in the next few years.



Tasks/actions	Tasks or actions are the supports needed by the person in order to meet their needs and achieve their goals. These could relate to daily living (e.g., preparing food, housekeeping), transition supports, community inclusion and participation, education and employment or other areas of a person's life.
Support people	Support people are those who are involved in providing the supports, undertaking tasks or applying strategies. Support people could include informal supports (e.g., partners, family, friends and carers), and formal supports (e.g., disability support worker, allied health professionals).
Time frame	This is a time line that states milestones towards the achievement of goals and when the plan will be reviewed.
Budget	The budget contains information on how funds will be spent and where funding will come from.
Review process	This outlines when the plan will be reviewed. Review dates are typically within three, six or twelve months after the development of the plan.

Identifying tasks

The individual plan indicates what tasks need to be undertaken, and the people who will do them. Plans also include the practical tasks that the person needs support with.

For example, some individualised plans will include detailed information about:

- the days the tasks need to be undertaken
- how much of the task the person can do by themselves
- what equipment is needed to undertake the task
- how the person prefers to do the task.



Here is an excerpt from an individualised plan.

Task	Day/s	Length of service (in hours)	Start time	Equipment	Other (e.g., safety information)
Toileting – Empty catheter bag. Morning bowel evacuation procedure prior to shower. Catheter bag emptying as required during the day.	Monday to Friday	Full day	8.30–5.30	Rubber or latex gloves	Training will be provided on toileting procedures and infection control.
Meal preparation – lunch and snacks	Monday to Friday	1	As needed	Microwave, oven and dishwasher located in the kitchen.	Read domestic tasks safety guide.
Cleaning floors	Tuesday	2	As needed	Steam mop and upright vacuum cleaner located in the laundry.	Read domestic tasks safety guide.

Your organisation will have policies and procedures for how tasks from the individualised plan are allocated. When a senior staff member allocates tasks to workers with sufficient skills and experience, this is called delegation.

It may be your responsibility to complete file notes to record the person’s progress against the goals in their plan.

Video: Individualised plans

Watch the following video on individualised plans: aspirelr.link/ndis-individual-plan-restrictive-practice

Pay attention to the role of the support worker in understanding and applying an individualised plan.





Example

Read individualised plan to identify tasks

May is a personal support worker who provides support to Cheryl, a 51-year-old woman with multiple sclerosis.

Cheryl's plan includes support with showering, toileting and dressing. Cheryl usually likes this task to be begun by about 8:30am on Monday to Friday.

May double-checks what equipment she needs before she begins. Cheryl's individualised plan states that Cheryl will need a hoist and sling and a shower commode.

Another task on Cheryl's individualised plan is help with meal preparation, including making lunch and preparing snacks, as required, Monday to Friday. The equipment Cheryl needs to help her undertake this task is also outlined in the individualised plan.

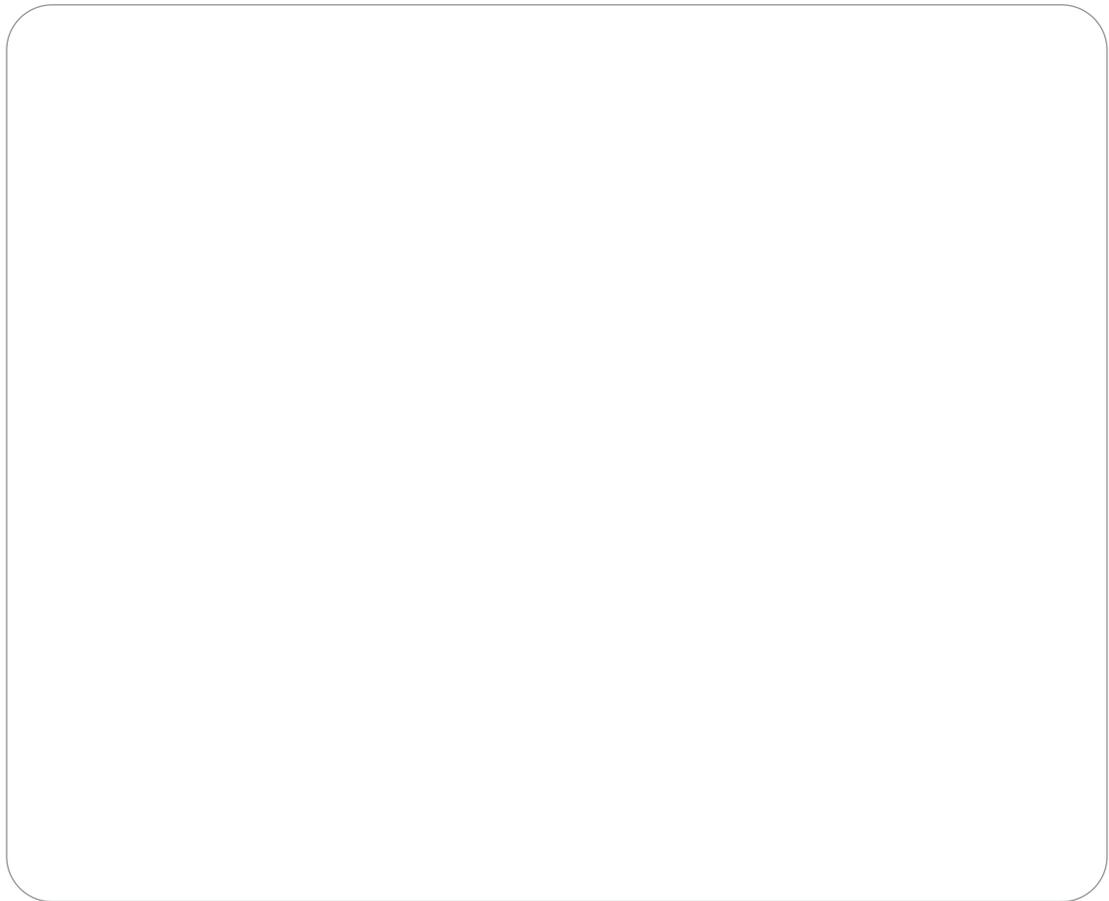
Practice Task 6

Question 1

Explain the purpose of an individualised plan.

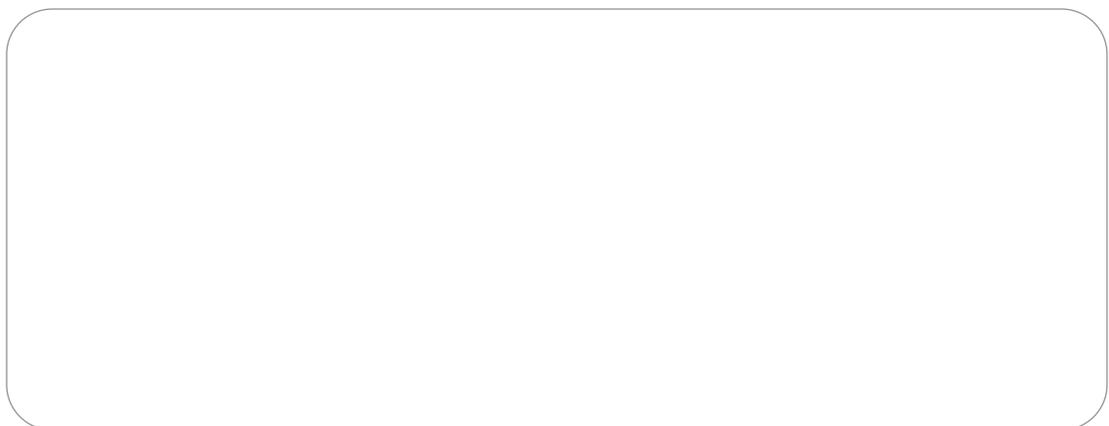
Question 2

List five key content areas that are included in an individualised plan.



Question 3

Which section of a person's individualised plan would outline the tasks a worker needs to undertake?



3B

Use person-centred communication and seek informed consent

When you use a person-centred approach, the focus is on the person receiving support.

Person-centred practice means that the person's own preferences and routines are more important than the routines and convenience of the staff or the service. Responding to someone in a person-centred way means focusing on and responding to *their* personal aspirations, needs, rights and preferences.

Person-centred approaches

Every person is an expert in their own life, with a unique history, outlook and hopes for the future. A person-centred approach means getting to know each person and taking time to learn about their values, abilities, needs and goals.

The key principles of a person-centred approach are outlined below.

Principles of a person-centred approach	What this means in practice
Respecting individuality	Listening to and respecting people's individual viewpoints, beliefs, values, preferences and abilities. Providing support that is responsive to individual needs.
Focusing on the whole person, rather than their perceived problems	Recognising that people are more than a diagnosis and more than the sum of their challenges. They have a lifetime of experiences, as well as strengths and hopes for the future. Acknowledging the different aspects of a person's life and identity, such as their spiritual beliefs.
Working with respect, compassion and empathy	Listening to and acknowledging people, showing concern for them and attempting to see things from their perspective.
Collaborating with others	Building collaborative relationships with clients, carers and other services to provide the best possible service. Seeing family members and communities as partners rather than peripheral in a person's life.
Empowering people	Recognising that individuals are experts on their own lives. Sharing power and decision-making.



Principles of a person-centred approach	What this means in practice
Being led by the person	Recognising people’s right to self-determination and upholding their autonomy by supporting their right to choose and set their own goals and make their own choices and decisions.

Source: www.qualityhealthcare.com.au/post/2019/09/17/what-is-person-centred-support

Person-centred communication

Communication is key to a person-centred approach – we cannot know what matters to someone unless we communicate with them.

Person-centred communication involves attention to the individual person. This means not using the same standard phrases and questions to communicate with everyone but being attentive and responsive to the person you are communicating with and responding to their feelings, preferences and needs.

Experts have different views on exactly what characterises person-centred communication, however the following list outlines some of the commonly identified aspects.

Empathy	Understanding and sharing the feelings and concerns of another
Mindfulness	Observing what is occurring around you, being aware and attentive to the present moment, and acting with calmness and clarity
Emotional intelligence	The ability to: <ul style="list-style-type: none"> • understand and manage your own emotions • interpret and relate to the feelings of others and apply this knowledge when interacting with them
Respect	Not ‘talking down’ to people or being condescending; treating people with dignity
Cultural competence	Being aware of, respecting and understanding of cultural differences

Sources: <https://bmjopen.bmj.com/content/5/4/e007864.info>
www.magonlinelibrary.com/doi/full/10.12968/bjha.2020.14.11.575

Communication is always both verbal and nonverbal. The verbal component is the words used (whether spoken or written) and the nonverbal component is the tone of voice, facial expressions, gestures and body language and, for written communication, the tone of the writing. Person-centred communication is also both verbal and nonverbal; the words we say are only part of how we communicate. Pay attention to the nonverbal messages you are communicating and that are being communicated to you.



This is a good chance to be mindful and demonstrate emotional intelligence.

Example

Use person-centred communication

Tom has Down syndrome. One of his support workers is Helen, who comes to help with the morning routine three days a week. Tom's plan states that he has help with showering every morning before breakfast. Today, however, Tom would like to have a sleep in. 'Go away!' he tells Helen when she comes into his room.

'What's the matter Tom?' Helen asks.

'I want to stay in bed today,' he replies.

Tom doesn't have anywhere he needs to be, and his breakfast can easily be reheated and eaten later. Helen lets Tom have a sleep in, while she does light house cleaning and helps him to shower and eat breakfast later in the morning.

Person-centred communication techniques

There are a range of techniques that can be used to communicate in a more person-centred way. Two examples are using active listening, and asking open-ended questions.

<p>Active listening</p>	<p>Active listening involves making a conscious effort to hear what another person is saying. When someone is listening actively, they are not distracted by what is going on around them.</p> <p>Active listening involves five key strategies:</p> <ul style="list-style-type: none"> • Pay attention – face the person and give them your undivided attention. • Show you are listening – use facial expressions (e.g., nodding, smiling) and brief verbal comments ('Okay' or 'I see') to show that you are engaged. • Reflect back – summarise what the person has said to make sure you've understood and ask relevant questions. • Respond appropriately – reply openly and honestly and value what the person has said, whether or not you agree with it. • Defer judgment – demonstrate empathy and a non-judgmental attitude and avoid making assumptions.
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Open-ended questions	<p>Open-ended questions are useful for finding out more about people’s experience, thoughts and feelings. Examples of open-ended questions include:</p> <ul style="list-style-type: none">• ‘How do you feel about that?’• ‘What are your thoughts about that?’• ‘What would you like to get out of this activity?’ <p>Open-ended questions broaden discussion and encourage people to participate in a dialogue.</p> <p>Compared with close-ended questions, open-ended questions require a more nuanced and thoughtful response.</p>
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Here are some other tips for person-centred communication.

- Adjust your communications to meet the person’s needs and preferences, such as rephrasing a statement if they haven’t understood, or reducing/increasing the volume of your voice.
- Pay attention to your body language. Use body language that demonstrates openness and avoid body language that could be interpreted as uninterested, threatening or hostile.
- Take time to build rapport with people. Open-ended questions are great for building rapport, as they encourage a longer conversation and give people the opportunity to go deeper into what they’re talking about.
- Express empathy by:
 - supporting the person to identify how they are feeling (e.g., ‘I wonder if you are feeling upset because...’)
 - demonstrating understanding for their feelings and concerns, (e.g., ‘I can see this has been a hard time for you.’)
 - demonstrating respect for them and/or their actions (e.g., ‘Good on you for staying positive.’).
- Make sure people have all the information they need to make an informed choice and that it is in an appropriate format.

For other tools related to a person-centred approach visit: aspirelr.link/person-centred-thinking-tools

Attitudes and stereotypes

Person-centred communication is based upon empathy and respect.

A range of attitudes and stereotypes about people with disability reflect a fundamental lack of empathy and respect. Sometimes without meaning to, we can think and say things that lack empathy for people with disabilities. It is important to be aware, avoid and, with kindness, call out these problematic attitudes and stereotypes.



Ableism

Ableism is a form of discrimination and prejudice against people with disability. Ableism is based on the idea that people without disability are superior to people with disability. Ableism is often expressed and reinforced through language.

Some ableist language – such as the use of words ‘moron’ and ‘retard’ – is obviously derogatory and offensive. Such terms should never be used.

Other types of ableist language are less obvious but should also be avoided. These include terms such as:

- ‘turning a *blind eye*’
- ‘it fell on *deaf ears*’
- ‘I’m having a *bipolar day*’

All these statements imply that disability is a negative characteristic, or make light of a condition that people have to live with 24/7. They are typically used without harmful intentions but can still be hurtful towards people with disability and should be avoided.

Paternalism

A form of ‘fatherlike’ authority or an attitude of ‘father knows best’ which is motivated by caring guidance, or the desire to ‘protect’, but in reality, restricts the freedom and autonomy of an individual or group.

Examples of paternalism include:

- a doctor not telling a patient about their diagnosis because they are deemed too ‘fragile’ to manage it
- a support worker stopping a person with disability from learning how to ride a bike because the person with disability might be disappointed if they can’t do it.

Value judgments

A value judgment is a judgment about the worth, quality or goodness of something or someone.

Value judgments are typically based a person’s opinion – that is, they are not objective. As such, they are typically based on narrow and limited understandings of the world.

Here are examples of value judgments:

- ‘It must be difficult for that child with a disability to be so different from his peers.’
This statement implies that having a disability is a deficit that stops a person from being what the speaker determines to be ‘normal’.
- ‘She should learn how to speak properly. Not everyone understands sign language.’
This statement implies that there is a ‘correct’ way of doing something and alternative methods are inferior or unacceptable.

The danger of value judgments is that they can be (or can appear to be) judgmental. To avoid this risk:

- make genuine attempts to understand other people’s points of view
- accept that other people have different views about the world and this doesn’t make them any less important as a person
- recognise that everyone has different knowledge, skills, strengths and weaknesses.

Consent

Consent

To give permission or to agree to something.

There are two different types of **consent**: informed consent and uninformed consent.

Uninformed consent means that a person has said yes to something without being fully informed about what they are agreeing to.

For consent to be informed, the person agreeing:

- has to be provided with adequate information
- has to understand that information
- must understand the consequences of their decision
- must be able to make the decision freely without pressure from another person.

When a person provides informed consent about the provision of care, they understand the risks and benefits associated with that decision. Only a person who has the capacity to make an informed decision can give valid consent.

Seeking consent

Organisations have policies and procedures for when and how to seek informed consent from service users when providing support.

Here are some examples of policies and procedures.

Policy	<ul style="list-style-type: none"> • Staff will use whatever strategies are necessary to support the person to communicate their choices and decisions when family, friends and advocates are unable to assist. • The organisation will adopt best practices that support and maximise the person's decision-making, choice and self-direction.
Procedure	<ul style="list-style-type: none"> • Care should be taken to avoid the assumption that consent on one occasion implies consent for future occasions or events. • Observe all requirements that are necessary for obtaining informed consent. Failure to do this can constitute an infringement of the person's rights.

In addition to an organisation's requirements, stated in policies and procedures, there are some situations where informed consent is a legal requirement. For example, you must obtain informed consent from an individual before you share personal or sensitive information about them with other people, agencies or organisations. These requirements are outlined in Commonwealth and state and territory privacy laws.

Situations where workers are encouraged to seek an individual's consent are outlined in practice standards such as the NDIS Practice Standards. For example, the NDIS Practice Standards emphasise the importance of seeking an individual's consent when including their family members, friends, carers and advocates in the process of planning, delivering and reviewing supports.



In some situations, you can obtain consent by asking for verbal agreement. For example:

‘Hannah, would you like a shower now? I can help you to get up and have a shower so that you will be ready to get to work on time.’

In other situations, written consent is required. For example, if a medical procedure or new medication is suggested, the benefits and risks must be explained to them by the medical professional.

If you would like to use a person’s name and image, such as for a course assignment, you must obtain the person’s written consent, after you are sure that they understand what you are asking to use, why you are using it and who will be able to access it. When a person is not deemed capable of making an informed decision, their substitute decision-maker must give written consent.

Practice Task 7

Question 1

Identify three key principles of a person-centred approach.

Question 2

Which of the following are active listening strategies? Select all that apply.

- Using body language to show you are interested
- Telling the person what you think they should do
- Asking questions to confirm that you understand correctly
- Using language to show that you understand, such as ‘I see.’
- Listening while you do other things, so you can role model the skills of multitasking.

Question 3

Match each term about attitudes and stereotypes to its description.

Value judgment	A form of authority which is motivated by caring guidance, but in reality, restricts the freedom and autonomy of an individual or a group.
Paternalism	A form of discrimination against people with disability that is often expressed and reinforced through language.
Ableism	A comment or statement that assumes something or someone is better or more valuable than something or someone else.

Question 4

What is the difference between informed and uninformed consent?

Question 5

How would a worker determine when and how to seek consent from a person with disability?

3C

Recognise and report signs of abuse

Adults and children with disability are at increased risk of experiencing abuse and neglect compared to people without disability.

Factors such as dependency on others, social isolation, communication challenges and cognitive delays can mean that some people with disability are at greater risk of abuse than others.

Women with disabilities are at particular risk of violence and abuse, including intimate partner violence. Children with disabilities are four times more likely to experience abuse than children without disabilities.

As part of your legal and ethical responsibilities, you must learn to recognise the signs that may indicate a person is being abused or neglected and report it accordingly.

Types and signs of abuse

Types of abuse are listed below, along with the signs of each type of abuse.

This is not a complete list of signs of abuse. It is important to note that these are indicators only. Not every person who has one of these indicators is being abused, and not every person who is being abused or neglected will have one of these signs.

Abuse type	Description	Potential signs of abuse
Neglect	The failure to provide a person with necessities, such as adequate food, housing or health care	<ul style="list-style-type: none">• unhealthy weight levels• ill-fitting and/or unwashed clothes• persistent hunger• constant tiredness
Physical abuse	Using physical force against a person or making threats of physical abuse	<ul style="list-style-type: none">• unexplained bruises, cuts, scabs, abrasions, welts• rope burns on wrists/arms, legs, neck, torso• ear or eye injuries• unusual passivity, withdrawal
Emotional abuse	Ongoing intimidating behaviour that is designed to isolate, intimidate or disempower a person	<ul style="list-style-type: none">• self-harm or self-abusive behaviour• anxiety attacks• very low self-esteem• fear of a particular person



Abuse type	Description	Potential signs of abuse
Sexual abuse	Sexual actions forced upon someone against their will or where they cannot consent	<ul style="list-style-type: none"> • saying or hinting that they have been abused • torn, stained or blood-stained underwear or bedclothes • bruising or redness to genitals • sexually transmitted infections (in a child this is always a sign of sexual abuse) • refusal to attend usual places (e.g., work, respite care) • inappropriate or unusual sexual behaviour or knowledge <p>Note: Any sexual behaviour displayed by a staff member to a person they support is considered sexual abuse.</p>
Financial abuse	Misusing a person's assets, property, possessions or finances without their consent	<ul style="list-style-type: none"> • receipts indicating unusual or inappropriate spending • no access to personal funds or bank accounts • insufficient money to meet normal expenses • ongoing issues with unpaid bills

Risk factors

The characteristics that can make a person with disability at risk of abuse include those associated with the individual, the family or the service.

Here are some examples of each of these types of risk factors.

Characteristics	Risk factors for abuse
Individual characteristics	<ul style="list-style-type: none"> • social isolation • communication difficulties • intellectual disability • limited physical mobility • limited life experiences • lack of knowledge of rights
Family characteristics	<ul style="list-style-type: none"> • low levels of attachment between family members • social isolation • power and control issues • high levels of dependency (carer dependent on person with disability or person with disability dependent on carer) • history of family violence or sexual abuse



Characteristics	Risk factors for abuse
Service characteristics	<ul style="list-style-type: none"> • segregated service environments (e.g., residential facilities) • clients not valued and respected • tolerance of violence • lacking a quality management system • high staff turnover

It is important to note that this list is not exhaustive – there are other factors that may increase a person’s risk of abuse.

For more information about risk factors of abuse for people with disability visit: aspirelr.link/qld-risk-factors

In addition to individual, family and service characteristics that increase a person’s risk of abuse, systemic factors also play a role. These are factors that are ‘built into’ the service system and as such can be difficult to change.

Systemic abuse includes practices that restrict a person’s independence and take away their dignity. Government agencies and organisations can be involved in systemic abuse.

Here are some examples of systemic abuse:

- policies, practices and procedures that fail to support people’s quality of life
- denying people’s right to choose who they live with, the activities they undertake and who provides support to them
- recruitment practices that fail to sufficiently examine candidates’ attitudes towards disability
- entrenched stereotypical beliefs and attitudes towards people with disability.

Mandatory reporting of abuse

Mandatory reporting laws are the legislative requirements for professionals to report suspected cases of abuse and neglect.

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

You have a duty of care to report to a manager or senior person suspected or actual abuse in the service. You must report to your manager if you are concerned about possible abuse, even if the person asks you not to.

You do not have to be sure or have proof that the person or child is being abused, just a reasonable cause to suspect or be concerned that abuse might be happening. In all states and territories, service managers then have a legal responsibility



to report possible sexual and physical abuse to the police and to the NDIS or government department or other authority. This is called mandatory reporting.

In some parts of Australia, all types of suspected abuse must be reported to police, especially when abuse might affect a child.

Different states and territories have different approaches and requirements for reporting abuse of vulnerable adults. Some useful resources are listed below.

National	The NDIS: <ul style="list-style-type: none"> aspirelr.link/ndis-incident-report
Australian Capital Territory	Service providers in the ACT can report abuse, neglect or exploitation of vulnerable adults (or those at risk of abuse, neglect or exploitation) to the ACT Human Rights Commission: <ul style="list-style-type: none"> aspirelr.link/act-complaints-about-abuse
New South Wales	Service providers in NSW can contact the Ageing and Disability Commission to discuss concerns about the abuse, neglect or exploitation of an older person or a person with a disability: <ul style="list-style-type: none"> aspirelr.link/nsw-ageing-disability-commission
South Australia	The Adult Safeguarding Unit in South Australia responds to reports or concerns of abuse in relation to vulnerable adults: <ul style="list-style-type: none"> aspirelr.link/sa-adult-safeguarding-unit
Victoria	The Code of Conduct for Disability workers in Victoria sets out the obligations of disability support workers and disability service providers: <ul style="list-style-type: none"> aspirelr.link/vic-code-of-conduct

If you feel that your service is not taking your concerns seriously, or not reporting the abuse according to law, you can go to the police yourself. You can also make an anonymous complaint to the NDIS Commissioner, or to the government department in your state or territory that manages disability services.

For more information about reporting abuse of a vulnerable person, visit: aspirelr.link/reporting-abuse-vulnerable-person

Further information about mandatory reporting requirements for child abuse is available through the Australian Institute of Family Studies. Visit: aspirelr.link/mandatory-reporting-child-abuse-and-neglect

Example

Recognise and report signs of abuse

Owen is a personal care assistant who works for an organisation that provides home-based care for people with disabilities. He has a good relationship with his client, June, who has a physical disability and limited mobility. June's adult son, Gerald, recently moved into her house after a messy divorce.

June has told Owen that Gerald had been 'aggressive' in the past but that he's 'matured' now. However, on two occasions since Gerald moved in, Owen has noticed bruises on June's arms and she generally appears much more anxious than usual.

Owen takes his duty of care to June seriously. June has some of the characteristics that make her more at risk of abuse, such as limited mobility and a history of family violence. She is also relatively socially isolated.

Owen suspects that Gerald is physically abusing June and may also be emotionally abusing her. He goes straight to his manager and tells her what he has seen and heard. The manager calls the police, who investigate the allegations.

Practice Task 8

Question 1

Identify the five types of abuse.



Question 2

Match the abuse type with the sign that it might be being perpetrated.

Emotional abuse
Sexual abuse
Physical abuse
Financial abuse
Neglect

injuries to the body or face, including the ears or eyes
unexplained weight loss and persistent hunger
ongoing issues with unpaid bills
very low self-esteem
torn, stained or blood-stained underwear

Question 3

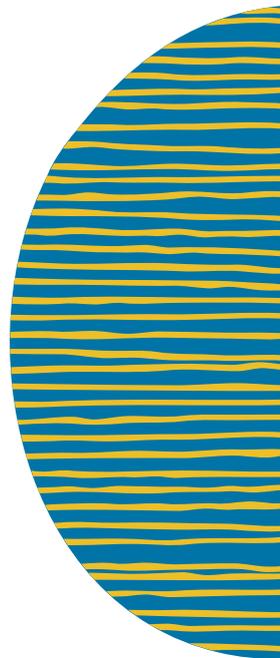
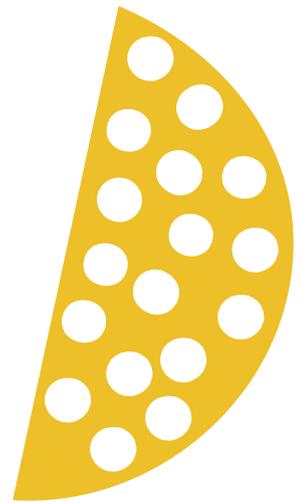
Which of the following statements are correct? Select yes or no for each one.

a. Not having the latest aids and equipment is a systemic issue that can put people with disability at greater risk of abuse.	Yes / No
b. People with disability who do not understand their rights are at higher risk for abuse.	Yes / No
c. Social isolation is a risk factor for abuse among people with disability.	Yes / No
d. People with disability who attend organisations with high staff turnover are at greater risk of abuse.	Yes / No
e. Mandatory reporting laws are the same for all workers regardless of the state or territory where they work.	Yes / No



Summary

- Individualised plans outline a person's care needs and how those needs will be met.
- They include information about the tasks and services that need to be provided for the person in order for them to have their needs met and to achieve their goals.
- A person-centred approach places the needs of the person with disability at the centre of planning and delivery of services.
- Person-centred communication means being attentive and responsive to the person.
- Ableism, paternalism and value judgments undermine the independence, autonomy, dignity and value of people with disability.
- For a person to provide informed consent, they must understand the risks and benefits associated with a decision, and make the decision freely.
- Adults and children with disability are at greater risk of abuse than people without disability.
- Individual, family and service characteristics can put a person with disability at greater risk of abuse.
- Mandatory reporting requirements are outlined in state- and territory-based legislation.





Learning Checkpoint 3

Work within a disability support context

Part A

1. Match the abuse type with its description.

Neglect
Physical abuse
Sexual abuse
Financial abuse
Emotional abuse

Ongoing intimidating behaviour that is designed to isolate a person
The failure to provide a person with necessities
Using bodily force against a person
Using sexual behaviour towards a person who cannot or does not consent
Misusing a person's assets without their consent

2. Identify two service characteristics that put a person with disability at greater risk of abuse.

3. Outline what your managers must do if they hear a report of sexual abuse of a child under mandatory reporting laws.



4. Match the attitude or stereotype with the statement that characterises it.

Paternalism	'Mario has a disability so we shouldn't expect much of him.'
Value judgment	'I'm not going to let Jeff go to the school dance. Nobody will want to dance with a kid in a wheelchair. I'm just trying to protect his feelings.'
Ableism	'Poor Cindy. Having Down syndrome means she can't enjoy things like other kids can.'

5. Why is it hurtful for people with disability to be on the receiving end of value judgments?

6. Provide three examples of information about the person with disability that might be included in an individualised plan.



7. Outline how a support schedule within an individualised plan could help a worker identify the tasks they need to undertake.

8. According to the NDIS Practice Standards, what should a worker do before they include an individual’s family members or friends in the process of planning support activities?

9. Explain what it means for a person to give informed consent.



10. Outline what uninformed consent might look like.

11. Which of the following strategies would you use when applying a person-centred approach to care? Tick all that apply.

- Respecting people's beliefs, values, preferences and abilities
- Providing support that is responsive to the needs of the organisation
- Building collaborative relationships with clients, carers and other services to provide the best possible service
- Recognising that medical and allied health professionals are the experts on the lives of the person with disability
- Supporting a person's right to choose and set their own goals and make their own choices and decisions

Part B

Read the case study and answer the questions that follow.

Case study

Rosey is a 23-year-old woman with a passion for heavy metal music and horror movies. Rosey has Down syndrome. She lives with her mother and stepfather, although she would love to live as an independent young woman.

Poppy is a community support worker who provides respite support to Rosey in her family home.

Poppy arrives at Rosey's house one day and hears a man shouting from the driveway, "You're worthless! You're useless!" Then she hears a door slamming. As Poppy approaches the house, she sees Rosey's stepfather driving out of the garage.

When Poppy walks into the house, Rosey is sitting on the couch crying. "What's up Rosey?" she asks, putting down her bag.

"He was shouting at me. He was saying terrible things," Rosey says.

"What's happened, Rosey? Talk to me," Poppy says quietly.



- 1.** Poppy wants to show Rosey that she is actively listening to what she is saying. What are three things Poppy could do to make sure she is actively listening?

- 2.** Identify one systemic issue that puts Rosey at greater risk of abuse.

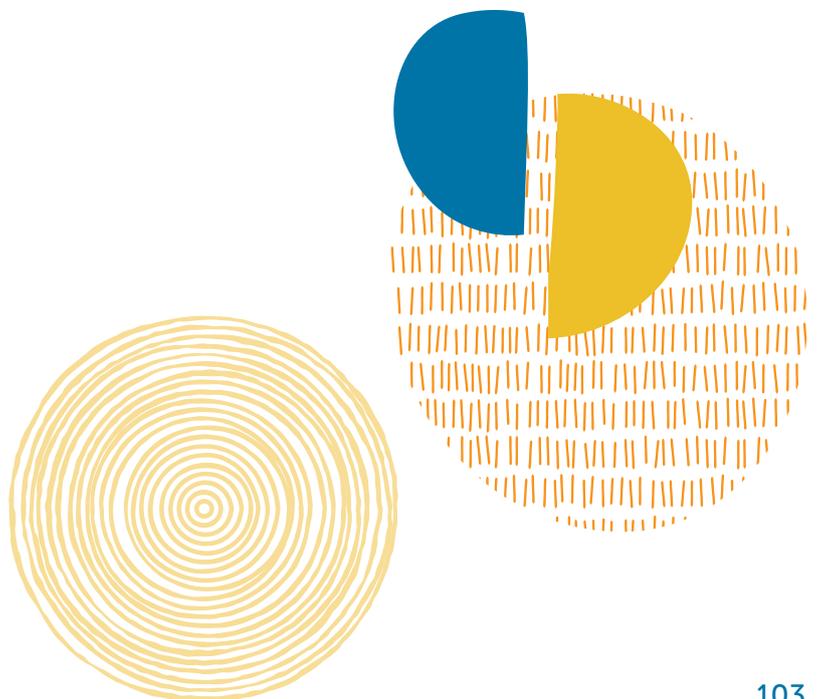
- 3.** If Poppy suspected that Rosey was being emotionally abused by her stepfather, what should she do next?



Topic 4: Implement self-care strategies

4A Monitor your own stress levels

4B Use self-care strategies and seek support if required



4A

Monitor your own stress levels

Supporting a person can be hard work; maintaining your own wellbeing is an important skill to develop in your career.

Working directly with people can be emotionally draining. It can also be physically tiring when providing support to a person as well as their family members and friends. All of these things place demands on the worker.

It is important to monitor your own reactions to the work you do. You need to be aware of how you feel and the impact it is having on the work you do, and your life outside your job. It is important to identify and act when your job is causing you significant stress.

Types of stress

In its simplest form, stress is the pressure or tension experienced by a person.

Some stress is useful because it motivates you and gives you a drive to succeed. However, too much stress can undermine your ability to cope, both physically and mentally.

It is important to remember that all stress, even the useful type, is only meant to be short-lived. Experiencing stress for an extended period of time can have serious health consequences. In the workplace, unhealthy levels of stress can lead to absenteeism, accidents, industrial disputes and high levels of staff turnover.

It is important to regularly review how you are dealing with work-related stress and seek help if you feel that you are not coping.

On the other hand, a 'stressor' is an event, activity or situation that is causing stress. In your work, you may encounter a range of different stressors. Here are some examples.

Time stress

- In your work you will probably have a set number of tasks you need to achieve in a certain amount of time. If you work in people's homes, you may only have an hour to complete your work, before you need to move on to the next person.
- Some people who live with disability are slow at completing everyday tasks. They may also have difficulty understanding simple instructions or concepts. They may be argumentative or refuse your support. All these things can slow you down and may cause stress, especially if your supervisor expects you to complete work to a fixed timetable.



Stress from behaviour	<ul style="list-style-type: none"> • Some people behave in ways that are challenging or worrying. Part of your role is to monitor and manage the environment, and to use particular strategies to minimise or manage challenging behaviour when it occurs. This means being constantly aware of what is going on around the person that you are supporting. It means thinking about how each change in the environment may affect a person. It can mean dealing with people who are angry, upset or violent, or who may wander off. • Worrying about what might happen, and dealing with these things when they do happen, can cause stress.
Frustration	<ul style="list-style-type: none"> • People who have a disability sometimes have trouble remembering what you have already told them. This means you may have to repeat instructions or information. It means they may tell you the same thing or ask the same question multiple times. They may not be able to understand what it is you want them to do, or may forget halfway through doing it. • All of this can lead to a level of frustration or impatience and may lead to stress.
Distress	<ul style="list-style-type: none"> • A person's family members and significant others may display their distress or displeasure to you about the service. They may need to talk about how they are feeling. They may cry or express sadness or feelings of being overwhelmed or scared. You need to be supportive in these situations, be a good listener, and provide reassurance and comfort. • You may experience feelings of stress or distress simply by being around people that are feeling this way.
Grief	<ul style="list-style-type: none"> • Inevitably people die. This can be upsetting for workers who have come to know the person and have provided support over a significant period of time.

Effective strategies to manage your stress will help you at work and in your personal life.

You can monitor your stress levels by learning to recognise your own physical, emotional and behavioural responses to stress. These will alert you to the presence of a stressor.

Some considerations when monitoring stress are outlined below.

- Think about how you are feeling, and how you are interacting with others. Are you less open with people? Do you feel you don't have the time or 'headspace' to deal with people?
- Look at the way you are interacting with the person you are supporting. Do you find yourself wanting to tell them to 'Hurry up' or 'Stop asking that question'?
- Consider your health. Are you unusually unwell or tired? Are you getting headaches?



For more information about stress experienced in the workplace, visit:
aspirelr.link/heads-up-workplace-stressors

Video: Caring for people with dementia – looking after yourself



Watch the following video by Dementia Australia for advice on how to look after yourself: aspirelr.link/video-looking-after-yourself

Although this video looks specifically at people who work with older people and people with dementia, the information it provides can be applied when workers use self-care practices in the disability sector.

Here are some examples of how people working in the disability sector monitor and manage their stress levels.

Sadiq

Sadiq works with people who live with disabilities in their homes. Some of the people he provides support to can be demanding, and he feels he never has enough time to sit and chat with the person who is supporting. Lately, Sadiq has been feeling tired and irritable all the time. He feels like he does not have the headspace to deal with anyone, even his close friends. He seeks out support from an employee assistance program. He wants to learn some strategies to help him to manage and cope with his work-related stress.

Daryl

Daryl works with people who have moderate to severe intellectual disabilities. He works with the same clients consistently and gets to know them and their significant others well. Daryl supports his clients and their friends as they experience the highs and lows of sharing a house. Lately Daryl has been feeling exhausted. He feels a sense of hopelessness. Daryl recognises that he's having a much stronger reaction to his work-based stressors than usual and decides that he needs to debrief with a trusted colleague about how he is feeling.



Practice Task 9

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

Case study

Thuong is a support worker for people with disability who live in their own home.

Sometimes she works with people with intellectual and physical disabilities who do not recognise her or what she does for them. She works hard cleaning and assisting the person to shower and dress, and she often feels exhausted at the end of a shift.

Last week, Thuong went to Juan's house to assist him with showering, but he ignored her and then spat on her when she calmly asked he was ready to have a bath. Thuong was shocked and upset by the behaviour and told him that he was very rude and should be ashamed of his behaviour. Later she felt ashamed of her outburst, as she knows that Juan doesn't understand what he is doing.

Thuong's reaction to Juan made her realise that she needs to be more aware of stressors in her workplace and how to cope with stress.

Question 1

Why is it important for Thuong to be aware of and monitor her stressful feelings at work?

Question 2

List two potential stressors in Thuong's workplace.

4 B

Use self-care strategies and seek support if required

Self-care strategies can help you cope with and reduce the effects of stress.

Self-care strategies might be things you do while you are at work, such as taking regular breaks and eating healthy snacks, or things you do outside of work, such as going to the gym, doing yoga, listening to music, and seeing friends.

Self-care strategies

There are many different self-care strategies. Exercise, relaxation, socialising and getting enough sleep are important lifestyle factors that help you manage stress and take care of yourself. Understanding your own thoughts and thought processes can also be useful. Take time to work out which strategies work best for you.

Although you cannot control everything in our working environment, you can take steps to protect and enhance your capacity to cope with work-related stress.

It is easy to become stressed, frustrated and disillusioned if you do not take time to care for yourself. Here are some common self-care strategies:

Get plenty of rest	You cannot function properly at work, or deal with issues that are causing you stress, if you are tired. It is important to make sure you get enough sleep and take your allocated breaks when at work. A rested mind and body will cope better with stressful situations.
Eat well and exercise	Eating a well-balanced diet and exercising regularly keeps you healthy. Being well and having energy will help you deal with stress. Make sure you take your meal and tea breaks when working. Find an exercise routine that works for you.
Do things you enjoy	It's important to take time out from the demands of everyday life and do things you enjoy. This might involve catching up with friends, going to the movies, reading a book or doing a crossword. Make a list of the things you enjoy doing and put time aside to do them.
Stay connected	Our relationships with other people are essential to our mental health, and our ability to cope with stress and bounce back from adversity. Good and open communication with family, friends and trusted colleagues are the foundation for strong, resilient relationships. Stay connected with people by arranging to catch up with friends, joining special interest groups or trying a new hobby.



Seek support

Having support systems in place can make a big difference in managing stress.

Sometimes you may not be able to control the situations that are causing you stress. It is important to ask for help when you are unable to control stressors, or when you feel like you cannot manage your stress alone.

Having a colleague or manager to talk to about the way you handle your work and deal with stressful situations can be very helpful. You can talk through situations that have caused you stress and discuss ways in which you can handle situations better.

Role playing or practising the ways in which you can deal with stressful situations may help you more effectively deal with those stressors in the future.

Your organisation may have internal supports to help you manage stress, such as **employee assistance programs (EAP)**, or you could access external supports.

Here are some examples of internal and external supports that you could access to help you manage work-related stress.

Internal supports	<ul style="list-style-type: none"> • Employee assistance programs (e.g. phone or face-to-face counselling) • Informal or formal debriefing with colleagues • Supervisors/mentors • Professional development opportunities (e.g. workplace resilience training)
External supports	<ul style="list-style-type: none"> • Phone/online counselling services (e.g. Lifeline) • Online forums (e.g. Beyond Blue online forums) • Face-to-face counselling and psychological services • Online / face-to-face courses (e.g. mindfulness training, relaxation classes) • Your GP

Employee assistance program (EAP)
A work-based intervention program designed to enhance worker wellbeing.

For more information on self-care strategies, visit: aspirelr.link/care-search

Video: Self-care matters – using a self-care plan

Watch this video about using a self-care plan: aspirelr.link/yt-using-self-care-plan

Why is creating a plan often helpful before undertaking a task?



Example

Using appropriate self-care strategies

Eric works in a disability support agency and is a hard-working and supportive member of his team. Lately there have been a lot of people on Eric's team who have been off work unwell. Some days, Eric finds himself feeling like he is the only one still working and as though he is doing the job of three people all at once.

Yesterday, Eric had so much work to do that he did not even know how he could possibly get it all done. By lunch time he was so far behind that he felt overwhelmed. Unfortunately, right about the same time, a fellow support worker named Carla asked Eric if he could show her how to do something. It felt like the last straw for Eric and he yelled, 'Am I the only person on this team with a brain? Can't anyone else do anything for themselves around here?'

Carla burst out crying and said not to worry and that she would work it out herself.

Later that afternoon, Eric felt terrible about his behaviour and spoke to his supervisor, Elliot, about what had happened, and how he was feeling. Eric told Elliot that he had not been sleeping well and noticed that he was always worrying about work and no longer had the energy to spend time on the things he enjoyed. Elliot encouraged Eric to use the employee assistance program to learn some strategies for dealing with his stress. He also encouraged Eric to take some time out in the next few days to spend time on the things he enjoyed doing.

Think about why you should implement appropriate self-care strategies. How might this help you in your role as a support worker?



Practice Task 10

Question 1

Which of the following actions should you take if you feel overcome with emotions and need support? Tick all that apply.

- Talk to your supervisor about how you feel.
- Keep your feelings to yourself; you need to remain professional.
- Talk about your emotions with the family members of the people you support as they would be able to relate to the way you are feeling.
- Discuss internal support options available which might include counselling through an employee assistance program (EAP).
- Talk to your GP.

Question 2

List three ways that you can look after yourself so you can reduce stress responses.



Summary

- Working with people living with disability can be physically and emotionally challenging.
- Although stress can be good us, too much stress over an extended period of time can be unhealthy.
- Learn how to recognise stressors, monitor your stress levels and take steps to manage your stress.
- Many workplaces have resources to help employees who are feeling stressed, such as employee assistance programs.
- There is a range of external supports available to people who are experiencing work-related stress, such as phone counselling services.
- Common self-care strategies include getting adequate rest, eating well, exercising and maintaining social connections.



Learning Checkpoint 4

Implement self-care strategies

Part A

1. List two examples of how the workplace can support you if you become overwhelmed with an emotional response.

2. Which of the following statements relate to how you should react to strong emotions that you might be feeling? Tick all that apply.

- Ignore them.
- Talk to the person and their family about your grief.
- Talk to your supervisor.
- Reflect on your feelings with colleagues
- Cope with these feelings alone, no matter how hard it is to manage them.



Part B

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

Case study

Kirra works in a residential facility as a support worker. As part of her role, Kirra provides support to many people with intellectual disabilities. On any given day, Kirra's 'daily work plan will go out the window due to unpredictable interruptions, problematic behaviours and competing demands.

Recently, two people Kirra regularly supports have had serious medical issues related to their disabilities. One has spent significant time in hospital, and the other person passed away. Previously, Kirra used to be able to focus on what she knew about different disabilities and their effects to help her to deal with the disruptions and interruptions caused by the needs of the people she cared for. Lately, the particular self-care strategies she was using are no longer helping her to cope with the situations she is facing at work.

1. List two potential causes of stress in Kirra's workplace.

2. Suggest three questions Kirra could ask herself to help monitor her stress levels.



- 3.** List two reasons why Kirra should prioritise appropriate self-care strategies to manage her stress.

- 4.** Suggest self-care strategies Kirra could use to help her to cope with stress while she is at work.



Glossary

Confidentiality

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

Consent

To give permission or to agree to something.

Cultural competence

Having awareness, respect and understanding of the cultural diversity around you.

Delegate

To entrust a task or responsibility to another person.

Dignity of risk

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

Disclosure

The act of sharing or releasing private or personal information.

Duty of care

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

Employee assistance program (EAP)

A work-based intervention program designed to enhance worker wellbeing.

Empowerment

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

Functional impairment

Difficulties a person experiences, due to illness or disability, which limit or interfere with their ability to carry out key functions in their daily lives.

Mandatory reporting

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

Person-centred approach

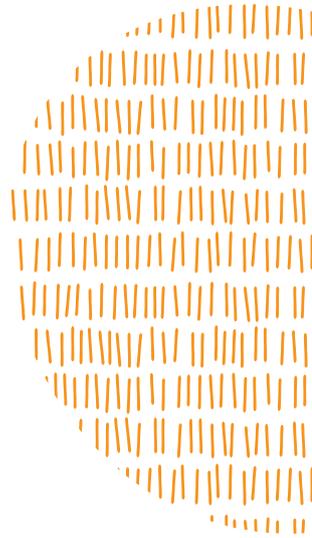
Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

Policy

A course of action proposed by an organisation as a basis for making decisions.

Privacy

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



Procedure

An established or official way of doing something.

Psychosocial disability

A term used to describe a disability that may arise from a mental health issue.

Self-care strategies

Positive ways to cope with and reduce the effects of stress.

Statutory body

A body set up by law that is authorised to check that organisations are following relevant legislation.

Stigma

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

Stress

A response to pressure or a threat. Stress causes our body to produce hormones that bring about a 'fight, flight or freeze' response.

Trauma-informed approach

A trauma-informed approach is based on the understanding of how trauma affects the service needs of clients.