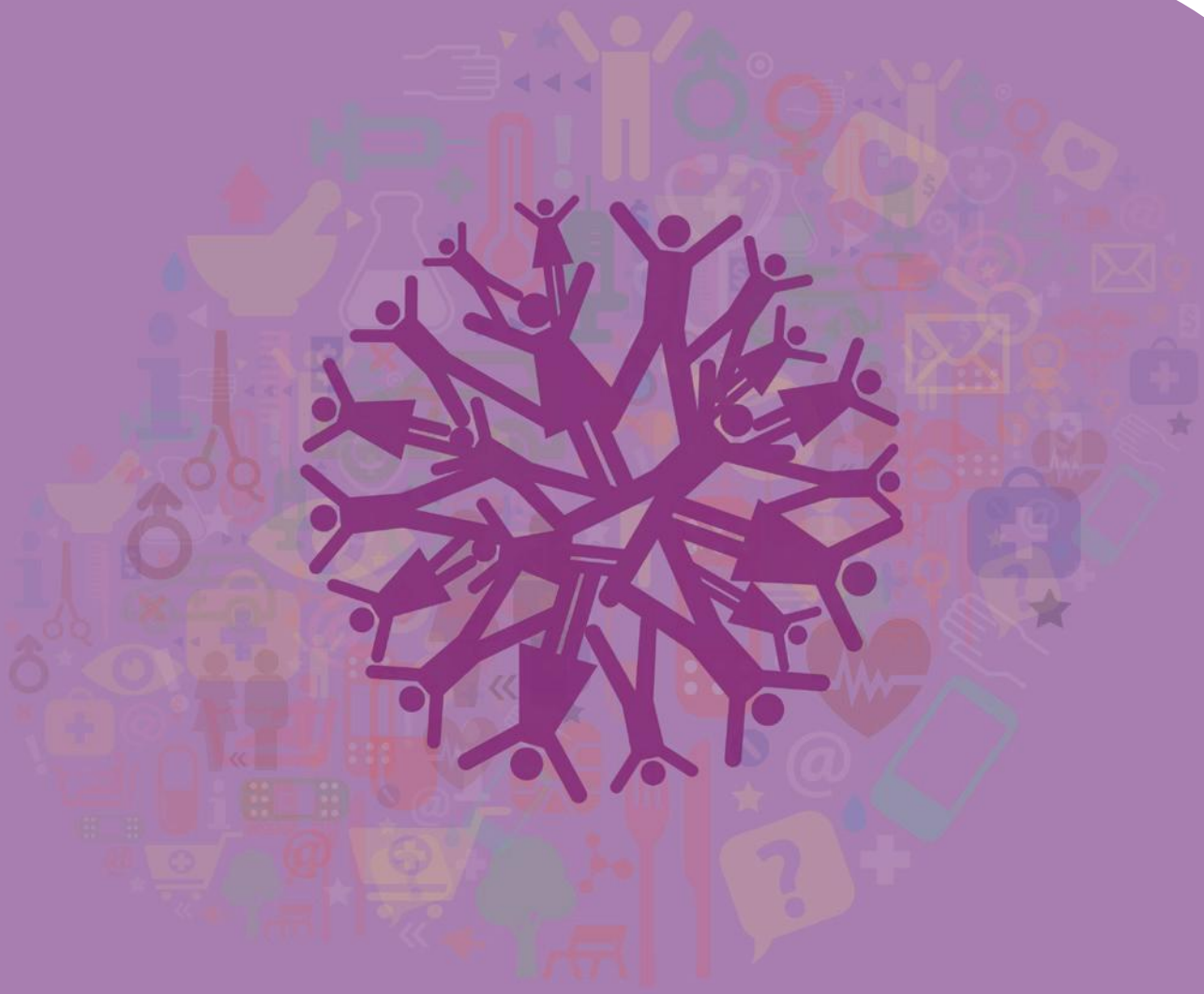
CHCLAH005
Incorporate lifespan development and sociological concepts into leisure and health programming

Release 1



Learner guide

Aspire learning resources

CHCLAH005

Incorporate lifespan development and sociological concepts into leisure and health programming

Release 1

Learner guide

Aspire version 1.4

Aspire learning resources

Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	January 2019	Minor corrections as part of our continuous improvement program
Release 1, version 1.3	July 2019	Updated to reflect the new Aged Care Quality Standards
Release 1, version 1.4	November 2019	Updated in line with changes to the Home and Community Care (HACC) program.

Aspire is committed to developing quality resources that meet the needs of our customers. However, occasionally Aspire finds, or is notified of, errors. Please refer to our website at www.aspirelr.com.au to see if there are any updates that may be relevant to you.

Every effort has been made to ensure the information in this book is accurate; however, the author and publisher accept no responsibility for any loss, damage or injury arising from such information.

Except where an information source is acknowledged, the names and details of individuals and organisations used in examples are fictitious and have been devised for learning purposes only. Any similarity to actual people or organisations is unintentional.

All websites referred to in this unit were accessed and deemed appropriate at time of publication.

Aspire Training & Consulting apologises unreservedly for any copyright infringement that may have occurred and invites copyright owners to contact Aspire so any violation may be rectified.

CHCLAH005 Incorporate lifespan development and sociological concepts into leisure and health programming Release 1

Level 1, 464 St Kilda Road
MELBOURNE VIC 3004 AUSTRALIA
Phone (03) 9820 1300

First published April 2017
Reprinted (with amendments) January 2019
Reprinted (with amendments) July 2019
Reprinted (with amendments) November 2019
Cover design Rewind Creative
Printer Doculink Australia Pty Ltd, 1d/28 Rogers Street, Port Melbourne VIC 3207

e-ISBN 978-1-76059-916-4 (PDF version)
ISBN 978-1-76059-914-0

Contact details

Participant

Name:

Start date:

Phone number:

Email:

Work location

Name:

Address:

Postal address:

Workplace supervisor name:

Phone number:

Fax:

Email:

Registered Training Organisation (RTO)

Name:

Address:

Postal address (if different):

Phone number:

Fax:

RTO contact name:

Mobile:

Email:

Contents

Before you begin

This learner guide is based on the unit of competency *CHCLAH005 Incorporate lifespan development and sociological concepts into leisure and health programming*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

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

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 and case studies	▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies 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.
Video clips	▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help 
Summary	▶ Key learning points are provided at the end of each topic.
Learning checkpoints	▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

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

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

Foundation skill area	Foundation skill description
Learning	▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

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

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Identify the lifespan developmental stages of the person	1A Identify aspects of development according to person's lifespan development stage	☐ Confident ☐ Basic understanding ☐ Not confident
	1B Identify relationship between lifespan development stage and the needs, interests and skills of the person	☐ Confident ☐ Basic understanding ☐ Not confident
	1C Identify person's behaviours consistent with lifespan development stage	☐ Confident ☐ Basic understanding ☐ Not confident
	1D Identify cognitive processes that may impact on development stages across the lifespan	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 2 Identify how the Australian social context of health might impact on participation	2A Identify social aspects of health provision and the impact on people	☐ Confident ☐ Basic understanding ☐ Not confident
	2B Identify how demographic issues impact on health	☐ Confident ☐ Basic understanding ☐ Not confident
	2C Identify health issues that impact on health service provision	☐ Confident ☐ Basic understanding ☐ Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 3 Identify how the Australian context of leisure might impact on participation	3A Identify the role of leisure as part of the person's everyday life	☐ Confident ☐ Basic understanding ☐ Not confident
	3B Identify approaches to leisure at different stages of the life cycle and its impact	☐ Confident ☐ Basic understanding ☐ Not confident
	3C Identify perceptions and attitudes towards leisure	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 4 Identify strategies for participation	4A Implement motivational strategies to maximise participation	☐ Confident ☐ Basic understanding ☐ Not confident
	4B Ensure strategies are appropriate and clearly communicated	☐ Confident ☐ Basic understanding ☐ Not confident
	4C Determine if perceptions are impacting participation in leisure activity	☐ Confident ☐ Basic understanding ☐ Not confident
	4D Incorporate protective and inclusive practices into leisure service delivery	☐ Confident ☐ Basic understanding ☐ Not confident
	4E Recognise behaviour or responses to illness and respond	☐ Confident ☐ Basic understanding ☐ Not confident

Topic 1

In this topic you will learn how to:

1A **Identify aspects of development according to person's lifespan development stage**

1B **Identify relationship between lifespan development stage and the needs, interests and skills of the person**

1C **Identify person's behaviours consistent with lifespan development stage**

1D **Identify cognitive processes that may impact on development stages across the lifespan**

Identify the lifespan developmental stages of the person

As a worker in the leisure and health sector, it is important to have a sound knowledge of the stages of human development. This knowledge helps you to understand the individual's needs and effectively plan appropriate leisure programs based on their stage of development. As you gain experience, you will most likely focus on a person from a particular age group and life stage. Over time, you will develop a greater knowledge of this particular group, their characteristics and behaviours. Despite this familiarity, you should never overlook their stage of human development, as the age and the group and their stage of human development may not be the same.

1A Identify aspects of development according to person's lifespan development stage

Human beings are often described as moving through a number of distinct life stages. Each stage has different features and characteristics, although it is important not to see them as 'absolutes'.

Do not assume that simply because a person is at a particular age and stage that their behaviour and skills will always reflect your expectations of this stage. Rather, you should see them as general trends and indicators that can guide you in your approach to the care and support you offer individuals.

Human development terminology

To work in the leisure sector, it is important that you have an understanding about leisure and health in community services from a sociological perspective. This will develop your understanding of the relevant aspects of human physical, social and intellectual development according to person's lifespan development stage. To support this, it is important that you have a fundamental understanding of the basic concepts of sociology.

Further explanation of these key concepts is provided here.

Sociology

Sociology is the study of society. It is the science of understanding how our world works at a social level; for example, relationships between people, social policy and welfare, culture, social class, education, health, law and religion. Its range extends far beyond these examples.

Society

A society is a group of people who relate to each other on numerous levels and who share the same geographical or virtual location. Australia is a society. Your hometown is a society. A church is a society. You share common leadership and dominant cultural expressions with other people in your society.

Social structure

Social structure is the pattern of social arrangements people create within society. In sociology, we understand there to be three scales of social structure:

- Macro (meaning large), including class structure and social institutions
- Meso (meaning middle), including social networks between people or organisations
- Micro (meaning small), including the reason why people relate to each other the way they do

Socioeconomic status

Socioeconomic status is used as a measure for individual's or family's economic and social position in relation to others. For many Australians their socioeconomic status impacts on the availability of time and resources applied to leisure and health activities.

Culture

Culture pertains to the ideas, customs and social behaviour of a particular people. Cultural influences play a major role in health status and leisure choices. Health behaviours and choices are often influenced by pressure coming from the home or workplace. Culture can influence how we eat and exercise, whether we see a medical practitioner, an allied health professional or an alternative practitioner, and the leisure activities we take part in.

Gender

Gender refers to the range of characteristics pertaining to, and differentiating between masculinity and femininity. Men and women experience different health issues and have varying leisure interests and abilities.

Trans-cultural

Trans-cultural involves more than one culture. What is considered to be leisure is often determined by a person's cultural background.

Institutions

Institutions are an organisation founded for a specific purpose. Institutions in the leisure field related to sport include gymnasiums, recreation centres, swimming facilities and physiotherapy services.

Power

One predictor for positive health status and leisure choices is the perceived power an individual has over their life. Power is the ability to act and achieve intended goals, and may be determined by material resources; for example, a high income and owning a home may give a person a feeling of power.

Human development across the lifespan

The transition from one life stage to another does not always account for the characteristics of people with disabilities, who may develop in different ways and at different rates.

This is particularly true of people with physical or cognitive impairments, who may not progress through the expected stages of development, or may do so in an uneven or variable manner. For example, a person who has an intellectual disability may display some of the characteristics often associated with the childhood life stage, even though they are an adult.

In a workplace context, you should build your knowledge of the particular life stages present in your group. By doing further reading, you can become familiar with the range of characteristics and features for their particular life stage. For example, if you work with young children, you should learn about the infancy, toddler, preschool and middle childhood stages. If you are working with older individuals, you should focus your further learning on the late adulthood and elderly age groups.

Here is an outline of the typical life stages of human development.

Life Stages
Infancy: from birth to approximately one year of age
Childhood – Toddler: 1–3 years
Childhood – Preschool: 3–5 years
Middle Childhood: 5–12 years
Adolescence: 12– 20 years
Early adulthood: 18–30 years
Middle adulthood: 30–45 years
Late adulthood: 45–67 years
Elderly: more than 67 years

Identify behaviours and stages

You need to carefully consider the interactions you have with individuals. Although some adults may display behaviours and characteristics often seen in the childhood life stage, this does not mean you should interact with them as though they are children. As a professional, you should aim to interact with individuals in a way that largely reflects their chronological age, rather than their developmental age.

You may find some people have difficulty understanding and communicating effectively with you as a result of a cognitive impairment. The key here is to modify your interactions to suit the situation, while always remembering the person's chronological age.

Here are some tips to guide your interactions with adults who have a significant cognitive impairment.

Working with a person with a significant cognitive impairment
Speak in shorter sentences.
Avoid using complex words with many syllables.
Reduce your use of abstract terms and colloquialisms.
Be clear and specific in your interactions.
Keep your tone and voice pitch low and regular.
Communicate directly with the person, rather than solely speaking to a family member or other significant person.
Check for understanding before moving on.
Provide information in various ways, such as using graphics or images to offer choices as well as spoken language.

Physical development across the life stages

Human beings change dramatically as they progress through the life stages, from the highly dependent, vulnerable stage of infancy, to the strong, capable and independent stage of adulthood, and then to the increasing vulnerability and frailty of the elderly life stage.

Here are some of the typical physical changes that occur in the human body as it progresses through the life span stages.

Infancy

- Infant movement patterns rely partly on involuntary reflexes, which serve as a protective mechanism while the infant is developing voluntary movement skills. These reflexes cease at quite specific times during infancy.
- Significant amounts of time are spent sleeping, often with one longer sleep and several shorter ones within a 24-hour period.
- The body is top-heavy, with the head proportionally larger than in adulthood.
- Infants have limited visual skills and a poor ability to track moving objects, particularly at a distance.

Childhood

- Movement patterns are under voluntary control and infant reflexes have generally ceased.
- Motor skills develop through stages in areas such as walking, running, catching, throwing, skipping and hopping.
- Physical characteristics change over time, becoming more muscular, stronger and more independently capable.
- Body proportions change, with the head comprising a smaller proportion of the overall body length.
- Sleep needs are still high, although the bulk of sleep now occurs in a single session at night.

Adolescence

- Motor skills are fully developed.
- Physical characteristics change, and significant differences are seen between the male and female body.
- Sexual characteristics develop.
- Sleep needs decrease, and times of wakefulness and sleep alter from those seen in childhood.

Adulthood (including early, middle and late stages)

- The body is fully developed physically, although some parameters such as muscular strength, lung function and flexibility decline over time.
- There is a wide variation seen in factors such as presence or absence of disease, body proportions and weight, and the presence of health risk factors such as smoking, participation in physical activity, and overall body condition, muscle strength and tone.
- There is a gradual decrease in cardio-respiratory fitness (heart and lung function) and bone density.
- Sleep needs are typically less than for an adolescent.

Elderly

- There is a continued decrease in bone density.
- There is increased frailty and dependence on others for daily tasks.
- There is a continued decrease in cardio-respiratory fitness and other physical fitness parameters.
- There is an increased prevalence of physical health conditions often associated with older age, such as arthritis, type 2 diabetes and hypertension.
- There is an increased risk of falls and trips.
- Sleep can be sporadic, and many elderly people report difficulty maintaining sleep during the night, although they may also sleep in short bursts during the day.
- Assistance is needed to obtain nutrition, maintain a suitable temperature, move from one place to another and perform self-care tasks.

Psychosocial development across the life stages

Psychosocial development occurs through well-described stages that are similar to those of cognitive development. It is affected by physical changes in the brain and how it functions, as well as through the influence of parents, peers and others in society. Here, psychosocial refers to the brain functions as it relates and matures with an awareness of the world in which the person interacts.

In early life, the family and primary caregivers are the key influences on a child. As children move out from family, to childcare centres, school and the community at large, they begin to form other attachments that influence their behaviour. In adolescence, they become more influenced by their friends and peer group, with much of their behaviour at this stage reflecting this change. Adulthood sees a growing independence and reliance on one's own skills, and often a change in role to caregiver rather than receiver of care. As humans move into the elderly life stage, there is an increasing need for dependence on others, and a change for some people to being a receiver of care.

Key stages of psychosocial development

Here are some key stages of psychosocial development often seen in human development. It is likely you will meet many people who defy these descriptions, as well as some who fit neatly within each category. It is important to see the people you provide support to as individuals who have a range of unique experiences that influence their behaviours and attitudes to life.

Here is more information on the key stages of psychosocial development.

Infancy

- Intentional behaviour begins.
- Interactions revolve mostly around primary caregivers.
- Not able to take turns or see situations from the perspective of another person.
- Play is side- by-side, rather than true interactive play.
- Interactions should focus on small groups, building close relationships and a regular, predictable routine.

Childhood

- Play begins to occur with others rather than simply engaging in own tasks alongside another child.
- Play occurs with a wider range of people.
- Experiences are less controlled by adults.
- Experiences occur in a wider range of settings.
- The individual begins to see themselves as a participant in a variety of settings and situations.
- Interactions should encourage choices, a wider social network and a focus on developing early friendships and social interaction with peers.

Adolescence

- Greater influence of peer group.
- Tendency to take risks and experiment with behaviours.
- Individual is focused on themselves and their role in the world.
- Friendship groups are formed based on similar views, ways of expression and interests.
- The influence of family decreases, but there is still a need for boundaries, rules and parenting by negotiation.
- Interactions should involve the person in planning activities, having a say in what happens around them and promoting independence.

Adulthood

- There is a strong set of moral beliefs.
- Wide social networks are drawn from people known through work, family, social and sporting activities.
- Multiple roles are taken in life; for example, parent, worker, friend and partner.
- Time needs to be balanced across multiple responsibilities and roles.
- Interactions should focus upon providing relevant and realistic choices and support to suit the current needs of the individual.

Elderly

- There is an increased risk of social isolation and decreased contact with other people in social situations.
- Greater time is available for own activities.
- There is an increase in the possibility of a partner's death and decreased contact with other family members.
- Roles taken in life may be reduced; for example, the individual may no longer have work or parenting roles.
- Interactions should support the person at times of significant or changing need, and be respectful to the particular needs of the individual.

Intellectual development across the life stages

Intellectual or cognitive development and its relationship to psychological development have been well described by many researchers over the years, including Jean Piaget (1896–1980) and Erik Erikson (1902–1994). According to them, humans move through a number of stages that can be identified by the presence of particular characteristics. Intellectual development is a series of stages through where people make qualitative changes as they acquire new knowledge. Decision-making is a cognitive process resulting in the selection of a belief or course of action.

Here is further information on the characteristics of different stages of intellectual development.

Characteristics of different stages

Infancy

A child in the sensorimotor stage in infancy is characterised as experiencing the world largely through the senses. Actions are repeated frequently at this stage and, over time, results mean some actions become more frequent, while others fade.

Preschool children

Preschool children embark on a period of discovery and very rapid cognitive development, which mirrors significant gains in language skills over the same time span. The world and everything in it is explored, discovered, manipulated and employed. The child adds new words and language forms on a daily or weekly basis.

Older children

Older children in the concrete operational stage (approximately 7–12 years) are able to use logic to solve problems, manipulate objects in their head and imagine doing things that are not actually happening. Memory skills increase and they are able to repeat skills they have been taught previously.

Adolescence

As the child moves into adolescence, they become able to use abstract thought and can create visual images and use objects to represent thoughts, feelings and concepts. They have a well-developed vocabulary and are able to communicate effectively with people from various age and social groups. It is important to note that the adolescent brain is still developing and does not reach full maturity until well into early adulthood.

Adulthood

Adults are capable of more complex and reasoned thought than children. Their response to a situation tends to be based on environmental, learnt and genetic factors.

Most adults have developed a moral code for deciding what they believe is right and wrong. This is based on what has been learnt during adolescence.

In some groups, this judgment is limited through the effects of mental illness, dementia or cognitive impairment.

Elderly

In later adulthood, some people become more susceptible to conditions such as dementia, meaning that by the age of 85, around one in five adults is affected by some form of dementia.

Cognitive development in school children

Cognitive stages of development cross over age groups, but all school age children will benefit from:

- using language to clarify instructions and negotiate tasks
- following rules to be logical and organised
- being actively involved in problem-solving tasks that they enjoy.

Example

Identify lifespan developmental stages

Janelle is organising some activities as part of an after school care program for children aged 6–10 years. She decides to offer a number of 'station' activities that will run between 4.00 and 5.30 pm to allow the children time to have a piece of fruit and some rest time.

Janelle considers the middle childhood stage of development in planning her activities. She knows that children at this stage require some direction in their activities, have well-developed motor and language skills, enjoy making their own choices, need to be supervised to ensure safety and are able to interact well with others to participate in a game or task. She uses this knowledge, together with her understanding of the individual children in her group, to guide her activity planning.

The stations Janelle plans include:

- an art and craft station where children can create their own painted pasta photo frame
- a literature station where children can listen to a short story and then work in small groups to write their own play script based on the story
- a game of modified volleyball where children can catch the ball and then throw it over the net rather than having to hit or strike it
- an invention table where children can use recyclable materials such as cardboard boxes, material offcuts and egg cartons to create shapes, creatures, machines or other designs according to their own interests.

Practice task 1

1. Explain what is meant by human development across the lifespan and provide one example of a development stage.

2. What is meant by human physical development across the lifespan? Give one example.

3. What is meant by human psychosocial development? Give one example.

Click to complete Practice task 1

1B Identify relationship between lifespan development stage and the needs, interests and skills of the person

Lawrence Kohlberg (1927–1987) was a well-known writer and researcher on moral development. His work was influenced by Piaget, who identified a two-stage model of moral development. According to Kohlberg, human beings move through six stages, which fit within three basic levels.

Kohlberg believed an individual was capable of perceiving and responding to exposure to one stage above the one they were currently operating at and that observing others who were operating at a higher moral level was advantageous for helping people move to the next level themselves.

Here is an outline of Kohlberg's stages of moral development.

Level 1 Pre-conventional morality

- **Stage 1:** Rules are followed for the simple purpose of avoiding punishment or some form of negative result.
- **Stage 2:** Rules are followed in order to benefit in some way.

Level 2 Conventional morality

- **Stage 3:** Rules are followed in order to obtain approval from others.
- **Stage 4:** Rules are followed in order to keep social order and functioning.

Level 3 Post conventional morality

- **Stage 5:** Rules are seen as holding value if they achieve the greatest good for the greatest number of people.
- **Stage 6:** The focus is on universal rights; actions are a reflection of considering what another individual would do, and rigid laws and systems of behaviour are rendered unnecessary.

The levels of moral development

The early stages, such as those seen in Kohlberg's Levels 1 and 2, are typical of children moving through childhood.

- As their views and experiences of the world expand, so too does their moral reasoning. For example, a child who is at Stage 3 will clean up their toys for an expressly offered reward, such as a sticker or time listening to a story.
- A child who is at Stage 4 understands that cleaning up their toys means they are behaving in a way that fits with the social order of the household and can see that a clean area for playing is in everyone's best interests.
- A child who is at Stage 5 will fully understand the effect that a messy play area has on others, and is aware that other people in the household have a right to expect a clear, uncluttered space in which to complete their own tasks.

Developmental psychology

The field of developmental psychology was born out of the contributions of theorists such as Sigmund Freud (1856–1939), an Austrian neurologist who practised from the late 1800s to early 1900s. Although much of Freud's early work is now viewed as being outdated, it did form the early beginnings of the field of developmental psychology that seeks to support and counsel individuals according to their developmental stages and needs.

Freud believed that human beings move through various stages of psychosexual development. Freud also contributed the concept of the id, ego and superego.

Here is an outline of the stages of psychosexual development

Stages of psychosexual development

- The id is the unorganised part of the personality that contains the libido and sexual drives, and is an instinctive element.
- The ego is the side of the personality that attempts to fulfil the needs of the id in a way that conforms to the bounds and limits of reality.
- The superego works counter to the id and provides moral balance and a desire to act in a socially appropriate manner.

Consider the needs, interests and skills of individuals

Consider your work with a person against the backdrop of your growing knowledge of human development. This knowledge will inform your daily practice of planning, implementing and evaluating programs and activities for specific groups of people.

Some activities will be appropriate and suitable for particular groups of people because of their stage of human development, whereas other activities will not. Likewise, your interactions with and expectations of a person will vary according to their stage of development.

You must also carefully consider relevant legislation and workplace policies and procedures and how these will impact upon your service delivery. It is not sufficient to simply consider the life stage of a person. You must also consider issues, such as the presence or absence of any guardianship or custodial documents that may alter your planning and implementation of activities.

Stages of human development: children

Here are examples of how the stages of human development impact on the needs, interests and skills of a particular group.

The following example refers to a group of young children with physical disabilities in a holiday recreation program.

Motor skills

- Motor skills are not fully developed and visual tracking skills are limited, so you may need to modify games and equipment to ensure safety when playing sports or outdoor games.

Social skills

- Children tend to socialise better in small groups or pairs, so avoid large group games unless they are very simple and well-supported with adult helpers.

Concentration

- Young children tend to have short concentration spans, so offer a wide range of activity choices and keep games to a manageable length.

Fine motor skills

- Fine motor skills are still developing, so offer appropriate equipment such as big puzzle pieces, large-grip pencils and paintbrushes, and large, easy-to-turn pages on books.

Judgment and logic skills

- Because most young children will respond to rules based on what is beneficial for them or to a reward system such as praise, stickers or tokens, avoid appealing to higher-order judgment or logic skills to evaluate a problem or negotiate a social difficulty.

Literacy and numeracy skills

- Developing literacy and numeracy skills can result in reading and counting games and activities being enjoyable, providing they are at the right level of ability; i.e. not so challenging as to cause frustration or distress.

Stages of human development: adolescents

The following is an example of how the stages of human development impact on the needs, interests and skills of a particular individual.

This example refers to adolescents in a youth group established to support teens with mental illness.

Motor skills

- Well-developed motor skills mean activities such as bowling, sports or swimming are likely to be successful.

Social skills

- Influence of the peer group is likely to be stronger than family influence, which can help promote group activities, evaluation of situations and successes, and discussing difficulties.

Literacy and numeracy

- High-level language skills and good numeracy skills mean reading, budgeting, planning and activity organisation tasks can be successful.

Role play

- The need to try out different roles as preparation for moving into the adult world means changing roles such as leader, note taker, 'ideas' person and communicator can work in planning activities as a group.

Open discussion

- Many mental illnesses first appear in adolescence, and the likelihood of depression and eating disorders can increase, so activities that promote open discussion of issues, acceptance of individuality and positive self-esteem and body image are helpful.

Stages of human development: adults

The following provides an example of how the stages of human development impact on the needs, interests and skills of a particular individual. This example refer to a group of socially isolated men in late adulthood participating in a 'men's shed' program at their local community centre.

Informal discussion

- This transition time can mean consideration and preparation for the next stage in life, so activities that are positive and provide opportunities for informal conversation can be useful.

Visual reminders

- Incidence of dementia increases over time, so providing prompts such as visual reminders or daily activity schedules on a board can help support short-term memory loss.

Safe activities

- Frailty and loss of physical condition is an issue for some people in this stage, so ensure activities are safe and appropriate.

Shorter activities

- Aerobic fitness decreases, so physical activities of shorter duration and low intensity, such as a short walk to a local park, can be more effective than a higher intensity, longer duration activity like a whole-day outing.

Practice task 2

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

Case study

Magda provides recreation activities each weekend for Sam as part of a regular respite program designed to give his father a break from his primary caregiver responsibilities. Sam is 15 years old and has a moderate intellectual disability and autism. Sam is able to communicate through gestures, signs and by using Picture Exchange Communication System (PECS) communication cards as well as some short verbal communications with familiar people such as his father. He requires support and constant supervision due to his limited cognitive skills.

He is unable to understand risks or respond to them, and requires support for decision-making. Sam is unable to use abstract thought and his awareness of right and wrong is at a literal, concrete level. He has not developed significant friendships within a peer group, although he does spend time with other young people his age at school and organised social activities.

The following tips are included in his care plan for the benefit of carers:

- Offer Sam a choice wherever possible, but limit this to a choice between two options; for example, milk or water, a red or blue shirt, or fishing or walking on the beach.
- Use clear, short sentences and avoid colloquialisms or jargon.
- Supervise Sam fully at all times to ensure his physical safety is maintained.
- Role-model appropriate communication exchanges and encourage Sam to interact with his peers in a supported manner.
- Do not allow Sam to wander alone in public settings, or onto or near roads.
- Encourage age-appropriate activities such as fishing, movies, walking on the beach or listening to music.

1. Using the case study above, give one example of how the stages of human development impact on Sam's needs, interests and skills?

2. What skills should be examined when considering Sam's stage of development?

3. How has Sam's care plan taken into consideration both his needs and stage of human development? Give two examples.

Click to complete Practice task 2

1C Identify person's behaviours consistent with lifespan development stage

There are behaviours that are consistent with lifespan development stage. Some are unique to a particular stage, while others behaviours overlap with two or more stages. This topic looks at behaviours that occur in different life stages.

Lifespan development in infancy

The period of infancy begins at birth and ends at two years of age. It is the most rapid period of growth throughout the lifespan. During this period, humans go from being helpless babies to toddlers who can communicate and reason.

Here are the behaviours that typically exist in infancy.

Typical behaviour during infancy 0–12 months

- No understanding for intentional behaviour
- No understanding of conscious reactions during interactions.
- Will cry to express needs, as they cannot communicate verbally.
- Uses actions to communicate likes or dislikes

Lifespan development in childhood: toddler

The changes that occur from infancy into children are significant. Different aspects of growth and development are measured and include physical growth, cognitive growth and social growth.

Here are the behaviours that typically exist in childhood: toddler.

Typical behaviours during childhood – toddler (ages 1–2)

- Starts to explore cause and effect relationships
- Does not consciously plan actions or have control
- Does not have the capacity to understand, remember or obey rules
- Starts to develop independence
- Starts to test boundaries

Typical behaviours typical in childhood – toddler (ages 2–3)

- Becomes easily frustrated when things don't turn out as expected
- Begins to test the limits of their behaviour
- Throws tantrums
- Becomes independent
- Wants to please adults
- Able to follow simple rules
- Begins to establish friendships
- Begins to understand the relationship between actions and consequences

Lifespan development in childhood: preschool

Here are the behaviours that typically exist in childhood: preschool.

Behaviours typical in childhood: preschool (ages 3–5)

- Asks lots of questions
- Compares selves to others
- Makes simple judgements
- Begins to understand consequences of behaviour
- Needs encouragement to support self-esteem
- Consciously aware of their own interests and intentions
- Able to make appropriate decisions before acting
- Learns how to be a friend
- Becomes competitive

Lifespan development in middle childhood

Here are the behaviours that typically exist in middle childhood.

Behaviours in middle childhood (ages 5–12)

- Increasing ability to relate to others
- Desire to fit in and be accepted by peer group
- An understanding of rules
- An interest team games
- Likes to win at games, but might not be able to lose cheerfully
- Starts to understand another person's view of things
- May be full of confidence or full of doubts
- Show signs of being more responsible
- More careful with his own belongings
- Tell lies or steals
- Has problems with friends – this is normal for most children from time to time
- May like going to school

Lifespan development in adolescence

Here are the behaviours that typically exist in adolescence.

Behaviours in adolescence (ages 12–20)
▶ Searches for identity: works out who they are and where they fit in the world
▶ Seeks more independence: this is likely to influence the decisions your child makes
▶ Seeks more responsibility, both at home and at school
▶ Looks for new experiences: seeks out new experiences and engage in more risk-taking behaviour
▶ Develops a stronger individual set of values and morals
▶ Is influenced more by friends
▶ Develops and explores sexual identity
▶ Communicates in different ways, using the internet, mobile phones and social media
▶ Shows stronger feelings and emotions

Lifespan development in adulthood

Early adulthood can be classified as ages 18–30, middle adulthood as ages 30–45 and late adulthood as ages 45–67. Here are the behaviours that typically exist in adulthood, which vary greatly.

Behaviours of adulthood
▶ Many of the issues and behaviours that arise in adolescence carry over into adulthood
▶ Focus is created on both personal identity and social identity
▶ An establishment phase occurs where people focus on making satisfying life investments
▶ Leisure serves the purpose of relaxing and rejuvenating

Lifespan development in the elderly

Ageing is another stage of life. People experience ageing differently depending on personality, lifestyle, attitudes and health. Here are the behaviours that typically exist in the elderly.

Behaviours of ageing (more than 67 years)
▶ Difficult behaviours include restlessness, agitation, aggressiveness, restlessness, mood swings, hallucinations, mistrust, controlling behaviour and critical /demanding behaviour.
▶ Retirement is different for everyone, some people adjust very well and for others the change is difficult.

- Physical changes may be especially disruptive and affect people emotionally.
- With some people developing chronic health problems, adjustment depends on the individual.
- Memory – this may mean taking longer to recall information or serious memory problems. This can lead to changes in behaviour.
- Loss of significant people in one's life can lead to changes in emotions affecting behaviour. People may experience grief, sadness, fear and anxiety.
- Moving house can be difficult adjusting to new surroundings.
- Rigidity and stubbornness – a way for people who feel out of control may try to regain control by taking 'my way or no way'.
- Regression – going back to old behaviours or ways of coping to deal with the current situation.
- Reminiscence: dwelling on how things were, wishing they were how they were when they were younger

Example

Identify person's behaviours consistent with lifespan development stage

Simon is 16 years old and lives at home with his family. He attends school, although he is thinking about leaving at the end of Year 10 to do a building apprenticeship. Simon isn't a big fan of sport and he definitely does not like 'arty' things. He mainly likes hanging out with his mates. They spend most afternoons together listening to music or playing video games. They also spend every weekend together.

Simon's parents are concerned, because Simon has started staying out later and later and does not do his homework. One night, his father finds an empty bottle of vodka under Simon's bed. They sit Simon down to ask him what is going on, but Simon doesn't want to talk about it with them. They make an appointment for him to see the school counsellor, but Simon doesn't talk with him either.

Eventually, Simon asks his parents to back off. He says he only drinks occasionally for fun and he just wanted to try it to see what it was like. Simon's parents decide to treat the incident as a one-off and accept that young people take risks occasionally. When they speak to the counsellor, she assures them that Simon's behaviour is consistent with adolescent development stages. Such as Simon seeking more independence and showing strong feelings.

Practice task 3

1. Give two examples of behaviours that typically exist in adolescence.

2. Describe three patterns of behaviour typical during middle childhood.

Click to complete Practice task 3

1D Identify cognitive processes that may impact on development stages across the lifespan

Some older people are described as having mild cognitive impairment that is not due to any specific condition or disease, and that does not interfere to any great degree with the activities of daily living. Some of these people will go on to develop dementia, whereas others will not. Each of these impairments will have a range of support needs and aspects of the person's functioning will be affected that will impact on their abilities to interact and communicate.

Cognition in individuals with degenerative conditions

There are several specific degenerative conditions that may affect older people in particular, and that may require special care, understanding and support by you as a leisure worker.

Here is an overview of Parkinson's disease and dementia.

Parkinson's disease

Parkinson's disease causes damage to the central nervous system.

Early in the disease, the person experiences motor problems, such as a tremor or shake often seen in hand movements, and problems with mobility and stiffness.

Changes to cognition and behaviour often occur in later stages. These include problems with planning and organising, deciding which cues to attend to in the environment, controlling impulses and thinking abstractly. Dementia is also common in the advanced stages of the disease.

Dementia

Dementia is a term that refers to a collection of symptoms related to thinking, behaviour and the ability to perform activities of daily living.

Alzheimer's disease is the most common cause of dementia, and its incidence increases with age. The early stages are characterised by frequent and increasing memory loss, confusion, withdrawal and apathy, difficulty handling money, poor judgment, and greater time needed to grasp complex ideas or situations.

Other conditions, such as Pick's disease, are far less common. The early stages are characterised by changes to mood and personality, a decrease in inhibition and a tendency to roam or wander.

Dementia is also caused by Parkinson's disease, vascular dementia (caused by a stroke), Huntington's disease and alcohol-related Korsakoff's syndrome.

Cognition in people with acquired conditions

Some individuals may have a condition that has been acquired through accident or illness. This can sometimes cause a change to cognitive processes, including the ability to think, reason, use judgment and remember effectively. Some individuals may require significantly more care and supervision, and the person may not be able to function independently in the same way they used to. These conditions may be seen in much younger people, as they are not specifically related to ageing.

Impaired cognition

Damage to any part of the brain has the potential to cause cognitive impairment. The degree of impairment depends on the type of injury, infection, disease, or stage of the disease. Some cognitive impairment may be genetic.

Impaired cognition may present in various ways, such as:

- concentration difficulties
- confusion and disorientation
- dementia
- delirium
- delusions
- forgetfulness
- hallucinations
- a learning or intellectual disability.

Illnesses or conditions that cause impaired cognition

Illnesses or conditions that can cause impaired cognition are described here.

Schizophrenia

- **Definition:** A mental illness affecting the normal functioning of the brain.
- **Effects:** Delusions, poor concentration, inability to focus and hallucinations.

Huntington's disease

- **Definition:** A neurodegenerative genetic disorder that affects muscle coordination.
- **Effects:** Loss of motor skills and mental abilities declining into dementia.

Parkinson's disease

- **Definition:** A degenerative disorder of the central nervous system.
- **Effects:** Movement-related difficulties that progress to dementia-related difficulties such as delirium, disorientation, confusion and hallucinations.

Pick's disease

- **Definition:** A neurodegenerative genetic disorder that causes progressive destruction of the nerve cells in the brain.
- **Effects:** Loss of speech and dementia.

Dementia

- **Definition:** A loss of cognitive ability in a previously unimpaired person, which may be the result of an ABI or of ageing.
- **Effects:** Loss of memory, decline in attention span, decline in problem-solving skills, disorientation and delirium.

Alcohol abuse

- **Definition:** A pattern of drinking that results in harm to one's health.
- **Effects:** Long-term abuse can cause health complications to every organ in the body.

Stroke

- **Definition:** A stoke can cause vascular dementia caused by damage to the brain through loss of blood flow. This is the result of disruption to the blood supply to a region of the brain.
- **Effects:** Mobility and movement control, ability to use language and to control muscles in some parts of the body including the ability to chew or swallow. May also include a reduction in memory capacity and can affect vision.

Plan to support cognitive impairments

Individual planning is the key to supporting people who have cognitive impairments in any setting. You should have access to written documentation about the person, or be able to work as part of a team to compile this information. Information is often recorded as part of a care plan or individual plan and may be written along with professionals such as diversional therapists, nursing staff, medical staff and case management staff. These professionals each contribute different and specific input based on their own area of expertise and ensure the plan is updated as required.

Take the time to learn about individuals to gain further knowledge about the types of cognitive impairment present in the group of people you are providing services to. Each group of people have different characteristics and needs. For example, if you work with a person who has experienced a stroke and has recently returned home after rehabilitation, you must learn about their particular needs and how a stroke affects functioning and skills. If you work with individuals who have Alzheimer's disease, you must continue to learn about the condition and stay up to date with advances in best practice care and current research directions.

Key aspects of memory

Memory is a dynamic, changing process of managing information and making it accessible at a later time. It is made up of different components and changes how it works depending on the situation, the environment and with increasing age.

The two main components of memory are short-term memory and long-term memory, as explained here.

Short-term memory

- Short-term memory (or the immediate memory) is what we use to deal with new information. It is a bit like a small filing cabinet, as it can only hold a limited amount of information. It is useful for storing information such as a phone number or a person's name. For most adults, short-term memory can hold around five to nine pieces of information before it is full. Information then needs to be transferred to longer-term storage or it will be forgotten. After that, unless the information is dealt with in some efficient way, it is easily lost. This is why it is best to write down the name of person and their family members when you first meet them, and for staff to wear name badges when working in an activity centre or nursing home.

Long-term memory

- Long-term memory (or the enduring memory) holds information once it has been processed through the short-term memory. Long-term memory relies on information being processed and linked with related concepts or thoughts that already exist within our memory system.
- Long-term memory includes both recently stored information, such as what you had for dinner last night, as well as lifetime memories such as family names, work skills and processes, family holidays, houses and people you have met.
- The most recent memories are often the ones people forget easily and can be difficult and frustrating to recall; for example, names of people we have just met or where we put our car keys.

Aspects of long-term memory

Long-term memory is not always a completely accurate reflection of what went into the memory in the first place – the information has been taken in, stored, manipulated and compared with other information and retrieved. During this process it may change slightly or a great deal. Sometimes memories we believe to be highly accurate are in fact distortions of events or blends of several memories combined. Memory changes over time, so events we think we remember accurately may not be true reflections of what actually happened. Memory can also be strongly influenced by suggestion.

For information to be stored in the long-term memory and then easily retrieved, a few things need to happen.

For effective long-term memory storage and retrieval, the information needs to be:

- categorised in a logical, organised way – information taken in haphazardly becomes disorganised and is harder to retrieve
- 'tagged' or linked to other elements, such as a name, place, smell, sound, person or colour – information that has no tangible link sits in isolation and is harder to retrieve
- repeated and re-used – information that is never retrieved from long-term memory can be harder to retrieve in later years.

Categories of memory

Memories can be categories tin three different ways, as shown here.

Procedural memory

Procedural memory is also known as motor skills, and is responsible for knowing how to do things. Procedural memory is part of the long-term memory where it stores information on how to do things such as walking, talking and riding a bike.

Episodic memory

Episodic memory is the memory of an 'event' or 'episode' These memories of events can be times, places, associated emotions, and other contextual who, what, when, where, why knowledge, that can be explicitly stated. For example, remember the last time you ate dinner at a restaurant. The ability to remember where you ate, with who, and the items you ordered are all features of an episodic memory. Another example is remembering where you parked your car at a shopping centre this morning.

Semantic memory

Semantic memory refers to general world knowledge that we have accumulated throughout our lives. It is a more structured record of facts, meanings, concepts and knowledge about the external world. Semantic memory stands alone as simple knowledge and examples may include things as social customs, functions of objects or an understanding of mathematics. Semantic memory is generally derived from the episodic memory, whereby we learn new facts from our experiences

Decision-making and reasoning

Decision-making and reasoning are reflections of cognitive ability (at least in part) and are influenced by a great many factors. Some of these are outlined here.

Developmental stage

The developmental stage of the person is a strong indicator of the reasoning and decision-making that can be employed. For example, a child in the pre-operational phase (around 2–6 years) is unable to use logic to reason and solve problems. They cannot yet manipulate objects in their head, although they do have a limited understanding of the world and the people and things within it.

By contrast, a child who is in the concrete operational phase (7–12 years) is able to use logic to solve problems and can manipulate objects in their head. At this stage, however, children are not yet able to use sophisticated reasoning or abstract thought where one object is represented by something else (such as in algebra, where a letter is representative of a number).

The environment

The environment influences a person's ability to make decisions. Some environments lend themselves better to logical decision-making than others. For example, an adolescent who is capable of sound reasoning and abstract thought may still make risk-taking decisions if they are being strongly influenced by their peers. Although cognitively they are able to use good judgment, they may ultimately decide not to, as the environment is negatively influencing their decision-making processes.

For many people, decision-making and reasoning is easier to perform in an optimal environment. This can be seen in children who prefer a quiet classroom to learn well, or in older adults who become distracted and frustrated when they are trying to read a web page because of moving elements or animations.

Age and health factors

Advancing age increases the likelihood of experiencing conditions such as dementia. This has a clearly identifiable negative impact on decision-making and reasoning, as cognitive abilities are affected. As dementia progresses, a person's ability to use reasoning and make decisions declines.

Health factors, such as being in constant pain, may also have an effect on decision-making. People in constant pain often find information is not taken in effectively, as coping with the level of pain can make it difficult to focus.

Some people who take medications (e.g. sleeping tablets, night-time cold and flu medications, some antihistamines, antidepressants and some epilepsy medications) may experience increased drowsiness, impaired cognition and decreased ability to make decisions.

Previous experience

Previous experience influences a person's ability to make decisions and use reasoning. For example, practising a task makes it easier to perform, and this generally leads to better decision-making and greater use of reasoning over time.

Previous experience can also negatively affect decision-making and reasoning. For example, a child who is constantly told that they cannot be trusted to make decisions might go on to make poor decisions and use limited reasoning skills later in life.

In older people, each small memory lapse or poor decision is noticed acutely and they may begin to expect to make poor decisions or forget important details. This lack of self-confidence makes it more likely they will have difficulty, leading to more poor decisions and memory lapses.

Key aspects of communicating

Human cognitive processes relating to communicating are those thought processes that allow humans to function successfully and interact meaningfully with each other. Examples of these human cognitive processes are shown here.

Orientation

- Orientation refers to awareness of the person, place, time and context.

Attention

- Attention refers to the ability to concentrate. There are four types of attention:
  - Focused attention – responding to a specific stimuli; visual, auditory or tactile
  - Sustained attention – maintaining concentration on a single activity
  - Alternating attention – shifting focus and move between different tasks
  - Divided attention – responding simultaneously to different tasks, such as multi-tasking

Memory

- Memory refers to the ability to remember things.

Problem-solving

- Problem-solving refers to the ability think or reason about things.

Executive function

- Executive function refers to the ability to plan, initiate, complete and oversee behaviour.

Language

- Language has many parts of the cognitive communication process including auditory, comprehension, verbal expression, reading, writing and social skills. Thinking affects language and language affects thinking.

Progression of degenerative conditions

It is important to consider the expected progression of individuals who have cognitive impairment due to an acquired or degenerative condition.

Individuals who have an acquired brain injury (ABI) due to head trauma or who have experienced a stroke are likely to show an increase in their skills and abilities over time, and a corresponding decrease in their need for care and support. By contrast, a person who has a degenerative condition, such as a form of dementia, will show decreasing skills over time and an increase in their need for care and support.

Family members may ask you about the expected progression of an individual. This can be a challenging question. It is vital to stay within the bounds of your own knowledge as a worker, and that you do not attempt to provide medical advice or opinions.

Where possible, it is always preferable to refer family members to nursing or medical staff for medical opinions related to progress. You can then spend your time talking to family members about the specifics of your own leisure program and how it is designed to support individuals.

Acquired brain injuries

An ABI is one example of a change to cognition that is the result of a sudden, traumatic event. Damage to the brain can be severe, and can occur in a particular region (for example, if a person is thrown forward in a car accident they may damage their frontal lobe) or to several regions (for example, if a person's ABI is the result of an infection such as severe encephalitis). Damage can also be the result of drug or alcohol consumption, lack of oxygen (hypoxia) or poisoning.

People with an ABI may require support with:

- using judgment and evaluating situations appropriately
- controlling impulses and outbursts
- using sound reasoning and problem-solving skills
- being aware of and managing risks appropriately
- regaining pre-existing skills such as those related to speech and language.

A multidisciplinary team

People who have an ABI may need input from members of a multidisciplinary team as they progress through rehabilitation and regain as many skills as possible to promote an independent, positive life.

As a recreation worker, you need to work alongside other professionals such as speech pathologists and occupational therapists who can guide you in your interactions and activity planning for the person. You should expect to see changes in skills and abilities over time, and the individual's plan may need to be updated regularly.

Psychosocial needs for persons with ABI

A broad range of social skills may be affected by an ABI, including the ability to start or take turns in conversation, change topics in conversation, interpret and respond to social cues, show interest in others, use humour appropriately and regulate the volume and tone of voice. Someone with an ABI may have one or more of the following.

Lack of insight

A person may experience great difficulty with seeing and accepting changes to their thinking and behaviour.

Slowed responses

The person with ABI may be slow to answer questions or to perform tasks, and may have difficulty keeping up in conversation.

Listening skills

A person may lose their listening skills, and may talk excessively. Accompanying memory problems may mean that they repeat topics

Inflexibility

A person with an ABI can be very inflexible in their thinking.

Impulsivity

A person may be very impulsive if they have lost the filtering system or control that makes them stop and think before jumping in.

Irritability

A person with ABI may have low tolerance for frustration and can lose their temper easily

Socially inappropriate behaviour

A person with ABI may have difficulty judging how to behave in social situations

Self-centredness

A person with ABI may appear to be self-centred, fail to see other people's point of view and be demanding.

Dependency

A person may become very dependent on others. They may not like being left alone, demanding attention.

Build independent skills

For some individuals, a leisure-based program designed to build independent skills and capabilities may be appropriate. Individuals who have an ABI or have experienced a stroke may need help to re-engage with previous activities or learn how to adapt their participation to suit specific needs.

This type of support may be of short duration, and is typically designed to build skills to the point where the person feels confident in participating in activities in a community setting.

Providing group activities as well as individual support can be useful, as individuals often enjoy spending time with others who understand and can empathise with their difficulties. Individuals may also learn from observing and interacting with other participants in a supported environment.

Dementia

An individual leisure plan is a useful tool to help you provide appropriate activities for a person who has a cognitive impairment. It also serves as a vital tool for supporting the changing needs of a person who has a deteriorating cognitive impairment, such as a form of dementia. Over time, the person may become less able to share information

with you about their needs, interests and previous life experiences. Having information recorded in a leisure plan means you still have access to these details when they are needed.

An individual leisure plan may be a brief document covering key information provided by the individual or other family members, or it may be an in-depth document providing a wide range of critical information.

A leisure plan may include information about the person's:

- diagnosis and disability
- behavioural and social issues; for example, wandering, distress or anxiety
- sleep difficulties or concerns
- preferred activities
- preferred location and format for activities
- personal details; for example, preferred name, living situation, family members
- mobility and any aids or equipment used
- medical issue; for example, diabetes, asthma or epilepsy
- language skills.

Psychosocial needs for persons with dementia

A significant proportion of people with dementia experience behavioural and/or psychological symptoms during the progression of their illness.

Most psychosocial interventions aim to improve cognitive skills, mood or behaviour.

Dementia affects memory and can result in co-morbid disorders, such as depression. The illness generally begins with mild symptoms that deteriorate over time until death. Memory loss can be distressing, and they may feel confused or embarrassed. Some feel depressed, angry and react aggressively in some situations. Self-identity changes as the illness progresses and a person can feel a loss of control.

Leisure activities have been found very beneficial for people with dementia. Leisure activities stimulate cognitive functions, strengthen memory and provide physical stimulation and social contact. Residential care units and community care agencies recognise this, and much time and funding is devoted to facilitating leisure activities for people with dementia. Memory loss, however, does impact a person's ability to participate in leisure activities and the type of leisure activities chosen. Complicated puzzles or trivia may be distressing. Singing and music, on the other hand, can be very positive and enjoyable.

Support people with dementia in a low-care setting

Some people with various forms of dementia still live quite independently and may benefit from individual or group-based activities suitable to their abilities and stage of dementia. Typically, these individuals are in the early-to-middle stages of dementia and may receive some support from family members or caregivers. They may be living at home or in a low-care facility, such as a hostel.

As a recreation worker, you can provide support for a person living in a low-care setting by providing meaningful and safe activities that are engaging and stimulating. You can provide support to family members of individuals who live at home by allowing them to take some respite from their caring responsibilities for a short time.

When supporting a person with dementia, include them in everyday activities. Joining in these tasks can help people with dementia feel more settled and calm.

Learn about a person with dementia

Learn about the person by talking to their family members, reading their individual plan, observing their home environment and recording details you are told in a leisure plan.

Activities that may be useful in a home setting include:

- looking through family photos
- reading newspapers, books or magazines out loud
- listening to some favourite music
- watching an old movie together
- creating a piece of artwork
- sharing in food preparation
- gardening.

Support a person with dementia in a low-care residential facility

In a low-care residential facility, you may also offer group activities; for example, activities with a focus on craft, art, music, exercise, cooking, games or gardening. You may also offer outings to local facilities in the community, such as going shopping, to a movie or to a park.

Try to offer a range of activities, and include both small group and individual support options. Provide information to residents so they can choose preferred activities, making this information available in a format that is meaningful for them. For example, you may write activities on a board, offer verbal and visual reminders or speak directly to people specifically to ask if they want to join in an activity. Activities for this group of individuals often focus on stimulation and social engagement.

Here are some useful activities to do a low-care residential facility.

Useful activities in a low-care residential facility
▶ Reminiscing games or reflections
▶ Quizzes and trivia questions about specific time periods
▶ Art and craft activities
▶ Games related to themes such as Australian colloquialisms, movies, music or sports
▶ Gentle exercise such as chair aerobics or carpet bowls
▶ Singalongs
▶ Reading large-print books
▶ Sensory activities such as exploring smells, imagery, sounds or textures

Support a person with dementia in a high-care setting

A person who has more advanced dementia may move into a residential care facility that offers a higher level of care and supervision. Some facilities have dementia-specific units within them.

Individuals in these settings require different activities from those in low-care settings. They typically have limited independent skills and their short-term memory is severely affected. The long-term memory is more intact than short-term memory, and the person may experience hallucinations or periods of withdrawal and apathy.

Social behaviour may become less appropriate to the situation and language skills are often significantly affected. As individuals move into the advanced stage of dementia, they often lose abilities such as knowing what to do with a tool, although they often still retain the ability to perform the actual task if shown and prompted. They rely on and experience the world mostly through their primary senses of touch, smell, vision and hearing.

Provide suitable activities for persons with dementia

Here are some activities that may be suitable for individuals with dementia in a high-care setting.

Activities for people with dementia a high care setting
▶ Simple movement tasks based on copying an action
▶ Tactile experiences such as different materials or small bottles with scents or fragrances
▶ A sensory room to help calm a person who is distressed or agitated, or simply to offer an enjoyable experience
▶ Music that promotes relaxation, particularly at times of the day when a person may become distressed
▶ Household tasks that are very simple and easily copied when modelled by another person
▶ Memory boxes or books of personal items or photos
▶ Puppetry
▶ Activities that have already been started, such as a drawing that is partially completed

Example

Provide suitable activities for persons with dementia

Chin Ho is a support worker for an organisation that specialises in supporting adults who have a primary diagnosis of an ABI. Many of these individuals experience difficulty remembering details such as names, dates and times; organising daily tasks; initiating new activities; making complex plans; and managing their emotional responses to situations.

Chin Ho provides some group activity sessions with a focus on community-based recreation activities, and also offers one-to-one support and guidance. The purpose of these sessions is to help individuals build skills in accessing community-based activities in recreation, education and other community facilities.

He shows people how to use public transport safely and easily, join in activities with minimal support and to feel confident in asking for help from mainstream service providers when required. He teaches the individuals to use reminders (e.g. print or electronic calendars and brightly coloured notes) and to practise conversation and ‘stop, think, act’ strategies to help them deal with both expected and unexpected situations.

He aims to provide decreasing levels of support appropriate to needs of the individual over a period of around 18 months.

Practice task 4

1. Provide two examples of social skills that may be affected by acquired brain injury.

2. What strategies could a care worker develop to increase social skills for people affected by ABI?

3. List three ways you could support someone living with dementia in a low care setting.

Click to complete Practice task 4

Summary

1. Human development is a continual progression over time in areas such as cognitive, psychosocial, physical and moral development.
2. Human beings move through the life stages of infancy, childhood, adolescence, adulthood and elderly.
3. Researchers such as Piaget, Erikson, Kohlberg and Freud have influenced what we know today about human development across many different areas.
4. Your knowledge of human development informs your daily practice of planning, implementing and evaluating programs and activities for specific groups of people.
5. Identifying a person's behaviours as consistent with their life span assists in planning activities in leisure and recreation.
6. Certain cognitive processes can impact on a person's development.
7. Leisure and recreation can work well to support a person with a cognitive impairment.
8. Leisure programs can be adapted to various locations such as in the home, or in a high-care residential facility.

Learning checkpoint 1
Identify the lifespan developmental stages of the person

This learning checkpoint allows you to review your skills and knowledge in identifying the lifespan developmental stages of the person receiving services.

Part A

1. What are two different ways lifespan development can be examined?

2. Give three examples of how the stages of human development impact on needs, interests and skills of children.

3. List three behaviours consistent with lifespan development stage for adolescence.

4. What are three key aspects relating to memory and briefly describe each.

5. Decision making and reasoning are reflections of cognitive ability and are influenced by many factors. What are two examples of these factors?

Part B

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

Case study

Marjorie has experienced a period of significant and extended pain with a back injury. Her memory has been an issue during this time, and she has found it frustrating that she has forgotten several important family events. One day she forgot she was meant to be looking after her grandchild and went shopping instead, so she was not home when her daughter arrived to drop the child off.

Although Marjorie has now stopped taking the pain medication, she still believes her memory is a problem. She is 72 years old and she thinks she may have dementia. She notices every problem with her memory, and begins to use negative self-talk such as referring to herself as a 'silly old biddy'. She starts avoiding other people and no longer goes to her weekly chess game, an activity she used to enjoy. She has told herself she shouldn't try doing the crossword anymore, although she used to do it every morning. She now spends her time after breakfast watching TV instead.

Marjorie's self-doubt is likely to cause increasing social isolation and potentially declining health over time.

1. Explain how Marjorie's physical, social, behavioural and cognitive ability are indicative of her lifespan development stage.

2. What are three key aspects relating to communicating that are relevant to Marjorie?

3. What might a leisure plan for Marjorie need to include?

Topic 2

In this topic you will learn how to:

2A **Identify social aspects of health provision and the impact on people**

2B **Identify how demographic issues impact on health**

2C **Identify health issues that impact on health service provision**

Identify how the Australian social context of health might impact on participation

There is a complex relationship between society and health. Much research has investigated and found relationships between health, life expectancy and leisure choices, as well as the education, income, occupation, marital status and material resources of individuals.

These relationships are not concrete and absolute. For example, socioeconomic status does not always predict quality of health, although it may influence it. Generally, it is found that education improves health, but again, this is not a rule that applies to all individuals.

Leisure and health are both the responsibility of the individual, but are greatly influenced by social conditions. The social context of leisure includes considering the relationships between health, life expectancy and leisure choices as well as the education, income, occupation, material resources of individuals.

2A Identify social aspects of health provision and the impact on people

It is important for a leisure worker to identify how the social context of health might impact on the individual and their participation in activities and programs. Social aspects of health and its provision in Australia can impact on the person seeking leisure and recreation. The influence of each of these will vary from person to person, from family to family and across different locations across Australia.

Understand health in Australia

You may define health as being free of disease, feeling well or living a lifestyle that optimises your quality of life and reduces illness.

There are several dominant contemporary models for understanding health in Australia. The following are relevant to the Australian social context, but may not apply to every culture or individual.

Biomedicine model

One of the key characteristics of health is that the term itself is culturally specific. The biomedicine model is a contemporary theory of health that is dominant in Australia and influences policy-making and service delivery. This model defines health as the absence of disease.

Over time, and with new research, the biomedicine model has evolved to respond to political, social and healthcare changes and challenges.

Biopsychosocial model

A more-complex evolution of the biomedicine model is the biopsychosocial model. This argues that an individual's health is not only determined by how they function biologically, but also by the psychological and social factors that affect them.

The biopsychosocial framework is more holistic than the biomedicine model in that it looks at a person's context, as well as their physical health.

International classification of functioning, disability and health

In 2001, the World Health Assembly approved the International Classification of Functioning, Disability and Health (ICF). The following are the key assumptions of the ICF:

Health is a dynamic concept that exists on a continuum between wellness and illness, and is likely to change. Health results from how an individual reacts with his or her environment (situational conditions influence a person's biological condition).

Regardless of their health condition, everyone has the potential to maximise their wellness and wellbeing.

Socio-ecological framework

The socio-ecological framework is a contemporary move to improve health at all levels of society, from the individual to community groups and beyond. This has inspired public health, which as discussed previously, aims to educate people to achieve their optimum health status.

Define leisure

Like health, leisure is a culturally-specific concept in that it means different things to different people, depending on their background. The definition of leisure is also dynamic and reflects the changeable nature of society. How an individual defines leisure may also change over somebody's lifetime; for example, it may be different for a person working full-time than for a person who is retired.

From the Australian government's perspective, leisure is classified as all time spent outside of obligations like work and home duties. The purpose of leisure activities is to relax and refresh people. If they are in the workforce, leisure gives a person an opportunity to recuperate before resuming work commitments.

In the health industry, leisure refers to how a person spends their time when they are not attending to activities of daily living, such as cooking or cleaning. Leisure activities in a health context may include exercise, social activities such as playing cards, playing music, reading or gardening.

Responsibility for health and leisure

One predictor for positive health status and leisure choices is the perceived power an individual has over their life. Power refers to the ability to act and achieve intended goals and may be determined by material resources; for example, a low-income or homeless person may feel powerless to achieve their goals. Power may also come from education, or an upbringing that instilled a belief in entitlement and ability to achieve goals.

Progressively, Australian society and government have moved towards shifting power and responsibility for health to the individual. Individuals are responsible for their own health status. The government provides health services and supports healthy lifestyles in the form of public health education, but ultimately, it is the individual's responsibility to manage their own health and leisure activities.

Social influences on health and leisure

Societal and cultural influences play a major role in health status and leisure choices. Health behaviours and choices are often influenced by other people either in one's own home or at a workplace or from a peer group. Underpinning these influences is the Australian culture as a whole that may influence its residents in a particular way towards leisure. Because Australia is such a large country, there will be many geographic subcultures where influences on health and leisure will differ greatly from other areas.

Think about your own family. Do members of your family smoke? Do they exercise? How do they eat? What leisure activities do they engage in? How have their choices influenced your health behaviours and leisure choices? You can ask the same questions about your workplace. Does your workplace culture influence your health behaviours and leisure choices?

Socialisation from our family determines how we eat and exercise; whether we see a medical practitioner, an allied health professional or an alternative medicine practitioner; and our leisure activities. The same influences may also come through education or through media we engage with. What television shows do you watch, for example? Have these shows influenced your lifestyle?

Social context of health and leisure

The Australian government values and encourages individual responsibility for health and leisure choices. However, a person's choices are largely influenced by the social culture in which they live and were socialised into as they grew up. Leisure and health are both the responsibility of the individual, but are greatly influenced by social conditions and their environment. The social context of leisure includes considering the relationships between health, life expectancy, leisure choices as well as the education, income, occupation, material resources of individuals.

Individuals have specific needs, like food and water. The choices we make on top of that may be influenced by a person's social culture; for example, wanting to play sport rather than learning music. Ability is also very important, and may vary depending on socioeconomic, cultural or social status.

Consider a person waiting to have an operation. An individual who can afford private health insurance may not wait as long as a person who cannot, and is going through the public health system. Location is also a factor in determining ability to achieve health or leisure goals, or maintain good health. People in urban areas have greater access to resources, such as health professionals, health facilities and leisure facilities that people in rural or remote areas do not have access to.

Conditions of choice

Values and beliefs largely influence the health and leisure choices we make. Values may stem from education, family, friends, workplace or general society. Motivation enables us to act. If the need and ability is there and our choices are supported by our values, we need motivation to execute and achieve our goals. Goals may include losing weight, stopping smoking, practicing yoga or attending to a medical issue that has been bothering us.

The same conditions of choice apply to individuals in the healthcare system. Consider the needs, wants, ability, values and motivation of the individual and how they influence the people you work with.

Factors determining a person's ability to make choices about their health	
▶ Needs	▶ Values
▶ Wants	▶ Motivation
▶ Abilities	

Practice task 5

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

Case study

Red Dust Healing is an initiative started by Indigenous Australians Randal Ross and Tom Powell. The program is designed for individuals and communities who need cultural healing. An important concept in the Red Dust Healing program is that the individual is part of a family, a community and a history. No person exists in isolation. The program addresses identity; family issues; family roles and structure; anger management; drug and alcohol abuse, grief and loss; family violence; and impacts of colonisation, education and governance.

The program treats the individual as entwined with his or her social environment – an individual's healing and health cannot be separated from their context.

You can read more about cultural healing at: http://aspirelr.link/red-dust-healing.

1. Explain how the Red Dust Healing program has considered health from a social perspective.

2. Describe one social model that helps explain the individual's health in relationship to the broader context.

3. Describe three key social aspects of health provision in Australia and how they impact people.

Click to complete Practice task 5

2B Identify how demographic issues impact on health

The Australian health system is designed to meet the needs of all Australian, from all demographics of the population. One of the seven values of the Australian health care system is accessibility: healthcare should be available to all regardless of income, location or culture.

Population demographics

Demographics are statistics that describe the characteristics of a population. People's access to health and leisure services will be different according to the demographic groups in which they identify. Demographics are often used in research that provides information for government policies. From policies comes funding allocations. These can impact on an individual's eligibility and access for various health and leisure services.

Culture covers shared attitudes, values, goals, rituals and practices that characterise a society or group of people. The term 'transcultural' refers to the merging of more than one culture or the combination of elements of several cultures.

Demographic information relates to:

- age
- gender identity
- race
- religion
- culture
- socioeconomic status
- disabilities
- urban versus rural residency.

The Australian health system for older people

Australia is an increasingly ageing society. In the last 10 years, average life expectancy has increased to 79 years for males and 84 years for females. A number of issues may affect the older population, such as ageism – discrimination towards a person because of their age. Older people are also often stereotyped; for example, some people believe that older people should retire, are not open to change or have no sexual needs. These stereotypes are often incorrect and unhelpful for understanding the needs of older people.

Older people experience a number of developmental milestones during this stage of their lifespan that requires access to various health services. They can include grief, which may be for a lost spouse, lost friends, for retirement or for loss of independence. Grief may also impact a person's physical health. Maintaining and supporting independence is also a key issue when working with older people. There is a strong emphasis in Australia to support older people to remain in the community for as long as possible. When working with older people, you need to be sensitive to these experiences.

Activities for older people

An assessment team works with older people to determine which services can assist their activities of daily living and leisure activities. Older people in residential care homes can also be supported to maintain independence by providing them with

choices and encouraging them to manage their own affairs. Diversional or recreation therapists are often employed in aged care residences and are responsible for suggesting and providing activities for older people. A person-centred approach is used when developing suitable activities and the person's needs are seen in a holistic way, and all aspects of a person are integrated when devising activities.

In diversional therapy, activities should:

- be physical, cognitive, emotional, social and spiritual
- be meaningful and inspiring
- compensate for lost abilities
- increase general life satisfaction
- use current skills and abilities
- respond to individual needs and choices
- be culturally sensitive.

Support for people in aged care

Programs and services provided by the Australian Government to support people in aged care are outlined here.

My Aged Care

- My Aged Care is the main entry point to the aged care system. It provides information about aged care for consumers, family members and carers, and service providers through the My Aged Care website and My Aged Care contact centre.
- For more information, visit http://aspirelr.link/my-aged-care

Commonwealth Home Support Programme (CHSP)

- An Australian Government funded programme that provides services that support older people to stay at home and be more independent in the community.
- For more information, visit http://aspirelr.link/chsp-assistance

Home care

- A Home Care Package is a coordinated package of services tailored to meet a person's specific care needs. The package is coordinated by an approved home care provider, with funding provided by the Australian Government under the Aged Care Act 1997 (Cth).
- For more information, visit http://aspirelr.link/home-care-packages

Residential care

- Residential aged care provides a range of care options and accommodation for older people who are unable to continue living independently in their own homes.

Flexible care

- Flexible care acknowledges that the needs of care recipients may require a different care approach than that provided through mainstream residential and home care.

Aged Care Assessment Program

- An Aged Care Assessment Program includes information for Aged Care Assessment Teams (ACATs) including forms, guidelines, policies and updates relating to the Aged Care Assessment Program. They are available in each state and territory.

Aged Care Complaints Scheme

- The Aged Care Complaints Scheme (the Scheme) provides a free service for anyone to raise their concerns about the quality of care or services being delivered to people receiving aged care services subsidised by the Australian Government, including residential care, Home Care Packages and Commonwealth Home Support Programme services.
- For more information, visit http://aspirelr.link/aged-care-complaints-commissioner

The Australian health system for people with disabilities

The term 'people with disabilities' is a very broad category, and includes people with:

- intellectual disabilities, such as autism
- physical disabilities, such as paralysis or cerebral palsy
- psychiatric, neurological and learning disabilities.

The number of people with disabilities is higher within the older population, so many people experience the health issues related to both ageing and disability. Support for people with disabilities and their families is offered through residential group homes; respite and rehabilitation centres; and community care, where a carer visits a person in their own home. Leisure activities are important part of support for people with disabilities and a part of daily life. Leisure programs have become less institutionalised over time and now are more commonly offered in the community.

The access a person with a disability has to health services depends largely on their eligibility for funding. Funding may enable a community services worker to visit the person with a disability in the community, or a person may instead qualify for a residential group home.

Another issue that affects both older people and people with disabilities is that many of the people employed in aged and disability care work casually or part-time, which can impact the relationships formed between the individual and the career, and the continuity of care. Effective communication between staff is essential if a number of staff are caring for the same individual or group.

Public policies in Australia

There are a number of public policies in Australia that seek to address issues that affect people with disabilities. People living with disabilities often experience negative issues related to discrimination and isolation from society. The social model of disability guides carers and workers in disability, promoting the rights and dignity of people with disabilities. Community change is gradual. As people's attitudes reform, access to buildings and community activities increases and services improve. It is hoped that the experience of people with disabilities will improve considerably as policy addresses these concerns.

The following political and social policies and legislation aim to redress the discrimination and improve the status of people with disabilities in the community.

***Disability Discrimination Act 1992* (Cth)**

- The *Disability Discrimination Act 1992* is designed to protect the rights of people living with disabilities. Under this law, they are protected against direct and indirect discrimination in all aspects of public life, such as employment, community activities, education and access to buildings.

The Australian Human Rights Commission

- The Australian Human Rights Commission works to protect the rights of people with disabilities. The commission makes public inquiries, negotiates guidelines and standards, and forms action plans.

National Disability Insurance Agency

- The National Disability Insurance Agency (NDIA) is an independent statutory agency whose role is to implement the National Disability Insurance Scheme (NDIS). This will replace state and territory departments in the provision of targeted support and coordination and access to services for people with disabilities.

International Day of People with Disability

- The International Day of People with Disability is facilitated by the Australian Government and sanctioned by the United Nations. The day aims to promote awareness, understanding and education about the issues that impact people with disabilities, such as employment, housing, community involvement, mobility, funding and recreation.

National Disability Strategy

- The National Disability Strategy was the first agreement between all governments in Australia, created to protect the rights and promote equality for people with disabilities.

The Australian health system for people living in rural and remote areas

People living in regional, rural and remote areas have limited access to health services compared to people in metropolitan areas. Although Australia is largely an urbanised population, meaning the majority of people live in cities, a large number of Australians live in regional and rural areas.

Rural and remote communities experience increasing health issues due to their distance from adequate health services, lower socioeconomic status and a greater proportion of Indigenous Australian populations compared to metropolitan areas.

The extended period of drought that has affected rural communities in recent years has also had major impacts on the mental health of residents. Drought also means that farmers struggle financially, which once again restricts access to some health services.

The federal, state and territory governments have acknowledged some of the issues relating to health services in rural communities. One move to address concerns includes allocating funding to expand rural health services; however, developing and increasing access to health service requires a long and sustained commitment from governments and local communities. Incentives such as cadetships and scholarships are also offered to graduating health professionals to encourage them to take jobs in rural areas. Health services are limited across the board, including nurses, doctors, emergency personnel and allied health professionals.

Australian health system for Aboriginal and Torres Strait Islander peoples

In the past, government focus was given to infant and child health in Indigenous Australian communities. Increasingly, greater attention has been paid to adult Indigenous Australian health issues, such as diabetes and high mortality rates related to illness and disability.

Chronic illnesses such as diabetes, high blood pressure, heart disease, kidney infection, stroke, and infections such as acute chest infections and hepatitis B are prevalent in Indigenous society. Disability is also prevalent, including hearing loss due to middle-ear infection and blindness, which is often due to untreated cataracts.

The Primary Health Care Activity (PHC Activity) is a component of the Indigenous Australians' Health Program, which aims to ensure Aboriginal and Torres Strait Islander people have access to effective health care services, in urban, regional, rural and remote locations across the country. Primary health care funding provides support to health organisations to provide primary health care services to Aboriginal and Torres Strait Islander people. Aboriginal Community Controlled Health Services (ACCHOs) are particularly important, as they give Indigenous Australians more control over their own

health issues. These services also target Indigenous Australians who live in remote areas and cannot access other health services. Also Emergency Services are provided through the Royal Flying Doctors.

Many health concerns relate to cultural issues, geographical location and social issues. The Indigenous Health Division is responsible for the Indigenous Australians' Health Program, which commenced in 2014.

The following Indigenous health funding streams were consolidated

- Primary health care funding
- Child and maternal health activities
- Stronger Futures in the Northern Territory
- Aboriginal and Torres Strait Islander Chronic Disease Fund

Demographic issues and health

Socioeconomic status is largely determined by wealth, income and education. Although it is difficult to measure, it is commonly found that people in unskilled occupations and with low incomes are more susceptible to illness, and are more likely to die before retirement age than people in professional occupations. There are many reasons why this may be the case, such as the physical work environment. For example, labourers may be exposed to dangerous substances and machinery on building sites, and may have a higher risk of work-related injuries sustained in industrial jobs, including chemical burns and injury caused by machinery.

Health problems and injuries are impacted by high-stress jobs and poor work conditions. The health effects may be direct, such as injury, or indirect such as high blood pressure and high rates of smoking. Mental illnesses, such as depression, may also be impacted by high-stress work environments. Working longer hours and having less time to access health services also affects people's health status.

Medicare allows greater access to health services for all Australians; however, it is limited to basic health cover. Dentistry, podiatry and physiotherapy are not covered by Medicare. Without private health cover, certain health services are more difficult to access. Additionally, waiting lists for operations and procedures in public hospitals are often long compared to private hospitals, so people who cannot afford private cover can be disadvantaged.

Example

Identify how demographic issues impact on health

Michael has autism and lives in a residential group home with two other people with disabilities. Michael has 24-hour care, shared with the two other residents. His parents are well-educated and have always researched and followed up to find the support Michael needs. This year, Michael's leisure program includes swimming on Monday mornings, a picnic with friends on Tuesday afternoons, going to the movies on Thursday nights and bowling on Friday evening. Michael is accompanied by a carer for all activities. He benefits from the physical activities and being social with other people. The activities also give him structure in his week and something to look forward to. He particularly loves Thursday nights, as movies are his favourite.

Practice task 6

1. Give one example to demonstrate the way the Australian health system takes into consideration people with a disability.

2. Give one example to demonstrate the way the Australian health system impacts older people.

3. List two examples of Australian government funding that aims to improve the health of Aboriginal and Torres Strait Islander peoples.

Click to complete Practice task 6

2C Identify health issues that impact on health service provision

The leisure and health industry in Australia is large and significant, employing numerous people and playing a key role in helping maintain or enhance the physical, emotional and psychological health of all Australians.

Your role within the industry may take on many different elements of service provision including working with marginalised groups, supporting people with disabilities or mental illness, helping young people or older people, or supporting community organisations and clubs to promote their services to a wider range of customers.

As a worker in the industry, it is important that you are aware of how own work context fits into the Australian health system, including provision of funding, accreditation and registration requirements and private versus public sector.

Provision of funding

Australia's health care system focuses on prevention and better management of chronic illness. This requires targeting populations with the greatest need, especially Indigenous and rural and remote communities. The ageing population of Australia challenges the ability of health services to maintain health and wellbeing, manage serious illness, and provide support to the elderly and disabled. Chronic disease associated with ageing poses a real challenge to the health system. Expenditure of funds in Australia on adults aged 85 years and over was significantly higher per person than other age groups.

Health expenditure in Australia's occurs where money is spent on health goods; for example, equipment and medicines and services in hospital, community health centres, and all the other places where people access a health service. For leisure and recreation workers, funding will come from the particular sector in which they work. Aged care, disability, mental health or community organisations will fund positions according to need. Positions may be well-established in an organisation or sector, or they may be new.

Health services in Australia are delivered through a combination of government funding. The federal (or Commonwealth) government regulates policy and funding, and issues such as public health. The state and territory governments oversee and execute health services, and manage public hospitals, community health organisations and public health, including health education and awareness in schools. Local governments (councils) provide some in home support and maintain the health and hygiene of the community through services like garbage, street cleaning and local facilities.

Commonwealth spending on health

The four broad areas of health spending include hospitals, primary health care, other recurrent expenditure and capital expenditure. The second-largest component of health spending is for primary health care services such as community and public health initiatives. Recurrent and capital expenditure are areas that were not delivered through the primary health care sector, such as medical services, medical research, health aids and appliances, patient transport services and health administration.

Australian funding is available for organisations and/or individuals involved in sport and recreation from a range of sources. The majority of funding comes from national, state/territory and local government programs. Sport and recreation agencies are a primary source for funding. Funding is also allocated via programs for community groups to increase physical activity or recreation. Some not-for-profit organisations also fund leisure and recreation activities, usually for disadvantaged groups in the community.

Commonwealth health expenditure areas include:

- aged and community care services
- disability programs
- public health initiatives
- Medicare and pharmaceutical benefits
- hospital and healthcare funding
- health services for Aboriginal and Torres Strait Islander peoples
- emergency services for people in crisis.

Private and public sector provision of health care

Health services are provided and supported by many agencies other than just state and territory government sources. For example, government and private research and statistical bodies provide information for disease prevention, care and associated policy. Consumer and advocacy groups contribute to policy development and lobby governments for change to support particular groups in the community. Hospitals offer training for health professionals. Voluntary and community organisations also make important contributions, including educational and health promotion programs and coordinating voluntary care.

Discrimination and limited access to services for some people in the community still occurs. Frustration is sometimes directed at the government because of the slow pace of legislative and policy changes. Funding is often central to limited access to health services and policy.

Private versus public sector

Australia has always had a health system that relies on public and private funding and service delivery. Whether a healthcare workplace is public or privately funded influences the nature of the workplace. Often there is an overlap, as many private patients receive Medicare rebates, and public patients can have private health insurance.

Health services in Australia are funded both publicly and privately. The key government funding initiative is Medicare. Medicare applies to services both in and out of hospital. General Practitioners who practise privately can elect to bulk-bill, which means the patients' fees are covered in full by Medicare. Although many Australians choose to take out private health insurance, Medicare allows patients access to basic health care without private cover. Most health services are currently funded by Medicare.

The Pharmaceutical Benefit Scheme (PBS) is also funded by the Australian government. The scheme subsidises the cost of prescribed pharmaceuticals, making medicines more affordable. Low-income earners, pensioners, veterans and people with disabilities have access to greater subsidies through government schemes.

Other health funding comes from private health funds. Private health cover can also be used both in and out of hospital. In addition to the services covered by Medicare, it funds a range of allied health services such as podiatry, physiotherapy, optical and dental services.

Leisure services can be funded in several different ways. Private organisations might use funding to pay for the wages and services for the leisure workers for the people they support. Public organisations will fund individuals, and if the assessment team identifies that an individual requires leisure activities, then the funding will be allocated for those services for that person.

Accreditation and registration for leisure and recreation workers

Governments play a key role in creating a framework of accreditation and registration for health and leisure services in various sectors. Several professions are currently regulated under this scheme including dentists, doctors, psychologists, optometry, podiatry and others. Each profession has a national Board that regulates the profession, registers practitioners and develops standards, codes and guidelines for the profession. The need for regulation is based on the need to provide quality practices and protect members of the public from harm.

There is no requirement for leisure workers to belong to a professional organisation. The sector in which they are employed will have accreditation requirements that the leisure worker must adhere to on behalf of the organisation. The leisure and recreation sector is still unregulated but many people in this area work in industries such as aged care, disability, mental health or education, all of which have their own strong legislative framework. Regulation is a system used to control standards of education and practice of a profession.

A National Registration and Accreditation Scheme was established to:

- protect the public by ensuring that only suitably trained and qualified practitioners are registered
- enable the continuous development of a flexible, responsive and sustainable Australian health workforce
- facilitate workforce mobility across Australia.

Minimum qualifications levels

Regulation is a system used to control standards of education and practice of a profession. The need for regulation is based on the need to provide quality practices and protect members of the public from harm.

Allied Health Professions hold national accredited tertiary qualifications enabling eligibility for membership. Registration may be with Medicare Australia and therefore be eligible for rebates if they meet specific criteria. Other allied health workers may not require academic qualifications or registration with a professional association or board.

Some qualifications are quite specific about what job roles and duties you may undertake. Remember to check that your qualifications are suitable for the jobs you apply for, as if they are not, you may be placed in a role where you feel out of your depth and put yourself or others at risk. For example, to work as a diversional therapist, you need to hold a degree qualification in a specific course. However, to work as a diversional therapy assistant, a Certificate IV in Community Services (Leisure and Health) is usually sufficient.

The aquatics and fitness industries also have strict requirements about what qualifications are required for different roles. For example, to work as a swimming teacher, you must hold an AUSTSWIM teaching certificate and have completed other requirements such as supervised teaching hours. To keep the certificate up to date, workers also need to keep the appropriate level of first aid current.

Some jobs require a reasonable level of skill and experience, which can only be gained through time on the job. It is often useful to begin in a role that has some supervision or mentoring by more experienced staff. This provides valuable on-the-job training and development, and can help you remain within the limitations of your own skills and qualifications.

Culture of the workplace in health care

Many trends have emerged in the ever-growing health workforce, each with their own impact on the provision of services. Trends include the willingness of health professionals to work extended hours and live outside metropolitan areas diminishing; the health workforce aging; the increase of the proportion of women in the health workforce; and individuals seeking to balance work and family life.

These trends are summarised here.

Feminisation of the workforce

- There are more females in the health workforce than men, except in specialised medical services and dentistry.

Ageing workforce

- The health workforce is also ageing, which reflects the ageing population of Australia.

Part-time and casual workforce

- Many people who work in health care work part-time or casually.

Urbanisation of the workforce

- The health workforce tends to be concentrated in urban areas, particularly those working in specialist medical services and allied health services. Rural and remote areas provide challenges to health workers due to the travel required and the under-resourced nature of many rural services.

Public funding versus private funding

- Another factor that influences the nature of a healthcare workplace is whether the institution or organisation is public or privately funded.

Supporting independence and autonomy

- In recent years, a dominant characteristic of the healthcare environment has been supporting independence and autonomy in individuals. Assisting independent living includes:
  - giving the individual options and choices
  - encouraging individual to keep up their skills and learn new ones
  - supervising a person doing tasks, rather than doing the task for them
  - thinking about how your workplace supports the independence and autonomy of the individual.

Example

Identify health issues that impact health service provision

Casey understands that there are advantages and disadvantages to working in the public and private sector in her job as a leisure and recreation officer. Her private practice offers incentives, such as flexible hours and working in environments that she can pick and choose. However, her private health work causes some stress due to the need to operate as a business and make a profit. There are large costs associated with this arrangement, and it is can be more difficult to obtain customers than in the public system.

In her other job as a recreation worker in the aged care sector, there is stability and more employment choices; however, the wages are lower in the public system. The hours are less flexible and at work she notices how resources are stretched, so fewer staff are required to do more work.

Practice task 7

1. List three key areas that receive funding in the Australian health system.

2. Give one example of the purpose of a National Registration and Accreditation Scheme (NRAS).

3. What are three cultural trends in the context of Australia's health service workforce?

Click to complete Practice task 7

Summary

1. The responsibility for health is on the individual.
2. A person's culture greatly influences the person's health and leisure choices
3. Demographic issues such as age, culture, disabilities, location impact on peoples' health and leisure choices.
4. Public policies seek to address issues that affect people with disabilities, people who live in remote and rural locations and the health of Aboriginal and Torres Strait Islander peoples.
5. Socioeconomic status is largely determined by wealth, income and education. It is difficult to measure, but affects health status.
6. The four broad areas of health spending by the Commonwealth include hospitals, primary health care, other recurrent expenditure and capital expenditure.
7. Accreditation and registration requirements offer scrutiny and opportunities for consumer feedback.
8. Australia's health is provided by a combination of private and public serves.
9. Many trends have emerged in the ever-growing health workforce, that each has their own impacts on the provision of services.

Learning checkpoint 2
Identify how the Australian social context of health might impact on participation

This learning checkpoint allows you to review your skills and knowledge in identifying how the Australian social context of health might impact on the person's participation.

Part A

1. Provide two examples of key social aspects of health provision in Australia and how it impacts people.

2. List two political and/or social policies in Australia to help support and protect people living with a disability.

3. In a health and leisure workplace, what are three issues that might affect the provision of care to people?

Part B

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

Case study

Anton is 62 years of age and immigrated to Australia from Pakistan with his only son. He is a trained computer technician. Since moving to Australia, however, Anton has found it difficult to find work and stay in a job due to language and cultural issues. After six years of applying for work and losing jobs, Anton is exhausted and fed up, and begins to experience depression. He does not see a GP because he believes he cannot afford it. He does not talk to his cousins or friends about his experiences, because he does not want to burden them. Anton starts to experience heart troubles as well.

Eventually, a friend notices that Anton is experiencing difficulties and suggests he see a doctor. His friend explains that some community medical centres bulk-bill for GP services and some medication is subsidised, so Anton will not be out of pocket. Anton is prescribed antidepressants by his doctor and is referred to a cardiologist at a public hospital. The wait to get into a specialist is long, and he does not have private health insurance so seeing a specialist privately is not an option for him. The doctor refers Anton to see a community health worker who will provide support for Anton to help him with depression. The health worker contacts the Migrant Resource Centre and finds a group of migrants with similar health issues and suggests Anton joins the group. Anton is not sure at first, but decides he would like to give it a go.

Give an example of how Australia's health care system impacts Anton.

Topic 3

In this topic you will learn how to:

3A **Identify the role of leisure as part of the person's everyday life**

3B **Identify approaches to leisure at different stages of the life cycle and its impact**

3C **Identify perceptions and attitudes towards leisure**

Identify how the Australian social context of leisure might impact on participation

Understanding how the Australian social context of leisure might impact on participation is an important aspect of working in the community services health sector. It is important to consider factors that have had a negative and positive impact on individual leisure, including legislation governing access for people with disabilities and changes to Australian society.

3A Identify the role of leisure as part of the person's everyday life

The concept of leisure means different things to different people. As people progress through the various stages of their life, their concept of leisure should change. As society and values evolve, the meaning of leisure also evolves. The leisure activities dominant at the turn of the 20th century are different from the leisure activities we enjoy today.

Leisure and sociology

Leisure is a relatively new area in sociology. From a sociological perspective, leisure has a range of meanings. The following are key contemporary sociological theories of leisure.

Family life cycle

In the 1970s, Rhona and Robert Rapoport proposed that at different stages in life, leisure activities change. They defined the key stages as:

- adolescence: finding personal identity with activities including dancing, arts and craft, sport and travel
- young adulthood: finding personal and social identity with activities including, attending nightclubs, discos and pubs; taking part in sports, cultural activities and travel
- establishment phase (ages 25–55): focusing on building satisfaction with activities including gardening, home improvement, family activities and watching television
- later years: focusing on personal and social integration and finding meaning with activities, including social games and sports.

Work

The work and leisure theory was developed by Stanley Parker in the mid-1980s and looks at leisure in terms of its relationship to work. For example, time spent not working or attending to work commitments and daily activities is considered leisure. Parker also suggests that the type of leisure activities people choose depends strongly on their work. For example, a social worker is more likely to spend their leisure time running a youth club, whereas a businessperson is more likely to spend their leisure time eating with friends at a nice restaurant.

A pluralist perspective

In 2006, Ken Roberts proposed that leisure is founded on choice and variety. Activities are only considered to be leisure activities if they are chosen freely. Roberts rejected the relationship between work and leisure, as many people do not work. He also emphasised that socioeconomic status impacts heavily on leisure activities.

Leisure, recreation and play

It is important to understand the definitions of leisure, recreation and play, as the terms are often used interchangeably. The following outlines these key terms.

Leisure

Free choice activities that foster wellbeing and are not seen as work, obligatory or constrained. The right to participate in free choice activities not related to work is supported by the United Nations' *Universal Declaration of Human Rights*.

Recreation

Recreation includes participation in community, outdoor, fitness, sport, racing, arts, entertainment, music and tourism activities. It is important to note that not all recreation activities are physically active – some are quite sedentary by nature.

Play

Activities outside of our usual roles, including activities that are voluntary, fun, games, fantasy and that involve role-play, exploring, social exchange and learning. The right to play is supported by the United Nations Convention on the Rights of the Child.

Leisure promoting health and wellbeing

Fostering good health and wellbeing is a crucial part of the role of a leisure worker, so understanding what good health and wellbeing means, and how it can be measured is necessary. Health and wellbeing comprises physical, social and emotional elements. Physical wellbeing relates to factors such as the absence or satisfactory management of physical sickness or disease; an ability to perform activities of daily living without undue fatigue or pain; and an ability to participate in chosen activities for recreation or play.

Emotional or social wellbeing is often less tangible than physical wellbeing, as it can be harder to 'see' or understand through evidence or collection of data. However, supporting emotional or social wellbeing is as much a part of your role as supporting physical wellbeing. Wellbeing means vastly different things to different people, but it is important to acknowledge there are accepted ranges or 'norms' within which the majority of people who we perceive as being healthy individuals operate.

Emotional or social wellbeing encompasses factors such as:

- the absence or satisfactory management of mental illness
- the mental ability and desire to participate in daily activities
- an interest in life and its activities
- an interest in and desire to interact with others or feel satisfied with one's own company
- the ability to function within the expected range of behaviours generally seen for others of the same age group, background, experience and situation.

Benefits of leisure

Understanding the value of leisure to wellbeing is important. There is a large and sound body of evidence supporting the notion that there is a relationship between health and wellbeing and the pursuits of leisure, recreation and play.

Potential benefits of participation in leisure include:

- an increase in cardiovascular fitness
- an increase in muscular strength, agility and flexibility
- a decrease in measures of obesity
- benefits to self-esteem
- decrease in stress
- decrease in antisocial behaviour
- promotion of social and cultural harmony
- an increase in social relationships and corresponding decrease in social isolation.

Factors impacting leisure

Political decisions play an important role in determining leisure activities, as government policy determines where funding is spent. This could have both negative or positive impacts depending on the decisions made and the outcomes for the people they affect.

Governments of all levels play a key role in the availability of leisure activities through funding and access programs. Governments can also remove or discontinue funding for particular programs or initiatives. This can make it difficult for some programs to continue if another funding arrangement is not secured. This often occurs with changes in political parties, or when specific societal issues require that funds to be redirected.

Governments of all levels play a key role in:

- providing funding to community groups to make facilities accessible for and inclusive of people with disabilities
- promoting health through campaigns
- providing facilities within national parks and state parks
- providing indoor and outdoor recreation centres and parks
- employing recreation workers with specific roles within local communities to provide services and support.

Impact of government legislation

Governments also play a key role in creating the framework underpinning leisure and recreation services in various sectors. This framework involves the development and implementation of legislation that becomes law in the case of Acts and other principles and sector standards.

Here are some examples of government legislation and programs that aim to positively impact access for people with disabilities in the Australian society.

Disability Acts

Disability Services Act 1992 (Cth) and *Disability Discrimination Act 1992* (Cth)

These Acts has seen a shift in the way leisure services have been provided for people with disabilities in Australia. This legislation has resulted in changes to the provision of leisure services, advocating greater independence and dignity for people with a disability and establishing processes for inclusion into community leisure programs. This legislation provides a consistent approach to quality service provision across areas including consumer consultation, equity of access, decision-making and choice, right to complain, valued status and participation and integration.

Privacy

The *Privacy Act 1988* (Cth) covers the way personal information is stored and used. Recreation and leisure services need systems in place to protect the privacy and personal information of all individuals, including those with disabilities.

Equal employment opportunity

Equal employment opportunity principles protect an individual's rights to be employed on their merits and ability to do a job, rather than factors such as race, culture, gender or disability. There are exceptions where special permission has been granted to allow requests for employees of a specific gender, such as for personal carers working with females.

Guardianship

The Guardianship Board has the authority to make or appoint others to make decisions on behalf of people who do not have the capacity to make decisions independently. This includes areas such as health care, treatment for psychiatric disorders and management of legal, financial and property affairs.

Discrimination

Racial Discrimination Act 1975 (Cth)

Sex Discrimination Act 1984 (Cth)

Many individual rights and freedoms are protected in Australia under legislation such as these Acts. The right of individuals to act and communicate freely within society, providing they do not harm or negatively affect others, is a central democratic tenant of Australian society.

National Standards for Disability Services (NSDS)

The NDS have been developed as national standards in the context of the National Disability Agreement and were agreed upon by all states and territories in 2013. They provide a consistent approach to quality service provision across areas including consumer consultation, equity of access, decision-making and choice, right to complain, valued status, and participation and integration.

Standard 1: Rights that focus on freedom of expression, dignity and respect, self-determination, choice and control, confidentiality and privacy

Standard 2: Participation and inclusion emphasises promoting a valued role for people with disabilities, as well as including people with disabilities in activities of their choice.

Standard 3: Individual outcomes are about people directing their own supports, service planning, collaboration and consultation.

Standard 4: Feedback and complaints provide mechanisms for people to make complaints and to have their concerns addressed.

Standard 5: Service access allows for accessible information to make informed decisions, transparency in service delivery and regular reviews to identify and respond to changing needs.

Standard 6: Service management includes governance, communication processes, continuous improvement and compliance with relevant legislative requirements.

Aged Care Quality Standards

Standard 1: Consumer dignity and choice – Reflects concepts that recognise the importance of a consumer's sense of self. It highlights the importance of the consumer being able to act independently, make their own choices and take part in their community. These are all important in fostering social inclusion, health and wellbeing.

Standard 2: Ongoing assessment and planning with consumers – Describes what organisations need to do to plan care and services with consumers. The planned care and services should meet each consumer's needs, goals and preferences, and optimise their health and wellbeing.

Standard 3: Personal care and clinical care – Describes that consumers and the community expect the safe, effective and quality delivery of personal and clinical care. The Standard applies to all services delivering personal and clinical care specified in the Quality of Care Principles 2014.

Standard 4: Services and supports for daily living – Explains that a consumer might have some challenges in their health and abilities, but they still have goals they want to achieve. They also have roles that have meaning, and they want to manage their day-to-day life and live as well as they can. Services and supports cover a wide range of options that aim to support consumers to live as independently as possible and enjoy life.

Standard 5: Organisation's service environment – This applies to the physical service environment that the organisation provides for residential care, respite care and day therapy centres. It aims to make sure that the service environment, furniture and equipment support a consumer's quality of life, as well as their independence, ability and enjoyment. This means that the service environment suits the consumer's needs, and is clean, comfortable, welcoming and well maintained. It includes how the safety and security, design, accessibility and layout of the service environment encourage a sense of belonging for consumers.

Standard 6: Feedback and complaints – The organisation must have a system to resolve complaints. The system must be accessible, confidential, prompt and fair. It should also support all consumers to make a complaint or give feedback. Resolving complaints within the organisation can help to build the relationship between the consumer and the organisation. It can also lead to better outcomes.

Standard 7: Human resources – Requires an organisation to have and use a skilled and qualified workforce sufficient to deliver and manage safe, respectful and quality care and services.

Standard 8: Organisational governance – The intention is to hold the governing body of the organisation responsible for the organisation and the delivery of safe, quality care and services.

The National Disability Insurance Scheme (NDIS)

The National Disability Insurance Scheme (NDIS) is based on a recent productivity commission report and seeks to provide adequate and appropriate funding and insurance to all people with disabilities throughout their lives.

Impact of changes to Australian society

When working in the leisure and health sector of community services in Australia, it is important that you consider the changing social, political and economic context it operates within. As discussed, government policy plays a large role in the funding of programs and facilities. The social and economic context of society can affect the work and job role of a leisure and recreation worker.

The sociological basis of leisure is an important concept. This theory describes the notion that there are a range of factors contributing to leisure choices and participation. Although these are difficult to define and apply to predict leisure activity, social and economic factors impact the role of leisure in society.

The impact of changes to Australian society is further explained here.

Peer group influences

Interest and participation in leisure activities of significant friendships will negatively or positively shape an individual's own interest and participation. Acceptance by the social group of particular activities can also influence an individual's decision and commitment to a leisure activity.

Early experiences of leisure activities

Consider, for example, people who have grown up in a family where outdoor recreation is a valued and frequent activity. As they get older, it may be more likely for these people to engage in outdoor activities themselves. By contrast, consider a child who grows up in a family where surfing the internet or watching TV are frequently undertaken during leisure time. It may be that as the child grows, they are more likely to engage in these tasks and less likely to spend their leisure time in active pursuits.

Role modelling by significant others

People who have grown up in a home with parents that have modelled the enjoyment received from undertaking leisure activities will influence the children of that family to undertake leisure activities.

Culture

In an increasingly multicultural society such as Australia, it is useful to consider the influence of culture. In some cultures there is no concept of leisure, as the majority of the day is spent in work or housekeeping tasks, providing food, shelter, income and security for the family. Many tasks involve hard physical work, leaving little time or energy for engaging in physical leisure activities.

The concept of leisure in some cultures may relate to activities such as storytelling, dancing or sharing of songs and games, but is unlikely to involve buying specific clothing and resources for the sole purpose of engaging in activities for pleasure and self-fulfilment.

Societal change

The image of the Australian lifestyle is often based on outdoor activities such as sport, fishing, going to the beach, snorkelling and sailing, all of which reflect the Australian climate. This image is used frequently in tourism to promote Australia. In reality, more leisure time is spent watching television in Australia. It is estimated that about half of leisure and recreation time is spent on audio-visual activities, both during the week and on the weekend. A small amount of time is spent doing sport and outdoor activities. Less time being physically active has had an impact on people's health.

Social and community activities

Australians spend some of their leisure time on social and community activities, such as visiting entertainment venues or attending community recreation activities and religious activities.

Work and leisure

Generally, children, adolescents and older people spend more time on leisure and recreation activities; obligations such as work and household duties increase in the middle span of life.

As expected, unemployed people and people not in the labour force (younger and older people) spend more time on leisure activities than people who work, and people who work part-time spend more time on leisure activities than people who work full-time.

Extended engagement in formal education has resulted in delayed entry into the labour force and at the other end of the age spectrum, an increasing proportion of older Australians remain engaged in paid employment longer past the traditional retirement age.

More time spent commuting to work meant less time for leisure activities

Economic factors

Economic factors include access to discretionary income, the stability of income sources within families, and the cost of participation in leisure activities and any equipment and clothing required to do so. For example, a young person who wishes to learn to play golf, but who lives in a low socioeconomic area far from the nearest golf course, may discover there are significant economic factors limiting their ability to play.

The sociological perspective of disability

Leisure is very important in the life of somebody living with a disability. There are a range of factors to be considered when planning and implementing leisure activities.

People with disabilities have distinct experiences that impact the types of leisure activities appropriate for them. With an understanding of how these experiences change from group to group and individual to individual, and the social and political agendas and movements surrounding them, you can enrich this range of leisure activities.

The *Disability Services Act* (1993) defines 'disability' as being that which:

- is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments
- is permanent or likely to be permanent
- may or may not be of a chronic or episodic nature
- results in substantially reduced capacity of the person for communication, social interaction, learning or mobility and a need for continuing support services.

Models of health and impact on service provision

There are two predominant models of disability – the medical model and the social model. The medical model used to be dominant in Australian society. It viewed disability as an impairment or problem that can be cured or managed medically. This is no longer considered the popular approach and has been replaced with the social model of health. The social model emerged in the late 20th century was a rejection of the medical model. The social model does not regard disability as the problem: instead, it sees disability as a result of how society is organised and structured. The social model of health applies to all sectors of the community support services and for disability it impacts on the way services are provided.

Compare the models of disability

The main issue with the medical model is that it disempowers people. Someone with a disability becomes the object of sympathy and pity, and must rely on the help of others. This results in a decrease in autonomy and independence.

The medical model regards people with disabilities as passive. Its emphasis on normalising people with disabilities suggests that a person with a disability is 'abnormal'. The medical model also promotes special, separate services for people with disabilities, such as special schools, hospitals and institutions.

On the other hand, according to the social model, society provides barriers of participation and discrimination. For instance, a person with a disability is only disabled because transport services are inadequate, access to buildings like workplaces and supermarkets are limited and civil and legal discrimination restricts the choices and lifestyle of people with disabilities.

The social model sees the individual as integral to their environment, with the environment impacting on the individual's quality of life.

For example, do you consider a person in a wheelchair disabled if they can drive to work, access the building, work without discrimination or rejection and drive home again?

Discrimination against people with disabilities still exists today.

The social model promotes:

- protecting the individual from discrimination
- encouraging dignity and respect
- supporting access to education, training and work
- valuing relationships, social life and family life
- promoting independence and autonomy
- inclusion (rather than segregation)
- a person-centred approach.

Factors impacting leisure for people with disabilities

A number of issues can impact the service provision of leisure activity programs for people in the community. Here are some that may influence the leisure choices for people with disabilities.

Funding

Funding issues affect most areas of the leisure and health sector. Significant amounts of funding come through government sources, at local, state and federal levels. Funding is often tied to specific eligibility requirements, such as age, disability or need, the severity of impact on daily living, needs of other family members, locality and a person's living situation.

Agencies and organisations that receive funding must keep records of who they provide services to, and must be able to demonstrate that the people they are providing care for have met specific eligibility criteria. Some families find the paperwork involved in applying for funding very daunting, particularly at times when they are very tired from caring for their child or they simply lack the literacy and numeracy skills to effectively apply for and manage large amounts of money. Availability of funding is also an issue in many parts of leisure and health, as sufficient funding is not always available to meet the existing needs of the community. Some programs and services have waiting lists for people wanting to receive a service, or are simply unable to offer the service a family requires.

Empowerment and disempowerment

The goal for a leisure and health program or service should be to provide care and support in a way that is empowering for people with disabilities, their families or carers. This is able to occur in many situations because organisations spend time and energy to ensure the concept of empowerment is embedded into all aspects of program development and implementation. People become empowered when:

- they have meaningful input into how programs are established and run
- policies are written to meet the stated and requested needs of individuals
- the focus of written and verbal information is on the individual first rather, than on their disability or specific area of need
- care and support is provided in a timely, efficient and courteous manner
- care and support is of a very high quality
- all aspects of daily work practices comply with relevant regulations, legislation and industry standards
- providers pay attention to the location in which care and support occurs, and devote sufficient funds to cleaning and maintaining facilities
- they feel confident to direct their own care and support and to start and stop service provision when they wish to.

Management, staff and people receiving support services need to work together in a meaningful and productive way to ensure individuals continue to be empowered through the process of applying for, receiving and concluding services.

Community acceptance and attitudes

From the 1960s and 70s onwards, there has been a widespread movement away from institutionalised care in disability services. Many providers now offer client-directed services, which increasingly see funding allocated to individuals through packages where they can then pay for services according to their needs and preferences. Providers also have moved towards services being located in smaller facilities or community settings where informal and unplanned interactions with other members of the community are possible, and community links can be maintained. This often makes it far easier for people receiving services to remain in their own homes, retain links with community activities, education and work, and build and maintain friendships and social networks. It can also facilitate rehabilitation for an individual if they are able to gradually transition from requiring more intensive support to a more independent situation if possible.

Community acceptance and attitudes play an important part in the continued success of deinstitutionalised care and support in community settings. Community members can do a great deal to make people feel accepted in the community.

The leisure and health industry workers can do a great deal to build and maintain positive interactions with members of the community. This could be through informal conversations and greetings in the local neighbourhood, building links with clubs and societies, accessing local services or catching public transport.

Continuity of support

For many people, continuity of support is an issue that can affect their attitudes and ability to participate in leisure activities. Continuity of support brings with it many benefits, including:

- increased skills in working with specific people
- improved staff morale and satisfaction with work tasks
- fewer errors when working with people, such as providing inappropriate support
- familiarity between people with support needs and staff, leading to positive relationships and experiences.

Unfortunately for many people and staff, there is a tendency to employ workers for casual work shifts, which are often of short duration and provided intermittently, rather than on a regular roster. This is an issue in many areas of the leisure and health sector, including disability. Reliance on casual work can lead to high turnover of staff or staff working more than one job, resulting in changing availability and fluctuating work arrangements. This makes continuity of support difficult to maintain, and can have an overall negative impact on both job satisfaction and satisfaction with programs and services.

Example

Identify the role of leisure as part of the person's everyday life

Yao Ming has been in a wheelchair since a car accident seven years ago, which left him paraplegic. Yao initially found being in a wheelchair very difficult. He couldn't do all the things he used to, like playing sport, riding his bike to work, going shopping and living alone. Instead, he must rely on the help of carers and medical staff.

At first, Yao felt that everybody looked at him and pitied him. This was difficult because he had always valued his independence and didn't like being pitied and helped every step of the way. He wanted to be more autonomous.

Physiotherapists and occupational therapists assist Yao to use his chair and to do things like shower, prepare meals, enter and exit buildings, hire cabs and lift himself into the passenger seat of a car. Carers who visit Yao to assist him with activities of daily living do their best to support him to live as he wishes and make his own decisions. They also encourage him to do as much as he is physically able to do on his own. He finds a local supermarket, dentist and GP that have wheelchair ramps. He also locates the local sports club, which has a basketball team for people in wheelchairs.

Two years after the accident, Yao now feels more in control of his life. He no longer feels like a victim; rather, he is in charge and is able to make his own decisions.

Practice task 8

1. Give two examples of factors that have had a positive impact on individual leisure.

2. Give two examples of how the medical model of disability has had a negative impact on people with a disability and their participation in leisure.

3. Describe two changes to Australian society that have impacted upon the leisure sector.

Click to complete Practice task 8

3B Identify approaches to leisure at different stages of the life cycle and its impact

The types of leisure activities that people undertake often change as people age. Think back to activities you enjoyed as a child compared to leisure activities you enjoy now. It is important to try to understand leisure from differing perspectives and to find out about how leisure changes as a person gets older. Consider how personal experiences and society influence leisure choice as well. The motivation for specific leisure choices generally differs across stages of the lifespan.

Leisure activities in adolescence

The concept of leisure starts to emerge as young people begin secondary school or take on after-school work. Time spent outside these commitments is considered leisure. The main motivation behind youth leisure activities is searching for and consolidating personal identity.

Common adolescence leisure activities are outlined here.

Social groups

- Social inclusion is an important aspect of forming an identity. Group activities that reinforce social groups include:
  - sport
  - going to the shopping centre
  - spending time at the beach.

Music

- Listening to and playing music is also a popular leisure activity for young people, as it offers:
  - emotional expression and reflection
  - an opportunity to understand other people's perspectives and how they cope with life
  - self-definition
  - social bonding and inclusion.

Sport

- Many young people choose to play sport. After-school and weekend activities such as football, netball, tennis, athletics, dance, gymnastics and hockey are enjoyed by many young people across Australia. Sport offers:
  - team-building skills
  - social inclusion and identity
  - physical wellness
  - a break from study.

Audio-visual and technology activities

- The majority of adolescent leisure time is taken up with audio-visual and technology activities, such as watching television, using the internet, listening to music and playing video games. In recent years social networking sites can now be accessed on mobile phones, meaning that people can access them throughout the day.

Risk-taking behaviour

- As young people develop physically and emotionally, they explore boundaries and assert their independence by taking risks. Some risk-taking behaviours include smoking and drinking alcohol, taking drugs and driving dangerously.

Leisure activities in early adulthood

Many of the issues that arise in adolescence carry over into young adulthood. Characteristics that impact leisure activities in early adulthood are outlined here.

Personal and social identity, and life changes

- Young adulthood focuses not only on personal identity, but also on social identity. A large part of this is forming work and personal relationships through social clubs and team sports. Other characteristics of young adulthood include moving out of home for the first time, studying at university, starting employment and starting committed relationships and families.

Leisure activities

- Leisure activities during young adulthood include sport, travelling, outdoor recreation, and arts and culture. They also include:
  - attending entertainment venues
  - socialising
  - using audio-visual media.

Decrease in sport and cultural activities

- Unlike in adolescence when after-school activities are structured and encouraged, leisure activities such as sport and cultural activities tend to decrease in young adulthood. Generally people are motivated to pursue sport or cultural activities because of health, social and personal reasons.

Rural and remote leisure activities

- In rural and remote communities, social and leisure activities take on a different meaning. Fewer resources and opportunities mean there is less choice. However, community team sports or art events are given greater emphasis in rural communities as bonding within the community, particularly during hard times such as drought or other natural disasters, when it becomes very important.

Leisure activities in middle adulthood

Middle adulthood is considered the establishment phase of the lifespan, when people focus on making satisfying life investments. Consider the following about leisure time in middle adulthood.

Activities undertaken

Leisure activities in middle adulthood include gardening, home improvements, family holidays and recreation with family. However, people in this age group also play sport, do outdoor recreational activities like fishing, attend cultural venues, and participate in cultural activities like drawing or writing. Leisure activities in middle adulthood are also for relaxation and recuperation.

Time spent

Out of all the age groups, less time in general is spent on leisure in the middle adulthood years, suggesting that more time is spent with work and other obligations like household duties. Predominantly, leisure occurs on the weekends with four hours on average of a weekday spent on leisure. As in all age groups, most time is spent enjoying audio-visual entertainment.

Leisure activities in late adulthood and elderly

Later adulthood is different for every person. Retirement age has been increasing, and so has life expectancy, meaning that older adulthood age has increased slowly over time. Consider the following factors about what influences leisure time for older adults.

Purpose of leisure in older adulthood

There are different issues that affect older adults. Leisure serves the purpose of relaxing and rejuvenating as much as it does in early and middle adulthood.

For people in older adulthood, leisure is about consolidating relationships, community integration, preserving cognitive and physical health, and passing time.

Less physical leisure activities

More time is spent on leisure activities in older age, particularly on less physical activities such as watching television, playing board games, having books read aloud, reading or listening to music. Simply sitting down is also an important aspect of leisure time in older adulthood; for example, sitting in a favourite chair and looking out the window. ‘Doing nothing’ is a worthwhile leisure activity, particularly in older adulthood, as it gives a person the opportunity to relax and recuperate.

Factors that influence choice of leisure activities

Factors that influence the leisure activities chosen in this stage of life include physical restrictions (such as needing to use a walking aid), cognitive impairment (such as Alzheimer's disease), and social isolation (such as not being able to drive or living alone).

After retirement, many older people live on a restricted budget, such as a pension. Sometimes this is managed by family members or aged carers. Financial restraints can limit an older person's choices.

Importance of involvement in activities

Workers in aged care develop leisure activities that provide the greatest satisfaction and meaning for a person within their abilities.

Studies have found that high involvement in leisure activities reduces the risk of Alzheimer's disease and slows its development. Leisure activities that use motor and cognitive skills such as knitting, playing games or doing odd jobs preserve a person's skills for longer, meaning that the onset of Alzheimer's disease is slower. Social connections have been found to have a positive effect on people suffering from Alzheimer's disease.

Specific groups and their approach to leisure

There are a number of issues that affect the health of specific groups in Australian society. Different groups within Australian hold different interests and their approach to leisure is different.

Here are some examples of major groups and some examples of how their approach to leisure is shaped by the society in which they live.

Men versus women

- Men spend slightly more time than women on leisure. Men and women experience different health issues. For example, on average, women have a longer life expectancy than men. This means that the female population is more vulnerable to issues relating to old age.
- There are also gender differences in risk-taking behaviour. Statistics show that on average, men smoke more than women. As a result, more men die of lung cancer than women. Obesity is also more common in the male population.
- Men and women have different preferences to leisure and their life stage contributes to this. In child-rearing years, women's leisure time may be related to pregnancy, child birth and post-natal recovery, for example.

People with disabilities

- The number of people with disabilities is higher within the older population, so many people experience the health issues related to both groups.
- The access a person with a disability has to health and leisure services depends largely on their eligibility for funding. Funding may enable a community service worker to visit the person with a disability in the community, or a person may instead qualify for a residential group home.

Indigenous Australians

- Some of the issues that affect Indigenous Australian's access to leisure services may be influenced by social, cultural and language issues, as access to health and leisure services in remote locations are limited.

Rural and remote Australians

- People living in rural and remote areas have more limited access to health and leisure services than those living in urban areas.
- In addition, people in remote areas face specific challenges, like living with the devastating emotional and economic effects of drought and other natural disasters such as bushfires, floods and cyclones.

Migrant and refugee communities

- Some of the issues that affect these groups include:
  - language barriers
  - socioeconomic status
  - differing cultural understanding of leisure.

Example

Identify approaches to leisure at different stages of the life cycle and the impact

James is the coordinator of a local not-for-profit organisation. There is a significant issue in the community with alcohol consumption amongst adolescence from lower socioeconomic backgrounds. James's organisation would like to address this issue by taking action to meet a very specific goal – to empower adolescence to channel their risk-taking behaviour into other leisure pursuits, such as rock climbing and abseiling. The program is to run over a 12-month period.

Practice task 9

1. Give an example of a motivating factor for older people to undertake leisure.

2. Identify one major group of people in Australia and give two examples of how their approach to leisure is shaped by the society in which they live.

3. Why it is helpful to consider specific leisure choices across the lifespan?

Click to complete Practice task 9

3C Identify perceptions and attitudes towards leisure

Leisure is justified through the notion that participation in leisure activities promotes greater life satisfaction and wellbeing. Leisure is perceived primarily as a positive activity that enhances the lives of individuals and society. More specific attitudes towards leisure are likely to differ by culture, gender, age and personality. A person may begin a leisure activity with pleasure and personal satisfaction, then gradually lose interest and withdraw or continue participating through a sense of obligation. Most people categorise leisure as relaxation and freedom in time and choice. Many people will claim to have very little or no leisure time, even though they may participate in a variety of activities defined by others as leisure. Leisure is a culturally-specific concept in that it means different things to different people depending on their background.

Attitudes and perceptions towards leisure

Values and beliefs largely influence the leisure attitudes and perceptions we have. These may stem from education, family, friends, workplace or general society. Motivation enables us to act. If the need and ability is there, and our choices are supported by our values, we need motivation to execute and achieve our goals

Key variables influencing attitudes and perceptions towards leisure include:

- attitudes
- perceived barriers to undertaking a leisure activity
- self-efficacy – belief in themselves that a leisure activity may be undertaken
- enjoyment
- value of expected outcomes
- self-motivation
- knowledge of leisure task.

Consider how culture influences perceptions and attitudes

The definition of leisure is dynamic and reflects the changeable nature of society and the variety of cultural attitudes to leisure that exist in Australian society.

In some Indigenous Australian communities, leisure activities such as painting, basket-weaving and dancing have very deep roots in spiritual ceremony, and who performs which leisure activity is determined by tradition and spiritual ancestry. For instance, the Yolngu people of North East Arnhem Land have traditions that determine which images can be painted by men, women and particular ancestral descendants. Leisure means something different for different groups of Indigenous Australians, and has evolved as Indigenous Australian culture has evolved.

Culture, society, individual needs, wants, ability, beliefs and motivation all influence perceptions and attitudes towards leisure. Consider how culture and cognitive variables can influence your perception of exercise, as outlined in the following example.

Factors that may shape perceptions and attitudes towards leisure

- Motivation: I am motivated to undertake exercise, as it is good for my physical health.
- Family and friends: My parents exercised and I grew up liking that activity.
- Society: The Australian government promotes the importance of physical activity and the risks associated with a sedentary lifestyle.
- Need: I need to keep my body healthy.
- Want: I want to live a long life and not develop cardiovascular disease.
- Values: I value a healthy lifestyle.
- Ability: I have always undertaken exercise, so it is easy for me to continue.

Demographic influences towards leisure

Perceptions and attitudes towards leisure are transparent in that they are evolving and changing throughout the lifespan. At different life stages, different forms of leisure hold more value. How an individual defines leisure may also change over somebody's lifetime. Different demographics that may influence attitudes and perceptions towards leisure include age, occupation, gender, socioeconomic status, health, culture and background.

For example, adolescence is a time of transition from childhood to adulthood, involving biological, cognitive/psychological and social changes. Obtaining the balance between increasing autonomy, whilst remaining connected to parents is integral. Adolescents define leisure as a condition of easy, unstructured, relaxed enjoyment, often spent socialising with friends.

Leisure for adolescents may include sport and other structured activities, as well as part-time employment, watching television, using the computer, hanging out with friends, shopping and a range of other unstructured and/or potentially negative activities such as drug taking. Attitudes and perceptions towards leisure are strongly influenced by their peers' acceptance and parental support. Some activities receive financial and community support, while others are condemned by society.

Practice task 10

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

Case study

Indigenous Australians enjoy a range of leisure activities, including sport, fishing, games and hobbies, such as painting. A group of Yamatji women from central Western Australia walk through the bush with a group of younger women. They gather food, teach the younger women about the food and share stories. The women laugh, sing and tell stories as they work. The work refreshes the women, reinforces social bonds and they enjoy the activity.

1. List two factors that may have influenced Yamatji women's attitudes to walking and gathering food together.

2. Give two examples of factors that may influence attitudes and perceptions towards leisure.

3. Give one example of an internal factor that may influence perceptions and attitudes towards leisure.

Click to complete Practice task 10

Summary

1. The concept of leisure means different things to different people.
2. As people progress through the various stages of their life, there needs change and so does their concept of leisure.
3. As society and values evolve, the meaning of leisure also evolves.
4. The leisure activities dominant at the turn of the 20th century are different from the leisure activities we enjoy today.
5. Changes to Australian society and has had a negative and positive impact on individual leisure.
6. The motivation for specific leisure choices generally differs across stages of the lifespan.
7. Leisure is very important in the life of somebody living with a disability. There are a range of factors to be considered when planning and implementing leisure activities.
8. Leisure is perceived primarily as a positive activity that enhances the lives of individuals and society. More specific attitudes towards leisure are likely to differ by culture, gender, age and personality.
9. The definition of leisure is dynamic and reflects the changeable nature of society. How an individual defines leisure may also change over somebody's lifetime.

Learning checkpoint 3
Identify how the Australian social context of leisure might impact on participation

This learning checkpoint allows you to review your skills and knowledge in identifying how the Australian social context of leisure might impact on the person's participation.

Part A

1. Explain the role of leisure as part of everyday life for people.

2. Describe three factors that have had a positive and negative impact on individual leisure.

3. What are three variables that influence attitudes and perceptions towards leisure?

Part B

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

Case study

Natalie is 17 and has had impaired hearing since birth. She lives in a rural community. Natalie was taught sign language and lip-reading at a young age and her family ensured they learnt sign language as well. She attended the state primary school in her town and although she found it difficult to communicate at times, she managed well overall. As a child, Natalie enjoyed playing outdoors, bike riding and reading books. Both parents enjoy cycling and are teachers.

Natalie made friends, some of whom learnt basic sign language. She was good at school and received high grades. This meant she received a scholarship to attend a boarding school in a nearby town, where specialised support services are available. So far, she has performed very well at her new school. She has taken an interest in horse riding and swimming, and has attended interschool competitions, where she has done very well. Natalie also enjoys hanging out with friends and shopping. Natalie wants to be a teacher when she leaves school.

1. Describe factors that have had a positive impact on Natalie's involvement in leisure and how she has overcome any possible barriers she has faced in her lifetime.

2. Identify Natalie's different approaches to leisure in childhood compared to as an adolescent, and the factors that have influenced this.

Topic 4

In this topic you will learn how to:

4A **Implement motivational strategies to maximise participation**

4B **Ensure strategies are appropriate and clearly communicated**

4C **Determine if perceptions are impacting participation in leisure activity**

4D **Incorporate protective and inclusive practices into leisure service delivery**

4E **Recognise behaviour or responses to illness and respond**

Identify strategies for participation

Maximising participation in leisure and health activities provides many benefits, including social and emotional benefits, improved physical health and wellbeing, and greater mental health. As a worker in this industry, you should acknowledge and support the positive effects of participation in leisure. There are a number of strategies that can be used to maximise a individual's participation in leisure activities, some relate to the individual themselves, while others relate to the environment in which participation is occurring.

4A Implement motivational strategies to maximise participation

When working with different people, it is important to gain an understanding of how their needs can affect their ability to participate in leisure and health programs. In doing this, you will be better placed to support them in maximising their leisure opportunities. Each person is unique so your strategy and approach, as well as your interpersonal style, should vary accordingly. What works well with one person may not necessarily be effective with another. A team approach that places great emphasis on the person driving their own leisure choices is recommended. This is called the person-centred approach to health and leisure.

Strategies to maximise participation

There are a number of strategies that can be used to maximise an individual's participation in recreation and leisure activities. Some relate to the person themselves, while others are specific to the task and environment in which participation is occurring. Strategies should always be in line with organisational requirements and policies. Strategies should also comply with appropriate legislation, such as the *Disability Discrimination Act 1992* (Cth) and work health and safety legislation.

See the following strategies and how they maximise participation.

Providing accessible transport

- People are able to make their own choices about recreation and can choose activities they enjoy, rather than being limited to activities very close to home or those that can be accessed from home (such as a library book delivery service).
- Accessible transport can be provided through subsidised fares, low-floor buses, ramps to trains, accessible taxis or volunteer drivers.

Funding a carer to attend leisure activities

- Carers are often experienced in providing care and support related to recreation and leisure, and the person is able to participate with confidence and without relying on other recreation participants to help meet their needs.

Specialist programs that exist in many local government areas

- An individual is able to participate in chosen recreation and leisure activities with the input of trained and skilled staff who can offer advice, provide support and help a person build independent recreation skills and make links with other groups in the community.

Segregated activities with specialist staff

- Individuals with high or complex needs, or those who would be otherwise at risk are able to participate safely in a structured and modified environment.

Specialist support in a mainstream or general public activity

- A person is able to participate in a non-segregated environment, but with specialist support to ensure safety of themselves and other participants. An example of this may include one-to-one support in a mainstream swimming program.

Advice from therapists or medical/support teams about issues

- Therapists and other healthcare professionals are able to advise on various person-specific issues, which can ensure the person maximises their participation and minimises their risk of injury. This is particularly important for individuals with severe or multiple disabilities or a range of specialised need. Examples of this include positioning, task analysis or using aides and equipment.

Choose best practice strategies

It is important that any strategies used conform to current industry best practice. Best practice principles change over time as research is conducted and programs and services develop skills and learn from other professionals. For example, recent research is guiding thinking in the home and community care sector about people who are socially isolated.

An organisation's policies and procedures should outline the strategies and methods that the workplace considers to be best practice. You may attend training or conferences that teach or inform you about best practice strategies. You may talk about best practice strategies in team meetings or within your network of service providers. Always check with the supervisor or manager to get an understanding of best practice.

The advantage of using best practice strategies to support a person is that the strategies have been assessed as being the best way to meet needs, are of low risk to the person, allow for high quality support and are cost-effective.

You should be familiar with a range of best practice strategies to guide you when preparing plans and planning recreation support.

Best practice strategies should be used when:

- using equipment
- communicating
- selecting types of support
- documenting, monitoring and assessing needs
- undergoing training and professional development
- working in an open, mainstream environment.

Modifications to maximise participation

To enable a person to participate fully in recreation activities, modifications can be made to tasks or the environment. Specialist equipment can also be used to maximise a person's ability to participate. It is important that any modifications suit the person's needs, the task and the environment. You may need specialist advice from a therapist, such as a physiotherapist or occupational therapist. Specialists provide specific information about an individual and can offer training in using any equipment involved in the modification. Always update and record changes and modifications in the person's individual support plan.

Some people will require several changes over time and they may require more or different sorts of modifications. There may be an ongoing process of liaising with therapists and other professionals in a multidisciplinary team to ensure current needs are being met and the person remains safe and able to participate in their chosen activities as best they can.

Here are some examples of ways you can make modifications to maximise participation.

Modifying equipment or tools

Some equipment is modified or specialised to suit physical or communication needs. This may be equipment used all the time by the person or equipment only used for recreation activities. Here are some examples of modified equipment or tools:

- Soft, non-slip grips added to handles to increase the ability of a person with a weak grip to maintain an effective hold on an object such as a paintbrush
- Portable ramps that can be stored in the car and taken to venues with steps and no alternative entry
- Fixed hoists on pool decks to provide access to swimming pools for individuals who cannot enter via the steps
- Tactile markings on floors to guide people with visual impairment
- Purpose-built sailing boats that provide easy access for a range of individuals with disabilities.
- Information about modifying equipment or tools can often be found by contacting a therapist working with a person, or through services such as independent living centres

Modifying sporting activities

Some people enjoy active recreation pursuits such as individual or team sports. Sometimes the rules of the sport can be changed to suit specific individual's needs. The equipment may also be modified. These modifications are seen in sports such as wheelchair tennis or basketball, and in blind cricket.

Many of these sports have a strong organisational structure and are supported by national and international bodies that organise tournaments, competitions, teams and local associations. These organisations are great sources of information for a person wanting to enter a new sport as a recreational activity. As a recreation worker, it is useful to learn about modified sports and their relevant associations that can support and encourage new participants.

Modifying language and information

Some people require language and information to be modified to suit their needs. There are many different ways that this may be done. You may need to:

- provide information in plain English using active phrases, short sentences and simple, direct language
- offer translated alternatives to English text
- provide an interpreter who can translate between English and another language
- provide pictorial or graphic cues to support text, or as an alternative to it
- explain information verbally
- use signing or gestures
- use communication devices such as communication boards or static or dynamic devices
- repeat information in several different ways for various family members or friends of the person.

Remember to use best practice principles when modifying language or information so the person receives the best and most accurate information possible. You can do this by engaging professionals, such as registered and qualified translators and interpreters, and attending training in modifying documents into plain English or adding graphic or pictorial cues to support text.

Example

Implement motivational strategies to maximise participation

Barry is a 35-year-old man with a physical disability and mild depression who lives with his ageing mother in the family home. Barry is spending some time each week with a recreation worker, Eli. Eli is trying to increase Barry's social interactions, which will benefit Barry's mother with respite from caring for Barry.

Eli introduces Barry to the sport of archery, and organises for him to visit his local archery club. The club has previously been very supportive of athletes with disabilities and has developed some specialist training methods and workshops for new members with disabilities. After a few sessions, Barry has met some other members at the club and is feeling positive and satisfied with his new pastime. Barry's mother is enjoying some time on her own to catch up on her own leisure activities.

Practice task 11

1. Identify one strategy to maximise participation of people in leisure activities.

2. List two advantages of using best practice strategies.

3. Give two examples of modifications to language that could be made to maximise participation.

Click to complete Practice task 11

4B Ensure strategies are appropriate and clearly communicated

Successful participation in leisure is critical for people to maintain a sense of wellbeing, mental and physical health, and emotional stability. Each of these important parameters contributes to the sense of empowerment that a person feels over their own life and leisure choices they are able to make. Workers need to ensure that a person's needs have been addressed and that strategies are age and culturally appropriate. Communication is critical to ensure participation and the strategies are clear.

Identify needs

Ensuring all needs are met means we have also identified and managed any potential barriers to participation early and before they become limiting for a person.

The following explores some issues to consider ensuring strategies are appropriate.

Social or emotional needs

Some people may be socially isolated or have limited experience in building and maintaining friendships. Some people may have particular emotional needs related to their life stage, a particular event such as the death of a close relative, or due to a mental illness.

Language and communication needs

Some people may have limited English or verbal communication, and may use an alternative method of communication. Some people may only be comfortable communicating with particular people in familiar situations. Ensure strategies address language and communication needs.

Physical care needs

People will have a range of abilities. Ensure a strategy is appropriate to their physical ability.

Health or medical needs

Some people may have deteriorating health due to their condition, or a health issue such as being overweight or obese.

Changing or fluctuating needs over time

Conditions such as multiple sclerosis, muscular dystrophy, Parkinson's disease and Alzheimer's disease can cause deterioration in a person's health over time.

Fitness needs

Some people may have restricted mobility and become less fit and so experience deteriorating health and fitness.

Empathy and understanding

Some people may experience different emotions depending on what is happening in their lives. Ensuring strategies are flexible and cater to an individual's emotional needs

At-risk needs

Some people may be at risk of illness, self-harm, risk-taking or dangerous behaviour, ensure whether further support or specialist workers are required to assist you.

Ensure strategies are age-appropriate

To ensure strategies are age appropriate, it is important to thoroughly consult with the individual and other stakeholders when support is first initiated. This may include an initial meeting, a group planning session, developing a care or support plan or consultation with other stakeholders.

The initial consultation with and about the person should adopt a person-centred approach where you encourage and support the individual to contribute and share their views and thoughts. Ensuring thorough consultation occurs in the planning stage will ensure that strategies are age and culturally appropriate. While planning you may identify some likely leisure options. Having an understanding of age-appropriate development will assist you in developing strategies to meet individual need and interest.

During this phase, you will be heavily reliant on your network of leisure and support services in your area. Consult closely with the individual during the planning phase to ensure you are both aiming for the same goals and the person is actively engaged in the process. This will significantly enhance their feeling of empowerment and ability to direct their own outcomes and choices.

Ensure strategies are culturally appropriate

Australia is a culturally diverse country. People from different cultures bring some of their traditions, languages, cultural beliefs and ideas. This is important to consider and discuss with the person when planning a leisure program and its strategies.

Leisure choices are largely influenced by culture (either the micro-culture of your family or the broader culture of Australian society). Ensure you are always working with the most valid and up-to-date information possible when developing strategies for a leisure program with a particular person or group of people. Information changes over time, so it is important that you remain current in your thinking and use best practice principles in your work, as shown here.

Tips for creating culturally-appropriate strategies

- Undergo a thorough consultation with an individual, their family, friends and stakeholders about the person's culture and interests.
- Join and be active in professional networks and community groups.
- Read widely from journals, online sources and news posts by professions in the leisure services industry about the individual's culture.
- Use evidence-based practice, which is based on research evidence, is a good way of ensuring your strategies for your program represents best practice.
- Find out about existing relevant cultural programs in the community.

Ensure strategies are clearly communicated

Your communication skills need to be very well developed to ensure strategies are clearly communicated. You need to feel confident communicating in a variety of ways and working with others to support communication where needed.

When you are communicating through a third person or using technological tools, try to make your communication as natural as possible. Focus on communicating as you would with any other person. Talk directly to the person, not to the interpreter or the device being used. Speak in a clear, regular voice, but build in pauses if needed so an interpreter can speak. Use age-appropriate language and information where this seems suitable for the situation.

To ensure strategies are clearly communicated you may need to:

- use a sign language interpreter to communicate with people with a hearing impairment, as well as knowing some key words to sign yourself
- use a language interpreter to communicate with people who speak a different language to yourself
- use technology devices, such as a static or dynamic communication device
- communicate through gestures and body language as a supplement to verbal communication.

Clear communication

A broad range of communication skills are required and will assist you to communicate effectively with the individual, their family, stakeholders or others involved in the individual's leisure program.

Examples of ensuring clear communication

- Establishing clear goals with an individual and other stakeholders about what will define success in the particular situation
- Communicating in a positive way through verbal and body language with the individual
- Rephrasing the person's comments to ensure you have fully understood; for example, 'So you would prefer to play indoor bowls because it's close to home, is that correct?'

- Ensuring individual input in the decision-making processes and seek input from a range of individuals in existing programs as well as potential service users.
- Conduct surveys to obtain individual input and feedback.
- Ensure interaction occurs with other relevant organisations, agencies and relevant staff

Effective communication of program strategies

In a communication-rich environment, marketing and branding become important features of program development. Although these areas may seem a little removed from the day-to-day activities of a recreation worker, they are important in the context of maximising participation because they may encourage a person to become involved.

Imagery, language and the ability to engage individuals and community groups are powerful tools and should be used to positively motivate. If used poorly, marketing and branding can make your program appear out of touch, derogatory or based on old stereotypes and concepts, which can be very harmful to a program's ongoing success.

The following contains suggestions to help develop marketing and branding of communications that reflects your program's positive views of integration, best practice, supported segregation and empowerment.

Plain English

- Use action verbs, short sentences, clear language and the present tense to convey meaning so most readers can easily understand it. Avoid terms that are only understood by people in a particular industry or sector.

Positive imagery

- Show people actively participating in the activities your program offers, and use images that accurately reflect a wide range of backgrounds and abilities.

Positive language

- Use positive, engaging language that avoids stereotypes or limitations. Always use 'person first' language, beginning with the person rather than the disability, need or condition.

Consistency

- Use repeated phrases and slogans that will engage potential service users and that accurately reflect the program's philosophy.

Evidence-based practice

- Focus on program directions that are clearly communicated as meeting current best practice standards and being based on sound evidence.

Example

Ensure strategies are appropriate and clearly communicated

What is considered to be leisure depends on a person's cultural background. The following examples relate to leisure activities that may appeal to a particular culture.

Korean Australians

Sports such as golf, table tennis, badminton and dance are popular in Korean culture. Many younger Korean people enjoy going out to karaoke bars to sing with groups of friends. Digital media is very popular in Korean communities, particularly among younger people.

It has been suggested that traditional Korean customs that emphasise nationalism and hierarchical relationships possibly clash with values in the wider Australian community. For this reason, many more traditional leisure activities are undertaken within the Korean communities.

Greek Australians

Traditional Greek dances, music and cuisine are central to leisure in Australian Greek culture. These activities have the purpose of relaxing and refreshing people and bonding people socially, as well as reinforcing cultural identity.

Greek communities and organisations often arrange leisure activities for their citizens. Watching and participating in sport, particularly soccer is a very large part of Greek leisure. Leisure for migrant people living in Australia has been a way to emphasise cultural unity and bonds and reinforce cultural identity. Leisure activities like sport and the arts have also been a means for integration into the broader Australian community.

Practice task 12

1. What are two needs of an individual you should consider to ensure strategies are appropriate?

2. What are two ways you can ensure strategies are culturally appropriate?

3. Give two examples of ways to effectively communicate with a person involved in a leisure program.

Click to complete Practice task 12

4C Determine if perceptions are impacting participation in leisure activity

As a professional working with people who have a range of needs, it is useful to consider how perceptions of health, wellness and disability are having an impact on participation in leisure activities. Some of these different perceptions and responses are reflective of a person's previous experiences, as well as their religious, spiritual or cultural backgrounds. They may also relate to the knowledge people hold about illness and disability in general, and their knowledge of the specific conditions they are diagnosed with.

Leventhal's perceptions of health, wellness and illness

Howard Leventhal, one of America's most distinguished health psychologists, developed a model of illness behaviour in the 1980s that has been known by various names, including the 'common sense' model, the 'illness perceptions' model and the 'self-regulatory' model.

The Leventhal model is a good way of understanding why one person may experience the pain and emotional trauma of an illness as overwhelming and have great difficulty in coping, while another person may experience seemingly little pain and little emotional impact from a similar illness. The Leventhal model has five main features, as shown here.

Features of the Leventhal model

1. **Identity**
   This is the name or tag that people like to have to give a name to their illness. This can be problematic as a wide range of symptoms may be associated with a pre-existing label, and people may experience difficulties with preconceived notions of what to expect once a label has been applied.

2. **Cause**
   These are the individual's views about what has 'caused' an illness to occur, which may vary from being medically accurate through to a blend of accuracy and inaccuracy, depending on the sources the information has been gathered from.

3. **Timeline**
   This is the period of time an individual expects an illness to persist for. It can be updated and amended on the basis of new information.

4 **Consequences**

This includes both physical and emotional aspects of illness reactions, and can alter over time and as experience with the illness develops. Consequences also change in response to new information about potential outcomes or treatments.

5 **Curability/control**

This relates closely to how the individual feels about the level of control they have over their illness, as well as to objective, medically-based information presented to them. Many people prefer to feel they have some degree of control over their own.

Other perceptions of health and wellness

Health and wellness is perceived in a variety of ways. The World Health Organization (WHO) suggests that health and wellness is multidimensional, and includes physical, mental and social aspects of wellbeing. Health and wellness is difficult to define, but most definitions incorporate the holistic concept that wellness includes a connection between mind, body and spirit.

Despite this definition, it is the individual's perception of health and wellbeing that influences how they approach health or illness in their life.

Further information about different perceptions on health and wellness are shown here.

Cultural perception

- Some people may be part of a culture where illness is a source of shame or embarrassment. They may view their illness with guilt and perceive that they are responsible. If a culture dismisses the validity of an illness, such as depression, the person may perceive that they are weak.

Religious perception

- A religious person may perceive their illness as an act of God and approach it as unchangeable, unquestionable and therefore uncontrollable and unmanageable through health care.

Holistic view

- As a leisure and health worker, you may work with people who perceive themselves as healthy, despite suffering from a chronic disease. This may be because they view their wellness holistically in terms of the balance of the physical, mental and spiritual aspects of their lives.

One-dimensional view

- Some people may view themselves as unhealthy because one dimension of their wellbeing is not well.

Perceptions of disability

Historically, the perception of people with a disability has been quite poor, but improved community attitudes, supported by strong legislation and government policy has seen this situation change for many people. Many people in the community rely solely on second-hand information, rather than on first-hand experience, to form their concept of people with disabilities. This is because they have not had much exposure to people with disabilities in any meaningful and extensive way.

All forms of media influence the perceptions we have of people with disabilities. People often focus on the disability first, and emphasise and highlight the adversity or difficulties faced by the person, rather than focusing on more defining attributes.

The concepts and views that people form about others with a disability generally grow and change over time. Sometimes, they become more forward-thinking and progressive in their views, often in response to education, greater exposure to people with disabilities, or other positive experiences. Sometimes they revert to older, less positive notions about disability, perhaps in response to a challenging situation or issue that arises in their lives. Some people also hold onto the cultural perceptions of their country of origin.

The following shows some of the unintended messages often caused by public speakers and the media, and the misconceptions caused.

Unintended message	Misconception caused
Describing a child with a disability as 'struggling' or 'suffering'	They are to be pitied or shown sympathy.
Describing a person who has won something as 'overcoming their disability'	They are heroes and capable of overcoming obstacles that others cannot.
Using tags or search terms in an online environment that focus first on the disability rather than the person	They are only disabled as a result of physical characteristics, meaning the role of 'disabled' person is not assigned to someone with a mental illness, sensory impairment or intellectual disability
Selecting images that ensure the reader is aware of the physical nature of a disability and how it negatively impacts on a person	They should live, learn and work in a segregated setting, away from mainstream society
Continually associating people with disabilities with charitable causes or highlighting the need for financial giving	They are lower in intelligence, regardless of the presence or absence of an intellectual disability or acquired brain injury.

Perceptions of illness

People have different perceptions of illness for a variety of reasons. Researchers are still discovering some of the factors that may impact on a person's perceptions of illness. There is evidence to suggest that cultural background, previous knowledge about illnesses, as well as religious and spiritual belief systems and values can play an important role in their perceptions.

The following outlines examples of three different people and how they perceive their illness, according to their experiences and pre-existing understanding of that illness.

Jane	**A woman with osteoarthritis** Jane is diagnosed with osteoarthritis. She is told by friends that osteoarthritis is easily managed through good medical care, appropriate exercise and medication. She is encouraged to keep going to their gentle exercise class and they take turns picking her up to go shopping each week. Jane perceives her illness as manageable and devises her own coping strategies. She carries paracetamol when she goes out and meditates to help with relaxation and pain management. She fits doctor appointments around her busy schedule, not letting them clash with other activities. Her perception of her illness and pain is that it has a limited impact on her life and lifestyle.
Peter	**An elderly man with diabetes** Peter is an elderly man is diagnosed with diabetes. He has a family history of diabetes and believes this will result in massive changes to his lifestyle and ability to perform daily activities. He doesn't read the literature the doctor gives him, preferring to continue with beliefs closely related to his experiences with other family members who had the condition. Peter perceives that his family history is the cause of his diabetes and the time from diagnosis to death will be relatively short. He bases this perception on preconceived ideas rather than information provided by his doctor. Peter does not perceive himself as having any control over the condition, and does not feel he can change the eventual outcome of death within a short time frame.
Carly	**A middle-aged woman with multiple sclerosis** Carly is a middle-aged woman is diagnosed with multiple sclerosis (MS). She is initially devastated, but then begins to research the possible causes of MS and alternative therapies to help her cure her condition. Much of this is done on the internet. Carly gathers a wide range of facts and perceptions about the possible cause of MS and potential cures. She wants to keep control of her situation and rejects mainstream medical advice. Instead, she looks to alternative practitioners and seeks information from online sources. She refuses to believe that MS is currently incurable and looks for information on alternative healing. She chooses not to report new symptoms to her doctors. Instead, she records her thoughts in a diary, focusing on setting goals and time lines for a cure.

A consistent approach

A consistent, multidisciplinary approach to individual perceptions is important. This ensures that all workers in the support team provide consistent information to the person they are supporting. The information provided should always be within the bounds of their own area of expertise and work role. For example, a person may tell a worker they are worried they will not be able to live at home any longer because they have early-stage Alzheimer's disease. The worker needs to consider the likely accuracy of the individual's information, as well as the appropriate response to this statement.

The worker could:

- seek further information from the person's care plan
- consult with a medical professional associated with the person (with the person's permission)
- organise an individual meeting
- provide information they feel is appropriate to the situation
- offer some brief information about the condition
- provide some recent factual details about support programs and services related to ageing in place.

Individual response to illness or disability

People use different strategies to cope with illness. In your role, it is important to recognise this. The individuals you are providing support to will not all experience illness in the same way or have the same set of emotional and cognitive responses. You need to work with each person showing care, respect and diligence, carrying out your work duties in a kind and empathetic way. Fear and anxiety are the two most common emotions. Sometimes these emotions lead to depression. This in turn can have further negative consequences, including responses to illness that are perceived as unacceptable by some members of society. If faced with this type of situation with a person, always refer to your supervisor and be familiar with the policies and procedures of your workplace.

The following outlines different ways people may respond to illness.

Denial

- Initially refusing to accept a diagnosis
- Can give the person time to regroup mentally and gather their thoughts

Anger

- May be directed towards friends, family, workers, medical staff or even towards themselves, some may commit violent behaviour

Confusion

- Occurs particularly when confronted with extensive or complex information that may be challenging to comprehend

Guilt

- May be in response to a preventable illness; for example, those related to smoking, or a concern about how the illness will impact others.

Fear

- May be demonstrated in many ways; for example, anxiety, withdrawal or tears

Acceptance

- A gradual process
- The person comes to terms with changes to health status and has a growing awareness of control

Depression

- Associated with many situations and can present in different ways

Impact of perceptions on participation

People with disabilities sometimes experience exclusion from recreational activities. This may be because of physical ability, access to the building or social exclusion based on discrimination. While the term disability implies a lack of ability in a certain area, current trends in thinking, such as the World Health Organization's International Classification of Functioning (ICF) and the social model of disability, emphasise the idea of disability affecting functional status rather than being a disease or illness. The classification and social model refuse to acknowledge that a person is not able to perform a task, such as a leisure activity, but rather that there are varying degrees of ability.

Here are some aspects of some disabilities that impact access to leisure and recreational activities.

Mobility impairment

The National Disability Strategy and the *Disability Discrimination Act 1992* (Cth) have contributed to ensuring all public buildings have (or will have) wheelchair access and can accommodate people with visual impairments. This is an important movement towards equality for people with disabilities.

A person may use a wheelchair or require a walking aid, or may have a condition such as arthritis that impairs mobility. The ability of a person with a disability to play sport may be impacted, as might their ability to attend a cultural event, such as an art gallery or a music festival.

Swimming and water sports are very beneficial physical activities that can promote muscle strength. Physiotherapists and occupational therapists often use pools as part of rehabilitation for people who have a physical disability, and hospitals or rehabilitation centres often provide water therapy. Access to pools is dependent on regional facilities. Most towns have public swimming pools, but access to these is also dependent on a person's individual ability.

Wheelchair sports also promote muscle strength and social contact for people with disabilities, such as racing, basketball and netball. Wheelchair Sports Australia promotes and supports elite wheelchair sports including the Olympic Games.

Visual impairment

Visual impairment, like most disabilities, is graded. A person can have partial vision, low vision, legal blindness or total blindness. There are also aids that support specific leisure activities.

Visual impairment can limit a person's ability to read, drive and participate in physical activities. Aids such as guide dogs, walking sticks, braille and audio products are available and can facilitate some leisure activities.

In sport, people with visual impairment can run using a guide wire or a tether. Running with a guide is also possible, as is running on a treadmill. Bikes can be ridden in quiet parks or tracks with a guide. Tandem bicycles are another option, with two bike seats and sets of peddles on one bike. Using a stationary bike is another option. Swimming using lane guides or flotation devices is also a possibility for people who have impaired vision.

Arts and cultural activities are possible for people with impaired vision, to varying degrees. Music is readily accessible, and people with vision impairment also paint, draw and create craft objects. Many cultural centres are fitted with audio guides that can accompany a person through the exhibition.

Dementia and leisure

Leisure activities have been found very beneficial for people with dementia. Leisure activities stimulate cognitive function, strengthen memory and provide physical stimulation and social contact. Residential care units and community care agencies recognise this, and much time and funding is devoted to facilitating leisure activities for people with dementia.

Memory loss, however, does impact a person's ability to participate in leisure activities and the type of leisure activities chosen. Complicated puzzles or trivia may be distressing. Singing and music, on the other hand, can be very positive and enjoyable.

Transcultural differences

Although you can use your knowledge of cultural traits to guide your understanding of a response to illness, it is important to remember that you work with individuals, not cultural groups. Learning about culture and traditions that are important for the individual groups you support is beneficial, but be aware that there are often wide variations in how individuals apply cultural ideas. This can reflect individual differences, family differences and regional differences. It can also reflect how long a person has lived in a Western society and to what extent they have integrated their traditional and Western ways of thinking and living.

It is important to develop your cultural competence and understanding of the role that culture plays in determining a response to illness and how illness is viewed by a person.

Some cultural differences in individual responses are given here, but exceptions will always occur.

Response to medication

There is some research that suggests different cultural groups may respond in different ways to medication. This is particularly evident in how long people tend to take a medication for, and may relate to communication of information, language barriers or genetic differences in how medication is metabolised.

Response to trauma

In a situation of trauma, such as following a significant illness, injury or other event, responses can vary across different cultural backgrounds. People may have a great deal of difficulty accepting help from others and may be reluctant to share information or ask questions. You can assist in these situations by linking individuals with services that can help rebuild trust and reconnect with traumatised individuals and families. This may include strategies such as enlisting support from interpreters, traditional healers or other people who are perceived as having a caring or leadership role within the person's community or cultural group.

Response to behavioural problems in children

Behavioural problems shown by children can be challenging for parents to manage, and some people may experience difficulty in seeking help with the problem. Members of some cultural groups feel shame that their child is behaving in a challenging way, and tend to be less likely to seek help.

Response to a mental health diagnosis in Indigenous communities

Culturally, many Indigenous Australian people do not see mental illness as a separate issue, but part of the overall wellbeing of the individual. This holistic view recognises connections between physical, spiritual, physiological, social and spiritual health. One study found that three out of four Aboriginal people did not see depression as treatable, explaining that 'it was just the way the people were'. They also had the view that depressive illness was just a weakness in overall wellness.

Response to illness and disability in Chinese culture

Some traditional Chinese families perceive illness and disability as a source of shame and may feel significant guilt. Mental health problems are sometimes viewed as signifying a lack of self-discipline or weak character, or resulting from morbid thoughts. There may also be a religious connotation, with mental illness perceived as being a punishment inflicted by the gods. There are significant differences between people of Chinese culture depending on their level of adherence to traditional beliefs.

Response to conflict or agreement

In some Asian cultures, there is a strong focus on respect for authority and avoiding shame or embarrassment. Often people from these cultures will not question or disagree with suggestions given to them, as they prefer to avoid a conflict situation and believe that discussing or arguing about treatment or diagnoses will bring embarrassment to both parties.

Response to illness related to causal understanding

In Western cultures, there is a strong need to understand the cause of an illness or condition. People from some African cultures are more likely to see illness as being caused by:

- the influence of ancestors
- disruption of customs and social relationships
- possession by spirits
- witchcraft
- the actions of gods.

This belief system can greatly affect how people from African cultures relate to information about their illness and how they apply suggestions for treatments and management.

The experience of disability

The movement towards a social model of disability care has meant that more emphasis is placed on empowering the individual and there is a greater awareness of society's impact on the life of a person with a disability. However, it is important to acknowledge the reality of what life is actually like for a person living with a disability.

Each person with a disability has a unique experience of life. Disabilities are acquired in different ways. The type of disability (physical, intellectual or sensory) affects the individual in different ways.

The unique experiences of a person living with a disability may affect the following areas.

Support and access to funding

- People with disabilities have varying forms of support and access to funding. A person's attitude to their own disability varies greatly from one individual to the next. No one experience can be generalised to every person with a disability. However, there are certain negative factors that many individuals with a disability experience.

Stereotyping

- People with disabilities often face stereotyping and relegation to a low social standing. They may experience stereotyping where they are feared, pitied or thought incapable of functioning as valued members of society. Sometimes people with disabilities are treated like children, with some speaking to a person with a disability in a singsong tone of voice, as they would talk to a child.

Perception

- People with disabilities are often treated as though they are sick. Words like 'suffering', 'diagnosed' and 'cure' are often used in relation to disability, even though they have more to do with illness than disability.

Relationships

- Some people with disabilities experience lost relationships, including friendships, family and romantic relationships. Society often stigmatises the sexual needs of a person who has a disability, when in fact their needs are just as relevant as any other person's.

Independence and individuality

- Some people with disabilities lose a feeling of independence and individuality. Although institutions for people with disabilities no longer exist, group community homes do. People are grouped together according to funding, the nature of their disability or resources. The individual may have little input into their own circumstances of living, such as who they live with and where they live.

Poverty

- Poverty affects many people with disabilities and is a major issue in Australia. Poverty is not usually voluntary, but emerges because a person is unable to access employment, training or adequate funding and housing. They may be limited by their disability and circumstances and are not receiving appropriate support.
- Poverty can cause segregation from society, further vulnerability to stereotypical reactions such as pity and fear, and loss of health and wellbeing.

Abuse

- Some people with disabilities experience abuse and loss of personal security. Their disability may make them vulnerable to theft, rape, neglect, verbal abuse and physical abuse. Abuse may come from family, acquaintances or complete strangers.

Research into the experience of disabilities

Most people with disabilities have experienced discrimination at least once in their life; some people experience it every day. Between 2008 and 2011, the Australian government conducted surveys to learn more about the experiences of people with disabilities. Surveys from 2,500 people were collected on various topics. The overwhelming response was that despite gradual social change and reform, people with disabilities continue to experience exclusion and isolation from society.

Some expressed feeling marginalised in society because of their disability; they felt they are not treated as 'normal' and are instead pitied and sometimes feared. Some feel they are treated as a burden in society.

People with disabilities continue to feel excluded and isolated from:

- social and community activities
- disability services
- income support
- employment
- education
- transport
- access to the built environment
- access to aids, equipment and technologies.

Older people with a disability

As people age, they face new challenges and experiences, some of which are outlined here.

Employment

- If previously employed, a person may face loss of income in retirement and rely on their pension and various government benefits to live. Financial restrictions can limit the choices a person makes and can create stresses when managing everyday finances.

Societal relationship

- Social relationships will change as a person ages. As partners, friends and relatives age, they may also experience disability or illness, or may die, causing grief and possibly loneliness in the older person. Social roles also change as a person ages. A person can become more dependent on their family and relationships, which can be difficult to adjust to.

Mobility

- Mobility and transport options may be restricted as a person ages and needs to stop driving, for example. This can isolate a person.

Relocation

- Older people with disabilities may need to relocate to access appropriate care and services, which can also be disruptive and unsettling for the older person.

Health issues

- One issue for older people with disabilities is that health issues may be more difficult to detect until the condition has become serious. Undiagnosed health problems include diabetes, arthritis, hernias and hypothyroidism.

Dementia

- Dementia is one of the most common disorders that affect older Australians and refers to a group of illnesses that cause a progressive decline in a person's functioning. Alzheimer's disease is the most common form of dementia, which affects memory and can result in co-morbid disorders such as depression. The illness generally begins with mild symptoms that deteriorate over time.

Children and adolescents with a disability

Issues that affect children and adolescents with disabilities may include any of the following.

Friendships

- Young people with a disability often have a very different experience of life from their peers who do not have a disability. Disability can impact friendships in particular, as some people with disabilities have difficulty forming friendships.

Bullying

- A young person with a disability may be subjected to bullying and teasing at school or in the community. Children with disabilities have the right to access education like any other child. Funding can assist young people to access education.

Sexuality

- Young people also start to explore their sexuality. A person with a disability has as much right and ability to experience sexual feelings and to explore their sexuality as other people. Sexual health is an important consideration for adolescents with a disability.

Siblings

- There is considerable support available for the siblings of people with disabilities, who may experience feelings such as jealousy, stress, anger or guilt. It is important that parents and carers provide adequate support for the relationship between a person with a disability and their siblings.

Rights

- It is also important that young people with disabilities are aware of their rights to equality and protection from discrimination. It is important for a young person with a disability needs to understand that they are a person with a disability, rather than a disabled person.

Indigenous Australians with a disability

There are higher rates of disability in the Indigenous Australian community compared to the non-Indigenous Australian community, relating to lower socioeconomic status, higher rates of smoking, poor nutrition and substance abuse. Indigenous Australians with disabilities may experience any of the following issues that impact on their health.

Cultural barriers

- Many Indigenous Australians experience barriers to support for a disability, due to remote locations, social marginalisation and cultural issues.

Language barriers

- The notion of disability may not be relevant to some Indigenous Australian communities. The First People's Disability Network found that there was no word in traditional Indigenous Australian language to describe disability, and so it may not be accepted as an experience by some Indigenous Australians.

Fear and mistrust

- Due to marginalisation and discrimination, some Indigenous Australians do not feel welcome to access support for disabilities. There is a collective fear and mistrust in some communities based on the past treatment of Indigenous Australians. Some fear their children will be removed to be cared for by others; this is particularly pertinent if the child has a disability.

Family ties

- In Indigenous Australian culture, it is important for a person with a disability to be cared for by their family. For these reasons, government and community support services for people with disabilities may not be utilised by the Indigenous Australian population.

Rural and remote communities

People with disabilities living in rural and remote communities often face issues related to access. These issues may include the following.

Access to specialised care

Specialised care and support for people with disabilities is limited in rural and remote communities. This has a great impact on those with disabilities and their quality of health and lifestyle. Indigenous Australians are more likely to live in rural or remote areas than non-Indigenous Australians. Consequently, people in rural Australia experience poorer health and higher mortality than in urban areas.

Employment opportunities

Employment and education may also be limited in rural areas. With fewer opportunities, discrimination based on disability is more likely to occur.

Strategies for integration of people with a disability

Recent decades have seen an important move from institutionalised, segregated care and support for people with disabilities into a far more progressive and open-minded approach.

It is now widely accepted that all people in society have the right to participate in all aspects of their daily lives in an integrated setting, alongside their peers, family and friends. This right is strongly supported by Australian federal and state legislation, as well as by United Nations conventions.

It is important that you and the individual are clear about the expectations they have of the integration process, and that they wish to participate in their leisure activities in an integrated setting. Remember that it is the person's right to elect to participate in leisure activities in a segregated setting if they prefer to do so.

Integration is comprised of the following three components.

Locational/physical integration

- This is where a person with a disability participates in an integrated setting alongside participants without disabilities, but does not tend to interact or engage with them. The integration in this instance is only associated with location rather than being a fully integrated experience.

Functional integration

- This allows the activity to take place in a mainstream setting with provisions made, if needed, to ensure full and active participation can occur. There are provisions such as ramps, wider doorways, signs written in community languages, tactile markers on floors, use of graphic signs, and trained staff available to provide individual support.

Social integration with regular exchanges and interactions

- This allows a person with a wide variety of needs to interact with other members of society without limitation. This can be encouraged in recreation and leisure settings through provision of role models (usually staff), a positive and committed attitude on the part of other people using the venue, and the facilitation of unplanned and incidental communication.

Develop action plans at the individual level

To help a person integrate into a community leisure activity at the individual level, you need an appropriate leisure plan with clearly established and relevant goals.

Once participation has been achieved, there should be a process of evaluation and reflection that feeds into the development of new goals if required. This allows both positive and negative aspects of participation to be monitored and evaluated.

If there are difficulties or issues arising during participation, you can consider how best to work with the individual to deal with these.

You can help a person integrate into a community leisure experience by:

- locating a number of potential venues that may be suitable for the person
- taking on an advocacy role where required
- identifying and dealing with barriers to participation, such as transport or financial issues
- providing tailored support to ensure successful participation, particularly in the early stages
- reducing support over time to promote independence and facilitate the individuals taking control of their own leisure activities if appropriate.

Support strategies to facilitate integration

By focusing on practical, realistic support strategies, you can work towards meeting a person's needs and provide positive input. Make sure you remain within your own professional boundaries and do not provide medical or therapeutic advice, as this is beyond your area of expertise.

Here are some examples of how you can provide practical support to a person who is responding to an illness or disability.

Provide reasons to change behaviours

Provide the person with internal and external reasons to change behaviours, such as drinking excessive alcohol, that are causing them harm. You may need to show empathy and understanding, highlight the positive effects of decreased alcohol consumption, or avoid challenging the person about their drinking.

Conduct an educational session

Conduct a small group educational session about health lifestyle elements; for example, cooking nutritional meals or participating in regular exercise programs.

Support with practical tasks

Support the person with practical tasks, such as organising appointments, locating suitable technology tools or writing information down, to help them gain control of a sudden change in their ability to carry out daily activities.

Offer an opportunity to talk openly

Offer the person an opportunity to talk openly in a non-threatening, non-judgmental situation.

Show kindness and empathy

Show kindness and empathy towards the person. Make sure they don't feel rushed or that you feel you have somewhere more important to be.

Introduce avenues of community support

Introduce the avenues for community support and interactions, such as helping them sign up for a community visitor program or applying for a home library service.

Organise information to be provided

Organise for information about technology tools to be provided. This might be via a website, a phone call to a supplier, or a link to a therapist who can provide specialist advice.

Seek permission to discuss their situation

Seek permission from the individual to discuss their situation with other members of a multidisciplinary team to make sure you are addressing all relevant issues and meeting all areas of need.

Inclusive language as a strategy for integration

Inclusive language is sometimes referred to as 'person-first' language. This means taking care to phrase sentences so the person is referred to first and their disability or condition second. Inclusive language is language that does not demean, stereotype or trivialise people on the basis of their disability.

Inclusive language across all communication (verbal, print and electronic) is paramount to changing attitudes towards disability. Stereotypical, stigmatising or non-inclusive communication may be viewed as discriminatory.

Example

Determine if perceptions impact participation in leisure activity

Scott, a community development worker at a local council, has been researching recreational fishing activities for people with disabilities who live in or visit the area. He suggests the concept of disability-accessible fishing bays to his manager, who responds positively and asks Scott to write a briefing paper to highlight the issues and suggest a way forward for the plan.

Scott writes the paper in consultation with the local fishing club, who are positive and enthusiastic about increasing participation in fishing across all age groups and abilities. A steering committee is put together to lead the project, titled 'Fishing for everyone in Bridey Lake Park'.

The importance of volunteer support and community goodwill is highlighted throughout the process of researching, identifying a suitable location, garnering community support, enlisting local journalists to provide media coverage, and making sure the process sits within existing local council policies and procedures.

Twelve months later and with many work hours donated, there is a grand opening of two disability-accessible fishing bays at a community fishing competition attended by over 200 local and visiting participants.

Practice task 13

1. Give two examples of common misconceptions of disability.

2. Give two examples of how a person may respond to illness.

3. Give one example of a strategy to facilitate integration of a person with a disability into leisure activities.

Click to complete Practice task 13

4D Incorporate protective and inclusive practices into leisure service delivery

Federal legislation applies to work you do anywhere in Australia. These laws do not change depending upon where you work, or who you work for, even if you change states or territories. There are three important federal laws that impact on leisure service delivery and serve to protect the rights of people and include them in a number of different ways. These are the *Disability Discrimination Act 1992* (Cth), the *Racial Discrimination Act 1975* (Cth) and the *Privacy Act 1988* (Cth).

It is important to stay up to date with information about legislation and how it applies in your specific work area. You do not need to know all the laws that may apply across the entire leisure services industry, as there are many that only relate to specific kinds of work. Instead, focus on the areas of legislation that are relevant for your work area. Workplace health and safety is an example of legislation that goes across industry and different sectors and is relevant for all workers.

Disability discrimination

The *Disability Discrimination Act 1992* (Cth) aims to prevent discrimination against people who have a disability, as well as people who have had a disability in the past, or may acquire one in the future. It also applies to people who are associated with someone who has a disability. The law makes it illegal to discriminate against a person on the basis of their disability.

Here are some important points about disability discrimination.

Areas of application

The Act applies to and specifically mentions areas such as employment, housing, access to buildings and facilities, education, goods and services, and sporting activities.

This means that in most instances it is not lawful to discriminate against a person in any of these areas. For example, if a person with a disability who wishes to join a sporting club it is not lawful to discriminate against them simply because the person has a disability.

Unjustifiable hardship

A significant clause of the Act is that of 'unjustifiable hardship', which means that a person or entity is not required to avoid discriminating against someone with a disability if doing so would cause them unjustifiable hardship. In the example of a sporting club, it may be claimed that installing ramps and adaptive equipment to cater to a person with a physical disability would cause the club unjustifiable hardship, as doing so would place such strain on the club's budget that they were unable to remain operational. In this case, it is unlikely they would be obliged to avoid discrimination.

Complaints

Complaints about discrimination under the Act can be made to the Australian Human Rights Commission, which investigates and acts upon them. Complaints can be made in writing, by email or online, in any language.

Staying up to date

It is important to stay up to date with any changes to the legislation and how it is applied. To do this, visit the Disability Rights home page of the Australian Human Rights Commission http://aspirelr.link/ahrc-disability-rights.

Privacy Act

The *Privacy Act 1988* (Cth) exists to protect the right to privacy of Australians. It is important to discuss with your supervisor or manager how the privacy laws apply in your own workplace.

Within the Act, there are 13 Australian Privacy Principles referred to as the Australian Privacy Principles (APPs). These apply to the handling of personal information by Australian Government agencies and some private sector organisations. They cover areas including collecting information, storage and security, access and amending incorrect information.

Your workplace will have policies and procedures in place to guide you in how to handle information and ensure that you comply with the requirements of the Privacy Act.

It is important to stay up to date with changes to the legislation and how it is applied. To do this, visit website of the Office of the Australian Information Commissioner.

You can read more about privacy at: http://aspirelr.link/oaic

Racial discrimination

The *Racial Discrimination Act 1975* (Cth) makes it illegal to discriminate against another person on the basis of race, colour, descent, or national or ethnic origin.

This Act upholds Australia's commitment to the International Convention on the Elimination of All Forms of Racial Discrimination. For example, it is illegal to grant a position on a program to a person who is of the same ethnic origin as you in preference to someone who is from another background, if the reason for doing so is the ethnic origin of the person.

It is important to be mindful of inadvertent racism that may slip into work practices. Always consider objectively the statements you make, decisions you take and interactions you have with others to make sure you are not discriminating against

another person on the basis of their race. Watch out for jokes and expressions of humour that you may not intend to be racist, but that may be interpreted differently by others.

Links about the Act are provided at: http://aspirelr.link/about-racial-discrimination

State and territory legislation

State or territory legislation only applies to the particular state or territory where you are working. The laws that apply in another part of Australia may be quite different, and there may be new requirements or obligations you need to learn about if you move or work there. Before you begin work in another location in Australia, you need to check what specific laws apply to your workplace and work activities.

For example, if you work in the aged care sector, you need to learn about the *Aged Care Act 1997* (Cth), which applies to residential care, flexible care and Community Aged Care Packages for older Australians. In any workplace, you also need to know about the work health and safety legislation that exists to protect you as a worker, as well as your colleagues, persons receiving support services and visitors.

Working with Children Checks

There are specific requirements for people who work with children that apply throughout Australia. A Working with Children Check is a thorough criminal records check that is performed to ensure the people who have contact with children are safe and fit to do so.

These generally apply to anyone who works with children in a paid or voluntary capacity, including people in sporting organisations, not-for-profit organisations, educational settings, training institutes and anywhere that adults have contact with children who are not their own.

The laws and requirements for working with children are different around Australia, so it is important to know if you are required to complete a Working with Children Check prior to beginning work. You need to apply in the state or territory in which you are working. In most organisations there will be procedure in place as part of initial employment arrangements to ensure checks are completed and satisfactory.

Child protection Acts

Different child protection Acts apply in the various states and territories of Australia, such as the following:

- *Children and Community Services Act 2004* (WA)
- *Care and Protection of Children Act 2007* (NT)
- *Child, Youth and Families Act 2005* (Vic.)

Here are two important points about child protection.

Purpose

In general terms, these Acts seek to inform people of their rights and obligations regarding protecting children from harm. They cover areas such as acting upon child protection issues, out-of-home care, mandatory reporting and managing transition care. The main purpose of child protection legislation is to keep children safe. Underpinning this is the concept that all children have the right to feel and be safe all the time.

Mandatory reporting

Some professions or groups of people are obliged to make a report of suspected child abuse under a system known as mandatory reporting. The groups of people who are obliged to make a report include teachers, school principals, nurses, midwives, doctors and police officers. This varies depending on the state or territory.

It is important to know when you are required by law to make a report of known or suspected child abuse. Your workplace will have policies and procedures in place to support you and other staff members, should you need to make a mandatory report.

Example

Incorporate protective and inclusive practices into leisure service delivery

Dawn has been asked to advocate on behalf of an older woman, Jenny, who uses a wheelchair. Jenny has been denied access to a cafe because she is unable to get her wheelchair up the single step at the front door. The cafe no longer uses the portable ramp that was available for wheelchair users. The owner has told Jenny she should find another cafe that is more suitable for people who use wheelchairs. She says she doesn't have to make her cafe accessible – it is up to Jenny to find a suitable place that can accommodate her wheelchair.

Dawn decides that a discreet, low-key approach is the best strategy. She knows she can write to the Australian Human Rights Commission about the case, but she and Jenny would both prefer to resolve the problem directly with the cafe owner if possible.

She makes a time to visit the cafe and talk to the owner about the *Disability Discrimination Act 1992* (Cth) and her obligations under it. Together they identify the problems and Dawn suggests some solutions.

The cafe owner is worried that making her cafe accessible will cost a lot of money. Dawn shows her a brochure for some portable ramps that could be stored near the door and taken out when needed. The ramps cost around $200 and no building work is required. The cafe owner realises she has a new potential market if she makes her cafe more accessible.

The next time they visit, Dawn and Jenny are happy to discover there is a sign near the door welcoming people with wheelchairs, and instructions to ring the bell for a ramp to be brought to the door.

Practice task 14

1. Identify and explain the purpose of incorporating protective practices into leisure service delivery.

2. Provide two examples of inclusive legislation practices into leisure service delivery.

Click to complete Practice task 14

4E Recognise behaviour or responses to illness and respond

When illness strikes, many people think of the physical effects of the illness, but there can often be an emotional aspect as well.

All chronic diseases and terminal illnesses generate emotional responses, to which people respond in different ways; for example, they may experience shock, anger, fear, denial, grief, anxiety and acceptance. People may experience all of these emotions or just some of them. They may experience them for a long time or only for a short period. This is often part of the coping process.

Fear and anxiety are the two most common emotions. Sometimes these emotions lead to depression. This in turn can have further negative consequences, including responses to illness that are perceived as unacceptable by some members of society.

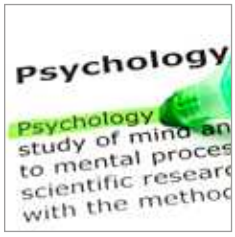
If faced with this type of situation with an individual, always refer to your supervisor and be familiar with the policies and procedures in your workplace.

Depression and suicide

Depression is sometimes perceived as being a natural part of the ageing process or as being an unchangeable feature of having a serious illness. It is associated with many situations and can present in different ways. It may occur in response to illness.

Here is some further information about depression and suicide.

Information about depression and suicide

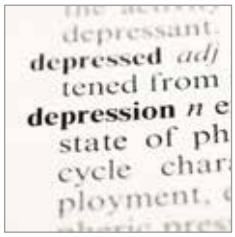


One type of mental illness

Depression is only one type of mental illness. Others include conditions such as anxiety disorders, panic attacks, obsessive compulsive disorder, agoraphobia, bipolar disorder and post-traumatic stress disorder. Being diagnosed with one mental illness increases the likelihood of being diagnosed with another.

A treatable condition

It is not appropriate to assume that depression is normal or natural given the person's situation. Depression is a treatable condition, and it should be managed effectively by appropriate healthcare professionals such as a general practitioner, psychiatrist or psychologist. You can advocate for appropriate treatment to be sought by and for individuals, and can work as part of a multidisciplinary team to support individuals who have depression and/or other mental health conditions.



Relationship between depression and suicide

There is strong research and evidence to support the relationship between depression and suicide; this is seen in a number of age groups including adolescents, young adults and older people.

Individuals at risk

It is important to consult with your manager or other appropriate personnel about any situations where you feel a person may be at risk of suicide or where you feel they may be experiencing depression. If you feel the situation is acute, you should take urgent action. This may include calling 000, seeking immediate support from a more senior worker or following appropriate workplace policies and procedures.

Time to debrief

After managing a critical incident such as a person at risk of suicide, it is also important that you take the time to debrief and receive support from your workplace. This may include counselling support or other services designed to help you manage your own emotional responses to the situation. You should never feel you need to simply deal with it just because you are a professional in a workplace. There are many support services available to help you through challenging workplace situations.

Looking after colleagues

The wellbeing of your colleagues is also part of your role, particularly after managing a critical incident or highly stressful situation. Where appropriate, bring these concerns to the attention of their supervisor or other authority.

Violence

Sometimes individuals who are diagnosed with an illness may feel extremely angry, and this can lead to them feeling as though they want to lash out and cause harm. It can also make people behave in unpredictable or uncharacteristic ways. Although understandable in some situations, the use of violence, either towards a worker or towards another person, is not an acceptable or appropriate response to illness.

Violence and aggressive behaviour is also associated with some cases of dementia. In these situations, the violent response is generally out of the person's control, and they are not able to use rational, logical thought and judgment at the time it is occurring. They may feel confused, distressed, agitated, worried about a particular situation or event, or they may be reacting to a confused message or signal from another person.

The effect of response to illness on others

Some or all of the possible responses to illness may occur in different situations, and it is important for you to understand how these responses impact on various groups of people.

Research findings are a useful way of informing our knowledge in this area, and can be used to ensure that best practice is implemented in workplaces and that policy and procedures are based on sound, evidence-based knowledge.

Use your critical analysis skills to examine in greater detail how groups of people may be affected by behaviour related to an illness.

Behaviour can include coping responses and emotions such as:

- anger
- grief
- guilt
- denial
- depression
- aggression
- violence.

Impact on family members

The impact of individual behaviour and response to illness on family members can be profound. The primary caregiving role has an emotional, social, financial and physical impact upon the people who provide care.

Support now exists through organisations such as Carers Australia and their relevant state-based groups, and through the *Carer Recognition Act 2010* (Cth) to provide better and more effective support for carers.

Guidelines have been produced to assist organisations understand their responsibilities under the Act.

You can read more about the guidelines for the Carers Act at: http://aspirelr.link/carer-recognition-act

You can read more about Carers Australia at: http://aspirelr.link/carers-australia

Impact on direct care workers

Direct care workers are often significantly impacted by individual responses to illness. It can often be challenging to stay objective and see each person receiving support services as an individual. Always speak to your supervisor or colleagues if you are unsure about how to act or are feeling overwhelmed.

Strategies that help moderate the impact on direct care workers include:

- mentoring
- providing good supervisory support
- creating an environment that encourages reporting and discussion of problems
- ensuring appropriate staffing and resourcing
- maintaining a relaxed, calm and routine-focused environment.

Supportive responses to illness

It is important to recognise that, from a health perspective, it is not appropriate for you to hold value judgments about individual responses to illness. You should treat a person's responses as reasonable reflections of their experiences, knowledge and resilience, even if a person's response does not seem reasonable to you. You need to carefully consider how to respond to individual emotional reactions to illness.

You can assist the person in finding effective ways of coping with illness. Often this support will take a practical form; for example, the person may ask you to provide support. By focusing on practical, realistic support strategies, you can work towards meeting individual needs and providing a positive input. Make sure you remain within your own professional boundaries and do not provide medical or therapeutic advice, as this is beyond your area of expertise.

Example

Recognise behaviour or responses to illness and respond

Margaret does not leave her house very often. She is reluctant to ask the local council to send direct care workers to care for her husband Bill, who has Alzheimer's disease, as she can't bring herself to call them after 'the incident'. This has become her term for the time recently when Bill became highly agitated and lashed out at a worker who was trying to rush him through his morning routine because she was late for her next shift.

Although Margaret understands that Bill's physical response was simply a reflection of the environment, the situation and his illness, it does not make her feel any better. She lives in fear of Bill hurting someone else, and can't face the humiliation and stress of talking to anyone about the situation.

Instead she provides full-time care for Bill at the expense of her own social life and physical and mental wellbeing. She is exhausted and craves a full night's sleep where she doesn't have to worry about what Bill might be doing. She wishes that direct care staff, particularly casual workers, knew Bill and his needs better and were able to manage the routine so he does not become agitated.

Practice task 15

1. List two examples of common responses to illness.

2. What is an example of an unacceptable response and behaviour to illness?

Click to complete Practice task 15

Summary

1. There are a range of motivational strategies to maximise participation in leisure activities.
2. To enable a person to participate fully in recreation activities, modifications can be made to tasks or the environment.
3. It is important to ensure strategies are age and culturally appropriate, and clearly communicated.
4. Individual perceptions of health, wellness, illness and disability all impact on participation in leisure activities.
5. Historically, the perception of people with disabilities has been quite poor, but improved community attitudes, supported by strong legislation and government policy has seen this situation change for many people.
6. Protective and inclusive practices enhance participation of individuals in leisure services.
7. There are both acceptable and unacceptable responses to illness.

Learning checkpoint 4
Identify strategies for participation

This learning checkpoint allows you to review your skills and knowledge in identifying strategies for participation.

Part A

1. Identify three strategies to maximise participation in leisure activities.

2. How can you ensure strategies are appropriate and clearly communicated?

3. Explain how perceptions are formed and can impact on participation in leisure activities.

4. The experience of a person living with a disability may have an effect on different areas of their life. List three examples of areas in which they may be affected.

Part B

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

Case study

Jonah runs an aquatic program at his local leisure centre. His manager is keen to promote the program to clients with a disability, but wants to do so in a segregated program delivered by specialist teachers.

Jonah explains to his manager that it would be preferable if the regular class teachers were offered some training and support by a specialist teacher to run the classes. The specialist teacher could then be used as a roving resource to intervene or provide role-modelling and instruction as needed during the program. Assistants could be made available to provide physical support and reduce the teacher–student ratio in the classes.

The program runs for the first time with four young people with disabilities participating in mainstream classes. The teacher assistants are a great success, and the class teachers later reflect on how they feel their skills have grown over the course of the program.

Jonah has a chat to one of the participants called Tom after the class to get some feedback. Tom says he thoroughly enjoyed the class. Tom tells Jonah how he had only recently received his diagnosis of disability and so had found the aquatic program a good mental break from some of his fears and worries.

1. Explain why Jonah's program was successful and all four people participated.

2. Using the example of Tom above and your understanding of disability, explain three common responses to disability or illness.