

CHCCCS038

Facilitate the
empowerment of people
receiving support



**International
Institute of
Education
and Training**



**LEARNER
GUIDE**

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This Learner Guide

CHCCCS038 - Facilitate the empowerment of people receiving support (Release 1)

This unit describes the performance outcomes, skills and knowledge required to facilitate the empowerment of people receiving support, and to deliver rights-based services using a person-centred approach. It should be carried out in conjunction with individualised plans.

This unit applies to workers in varied care and support contexts.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian standards and industry codes of practice.

No occupational licensing, certification or specific legislative requirements apply to this unit at the time of publication.

A complete copy of the above unit of competency can be downloaded from the TGA website:

<https://training.gov.au/Training/Details/CHCCCS038>



About this Unit of Competency Introduction

As a worker, a trainee, or a future worker, you want to enjoy your work and become known as a valuable team member. This unit of competency will help you acquire the knowledge and skills to work effectively as an individual and in groups. It will give you the basis to contribute to the goals of the organisation which employs you.

It is essential that you begin your training by becoming familiar with the industry standards to which organisations must conform.

This Learner Guide Covers

Facilitate the empowerment of people receiving support

- I. Demonstrate commitment to empowerment for people receiving support
- II. Foster human rights
- III. Facilitate choice and self-determination

Learning Program

As you progress through this unit of study, you will develop skills in locating and understanding an organisation's policies and procedures. You will build up a sound knowledge of the industry standards within which organisations must operate. You will become more aware of the effect that your own skills in dealing with people have on your success or otherwise in the workplace. Knowledge of your skills and capabilities will help you make informed choices about your further study and career options.

Additional Learning Support

To obtain additional support you may:

- Search for other resources. You may find books, journals, videos and other materials which provide additional information about topics in this unit.
- Search for other resources in your local library. Most libraries keep information about government departments and other organisations, services and programs. The librarian should be able to help you locate such resources.
- Contact information services such as Infolink, Equal Opportunity Commission, Commissioner of Workplace Agreements, Union organisations, and public relations and information services provided by various government departments. Many of these services are listed in the telephone directory.
- Contact your facilitator.

Facilitation

Your training organisation will provide you with a facilitator. Your facilitator will play an active role in supporting your learning. Your facilitator will help you at any time during working hours to assist with:

- How and when to make contact
- What you need to do to complete this unit of study
- What support will be provided.

Here are some of the things your facilitator may do to make your study easier:

- Give you a clear visual timetable of events for the semester or term in which you are enrolled, including any deadlines for assessments
- Provide you with online webinar times and availability
- Use ‘action sheets’ to remind you about tasks you need to complete, and updates on websites
- Make themselves available by telephone for support discussion and provide you with industry updates by email where applicable
- Keep in touch with you during your studies



Flexible Learning

Studying to become a competent worker is an interesting and exciting thing to do. You will learn about current issues in this area. You will establish relationships with other students, fellow workers, and clients. You will learn about your own ideas, attitudes, and values. You will also have fun. (Most of the time!)

At other times, studying can seem overwhelming and impossibly demanding, particularly when you have an assignment to do and you aren't sure how to tackle it, your family and friends want you to spend time with them, or a movie you want to see is on television.

Sometimes being a student can be hard.

Here are some ideas to help you through the hard times. To study effectively, you need space, resources, and time.

Space

Try to set up a place at home or at work where you can:

- Keep your study materials
- Be reasonably quiet and free from interruptions
- Be reasonably comfortable, with good lighting, seating, and a flat surface for writing.

If it is impossible for you to set up a study space, perhaps you could use your local library. You will not be able to store your study materials there, but you will have a quiet place, a desk and chair, and easy access to the other facilities.

Study Resources

The most basic resources you will need are:

- A chair
- A desk or table
- A computer with internet access
- A reading lamp or good light
- A folder or file to keep your notes and study materials together
- Materials to record information (pen and paper or notebooks, or a computer and printer)
- Reference materials, including a dictionary

Do not forget that other people can be valuable study resources. Your fellow workers, work supervisor, other students, your facilitator, your local librarian, and workers in this area can also help you.

Time

It is important to plan your study time. Work out a time that suits you and plan around it. Most people find that studying, in short, concentrated blocks of time (an hour or two) at regular intervals (daily, every second day, once a week) is more effective than trying to cram a lot of learning into a whole day. You need time to ‘digest’ the information in one section before you move on to the next, and everyone needs regular breaks from study to avoid overload. Be realistic in allocating time for study. Look at what is required for the unit and look at your other commitments.

Make up a study timetable and stick to it. Build in ‘deadlines’ and set yourself goals for completing study tasks. Allow time for reading and completing activities. Remember that it is the quality of the time you spend studying rather than the quantity that is important.



Study Strategies

Different people have different learning ‘styles’. Some people learn best by listening or repeating things out loud. Some learn best by ‘doing’, some by reading and making notes. Assess your own learning style and try to identify any barriers to learning which might affect you. Are you easily distracted? Are you afraid you will fail? Are you taking study too seriously? Not seriously enough? Do you have supportive friends and family? Here are some ideas for effective study strategies:

- 1. Make notes.** This often helps you to remember new or unfamiliar information. Do not worry about spelling or neatness, as long as you can read your own notes. Keep your notes with the rest of your study materials and add to them as you go. Use pictures and diagrams if this helps.
- 2. Underline keywords** when you are reading the materials in this Learner Guide. (Do not underline things in other people’s books.) This also helps you to remember important points.
- 3. Talk to other people** (fellow workers, fellow students, friends, family, or your facilitator) about what you are learning. As well as help you to clarify and understand new ideas, talking also gives you a chance to find out extra information and to get fresh ideas and different points of view.



Using this Learner Guide

A Learner Guide is just that, a guide to help you learn. A Learner Guide is not a textbook. Your Learner Guide will:

1. Describe the skills you need to demonstrate to achieve competency for this unit.
2. Provide information and knowledge to help you develop your skills.
3. Provide you with structured learning activities to help you absorb knowledge and information and practice your skills.
4. Direct you to other sources of additional knowledge and information about topics for this unit.

How to Get the Most Out of Your Learner Guide

Some sections are quite long and cover complex ideas and information. If you come across anything you do not understand:

1. Talk to your facilitator.
2. Research the area using the books and materials listed under Resources.
3. Discuss the issue with other people (your workplace supervisor, fellow workers, fellow students).
4. Try to relate the information presented in this Learner Guide to your own experience and to what you already know.
5. Ask yourself questions as you go. For example, 'Have I seen this happening anywhere?' 'Could this apply to me?' 'What if...' This will help you to 'make sense' of new material, and to build on your existing knowledge.
6. Talk to people about your study. Talking is a great way to reinforce what you are learning.
7. Make notes.
8. Work through the activities. Even if you are tempted to skip some activities, do them anyway. They are there for a reason, and even if you already have the knowledge or skills relating to a particular activity, doing them will help to reinforce what you already know. If you do not understand an activity, think carefully about the way the questions or instructions are phrased. Read the section again to see if you can make sense of it. If you are still confused, contact your facilitator or discuss the activity with other students, fellow workers or with your workplace supervisor.



Additional Research, Reading, and Note-Taking

If you are using the additional references and resources suggested in the Learner Guide to take your knowledge a step further, there are a few simple things to keep in mind to make this kind of research easier.

Always make a note of the author's name, the title of the book or article, the edition, when it was published, where it was published, and the name of the publisher. This includes online articles. If you are taking notes about specific ideas or information, you will need to put the page number as well. This is called the reference information. You will need this for some assessment tasks, and it will help you to find the book again if you need to.

Keep your notes short and to the point. Relate your notes to the material in your Learner Guide. Put things into your own words. This will give you a better understanding of the material.

Start off with a question you want answered when you are exploring additional resource materials. This will structure your reading and save you time.

Introduction



The duties of a care worker are not limited to just providing support and assistance to the people under their care. A care worker must also ensure that they facilitate empowerment for these people.

As a care worker, you must learn the difference between support and assistance. *Support* refers to providing personal care and assistance to people who need it. On the other hand, *assistance* means helping individuals in all aspects of their daily lives. This includes their social and physical activities, personal hygiene, mobility and mealtimes.

As a care worker, you must be prepared to work with and care for diverse people. The Carer Recognition Act 2010 enumerates the people you will support as a care worker. Under the Carer Recognition Act 2010, people receiving support include:

- Persons with disability; or
- Persons with medical condition (including terminal or chronic illness); or
- Persons with mental illness; or
- Older persons

Sourced from the Federal Register of Legislation at 10 January 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Carer Recognition Act 2010, used under CC BY 4.0

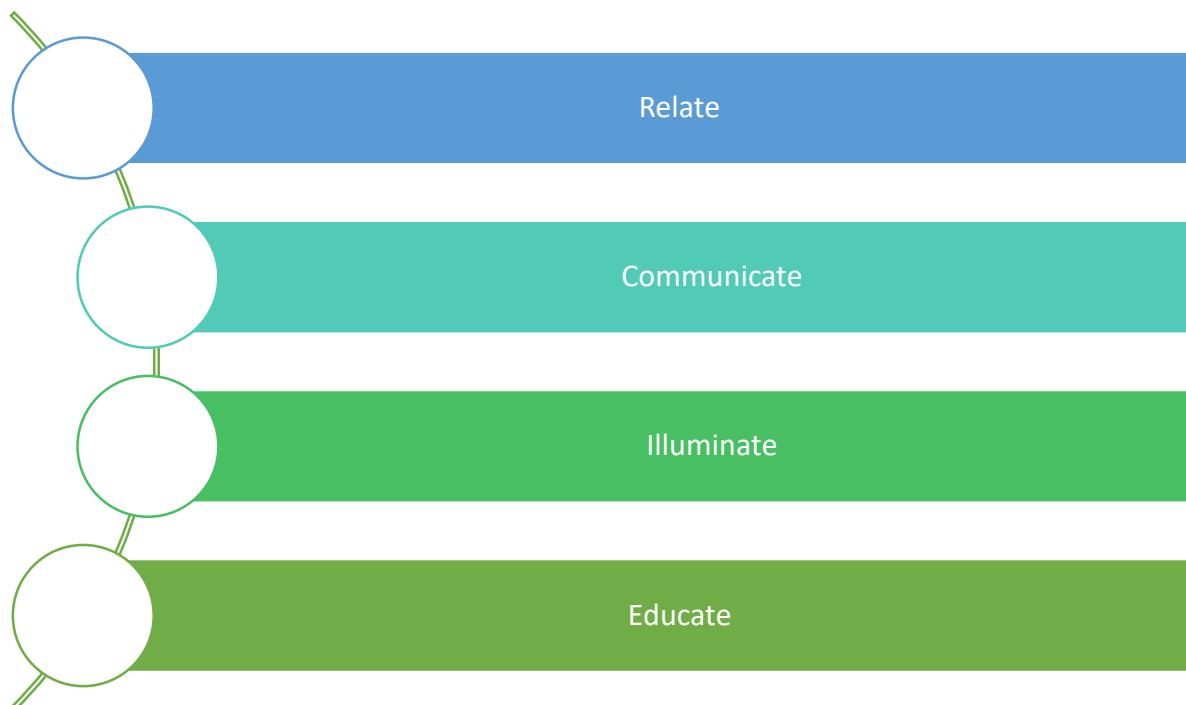
Those mentioned previously can experience challenges when participating in various activities. They cannot do these activities independently within their homes and communities. For example:

- An older person who cannot do things that they usually did when they were younger
- A child with cerebral palsy who cannot participate in school activities such as team games and physical exercises
- An adult with an anxiety disorder who is having difficulty with home maintenance

Depending on their needs, people will need support from different professionals. These include professionals such as school staff, doctors and therapists. As mentioned earlier, your duties as a care worker involve facilitating the empowerment of the people under your care.

Empowering means giving people the power to control their lives. It involves building and improving their capacity to reach their goals. Different people need different kinds of support to be empowered. For example, children with disability will need hands-on assistance. On the other hand, elderly adult will need more social support.

There are four principles of empowerment:



- **Relate** – This refers to accepting a person for who they are. It involves willingly understanding someone else's feelings and experiences.

When care worker relates to the person, they show them that others understand them. They also show that others appreciate the person. This encourages them to speak up and build connections with others.

- **Communicate** – This refers to giving a person support and confidence through words. It involves spending time beyond what is required to fulfil primary duties.

When care workers communicate with the person, they sincerely believe in them. This belief means believing in the person's strengths and capabilities.



- **Illuminate** – This refers to instilling greater knowledge and understanding in someone receiving support. It involves giving honest feedback and guidance on how a person can become empowered.

When a care worker illuminates the person, they allow the person to take control. This means allowing the person to make appropriate decisions and actions.

- **Educate** – This refers to giving clear instructions to a person. It involves helping the person become aware of their rights and options.

A care worker who educates the person may need to explain legal provisions. The worker may do so by providing contact information for advocacy groups.



Care workers must use approaches that follow these four principles. By doing so, a care worker provides the following benefits to their clients:

- **Empowerment allows the client to be aware of their rights.** They will know what to expect from their carers. By knowing what to expect, clients will identify when they are in situations of abuse and neglect. For example, an empowered client will be able to make complaints. These complaints can be about the quality of service their care workers provide.
- **Empowerment allows the client to be treated as an equal citizen.** They will be given the same respect, considerations and opportunities as others. Empowerment achieves this through reducing barriers set by society.
- **Empowerment allows the client to be more motivated to achieve their goals.** For example, an empowered student with disability will be more willing to learn.
- **Empowerment allows the client to empower those who care for them.** Over time, people will be more empowered to take the initiative in improving their lives. When this happens, they will need lesser support from others. Empowering also helps enhance the relationship between the client and their carer. This can ensure that appropriate care is always provided.



As a care worker, you must know how to empower the people you support. Not empowering others will limit the quality of care you can provide them. It will make your job more difficult. This is because you will care for a person who lacks the initiative and motivation to help themselves. It will also affect your relationship with the people under your care.

In this Learner Guide, you will learn how to do the following:

- Demonstrate commitment to empowerment for people receiving support
- Foster human rights
- Facilitate choice and self-determination

I. Demonstrate Commitment to Empower People Receiving Support



Demonstrating commitment refers to showing your dedication to a decision or task. It is proof of your determination to carry out a duty. As a care worker, this duty is to help people under your care through empowerment.

Your commitment to empowerment does not start and end with the people under your care. Empowerment requires you to realise that everyone can take control of their lives. Thus, to fully show your commitment, you must respect all people under your care. Doing so will help them exercise their rights and power in all aspects of living.

You must commit to all efforts to empower the people under your care. Doing so will ensure that your clients feel that you genuinely believe in them. If not, the client may distrust your efforts and be unable to see the purpose of what you are trying to accomplish.

To demonstrate your commitment to empowering people, you must do the following:

- Reflect on personal values and attitudes
- Develop and adjust approaches to facilitate empowerment

1.1 Reflect on Personal Values and Attitudes

There are a variety of personal values and attitudes that can affect:

- The way you regard disability
- The way you work with people receiving support

Knowing these are crucial to your role in ensuring their wellbeing.

Personal values refer to the principles or standards that help people decide what is essential. They motivate and guide your attitude, beliefs, practices and behaviours. People can have many personal values that affect how they work and interact with society. Empathy, professionalism, and respect for others are examples of personal values.

Personal attitudes are thoughts, feelings or positions towards specific ideas. An attitude is a state of mind or opinion that affects how someone interacts with an object or person. Attitudes can be:

- Positive (e.g. positivity and confidence)
- Negative (e.g. cynical and indifferent)

Personal values and attitudes are shaped through various experiences. They are malleable and can change over time. Having proper values and attitudes will allow you to:

- Appropriately support the person
- Make correct decisions more quickly
- Determine the appropriate response to every situation



1.1.1 Social Constructs of Disability and Ageing

Social constructs refer to the concepts most people believe in, even if those concepts do not present objective truth. It can be said that the following are social constructs:

- The concepts of ageing and disability
- The many barriers that can be used to create a disability

A person's age, disabilities and the barriers used to create them are not part of the objective truth. Instead, they are produced by human involvement and effort. An impairment does not make a person disabled and handicapped. They are disabled because others are using their impairment to keep them away. Below are some of the social constructs of ageing and disability from different perspectives.

Perspective	Social Constructs of Ageing and Disability
Older people	Older people define age as not only a number. Ageing is a concept influenced by elements such as society and emotions. There are differences between the older generation's concept of ageing and old age.
Younger people	Younger people are most likely to associate ageing with the idea of losing something – health, mental capacity and more. The younger generation may feel that a person is defined by their numerical age.
Medical model	According to the medical model of disability, 'disability' is a health condition dealt with by medical professionals. Persons with disability is thought to be different from 'persons without disability.' Disability is seen as a problem of the individual, and the person needs to be fixed or cured.
Social model	In contrast to the medical model, the social model sees 'disability' as the result of the interaction between a person with disability and an environment filled with physical, attitudinal, communication and social barriers. Therefore, it implies that the environment must change to enable a person with disability to participate in society on an equal basis with others.

It is important to know the social constructs of disability and ageing. This is because these social constructs may be harmful. You must ensure that your personal values and attitudes are not influenced by constructs that do not represent the truth.

Some terms are often used when referring to a person's condition. These terms are the following:

Impairment

Disability

Handicap

To understand the terms above, you must understand the social model of disability.

Think of the social model of disability as the lens people living with disabilities use to view the world. The model states that impairments are not the leading cause of disability. It is the barriers set by society that disables people.

We can define impairment as a medical condition that leads to disability in this context.

Impairment is losing control over the body's physical, cognitive or anatomical functions. Impairment can range between three levels. The levels of impairment are detailed below.

Mild

- Impairments cause minor discomfort and changes in physical, social or occupational function.

Moderate

- Impairments cause a notable amount of discomfort. There are also significant changes in physical, social or occupational function.
- Person under this level need help in doing basic tasks and activities.

Severe

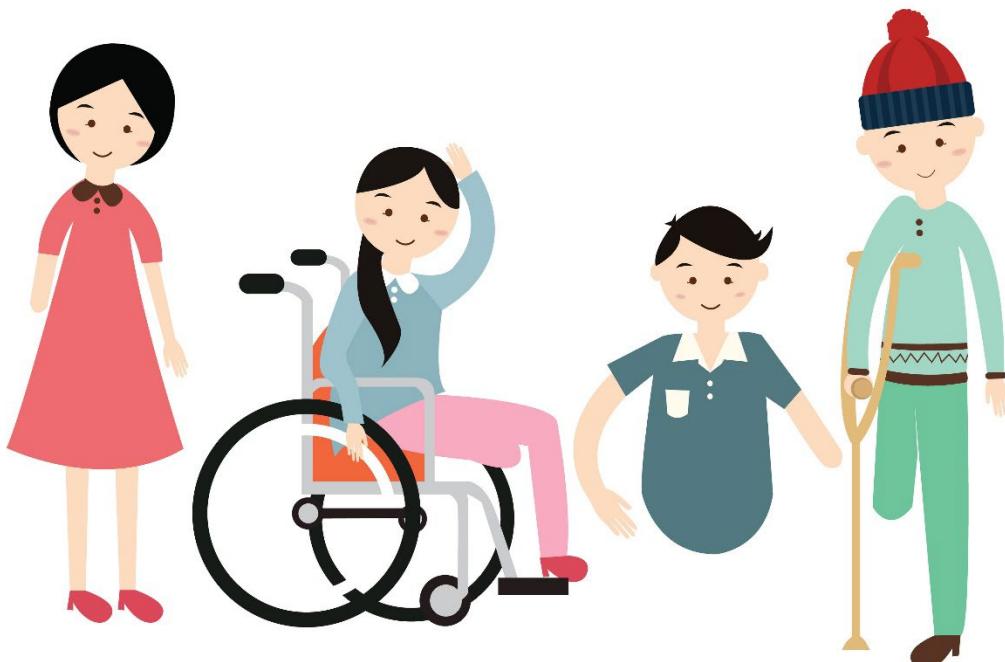
- Impairments cause an extreme amount of discomfort. There are also serious changes in physical, social or occupational function.
- Person under this level often cannot complete tasks without help.



Disability, then, refers to the relationship between a persons with impairment and barriers set by society. These barriers can be considered struggles people face when interacting with the service system. These barriers are further discussed in Subchapter 3.7.

Handicap refers to disadvantages caused by the relationship between persons with impairment and the barriers. It is typically referred to as a person's inability to perform a task the same way others can. A handicap can range from:

- Mild (e.g. a boy able to play with other children through a bit of assistance)
- Severe (e.g. a boy unable to play and engage with others due to physical limitations)



When using the three terms, keep the following in mind:

Term	Example
<i>Impairment</i> is typically used when describing body functions.	A person who is blind cannot see using their eyes.
<i>Disability</i> is used when describing activities and tasks.	A person who is blind cannot navigate around places.
<i>Handicap</i> is used when a person's capability is compared to a standard (typically against persons without disability).	A person who is blind cannot cross streets without assistance.

1.1.2 Reflect on Personal Values and Attitudes

As mentioned in the previous section, social constructs are the different concepts people believe in, even without presenting objective truth. These social constructs may affect your personal values and attitudes. As a care worker, some personal values and attitudes you must have regarding disability are as follows:

Personal Values	Personal Attitudes
Respect	Open-mindedness
Advocacy	Positivity
Empathy	Cooperation
Professionalism	Courtesy

As a care worker, reflect on your personal values and attitudes toward disability. To do so, ask yourself the following questions:

- **Do your personal values and attitudes allow you to see the client as your equal?**

A common mistake for care workers is developing values and attitudes based on their role at work. However, this creates a situation where the person is placed in a lesser position. The position requires the client to seek help. This creates a helper-helped relationship where there is only one direction of effort. To truly support the client, you must see them as just another normal person. The client has impairment but not incapable.

- **Do your personal values help you make good decisions?**

Values are often ranked, wherein some values are more valuable than others. You will most likely base your decisions on this hierarchy when making decisions, which means that the option you will most likely choose is closer to the highest value. As such, you must reflect on what decisions your personal values will tend to prioritise.

- **Are your attitudes based on how you understand their lives?**

You can never truly understand what a client is going through unless you interact with them. By immersing yourself in various experiences with them, you can build familiarity. You can also create a personal understanding of what the client goes through. Through immersion, you can see their unique challenges by knowing the client.



- **Are your attitudes based on assumptions?**

A good practice to have when supporting the client is asking relevant questions. Assuming the kind of help the client needs can make you seem condescending and uncaring. Instead, you must ask if the client needs help and what kind of help they need.

Aside from your personal values and attitudes towards disability, you must also reflect on your personal values and attitudes regarding ageing. Ageing in itself is a biological process. However, there is no inherent cultural meaning to the process. Youth and age are socially constructed. This means that the concept of ageing is seen differently around the world. Different cultures treat their elderly in different ways. Each culture places different values on the age of a person.

The concept of 'old age' differs between younger and older people. Among the younger population, ageing holds mostly negative implications.

Younger people are most likely to associate ageing with the idea of losing something: health, mental capacity, and more. The younger generation feels that a person is defined by their numerical age.



In contrast, older people define age as not only a number. Ageing is a concept influenced by social, emotional and relational elements. There are differences in the perceptions of ageing and old age for older Australians. This creates tension between them and younger people. This is due to the misconceptions of the concepts underpinning many negative stereotypes. These negative perceptions affect how older people interact with others in their communities.

To reflect on your personal values and attitudes regarding ageing, you may do the following activities below.

- **Think about your experiences working with older persons.**

Recall your experiences as a care worker. Were there any instances wherein you disagreed with your client? In what instances did you feel your values and beliefs were upheld? How did these experiences affect the services you provide to your clients?

- **Think about what shapes your personal values and attitudes.**

Are your values and attitudes solely based on your own beliefs? Determine the other possible sources where you draw your values and attitudes, such as research or current trends in the industry. Determine whether you accept these things as sources of your values and attitudes.

- **Reflect on your general sentiment towards ageing.**

Your personal sentiment on ageing greatly affects your values and attitudes and, in turn, the service you provide to older persons. Distinguish the positive and negative connotations that you associate with ageing. How do these things affect your services?

Potential Impact of Personal Values and Attitudes When Providing Support

Clients may react differently to different actions and behaviours. These actions and behaviours stem from different personal values and attitudes. They may react negatively to some actions, even if they were done with good intentions. They may also appreciate gestures and actions that do not need much effort.



For example, a student using a wheelchair may find it offensive when offered to be carried up a flight of stairs. Instead, the student may find it helpful to assist in moving their wheelchair up the stairs. Personal values and attitudes may drive the client to react in various ways.

The client may react by doing the following:



In contrast, the client may positively react when you show a positive attitude. For example, cooperating will help you focus on your client's goals and meet their needs. Your clients may feel that you are taking them seriously, which aids in their empowerment.

You will have to be aware of the potential impact of your values and attitudes on the client's behaviour. Acknowledging this will help you provide effective care. You can do this by:

- Being conscious of your use of the following that may express your values and attitudes:



- Giving details of what your values and attitudes will be when doing tasks through:
 - Clearly stating what actions you will display or avoid when using care strategies
 - Expecting any effects that your values and attitudes may have when determining goals
 - Including making changes to values and attitudes as a way to improve the quality of service
- Collaborating with other care workers to assess your personal values and attitudes
- Seeking and taking opportunities for personal development

Your awareness will allow you to develop and adjust your approaches at work. These approaches should help you facilitate empowerment in the people you are supporting.



1.1.3 Discrimination

Discrimination is the unfair treatment of people on various grounds. Acts of discrimination are usually tied to the social constructs that people have against an older person or person with disability. These grounds also include factors such as race or background. In this case, the person is discriminated against due to disability or age. Some legislations protect a person with disability and older person from discrimination. These legislations are discussed below.

The Age Discrimination Act 2004

The Age Discrimination Act 2004 defines discrimination against older persons. Discrimination comes in two forms:

- **Direct discrimination** occurs when a person is treated worse than another person. The following must be met for an action to be considered direct discrimination:
 - The discriminator treats the person less favourably than a person of different age.
 - The discriminator does so because of the following:
 - The age of the person
 - A characteristic that generally relates to people of the same age as the person
 - A characteristic that typically attributes to people of the same age as the person
- **Indirect discrimination** occurs when a policy or requirement disadvantages a person receiving support. The following must be met for an action to be considered indirect discrimination:
 - The discriminator requires the person to comply with a requirement but:
 - The requirement is not reasonable in the circumstances
 - The requirement or condition can disadvantage people of the same age as the person
 - The burden of proving that the requirement is reasonable in the circumstances lies on the discriminator



Based on content from the Federal Register of Legislation at 17 January 2022.

*For the latest information on Australian Government law please go to
<https://www.legislation.gov.au>. Age Discrimination Act 2004, used under CC BY 4.0*

Older people also experience discrimination. This experience manifests itself in different ways, such as the following:

▪ Being turned down from a job position due to their age

▪ Being ignored by their community

▪ Being denied access to a service or product

▪ Being underrepresented in media and advertising

The above experiences make it harder for an older person to function normally. Getting older is a natural process that everyone will experience. However, the negative stereotypes that come with ageing affect older people. The stereotypes affect their self-image and relationships with others.



Further Reading

Fact or fiction? Stereotypes of older Australians further discuss the underrepresentation of older people. This underrepresentation is in media and advertising. For more information, you may access it through the link provided below.

[Fact or fiction? Stereotypes of older Australians Research Report 2013](#)

Disability Discrimination Act 1992

On the other hand, the Disability Discrimination Act 1992 defines discrimination against person with disability. Like the Age Discrimination Act 2004, discrimination comes in two forms:

- **Direct discrimination** occurs when a person is treated worse than another person. The following must be met for an action to be considered direct discrimination:

○ The discriminator treats the person less favourably than they do people without disability.

○ The discriminator does not make reasonable adjustments for the person.

○ The failure to make reasonable adjustments harms the person. Because of their disability, they are treated less favourably than someone without disability would be in a similar situation.

- **Indirect discrimination** occurs when a policy or requirement disadvantages a person receiving support. The following must be met for an action to be considered indirect discrimination:

- The discriminator requires the person to comply with a requirement but:
 - Because of their disability, the person cannot comply with the requirement
 - The requirement or condition has the effect of disadvantaging a person with disability
 - The person would comply with the requirement if the discriminator made reasonable adjustments; however, the discriminator does not do so
- The failure to make reasonable adjustments has (or is likely to have) the effect of disadvantaging people receiving support.

Based on content from the Federal Register of Legislation at 24 January 2022.

*For the latest information on Australian Government law please go to
<https://www.legislation.gov.au>. **Disability Discrimination Act 1992**, used under CC BY 4.0*



Lotus Compassionate Care

Lotus Compassionate Care is the simulated organisation that provides services in disability support, home and community support, and residential care referenced in our learning resources.

Access and review Lotus Compassionate Care Handbook on anti-discrimination legislation through the link below.

[Lotus Compassionate Care – Staff Handbook](#)

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A person with disability can often recall experiences involving discrimination. They can also describe their feelings because of such events. Their experiences can include the following:

- Being denied service or entry to an establishment due to their condition
- Not being considered for job posts and openings due to their condition or age
- Receiving substandard or inappropriate service at:
 - Hospitals
 - Schools
 - Restaurants
 - Hotels
 - Other business establishments
- Not having access to aids, equipment and assistive technologies for daily activities
- Having to endure hurtful remarks and inappropriate language
- Being physically excluded from others, such as with:
 - Separate entrances
 - Sections in a public establishment



Like ageing, the abovementioned experiences can make it more difficult to function normally. They can also make it harder for the person to cope with their impairment. In such scenarios, impairment creates a disability and a handicap.



When a person experiences a handicap, their impairment does not change. However, the experience changes their self-image, confidence, relationships and overall capability.

For example, consider an older person who lost control of their legs. This impairment causes a disability by the inability to walk and move around. The disability can easily be fixed by using a wheelchair. However, when they use a wheelchair to travel around, they may encounter barriers such as:

- Not having access to public transport due to a lack of accommodations for wheelchairs
- Not having access to elevated areas due to a lack of ramps and lifts

The person's impairment (losing control over their legs) stays the same. The disability (not being able to walk) was already addressed. The handicap, on the other hand, creates difficulties for the person. These difficulties can be challenging to fix and manage. These difficulties can adversely affect a person's:

- Motivation
- Drive
- Outlook on life

This happens as the person has to accept that they cannot remove these difficulties independently. Other conditions that can result from unaddressed handicaps and difficulties include the following:

- Mental health problems, such as depression
- Overeating and obesity
- Undereating
- Fatigue and physical injury

You will be responsible for preventing the development of these additional health problems. You can do this by upholding social justice. This ensures that the person does not experience a handicap. It also ensures that the person does not suffer from discrimination and harm.



A person's impairment is constant. The loss of physical, cognitive, or anatomical function does not change. It does not change at different times of the day or in the presence of other people. However, what can be changed is the person's disability and handicap.

The previous sections supported the idea that social factors affect a person. The social model of disability also supports this idea. Recall the theory as discussed in the last subchapter. The theory states that disabilities are born as a result of physical conditions. Instead, physical and medical conditions are only a part of an impairment. However, disabilities are caused by barriers, attitudes, and exclusive practices by society.

Others can place barriers to create handicaps for a person. When this happens, the person may feel that their impairment is more limiting than it truly is. In contrast, others can remove the barriers set. If this happens, the person can think that their impairment is not significant to their life. The level of impairment of a person then is tied to the amount of support they receive from society.

It can be said that the following are social constructs:

- The concepts of ageing and disability
- The many barriers that can be used to create a disability

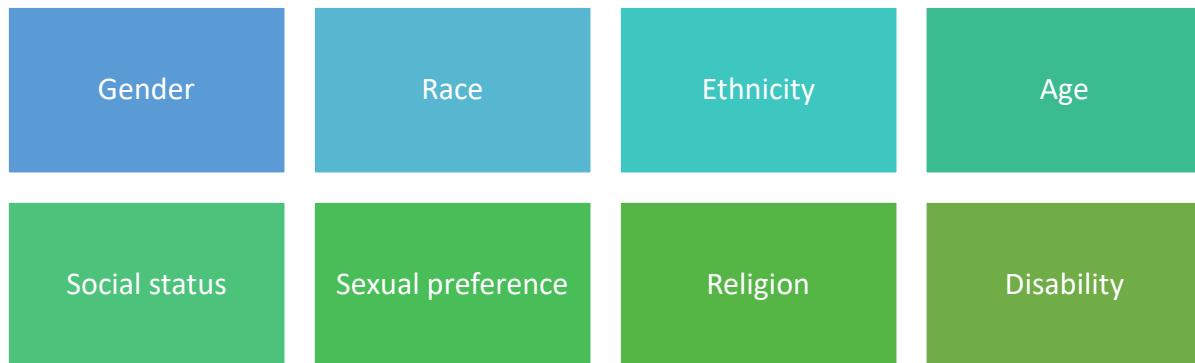
A person's age, disabilities, and the barriers used to create them are not part of the objective truth. Instead, they are produced by human involvement and effort. An impairment does not make a person disabled and handicapped. They are disabled because others are using the impairment. They use the impairment to keep the person away.



Social Justice

It is important to ensure that your personal values and attitude align with social justice. It is the central driving concept affecting social work. Social justice is a commitment to protect the most marginalised members of society. It is both an application and safeguarding of the moral values that guide all people.

Social justice is fairness among people regardless of the following:



Social justice has four essential principles:



Care workers must uphold social justice during all interactions with their clients. This is done by doing the following:

- Recognising the different needs of the client
- Allowing the client to share their insights on how they can be best supported
- Informing the client of their rights
- Encouraging the client to participate in decision-making
- Assisting the client in having equal and fair access to resources, goods and services
- Taking measures to remove barriers that affect the socialisation of the client



A care worker who upholds social justice knows and respects each client as an individual. Knowing each client as an individual has the following importance:

- Knowing a person's unique needs will help identify the support and assistance suitable for the person.
- Knowing a person's desires and expectations provide relevant information on the goods and services they should have access to.
- Knowing a person's goals will help identify the resources they need and how they can contribute to achieving them.

Respecting each client refers to thinking that the client is capable of making their decisions. Respecting each client as an individual is vital to providing effective care services. It allows for the following benefits:

- The unique needs of the client are identified and recognised. This allows care workers to create more effective individualised support strategies.
- The client is shown that the service provided is fully committed. This commitment means addressing all their needs. This boosts client satisfaction and overall happiness.
- The client is provided with more opportunities to offer their own opinion. This further empowers the client.
- The care workers have more opportunities to learn more about the client. This allows workers to create stronger relationships. These relationships will be based on trust and acceptance of each other.

A care worker can uphold social justice outside their work commitment. This can be done by doing the following:

- Advocating for marginalised groups such as:
 - Persons with disability
 - Older persons
- Joining alliances and groups that are vocal about social inequalities
- Lobbying for changes on the following:
 - Distribution of resources
 - Policies affected marginalised members of society
- Actively supporting legislation and policies that promote social justice
- Educating care workers and other members of the public about social justice

As a care worker, you must strive to promote and uphold social justice in all aspects of life. Doing so is vital in ensuring that the client will live in a society that respects them. You must also ensure that their needs will also be provided.

If everyone upheld social justice, people would need not worry about barriers set. These barriers restrict their access and participation in society. Instead, the client will receive the appropriate amount of support. This support minimises the level of impairment they experience.



1.1.4 History and Recent Developments in Disability and Ageing

You must also know the history and recent developments in disability and ageing. This allows you to reflect further on your personal values and attitudes. This is because it can give you information about how things have changed and how disability and ageing are viewed in the present.

The table below lists the history and recent developments in disability and ageing. It also lists the various social breakthroughs accomplished by those receiving support.

Year	History and Recent Developments
Early 19th century	French psychiatrist Jean-Etienne Dominique Esquirol divides intellectual disability into idiocy and imbecility. <i>Idiots</i> were defined as people who had little to no function. On the other hand, <i>imbeciles</i> were generally well-formed but still lesser than normal men.
1839	Edouard Seguin is an American psychiatrist. He opened the world's first school for persons with intellectual disability. Seguin's school taught life skills to improve persons with disability quality of life. Other schools would soon open.
1875	Schools move away from training persons with disability to simply providing custodial care.
1912	The Eugenics movement suggests segregating, sterilising or euthanising persons with disability. This is to preserve the strength of humanity and create better offspring.
1914	The Eugenics Education Society expands to New South Wales.
1930	Henry Taylor Parker, at the Biennial Conference of Directors of Education Australia, states that ' <i>probably the most effective plan for the control of the production of defectives is the one that involves both segregation and sterilisation</i> '.
1940	People view persons with disability as unnecessary hindrances to economic stability. This claim was supported by numerical data on the number of resources they consume. This way of thinking was accepted due to hardships brought about by the two world wars.



Year	History and Recent Developments
1957	The Hawkevale Farm Colony for Mentally Retarded Children is opened. This institution is to provide therapeutic work for institutionalised child with disability.
1960	Around 200,000 persons with disability are confined in State hospitals.
1974	IQ testing determines if a child with disability or from indigenous backgrounds can attend school and reside in modern cities and villages.
1980	Child with severe intellectual disability is allowed to go to school. However, they are segregated from the rest of the student population.
1986	The Disability Services Act offers a new direction. Society has started looking after the wellbeing of persons with disability. Schools and other sectors have started integrating persons with disability into their organisations.
1993	The Australian Human Rights Commission was established by the Australian Human Rights Commission Act 1986. It aims to promote awareness and protection of human rights in Australia. The Act provides the Commission with the responsibility to handle complaints related to discrimination.
1994	The Disability Discrimination Act 1992 (DDA) commenced on 1 March 1993.
	<p>Persons with disability start fighting for their rights. They start to voice out their concerns regarding their place in society.</p> <p>Maurice Corcoran complains that new buses were not designed to accommodate wheelchairs. The South Australian government agrees to fit the new buses with ramps.</p> <p>Kevin Cocks files a similar complaint on the lack of a lift to allow people in wheelchairs access. This access is to the front entrance of the Brisbane Convention and Exhibition Centre. A lift was soon constructed.</p>

Year	History and Recent Developments
1998	Discrimination in providing insurance and superannuation to a person with disability was clarified by a guideline created by the Australian Human Rights Commission in March 1998. It defined the difference between lawful and unlawful discrimination.
2000	<p>A complaint of unlawful discrimination is lodged by a group of persons with hearing disability. According to the complaint, people who use hearing aids are prevented from using digital mobile phones. This is due to electromagnetic interference.</p> <p>In response, some of the largest mobile service providers offered to provide special accessories at either reduced or no cost. These accessories helped facilitate access to the GSM mobile network. The mobile service providers also offered to swap the complainants' devices with ones that use CDMA technology.</p>
2004	The Australian Human Rights Commission publishes a guide for small businesses. The commission provides information on how small businesses can improve access for customers with disabilities. The guide also includes what benefits their business can receive for improving access.
2005	Students with disability were given equal rights to education as students without disabilities. The Disability Standards for Education established these, which were developed in 2005.
2009	A discussion paper called <i>Investigating Access to Electronic Media by People With Hearing and Vision Impairments</i> was published by Senator Stephen Conroy.
2010	Australia's four major cinema chains agree to a Cinema Access Implementation Plan. The plan focuses on introducing accessible technology into cinemas, such as closed captioning and audio descriptions.
2013	The 20th Anniversary of the Disability Discrimination Act created clear areas of achievement that improved accessibility of public transport, telecommunications, building premises and information.

Based on [Timeline: 20 Years of Disability Discrimination Act](#), used under CC BY 4.0.

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Shifting From Institutional Care to Person-Centred, Self-Directed Assistance

Part of the history and recent developments in disability and ageing is the shift from institutional care to person-centred, self-directed assistance. Knowing about this shift will allow you to understand today's approach to providing care and support. This will help you to further reflect on your values and attitudes and how they align with person-centred, self-directed assistance.

Legal, political, structural, systemic and social frameworks gradually shift. *Frameworks* support ideas, concepts, findings and laws that support and regulate a system. All jobs involve frameworks. However, each has unique frameworks for regulating the quality of work. This ensures the delivery of appropriate services. These frameworks influence how care and support are provided to persons with disability and older persons. The shift from these frameworks caused the shift from an institutionalised support model to person-centred, self-directed assistance.

Legal frameworks are a collection of laws, conditions, and arrangements that form the legal context. This context affects and regulates the implementation of a job's duties and responsibilities. In this case, the aim is to empower people receiving support by ensuring their rights and needs are integrated into society.

Political frameworks are sets of ideas and rules relevant to management and governance. They serve as a basis for developing new laws. They also help create a popular opinion regarding certain issues. Political frameworks do not directly cause the creation of new laws. However, reports and events relevant to acknowledging and producing new data influence action. This action is taken to address people's concerns.



Structural frameworks influence the policies and procedures of an organisation. Social theories clarify the organisation's goals, specialised roles and relationships. The framework is used to achieve goals within the current environment and technology.

Systemic frameworks are the considerations and standards of practice. These are followed to ensure efficiency and quality when providing a service. A systemic framework allows a care worker to know how to support a person properly. This is due to the availability of objective measures for quality assurance.

Social frameworks are the underlying structures that detail the connection of different people. A social framework includes information on relationships and positions of authority. The framework also covers information on respect between one person to another.

The shift from these frameworks is from wholly rejecting those who need support to fully embracing them. It also shows different theories and philosophies that affect those who need support. These are:

- Accepting a social model over a medical model of disability
- Shifting from institutional care to person-centred, self-directed assistance
- Focusing on the wellbeing of people receiving support instead of the 'greater good'
- Using proper communication to assist people in receiving support
- Using positive, proactive approaches to eliminate the need to use restrictive practices



A significant shift is moving from institutional care towards person-centred, self-directed assistance. This shift is representative of the following:

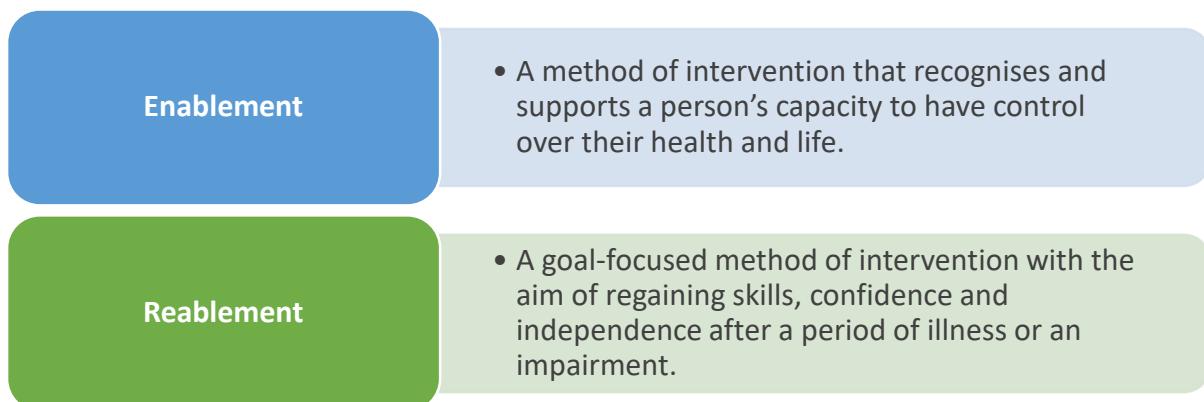
Rejection of the institutionalised model of support

Acceptance of the person-centred, self-directed model

The institutional model of support was brutal and straightforward. In the past, people were sent to medical institutions. This is to keep them away from others. Institutionalisation was often done under the pretence that it was for the person's safety. In actuality, it was done to eliminate people needing additional care.

On the other hand, the person-centred, self-directed support model focuses on giving personal assistance. They believe they need this while providing them autonomy to decide how to be part of society. Support under this model focuses on removing barriers to participation. The model offers a person with opportunities that are afforded to everyone else.

This shift also includes an increased focus on promoting and maximising the independence of people receiving support. This can be seen in the following person-centred methods of time-limited intervention:



These methods are similar. Both methods are designed to support people in promoting and maintaining their independence. The only difference is that the reablement method is outcome-focused. This means an emphasis on setting goals that a person wants to achieve. There is a need to review the person's progress in meeting these goals. Once all goals have been achieved, reablement does not need to continue.

The following frameworks are pieces of evidence of reablement:

- The AHRC launched investigations and works alongside other commissions. This was to speak with people and identify their needs. The commission has moved away from being an authoritative filter of their voices. Instead, the commission became an advocate who lets people voice their complaints and concerns.
- Australian schools stopped using IQ testing to determine a child's enrolment eligibility. Schools also stopped segregating students. Students with disability are provided with person-centred, self-directed support through various government programmes. Modern schools allow students and their families to create individual learning plans (ILPs). The Australian government provides funding through multiple streams.

- The voices of persons with disability are being heard and respected. In the past, they were believed to be less capable, if not incapable, of forming rational, organised thought. Nowadays, people can file complaints and fight for their rights through the judicial system.
- The Australian government developed several resources to aid the support sector to include reablement into their service delivery. This promotes a cultural shift from 'doing for' to 'doing with' the person receiving support.



Checkpoint! Let's Review



1. Personal values refer to what you see as essential to your life. They motivate you and guide your attitude, beliefs, practices and behaviours.
2. Discrimination is the unfair treatment of people on various grounds, such as age and conditions.
3. Legal, political, structural, systemic and social frameworks can influence how care and support are provided to persons with disability and older persons.

1.2 Develop and Adjust Approaches to Facilitate Empowerment



Your *approach* refers to the perspective you apply as a care worker. It is your way of dealing with your responsibilities, such as addressing the impact of your personal values and attitudes and facilitating empowerment. An empowering approach allows others to be included in society. The approach involves giving people the freedom and power to pursue their goals. A care worker who uses an empowering approach is expected to provide support in the form of:

- Education
- Appropriate care strategies
- Assistive technology

Care workers and professionals across various industries have varying approaches to facilitating empowerment. All approaches allow the person to have more control over their life. However, differences are present due to their varying age, needs and goals. The following examples show the differences between approaches that care workers will use:

- An aged care worker in a community home may assist people with only their most crucial needs.
- A home care worker may empower a child with hands-on care and direct guidance.
- A disability support worker at a hospital may educate patients. This education involves using techniques and assistive equipment to make everyday life easier.

It is advisable to create your own approach when facilitating empowerment. Your approach must be based on your responsibilities and your clients' needs. Your approach will also be a reflection of your personal values and attitudes.

As you develop your approach, you must ensure that:

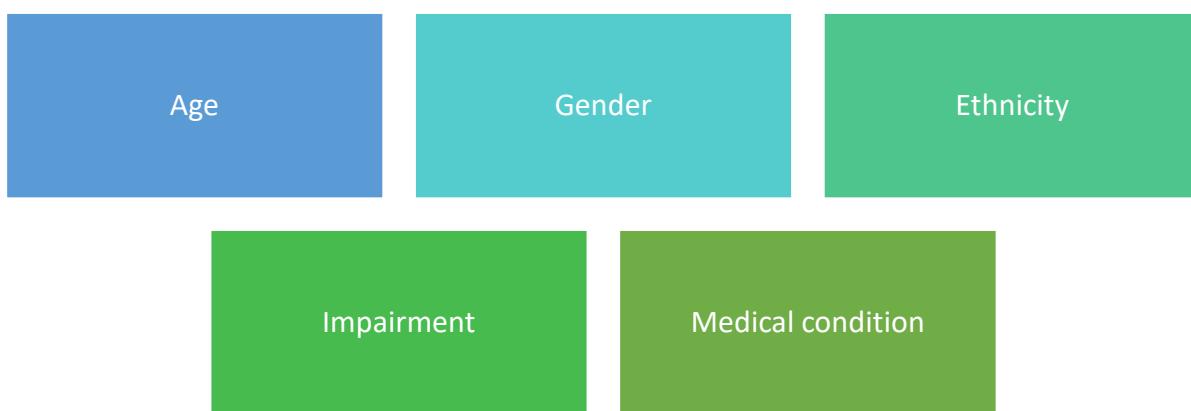
- Your personal values and attitudes help you assist the client properly
- Your approach will address all your job responsibilities
- Your strategy values the safety of the client
- Your approach provides the immediate needs of the client while providing them with support
- Your strategy allows you to be capable of adapting to various situations
- Your approach involves elements of communication that are appropriate to your role
- Your system considers the different legal and ethical considerations relevant to your role

1.2.1 Approaches to Communication With People Receiving Support

Communication is one of the critical skills of your duty that will be affected by your approach. Care workers are expected to communicate with the people they are supporting. A care worker must communicate appropriately to:

- Facilitate empowerment
- Maintain positive and respectful relationships

This communication must be based on the client and their needs. This includes the person's:



Doing this involves using appropriate verbal and non-verbal communication techniques.



Verbal Communication

Verbal communication can differ depending on the person receiving support. Some may have sensory impairments that limit their ability to understand sound. Other impairments may also affect one's ability to process sensory information.

As a care worker, you must be careful when verbally communicating with the client. You must:

- Choose appropriate words
- Avoid the use of discriminatory phrasing
- Use a tone and pace appropriate to the person's needs and abilities

Care workers must also respect the client's individuality. Never assume they would behave, respond, or react similarly to others. You must respect the preferred language and choice of words of each person.

The following are some general tips for successful communication:

- Use a normal tone of voice. Do not raise your voice unless asked to.
- Be polite and patient. Do not rush the conversation.
- Speak directly to the person rather than the person with them.
- Ask the person what will help with communication.
- Do not pretend to understand. Let the person know you are having difficulty; try asking yes or no questions.
- Be flexible. Reword rather than repeat anything that is not understood.
- Only refer to the person's disability if necessary or relevant.
- Offer assistance if it appears necessary, but respect the person's wishes if they do not accept your offer.
- Avoid saying anything that implies the person is superhuman, courageous or special.
- Relax; apologise if you believe you have embarrassed someone.



Sourced from [Better communication](#), used under CC BY 4.0. © The State of Queensland 2022

Further Reading



Older people in hospitals have specific needs that should be addressed with communication. These include physical and cognitive impairments and cultural considerations. For more information, you may access the link provided below.

[Communicating with older people who have diverse needs](#)

Non-verbal Communication

Using non-verbal communication will also be essential when providing support. Non-verbal communication strategies help make a person feel at ease, comfortable and empowered.

Non-verbal communication strategies refer to ways that you can communicate without speaking. It involves:

- Maintaining or breaking eye contact
- Using hand gestures
- Using appropriate facial expressions
- Using appropriate body language

Non-verbal communication strategies must match your verbal strategies to prevent miscommunication. In worst-case scenarios, a client may think that you are mocking them. They may also feel that you are sarcastic. These can arise from the mismatch between your verbal and non-verbal behaviour.

Touching is one way of non-verbal communication. Touching, when used to express empathy or compassion, can be therapeutic. However, some people may feel that touching is intrusive. It will take practice to learn when and how to touch appropriately.

The effectiveness of non-verbal cues will depend on the needs of the person. For instance, gestures will be ineffective when supporting a client who is blind. In contrast, a client who is deaf will misunderstand if you use different tones.

The following table lists scenarios of using non-verbal communication to deliver your message. Take note of the inappropriate and appropriate examples in each scenario.

Scenario	Inappropriate Non-verbal Communication	Appropriate Non-verbal Communication
A personal care worker supports a patient after hip surgery at the hospital. They are discussing with the patient the recovery treatment options available.	<ul style="list-style-type: none"> ▪ Not maintaining eye contact with the patient when discussing options ▪ Touching or hugging the person to reassure them 	<ul style="list-style-type: none"> ▪ Maintaining eye contact and using small, slow hand gestures to show care ▪ Hugging or touching the patient only when it seems necessary or when they ask for it
At a care home, an aged care worker supports an older person who needs a wheelchair to move around. They explain to the person about the activities available for community participation.	<ul style="list-style-type: none"> ▪ Standing up while talking down to the person sitting in a wheelchair ▪ Sitting very close to the person while directly facing them 	<ul style="list-style-type: none"> ▪ Sitting down and facing the person at an angle where the person can see the care worker's entire upper body ▪ Sitting away from the person to allow room for gestures to explain the activities

Both verbal and non-verbal communication is essential to providing empowering support. Using both communication techniques will allow you to help the client—this help in choosing the service they wish to receive among all available options.

Further Reading



By reading the article below, you can learn about the different types of non-verbal communication that you can take note of when interacting with people under your care. You may access it through the link provided.

[Nonverbal Communication and Body Language](#)

1.2.2 Ethical and Legal Considerations for Working With People Receiving Support

Your approach must adhere to various legal and ethical considerations as a care worker. These considerations will allow you to provide high-quality service wherein you can address the impact and facilitate empowerment. Doing so will help guarantee the safety of the people under your care. The considerations will also help you professionally perform your duties.

The following are the legal and ethical considerations to keep in mind when working:

- Code of conduct
- Duty of care
- Mandatory reporting
- Work role boundaries
- Work health and safety
- Standards for working with people receiving support

Code of Conduct

A *code of conduct* is the policy that lays out an organisation's principles and standards. It also outlines various expectations that all care workers must adhere to. Codes of conduct for care workers and other professionals typically include:

- Obligations as a care worker
- Minimum standards for appropriate behaviour
- Example scenarios and situations that require workers to evaluate their actions
- Policies expressing zero tolerance for abuse and neglect

The NDIS Code of Conduct is one of many codes you can use to support the people under your care. This code sets out expectations for safe and ethical service and support. The code requires workers and provides delivering NDIS support to:

- Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with relevant laws and conventions
- Respect the privacy of a person with disability
- Provide support and services safely and competently with care and skill
- Act with integrity, honesty and transparency
- Promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of support provided to persons with disability
- Take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect and abuse
- Take all reasonable steps to prevent sexual misconduct



Sourced from [NDIS Code of Conduct](#), used under CC BY 3.0 AU. © Commonwealth of Australia

Further Reading



The Australian Law Reform Commission proposed that aged care workers adhere to the *National Code of Conduct for Health Care Workers*. You may access the publication through the link below.

[National code of conduct for healthcare workers](#)

Your organisation or state may also have its code of conduct for those who provide support. Refer to your organisation's documents for additional information.



Lotus Compassionate Care

Access and review the Lotus Compassionate Care Handbook for the policies and procedures on the code of conduct through the link below.

[Lotus Compassionate Care – Staff Handbook](#)

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Duty of Care

A *duty of care* is a legal obligation that requires care workers to always act in the best interest of the older person or person with disability.

A care worker with a duty of care to a person receiving support must always act to prevent the person from suffering. This means you must ensure that the person does not receive any form of harm, including but not limited to:

Physical

Emotional

Mental

Acting (or not acting) to protect a person from harm constitutes a breach of duty of care. This can have consequences depending on your organisation's policies and procedures.

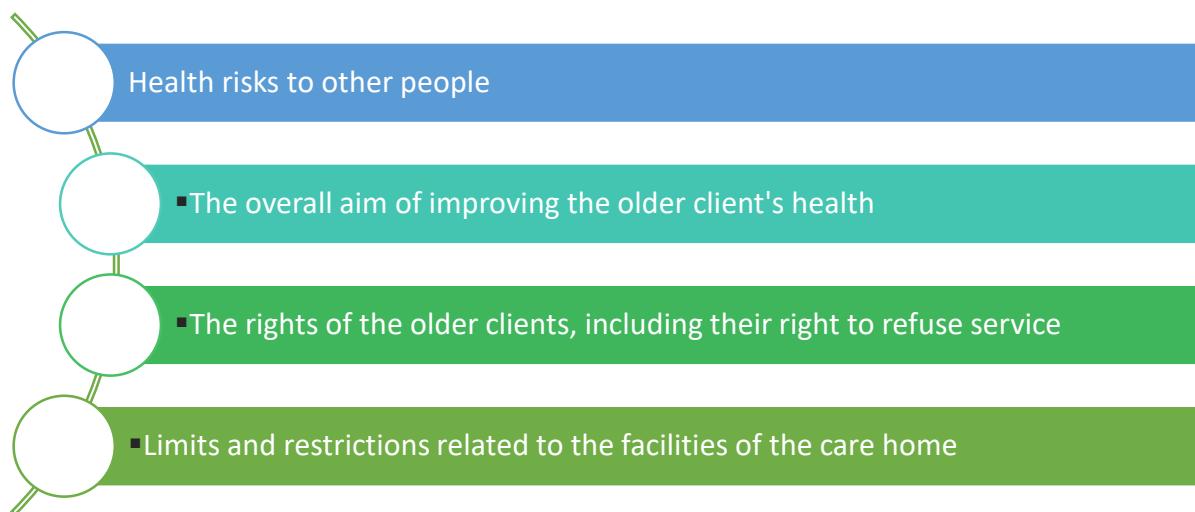
A duty of care outlines the standards of reasonable and appropriate care. It also provides a legal basis for determining how to make the best decisions about care. These standards may vary depending on your organisation's role in supporting a person.



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For example, an aged care worker in a care home may need to make decisions based on standards that consider the following:



Mandatory Reporting

Mandatory reporting is a requirement to report any reasonable belief of abuse. Care workers must report any instances of abuse to the proper authorities. Any care worker with a duty of care over the person must determine they need immediate help. The care worker must also determine whether the person is suffering from harm.

Mandatory reporting applies to any situation where you may believe that a client is at risk of the following:

Neglect

Exposure to domestic violence

Physical, emotional or psychological harm

Sexual harm

Financial abuse

Abandonment

All Australian states and territories have active laws that require mandatory reporting. However, the laws and authorities are not the same across all jurisdictions. Care workers will need to follow varying protocols and procedures when reporting cases. These cases refer to suspected instances of abuse and harm.

An example would be a care worker who works closely with children. They are obligated to report cases of abuse and harm to the following authorities.

State or Territory	Reporting Authority
Australian Capital Territory	Child and Youth Protection Services
New South Wales	Communities & Justice
Northern Territory	Department of Territory Families, Housing and Communities
Queensland	Department of Children, Youth Justice and Multicultural Affairs
South Australia	Department for Child Protection
Tasmania	Department of Communities Tasmania
Victoria	Health and Human Services
Western Australia	Department of Communities

On the other hand, an aged care worker must adhere to the Serious Incident Report Scheme. This means they must report cases of abuse and harm through the My Aged Care Provider Portal. This portal is found on the Department of Health website.



Further Reading

More information on the reporting requirements for people working closely with children is available through the link below.

[Mandatory reporting of child abuse and neglect](#)

There is also more information on the reporting requirements for care workers. These care workers work closely with older people. This information is available through the link below.

[Serious Incident Response Scheme](#)

Work Role Boundaries

Providing care to people receiving support raises many challenges. Care workers often find themselves in personal situations with their clients. These personal situations may also involve the client's family or friends. A care worker will have access to private or confidential information. They may be asked to provide services or support beyond their role.

When providing support, you must set clear boundaries on what you can and cannot do. Work role boundaries are used to define your responsibilities when supporting your clients. They act as limitations on what they can ask from you. They also act as restrictions that prohibit you from going beyond your duty.

Setting clear boundaries has the following benefits for you and your organisation:

- You will be able to provide effective and goal-directed service.
- You can avoid awkward situations with your clients and their loved ones.
- You can ensure a professional relationship with your clients.
- You can prevent your clients from exhibiting inappropriate behaviour. This includes making excessive or unnecessary demands. Doing so will help you avoid being stressed or burnt out.
- You will not have to experience emotional pain when your client leaves or passes away.
- You will be able to secure your information and that of your co-workers and clients.
- You and your co-workers will maintain professionalism when interacting with and supporting your clients.

Some examples of work role boundaries include the following:

- Engage in sexual or other inappropriate close personal, physical or emotional relationships with a client
- Be involved with the client's private family matters or concerns
- Accept gifts and favours from clients, their families or carers
- Share matters about one's personal life with clients, families or carers
- Communicate with clients, families or carers outside work hours or about non-work-related matters



On the other hand, examples of work role limitations include the following:

- Diagnosing illnesses and conditions
- Providing psychological, emotional and spiritual counselling
- Providing support practices not covered in the client's individualised plan
- Increasing dosage of pain medication for clients

The following practices demonstrate how this requirement can be applied in your organisation and individual practice:

- Maintaining a professional relationship with your clients and co-workers
- Limiting the services you provide to what is specified in your job description
- Not discussing personal or sensitive information about yourself with your clients
- Not disclosing client information with other people
- Not taking advantage of your clients' kindness by selling or asking for items and other favours

As mentioned before, your work role boundaries and limitations define your responsibilities when supporting clients. Some examples of work role responsibilities include the following:

- Following the client's individualised support plan
- Working within service standards, policies, and procedures
- Reporting indicators of abuse and neglect of children or older persons
- Reporting changes to the client's health and wellbeing
- Completing required documentation and reporting
- Maintaining the client's privacy and confidentiality



Multimedia



Professional boundaries can vary according to the nature of your job and the age or needs of the person. Information on the boundaries between care workers and people receiving support in a home care setting can be found in the video below.

[Setting Healthy Boundaries as a Caregiver | Ballard Rehabilitation Hospital](#)

Work Health and Safety

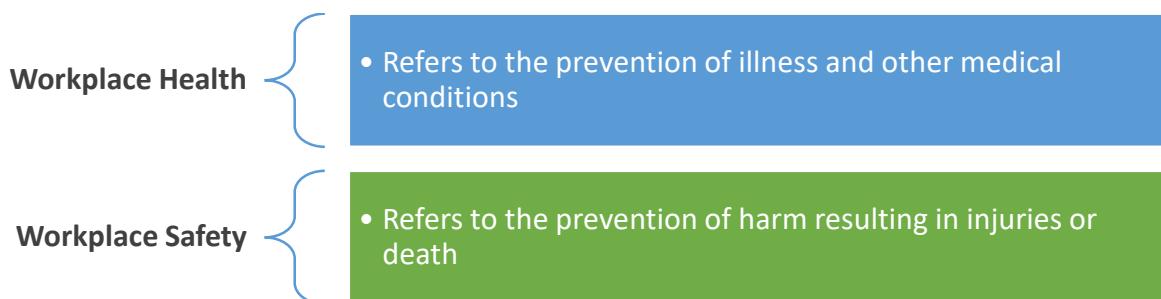
As a care worker, you must ensure that your approach protects yourself and others from harm and illness. No part of your approach must endanger others. Your approach must not create scenarios that can lead towards harm or illness to:

- The person receiving support
- Your co-workers
- Other people at your workplace

As such, your strategy must incorporate work health and safety practices.

Work health and safety practices ensure the safety of you, the person, and those involved in their care. This means protection against illnesses and harm from elements in the immediate environment.

Workplace health and safety are twofold:



The Work Health and Safety (WHS) Act 2011 gives a nationally consistent framework. This framework secures the health and safety of workers and the workplace. Under the WHS Act 2011, a care worker is required to:

- Take reasonable care of their own health and safety
- Take reasonable care that their acts or omissions do not adversely affect the health and safety of other persons
- Comply, so far as the worker is reasonably able, with any reasonable instruction that is given by the person conducting the business or undertaking to allow the person to comply with this Act
- Co-operate with any reasonable policy or procedure of the person conducting the business or undertaking relating to health or safety at the workplace that has been notified to workers



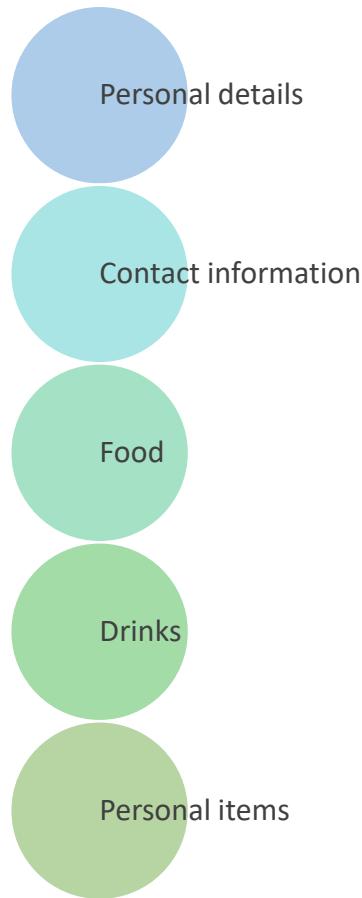
*Sourced from the Federal Register of Legislation at 10 February 2022.
For the latest information on Australian Government law please go to
<https://www.legislation.gov.au>. Work Health and Safety Act 2011, used under CC BY 4.0*

Compliance with the WHS Act 2011 helps in preventing harm caused by workplace hazards. Some examples include the following:

- Physical pain and injury from performing unsafe tasks
- Injuries from slips, trips or falls resulting from unsafe working conditions
- Damages caused by:
 - Workplace violence
 - Falling objects
 - Operation of motor vehicles and equipment
- Injuries resulting from handling electrical wiring or equipment
- Illness from radiation, exposure to chemicals, extreme temperatures and noise
- Illness resulting from stress

As a care worker, you are expected to take measures to manage your health and safety. You can prevent harm to yourself and others by doing the following:

- Eat well and exercise regularly before coming to work. Make sure that you get enough sleep every night.
- Always make sure that someone knows your whereabouts, especially during work hours. When going on breaks, have a co-worker know when you will be back.
- Have a mobile phone with emergency numbers saved in your contact list.
- Do not assist the client with tasks that are beyond your responsibility.
- Maintain professional boundaries with the person by not sharing the following:



- Report any hazards to your immediate supervisor and organisation. Follow up on your report to ensure that the hazard is addressed immediately.
- Refer to your organisation's policies and procedures on work health and safety.

Different states and territories have their variation of the WHS Act. You must check the workplace health and safety law that applies to your state or territory. This is to view the specific requirements that you need to comply with.

Access the following state or territory legislation by clicking the links provided below.

State or Territory	Work Health and Safety Law
Australian Capital Territory	Work Health and Safety Amendment Act 2021
New South Wales	Work Health and Safety Regulation 2017
Northern Territory	Work Health and Safety (National Uniform Legislation) Regulations 2011
South Australia	Work Health and Safety Act 2012
Tasmania	Work Health and Safety Act 2012
Victoria	Occupational Health and Safety Act 2004 Occupational Health and Safety Regulations 2017
Western Australia	Occupational Health and Safety Act 1984 Occupational Safety and Health Regulations 1996



Lotus Compassionate Care

Access and review Lotus Compassionate Care Handbook for the legislative requirements for WHS through the link below.

[Lotus Compassionate Care – Staff Handbook](#)

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Standards for Working With People Receiving Support

A **standard** is an established document that sets out rules to ensure quality. Standards provide a basis for people on what they should expect from a product, service, or system.

All care workers are expected to deliver consistent quality care. As such, there are standards set that a care worker must follow. These include, but are not limited to, the following:

Legislated and statutory standards

▪ Professional standards

▪ Ethical standards

- Established laws and rules require **legislated and statutory standards**. A state or territory sets these laws and regulations.
- **Professional standards** define the nature and quality of care provided. Professional standards guide a care worker's practice, interactions and relationships.
- An organisation establishes **ethical standards** to communicate its moral values. They are a reference during decision-making and guide a care worker's behaviour.

On their own, adherence to standards is voluntary. However, they become mandatory when they are referred to in legislation.

For example, an aged care worker must comply with the Aged Care Quality Standards. These standards are set in the Quality of Care Principles 2014. An aged care worker must meet the following standards:

- Consumer dignity and choice
- Ongoing assessment and planning with consumers
- Personal care and clinical care
- Services and supports for daily living
- Organisation's service environment
- Feedback and complaints
- Human resources
- Organisational governance

Sourced from the Federal Register of Legislation at 12 October 2021. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Quality of Care Principles 2014, used under CC BY 4.0

In contrast, a disability support worker must follow the National Standards for Disability Services. These include six national standards that apply to disability service providers:

1. **Rights** – The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.
2. **Participation and inclusion** – The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.
3. **Individual outcomes** – Services and supports are assessed, planned, delivered and reviewed on individual strengths, enabling individuals to reach their goals.
4. **Feedback and complaints** – Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.
5. **Service access** – The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.
6. **Service management** – The service has effective and accountable service management and leadership to maximise individual outcomes.



*Sourced from [National Standards for Disability Services](#), used under CC BY 3.0 AU.
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Further Reading

All care workers must follow The National Safety and Quality Health Service (NSQHS) Standards. The NSQHS Standards provide a nationally-approved framework to provide quality health care. For more information, you may access the link below.

[The NSQHS Standards](#)



Lotus Compassionate Care

Access and review Lotus Compassionate Care Handbook for the quality standards through the link below.

[Lotus Compassionate Care – Staff Handbook](#)

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1.2.3 Approach to Address Impact and Facilitate Empowerment

By now, you are aware of the different considerations when approaching a client. Using the considerations previously discussed, you can start developing your approach. This approach will be used when supporting the people under your care.

An established approach will help you address the impact of personal values and attitudes and better facilitate empowerment. This is because your approach serves as the set procedure or strategy you can utilise whenever applicable. When developing your approach, you must do the following:

- **Make a list of all essential factors to consider.** This includes:
 - Your personal attitudes and values
 - Your job role and responsibilities
 - Various legal and ethical considerations when working with people who receive support.
- **Create a simple statement on how you will address the impact of personal values and attitudes or facilitate empowerment.** You must determine which factors must be prioritised when addressing the impact of personal values and attitudes or facilitating empowerment. You must also keep your approach general. This allows you flexibility in performing your duties.
- **List down scenarios to provide a detailed explanation of how you will use your approach.** These scenarios can be based on past experiences or hypothetical cases. Scenarios can include different situations wherein you must address the impact of your personal values and attitudes. It can also have different scenarios to facilitate empowerment.

- **Keep a written and accessible copy of your approach.** Note not to show this copy when talking to the people you support, as it might make your support less genuine. Instead, use this copy to remind yourself before and after your shift of what you should do to empower them.

There will be times when your approach appears to be inadequate or inappropriate. Sometimes, a client may provide feedback to make you aware of the shortcomings. You must adapt and adjust your approach to address these shortcomings. Doing so will allow your approach to be more effective.

Adjusting your approach involves doing the following:

- **Find out what areas of your approach are lacking or inappropriate.** This information can come from feedback from your organisation or the client. The adjustment may be as simple as avoiding a loaded word such as 'suffering'. It can also be complex, such as needing to change procedures.
- **Look for various ways to provide proper assistance.** Communicate with the following to hear how they dealt with the same problems:
 - Support groups
 - Advocacies
 - Other professionals
- **Listen to the person.** In most cases, a client has a clear goal in mind. Let them provide their insights and share ideas on what you can do to help.
- **Evaluate your capability.** Do not develop an approach you know you are incapable of carrying out. If you need additional help to carry out your approach, ask for assistance from others. These include members of your organisation and other professionals. You may also find avenues for personal development.

As you adapt your approach, remember that your goal is to address the impact of disability or ageing and to empower the client. This is done by assisting them in reaching their goals using various options. Remember to give the client choices on what support they can ask from you and the organisation.



For example, a disability support worker may assist a student with disability. This assistance includes giving options on how to ease their learning at school. These can include:

- Using disability-specific tools such as positioning chairs
- Having a note taker and reader available during the person's classes
- Having additional break times
- Using adjusted language and being provided with social stories
- Being provided with explicit instruction regarding social skills

It is essential always to prioritise the client's needs and desires. Make sure to keep this in mind as you provide empowering services and provide options for them. Remember that the best approach is always the one that the client chooses.

1.2.4 Restrictive Practices

As a care worker, you must understand restrictive practices when empowering the people you support. A *restrictive practice* is any practice or intervention limiting a person's rights or freedom.

There are five types of restrictive practices:

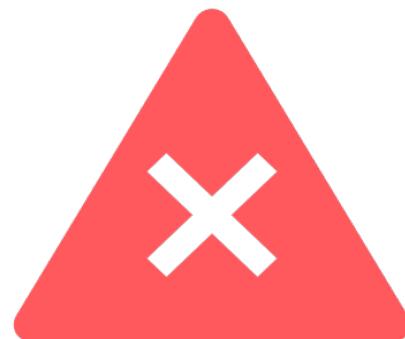
- **Chemical restraint**

This restraint uses medication or chemical substances to control a person's behaviour.

However, this does not include the use of prescribed medication addressing the person's medical condition. It also does not include medication used in end-of-life care.

Care workers must ensure that the medication is used as prescribed for the reasons above. There must be appropriate monitoring and consent to use.

Examples of chemical restraint are the administration of any medication. This medication influences a client's behaviour and can be prescribed or over the counter.



▪ **Environmental restraint**

This type of restraint involves limiting the person's access to a specific environment or location.

Examples of environmental restraints include:

- Limiting the person to go to an area which they want to go to
- Restricting the person from leaving a certain area, such as their bedroom

Environmental restraints are commonly used for the person's safety. However, they can impact how you empower those under your care. These restraints have unanticipated effects on the client's rights and those around them.

▪ **Mechanical restraint**

This type of restraint is done using different devices that aim to control the person's movements and behaviour. The devices can be used to keep the person in a chair, bed, toilet or wheelchair.

Mechanical restraint also includes devices used with the consent of the person. It is considered a mechanical restraint if the device is non-therapeutic and non-behavioural. It is important to note that mechanical restraints are not pre-approved. This means it is only approved based on the person's current behaviour. Some examples of devices used for mechanical restraint include:

- Items to cover a part of or the entire hand
- Headwear to limit potential injury to self
- Clothing designed to restrict movement



▪ Physical restraint

The practice or intervention involves using physical force to restrict a person. This restriction includes subduing part or the whole body of the person.

Physical restraint does not include using hands-on techniques to guide the person away from potential harm. An example would be holding a client back from crossing the road to avoid oncoming traffic.

Examples of physical restraints include:

- Holding a client down in a specific position to force personal care, such as:
 - Showering to be attended to
 - Administration of medication
- Pinning a client down
- Moving a client physically to stop them from moving into an area they may wish to go

▪ Seclusion

This type of restraint puts the person under solitary confinement. This means that the person is kept in a room or physical area for a certain number of hours. The person is not allowed to leave the area without permission.

Examples of seclusion include:

- Keeping the person locked in a room or area in the facility
- Restricting the person from strolling to other areas in the facility

Seclusion is a highly restrictive practice and should never be used as a punishment. It significantly affects a person's dignity and rights and should only be a last resort.

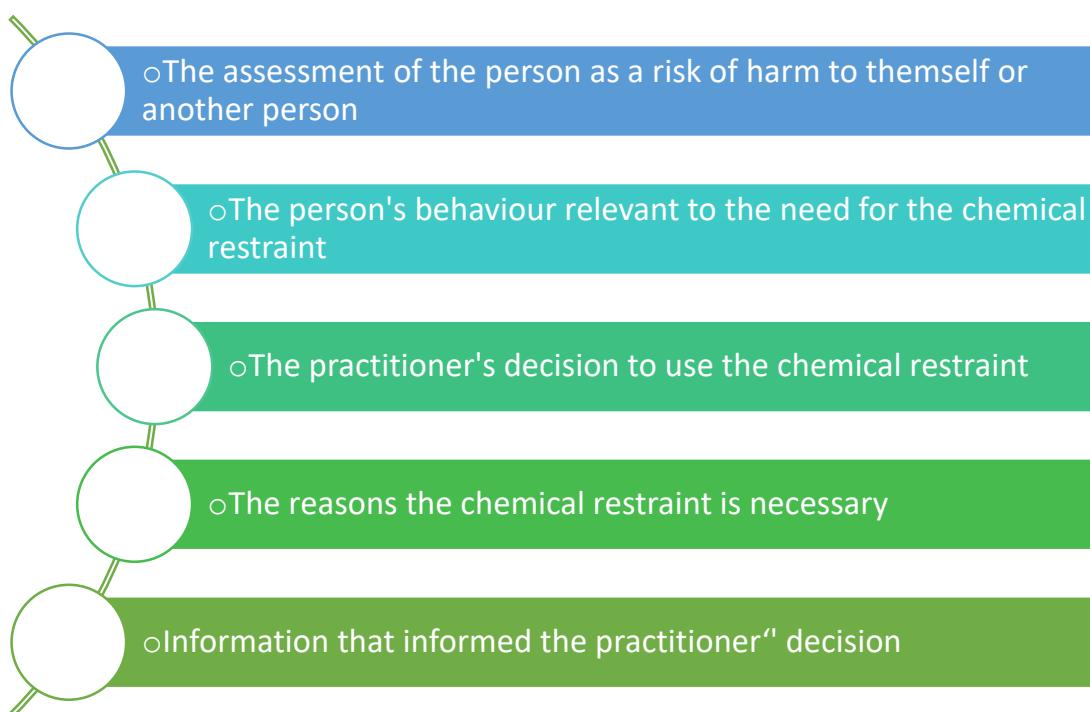


*Based on The Government of South Australia, Regulated restrictive practices, sourced on 19 December 2022,
<https://www.sa.gov.au/topics/care-and-support/disability/restrictive-practices/restrictive-practices-scheme/regulated-restrictive-practices>*

In Australia, care workers can use authorised restrictive practices. However, it must only be used as a last resort and in its least restrictive form. It should only be used to prevent or protect a person or others from harm.

The following requirements must be met for the use of any authorised restrictive practice:

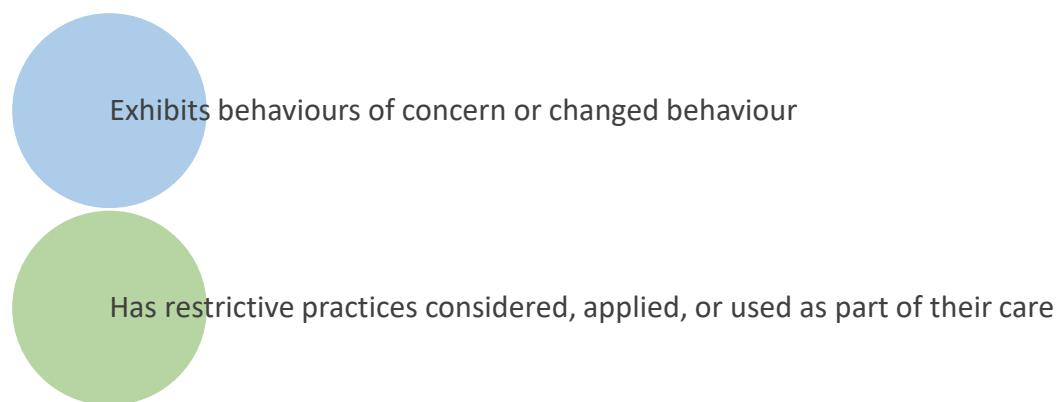
- **Restrictive practices must only be used as a last resort to prevent harm to the person or other people.** Other people include other clients, support and care workers, doctors, and relatives. It must also be used after considering its likely effect on the person.
- **An approved health practitioner has assessed the person as posing a risk of harm to themselves or another person.** This practitioner must have extensive knowledge of the person. They must also have evaluated the restrictive practice as necessary. These assessments must be documented in the person's care plan.
- **In the case of a chemical restraint, the assessments must be conducted by a medical or nurse practitioner.** The following must be documented in the person's care plan following the quality standards mentioned in this Learner Guide:



- **Best practice alternative behaviour support strategies have been used.** The consideration and use of these strategies and their effect have been documented in the person's care plan.
- **Restrictive practices must only be used in proportion to the risk of harm.** They must be in the least restrictive form and for the shortest period possible.

- **The following must be continuously monitored, reviewed and documented:**
 - The need for restrictive practices
 - The use of restrictive practices
 - The effectiveness of restrictive practices
- **Care providers must consider whether an individually appropriate alternative strategy can be used.** They must also consider whether the restrictive practice can be reduced or stopped.
- **Informed consent for the use of a restrictive practice must be obtained from the person.** If the person cannot consent, their guardian must acquire it. You may refer to Subchapter 3.6 of this Learner Guide for more information. Consent must be obtained and documented by state and territory requirements.
- **The use of restrictive practices must comply with the following requirements:**
 - Charter of Aged Care Rights
 - Aged Care Quality Standards
 - National Standards for Disability Services
 - The requirements of the law of the State or Territory in which the restrictive practice is used
 - Any relevant provisions of the person's care or behaviour support plan

With regards to the behaviour support plan, care providers are required to have a plan in place for every person who:



The behavioural support plan only forms part of the individual care plan and does not replace it. The plan must set out information about the person. This information helps the care worker understand their background and changed behaviour.

This includes but is not limited to the following:

- Any assessments conducted related to the person's behaviour
- Triggers that can provoke those behaviours
- Successful and unsuccessful strategies used to manage those behaviours
- Restrictive practices applied to manage those behaviours

When restrictive practices are used as part of a person's behaviour support plan, the plan must contain three positive strategies:

- Strategies that are outcomes-focused, person-centred and proactive
- Strategies that address the participant's individual needs and the functions of the behaviour of concern
- Strategies to reduce or eliminate the use of restrictive practices over time

The behavioural support plan must include evidence of consent from the person. There must be documentation of any use of restrictive practices on a person.

Based on content from the Federal Register of Legislation at 31 March 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, used under CC BY 4.0



In the NDIS Rules legislation, it states that the documentation must include the following:

A description of the use of the practice

A description of the person's behaviour prior to the practice

The time, date and place of use

The names and contact details of people involved, including witnesses

The actions taken in response to the use of the practice

The other less restrictive options used

The strategies used to prevent the use of restrictive practice

NDIS providers implementing regulated restrictive practices need to keep records on their use of restrictive practices and report use to the NDIS Commission.

Based on content from the Federal Register of Legislation at 31 March 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, used under CC BY 4.0

The National Disability Insurance Scheme (NDIS) has guidelines on a care provider's obligations. These obligations are when they use restrictive practices. All providers using authorised restrictive practices must meet the following conditions of registration:

- A restrictive practice can only be used as part of a behaviour support plan developed by an NDIS behaviour support practitioner.
- If a restrictive practice is used, it must:
 - Be the least restrictive response possible in the circumstances
 - Reduce the risk of harm to the person or others
 - Be used for the shortest possible time to ensure the safety of the person or others
- Where required, the implementing provider must obtain authorisation for the use from the state or territory.
- The implementing provider must comply with monthly reporting requirements.

Based on The Government of South Australia, Regulated restrictive practices, sourced on 19 December 2022, <https://www.sa.gov.au/topics/care-and-support/disability/restrictive-practices/restrictive-practices-scheme/regulated-restrictive-practices>

The use of restrictive practices is unauthorised if it is:



Without authorisation by the relevant state or territory (however described)

Not in accordance with a behaviour support plan

The authorisation of restrictive practices is the responsibility of the state or territory. The NDIS requires practices to be used according to the relevant state or territory, however described.

The following table provides links on authorisation according to the state or territory:

State or Territory	Relevant Authority
Australian Capital Territory	Office of the Senior Practitioner
New South Wales	Communities & Justice
Northern Territory	NT Health
Queensland	Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
South Australia	Office of the Public Advocate
Tasmania	Office of the Senior Practitioner
Victoria	Families, Fairness and Housing

Using Positive Proactive Approaches to Eliminate the Need to Use Restrictive Practices

As mentioned, restrictive practices restrict a person's rights or freedom of movement. Such practices have several risks that can negatively impact a person's wellbeing. Restrictive practices can cause:

Physical	Psychological	Emotional
<ul style="list-style-type: none"> • Serious physical injury • Physical abuse 	<ul style="list-style-type: none"> • Feelings of helplessness • Trauma 	<ul style="list-style-type: none"> • Damage between the relationship of the person and their carer • Fear and shame

Above all, restrictive practices violate a person's human rights. In Australia, care providers are required under the CRPD to respect, protect, and fulfil the rights of people with disabilities. Using restrictive practices conflicts with the following human rights:

The right to be free from violence and abuse, torture or cruelty, inhumane or degrading treatment

The right to physical and mental integrity, liberty and autonomy

Based on [Restrictive practices](#), used under CC BY 4.0. © Commonwealth of Australia 2021.

There are considerations in using restrictive practices within the human rights framework. It is essential to know about these considerations since restrictive practices must be humane and justified. It is also relevant to the development of your approach. You must ensure that your approach protects the right of the person under your care. These considerations include the following:

- **The restrictive practice must not amount to the inhuman and degrading treatment of people receiving support.** This requires looking into any reason a person may be vulnerable to harm, such as their disability or age.



- **The use of restrictive practices must be necessary.** This means no less intrusive measure can be used to address the behaviour of concern.
- **The restrictive practice should still enable people to have as much independence and dignity as possible safely.** If a restrictive practice is used, alternatives should be provided when possible. For example, you may consider restricting a client from accessing specific foods due to severe allergies. Providing unrestricted access to safe foods for them to consume may be possible.

In response, the following approaches are used to reduce and eliminate the need to use restrictive practices:

- **Life-Course approach** – This approach recognises that all stages of a person's life are connected. If they experience violence or abuse at one point, they may experience restrictive practices later in life. For example, say that a person experienced the trauma of being locked inside. This trauma then impacts how they experience seclusion.

The approach also considers life experiences across different generations. There is a long history of restricting the rights or freedom of certain people in society, such as persons with disability. Many people continue to feel the effects of such historical restrictions. As such, there must be consideration of the experiences of systemic discrimination against the following:



- **National approaches** – There have been three national agreements to reduce or eliminate the use of restrictive practices in Australia:
 - In 2005, Health Ministers agreed to reduce, or if possible, eliminate, the use of some restrictive practices. This use is in mental health settings.
 - In 2014, Disability Ministers agreed to a national framework to be established. This is the *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector*.
 - In 2016, the *National Principles to Support the Goal of Eliminating Mechanical and Physical Restraint in Mental Health Services* were established. The advisory council of Australian Health Ministers endorses these principles.

- **State and territory approaches** – States and territories usually authorise and regulate restrictive practices through laws and policies. Examples are as follows:
 - Some states require service providers to get approval from a state-based **Senior Practitioner**. A Senior Practitioner's role is to ensure service providers follow the standards of using restrictive practices.
 - **Guardianship** laws also play a role in authorising restrictive practices.
 - **Mental health** laws apply to restrictive practices in mental health settings. This includes the use of seclusion and force.

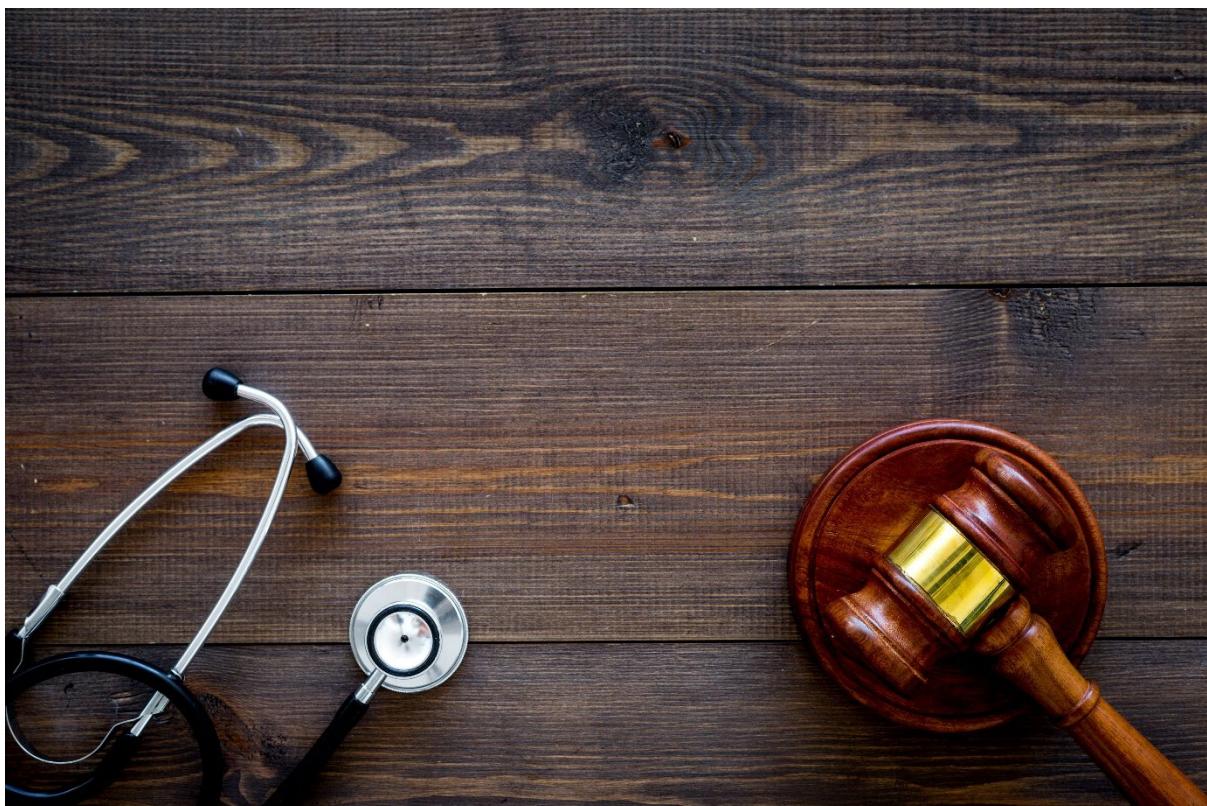
Based on [Restrictive practices](#), used under CC BY 4.0. © Commonwealth of Australia 2021.

Further Reading



Access the link below for further information on the National Framework:

[National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector](#)



Checkpoint! Let's Review



1. Communication is one of the key skills of your duty that will be affected by your approach. Care workers are expected to communicate with the people they are supporting. A care worker must communicate appropriately to:
 - Facilitate empowerment
 - Maintain positive and respectful relationships
2. The following are the legal and ethical considerations to keep in mind when working:
 - Code of conduct
 - Duty of care
 - Mandatory reporting
 - Work role boundaries
 - Work health and safety
 - Standards
3. As you adapt your approach, remember that your goal is to empower the person. This is done by assisting them in reaching their goals using various options.



Learning Activity for Chapter 1

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

II. Foster Human Rights



Human rights are the standards used to recognise and protect the dignity of all humans. These rights serve as the basis for laws and acts governing people and communities.

The Australian Human Rights Commission (2019) defines that human rights:

- Recognise the inherent value of each person
- Are based on principles of dignity, equality and mutual respect
- Are about being treated fairly, treating others fairly and having the ability to make real choices in our daily lives



The Australian Government agreed to respect and uphold many human rights treaties, including:

- Universal Declaration of Human Rights
- International Covenant on Civil and Political Rights
- International Covenant on Economic, Social and Cultural Rights
- Convention on the Elimination of All Forms of Racial Discrimination
- Convention on the Elimination of All Forms of Discrimination against Women
- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- Convention on the Rights of the Child
- Convention on the Rights of Persons with Disabilities

*Sourced from [What are human rights?](#), used under CC BY 4.0.
© Australian Human Rights Commission 2017*

As a care worker, you must remember that these treaties support fundamental human rights. Their existence does not mean there are many rights for different kinds of people. These treaties are only meant to emphasise the rights of certain groups of people. Their rights are misunderstood or ignored by the state.

The rights of people receiving support can be found in the following declarations and treaties:

- Universal Declaration of Human Rights

- Convention on the Rights of Persons with Disability

All care workers must know and understand the basic human rights that apply to everyone. These rights are outlined in the UDHR.

Additionally, care workers who support people with disabilities must understand the CRPD. The conventions contain many fundamental human rights found in the UDHR.

The CRPD contains general and specific obligations. These aim to protect the rights of all persons with disability. There are two documents in the CRPD:

- The actual rights of persons with disability that must be upheld
- An optional protocol for upholding these rights and addressing complaints

It is crucial to note that Australia has signed and accepted both documents. The CRPD was signed on 17 July 2008, and the optional protocol was signed on 30 July 2009.

The convention explains what rights persons with disability are entitled to. It also explains what actions must be avoided and what they must be supported with.



Further Reading

The Universal Declaration of Human Rights details the fundamental rights and freedoms that must be afforded to all people. It is the foundation of many legislations on the rights of men. You may access it through the link below.

[Universal Declaration of Human Rights](#)

The CRPD recognises the rights set forth by the UDHR. It details the obligations all people have in upholding and safeguarding the rights of persons with disability. The two documents that comprise the CRPD can be accessed through the link below.

[Convention on the Rights of Persons with Disabilities](#)

It is important to note that the AHRC supports the current development of the Convention on the Rights of Older Persons (CROP). The proposed convention seeks to reinforce the protection of the rights of older people. It would aid laws and policies that aim to promote and protect the rights and dignity of older people. This includes addressing human rights challenges such as age discrimination or elder abuse.



Further Reading

The Commissioner responsible for Age Discrimination released a speech. This speech is regarding the necessity of the CROP. They detail the advantages of the convention and the arguments against the development. You may access the speech through the link below.

[Is it Time for a Convention on the Rights of Older People \(2010\)](#)

Human rights are vital to providing empowering service. Remember that empowerment involves recognising that all people can:

- Take control of their lives
- Make decisions for themselves

Now, consider that a person who knows their rights can select from various options. A person who knows their rights has a better understanding of:

- What they are entitled to
- What others are not allowed to do
- What the state or country, as a whole, is required to do to accommodate them



Therefore, any care worker who wishes to empower a client must help them learn their rights. Doing so can help clients better understand how they can control their lives. It also aids the client in their decision-making.

In this chapter, you will learn how to foster human rights by doing the following:

- Assist the person in understanding their rights
- Use a person-centred approach that uphold their rights and needs
- Identify cultural needs and ensure they are respected and prioritised
- Identify, respond to and report breaches of human rights
- Identify and report indications of abuse and neglect



2.1 Assist the Person in Understanding Their Rights



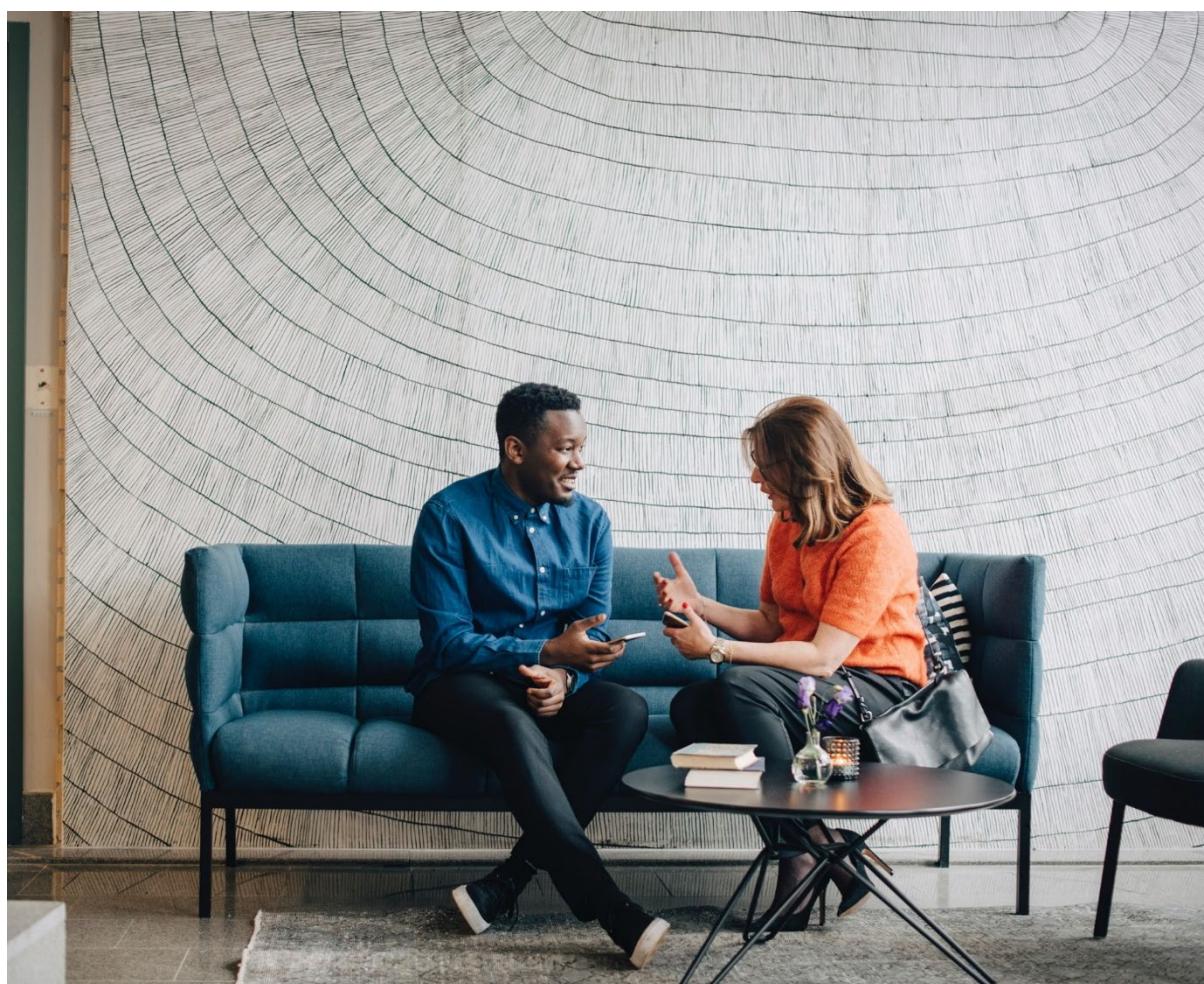
It is imperative to help people receiving support become aware of their rights. Doing so will allow a person to understand what options are available. This understanding helps the person make informed decisions.

A person who does not understand their rights may experience difficulties in:

- Making goals for themselves
- Finding appropriate support
- Identifying when they are being taken advantage of
- Identifying instances of abuse and discrimination
- Developing positive self-image
- Taking part in everyday tasks
- Standing up for themselves

As a care worker, you must support the client to understand their rights. Doing so involves:

- Using a media format that the client will understand (e.g. using Auslan or braille texts)
- Using simple terms and avoiding the use of technical, medical or legal jargon
- Providing scenarios to explain each right and how they are essential to the client
- Providing a list of steps that a client must take when they feel that their rights are being breached
- Answering questions about rights in a way that is clear, respectful and discreet
- Speaking about the child's rights with their parents or primary caregivers
- Using a rights-based approach to uphold the client's rights in various areas of service



2.1.1 Using a Human Rights-Based Approach



A *human rights-based approach* turns human rights into actual policies and practices. It transcends the what of human rights and focuses more on the how. Mainly, the approach uses human rights to take care of people receiving support.

The approach has five common principles:

- **Participation** – Everyone is entitled to participate in decisions that affect their human rights. Participation must be active, accessible and meaningful. It must give attention to issues of accessibility, including access to information in a form and a language that can be understood.
- **Accountability** – Accountability requires effective monitoring of compliance with human rights standards and achievement of human rights goals, as well as effective remedies for breaches of human rights. For accountability to be effective, there must be appropriate laws, policies, institutions, administrative procedures and redress mechanisms to secure human rights.

Effective compliance monitoring and achievement of human rights goals also requires developing and using appropriate indicators.

- **Non-discrimination and equality** – A human rights-based approach means that all forms of discrimination in realising rights must be prohibited, prevented and eliminated. It also means that priority should be given to people in the most marginalised or vulnerable situations who face the biggest barriers to realising their rights.
- **Empowerment** – Everyone is entitled to claim and exercise their rights and freedoms. Individuals and communities need to be able to understand their rights and participate fully in the development of policies and practices which affect their lives.
- **Legality** – A human rights-based approach requires that:
 - The law recognises human rights and freedoms as legally enforceable entitlements, and
 - The law itself is consistent with human rights principles



Using a human rights-based approach will allow you to provide appropriate service. It will also help you determine if the client knows their rights. As you use the approach, always be mindful of the client's needs and behaviours. Doing so will aid you in looking for signs that they are not fully aware of their rights. Listen to their stories and see how they interact with others to look for cues for assistance.

*Sourced from [Human rights based approaches](#), used under CC BY 4.0.
© Australian Human Rights Commission 2017.*

2.1.2 Rights of People Receiving Support

To discuss rights, you must first have adequate knowledge of the person's rights. These rights include those that a person receiving support is entitled to.

The rights of people receiving support can be derived from the UDHR and CPRD. These rights are provided through the following:

Australian Human Rights Commission Act 1986

Disability Services Act 1986

Aged Care Act 1997

Charter of Aged Care Rights

Disability Discrimination Act 1992

Age Discrimination Act 2004

▪ Australian Human Rights Commission Act 1986

The AHRC is responsible for monitoring and upholding the rights of all Australians. The commission was created through the Australian Human Rights Commission Act 1986. The rights of all Australians are enumerated and defined through this Act.

The rights of persons with disability, as stated under Schedule 5 of this Act, are as follows:

- The term 'person with disability' means any person unable to ensure by themselves, wholly or partly, the necessities of a normal individual and/or social life as a result of deficiency, either congenital or not, in their physical or mental capabilities.
- Persons with disability shall enjoy all the rights outlined in this declaration. These rights shall be granted to all persons with disability without any exception whatsoever and without distinction or discrimination based on race, colour, sex, language, religion, political or other opinions, national or social origin, state of wealth, birth or any other situation applying either to the person with disability themselves or to their family.

- Persons with disability have the inherent right to respect their human dignity. Whatever the origin, nature and seriousness of their handicaps and disabilities, they have the same fundamental rights as their fellow citizens of the same age, which implies, first and foremost, the right to enjoy a decent life as usual and full as possible.
- Persons with disability have the same civil and political rights as other human beings; paragraph 7 of the Declaration on the Rights of Mentally Retarded Persons applies to any possible limitation or suppression of those rights for persons with mental illness.
- Persons with disability are entitled to the measures designed to enable them to become as self-reliant as possible.
- Persons with disability have the right to medical, psychological and functional treatment, including prosthetic and orthotic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counselling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the process of their social integration or reintegration.
- Persons with disability have the right to economic and social security and decent living. According to their capabilities, they can secure and retain employment or engage in a practical, productive and remunerative occupation and join trade unions.
- Persons with disability are entitled to have their special needs considered at all economic and social planning stages.



- Persons with disability can live with their families or foster parents and participate in all social, creative or recreational activities. No person with disability shall be subjected, as far as their residence is concerned, to differential treatment other than that required by their condition or the improvement they may derive. Suppose the stay of a person with disability in a specialised establishment is indispensable. In that case, the environment and living conditions therein shall be as close as possible to those of the everyday life of a person of their age.
- Persons with disability shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature.
- Persons with disability can avail themselves of qualified legal aid when it proves indispensable for protecting their persons and property. If judicial proceedings are instituted against them, the legal procedure shall fully consider their physical and mental condition.
- Organisations of persons with disability may be usefully consulted in all matters regarding the rights of persons with disability.
- Persons with disability, their families and communities shall be fully informed, by all appropriate means, of the rights contained in this declaration.

Also included in the Act is the Declaration on the Rights of the Child. The rights of children, as stated under Schedule 3 of this Act, are as follows:

- The child shall enjoy all the rights outlined in this declaration. Every child, without any exception whatsoever, shall be entitled to these rights, without distinction or discrimination on account of race, colour, sex, language, religion, political or other opinions, national or social origin, property, birth or another status, whether of himself or his family.



- The child shall enjoy special protection and be given opportunities and facilities, by law and other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and with conditions of freedom and dignity. In enacting laws for this purpose, the child's best interests shall be paramount.
- The child shall be entitled from his birth to a name and nationality.
- The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health; to this end, special care and protection shall be provided to him and his mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation and medical services.

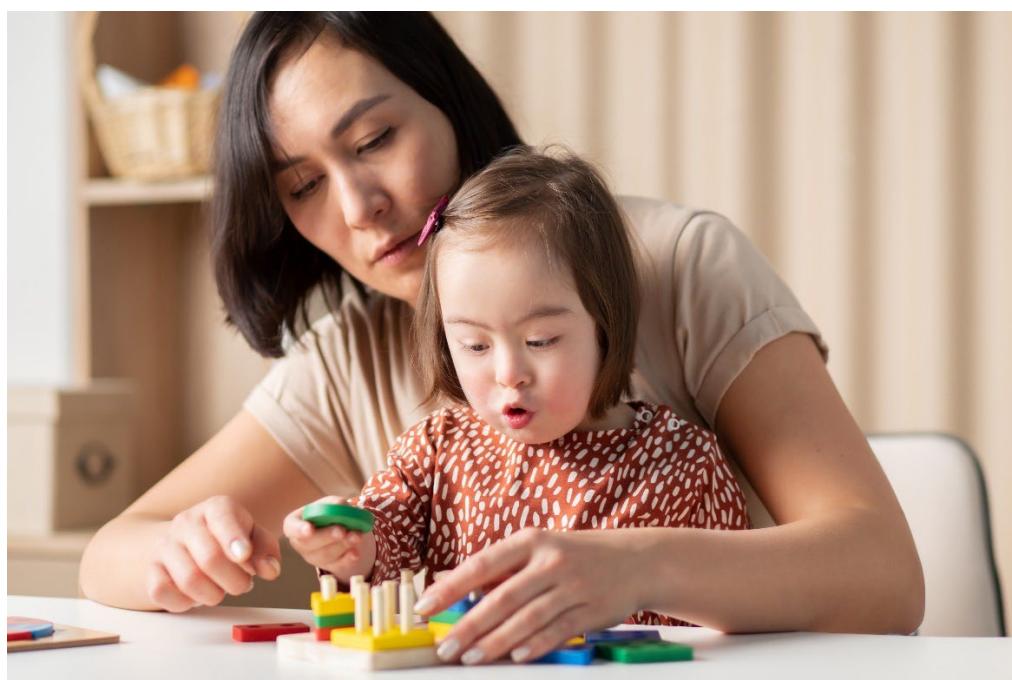


- The child with varying needs shall be given the special treatment, education and care required by his particular condition.
- The child needs love and understanding for his personality's full and harmonious development. He shall, wherever possible, grow up in the care and under the responsibility of his parents and, in any case, in an atmosphere of affection and moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and those without adequate support. Payment of State and other assistance towards maintaining children of large families is desirable.

- The child is entitled to receive education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education that will promote his general culture and enable him, based on an equal opportunity, to develop his abilities, individual judgment, and sense of moral and social responsibility and become a valuable member of society.

The child's best interests shall be the guiding principle of those responsible for his education and guidance; that responsibility lies in the first place with his parents.

The child shall have full opportunity for play and recreation, which should be directed to the same purposes as education; society and the public authorities shall endeavour to promote the enjoyment of this right.



- The child shall, in all circumstances, be among the first to receive protection and relief.
- The child shall be protected against neglect, cruelty and exploitation. He shall not be the subject of traffic in any form.

The child shall not be admitted to employment before an appropriate minimum age; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education or interfere with his physical, mental or moral development.

- The child shall be protected from practices that may foster racial, religious, and other forms of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood, and full consciousness that his energy and talents should be devoted to the service of his fellow men.

*Sourced from the Federal Register of Legislation at 10 February 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>.
Australian Human Rights Commission Act 1986, used under CC BY 4.0*

■ **Disability Services Act 1986**

The Disability Services Act 1986 lists flexible provisions. These provisions are responsive to the needs and goals of persons with disability. It assists persons with disability by allocating funds for services. These services will allow them to participate as members of the community entirely.

The following list contains the types of funding that services may apply for:

- Accommodation support services
- Independent living training services
- Information services
- Print disability services
- Recreation services
- Respite care services
- Services included in a class of services approved by the minister under Section 9 of the Disability Services Act 1986

*Based on content from the Federal Register of Legislation at 10 February 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>.
Disability Services Act 1986, used under CC BY 4.0*



Further Reading

Details of the different types of funding under the Disability Services Act 1986 are available through the link below.

[Disability Services Act 1986](#)

- **Aged Care Act 1997**



Similar to the previous Act, the Aged Care Act 1997 lists flexible provisions for aged care. This means the Act assists older people by allocating funds for services. An approved provider is responsible for the following:

- The quality of care they provide; and
- User rights for the people to whom care is provided; and
- Accountability for the care provided and the basic suitability of their key personnel

The following list contains the types of funding that services may apply for:

- Residential care services
- Home care services
- Flexible care services
- Advocacy services
- Community visitors services
- Other services as approved by the Secretary under Part 5.7 of the Aged Care Act 1997

Sourced from the Federal Register of Legislation at 10 February 2022.

*For the latest information on Australian Government law please go to <https://www.legislation.gov.au>.
Aged Care Act 1997, used under CC BY 4.0*

▪ Charter of Aged Care Rights

The Charter of Aged Care Rights protects the rights of older persons. Those who receive government-funded aged care services have the right to be:

- Properly looked after
- Treated well
- Given high-quality care and services

The older person has the right to:

- Have a safe and high-quality care and services
- Be treated with dignity and respect
- Have their identity, culture and diversity valued and supported
- Live without abuse and neglect
- Be informed about their care and services in a way the older person can understand
- Access all information about themselves, including information about their rights, care and services
- Have control over and make choices about their care, and personal and social life
- Make choices that involve a personal risk
- Have control over, and make decisions about the personal aspects of their:

•Daily life

•Financial affairs

•Possessions

- Be independent
- Be listened to and understood
- Have a person of their choice, including an aged care advocate, support them or speak on their behalf
- Complain free from reprisal
- Have their complaints dealt with fairly and promptly
- Keep their personal privacy and have their personal information protected
- Exercise their rights without it adversely affecting the way the person is treated

Based on [Charter of Aged Care Rights](#), used under CC BY 4.0. © Commonwealth of Australia

- **Disability Discrimination Act 1992**

The Disability Discrimination Act 1992 aims to prevent discrimination against persons with disability. The Act covers both indirect and direct discrimination. You may refer to Section 1.1.3 of this Learner Guide for further discussion.

Based on the Act, a person with disability cannot be discriminated against in the following areas:

- Employment, including:

- Working as a commission agent or contract worker

- Entering into partnerships

- Conferring, renewing, extending, revoking or withdrawing an authorisation or qualification

- Joining registered organisations under the Fair Work Act 2009

- Education
- Access to premises
- Goods, services and facilities
- Accommodation
- Land
- Clubs and incorporated associations
- Sport
- Administration of Commonwealth laws and programs

Based on content from the Federal Register of Legislation at 10 February 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Disability Discrimination Act 1992, used under CC BY 4.0





Further Reading

The explicit prohibitions under the Act are provided through the link below.

[Disability Discrimination Act 1992](#)

▪ Age Discrimination Act 2004

The Age Discrimination Act 2004 defines discrimination against older persons. You may refer to Section 1.1.3 of this Learner Guide for further discussion.

Both direct and indirect discrimination against older people is done for the following reasons:

- The age of a person; or
- A characteristic that generally appertains to the persons of the age of a person; or
- A characteristic that is generally imputed to persons of the age of a person



Based on content from the Federal Register of Legislation at 10 February 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Age Discrimination Act 2004, used under CC BY 4.0



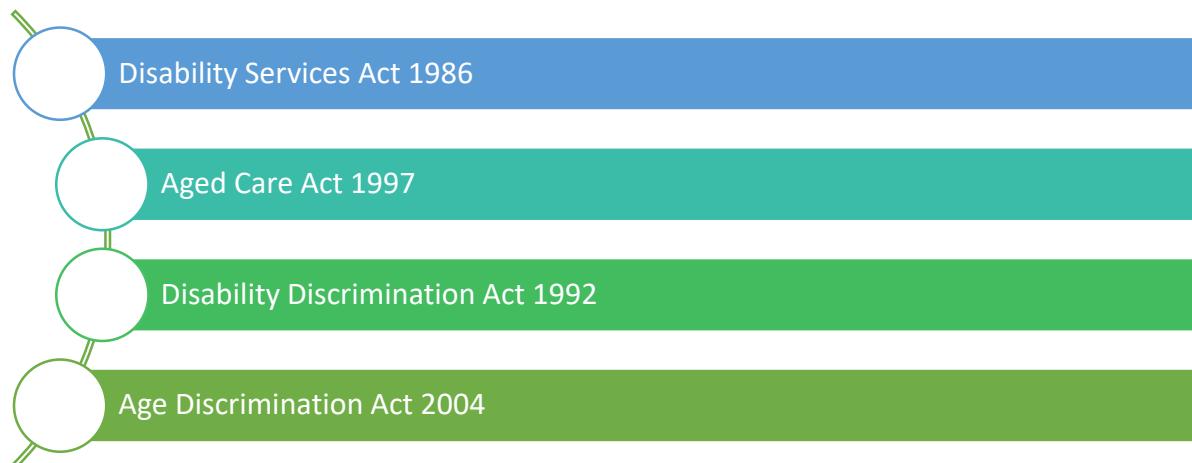
Further Reading

The explicit prohibitions under the Act are provided through the link below.

[Age Discrimination Act 2004](#)

The Implication of the Laws on Discrimination

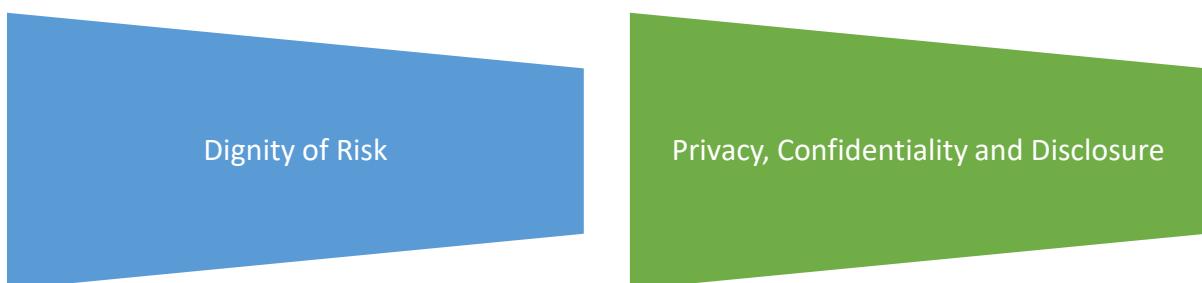
The following laws allow people receiving support to participate fully in community activities:



As a care worker, you must assist the client in understanding the following:

- The person is not a burden to any service or organisation. Any service or organisation that works with the client is afforded additional funding. This allows them to procure the appropriate resources to assist the client.
- The client cannot be discriminated against. Any form of discrimination against the client, if proven true, can be grounds for legal action.
- The client has the full support of the law. They do not need to ask others to respect them. The client must be treated with respect and dignity by all Australians.

The discrimination laws provided were also used to identify other rights of people receiving support. These rights are expressed through the following requirements:



2.1.3 Dignity of Risk



One of the rights of people receiving support is the right to enjoy a whole, everyday, decent life. This right is the basis for the concept of dignity of risk.

The *dignity of risk* refers to a person's right to participate in activities that may come with risks. It is a concept that upholds a person's autonomy to make their own choices and become independent.

The following are some example scenarios involving the dignity of risk:

- A person who requires a wheelchair wants to play wheelchair rugby.
- An older person with poor vision intends to walk to the grocery store daily.
- A child with cerebral palsy wants to try riding bumper cars at a local fair.

In all the given examples, the person is facing serious risks. But, if they are to be truly empowered, the care workers caring for them must allow them to take these risks.

However, there is a possibility that negligence may arise. A care worker is liable for any harm that befalls their client because of their duty of care. Thus, they must always look out for the client and protect their safety and wellbeing. Say that a client who can engage in risky behaviour is exposed to harm. It is understandable then to hesitate to give the person the freedom to do as they please.

As a care worker, you can address this issue by doing the following:

- **Explain the risks associated with the activities that the client wants to take part in.** Help the client make an informed decision. Ensure that the client knows the risks because of their choice. This frees you from being charged with neglect.
- **Do your part in mitigating the risks that the client is exposed to.** Create strategies or procure materials that will keep the client safe from harm. Perform due diligence and contact the client's doctor or therapist. This is to identify what you need to do to keep the client safe.
- **Listen to the client.** A client may want to participate in an activity based on a misunderstanding or misconception. Listening lets you fully ensure that the client knows precisely what they will do.
- **Plan how you will document the client's participation in the activity.** Documentary evidence will be crucial. The evidence proves that any harm that befalls the client results from their own informed choice.

With experience, you will learn to balance your obligations under the dignity of risk and duty of care. Remember that a client's happiness is just as important as their safety.



2.1.4 Privacy, Confidentiality and Disclosure



All people have the right to human dignity and protection from exploitation. This right is the basis for a person's right through the Privacy Act 1988.

The Privacy Act 1988 details prohibitions on what information an organisation can collect. It also describes how organisations handle all relevant information. These prohibitions are based on the Australian Privacy Principles.

The Australian Privacy Principles are as follows:

- **Australian Privacy Principle 1** – Open and transparent management of personal information
- **Australian Privacy Principle 2** – Anonymity and pseudonymity
- **Australian Privacy Principle 3** – Collection of solicited personal information
- **Australian Privacy Principle 4** – Dealing with unsolicited personal information
- **Australian Privacy Principle 5** – Notification of the collection of personal information
- **Australian Privacy Principle 6** – Use or disclosure of personal information
- **Australian Privacy Principle 7** – Direct marketing
- **Australian Privacy Principle 8** – Cross-border disclosure of personal information
- **Australian Privacy Principle 9** – Adoption, use or disclosure of government-related identifiers
- **Australian Privacy Principle 10** – Quality of personal information
- **Australian Privacy Principle 11** – Security of personal information
- **Australian Privacy Principle 12** – Access to personal information
- **Australian Privacy Principle 13** – Correction of personal information

Sourced from the Federal Register of Legislation at 10 February 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Privacy Act 1988, used under CC BY 4.0

Further Reading



Information on the Australian Privacy Principles, including all legal obligations and restrictions, can be accessed through the link below.

[Privacy Act 1988](#)

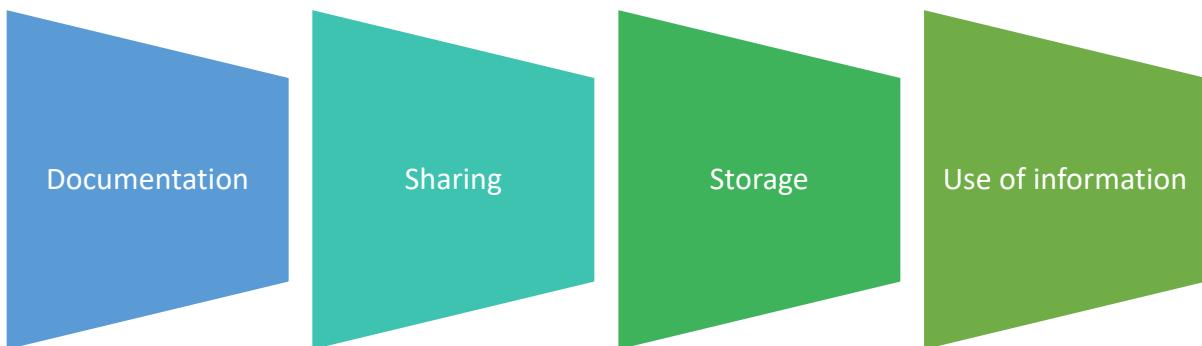
Privacy

Privacy is a human right that protects a person from unwanted circumstances. It gives a person control over who can interact with them and what others know about them. Privacy allows people to create boundaries and limit how others affect their lives.

This right is fundamental to children with varying needs and their families. They are already trying to cope with everyday challenges. They do not need people to approach them with questions or unsolicited advice. The child and their family need not be used in studies or discussions.

A person and their family need to have privacy. You must remember to adhere to your organisation's privacy policy. Take measures to ensure confidentiality whenever you interact with other health professionals. They may not be privy to the information available to you and your co-workers.

A privacy policy must be in place as you collect essential information about your clients. A privacy policy is '*a statement that explains in simple language how an organisation or agency handles your personal information*' (Office of the Australian Information Commissioner, n.d.) Your organisation's privacy policy must reflect how all data will be handled. These policies must be updated to match changes to procedures on the following:



Documentation

Sharing

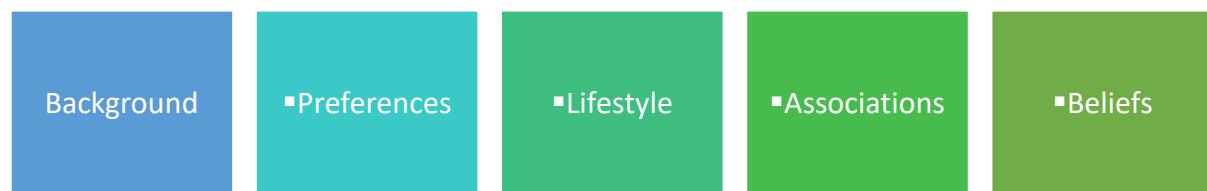
Storage

Use of information

Confidentiality

Confidentiality involves ensuring that records and documents are free of information. This information refers to the data used to identify a person or group. Confidentiality and privacy are directly linked.

Confidentiality of information involves identifying personal and sensitive information from relevant documents. Once identified, they must be replaced or removed from the documents. Personal information refers to data that can be used to identify a person. In contrast, sensitive information relates to data on a person's:



The following table lists examples of personal information and sensitive information:

Personal Information	Sensitive Information
<ul style="list-style-type: none"> ■ An individual's name, signature address, phone number or date of birth ■ Photographs ■ Employment details ■ Voiceprint and facial recognition biometrics <p>The Privacy Act 1988 does not cover the personal information of someone who has died.</p>	<ul style="list-style-type: none"> ■ Racial or ethnic origin ■ Political opinions or associations ■ Religious or philosophical beliefs ■ Trade union membership or associations ■ Sexual orientation or practices ■ Criminal record ■ Health or genetic information ■ Some aspects of biometric information <p>Sensitive information has a higher level of privacy protection than other personal information.</p>

*Based on [What is personal information?](#), used under CC BY 3.0 AU.
Office of the Australian Information Commissioner website — www.oaic.gov.au*

A care worker who seeks to make confidential documents and forms must:

- Assess the information in the papers to check if it identifies the client
- Remove direct identifiers in documents (e.g. names and addresses)
- Use aliases or placeholders to refer to the client and other relevant people

Further Reading

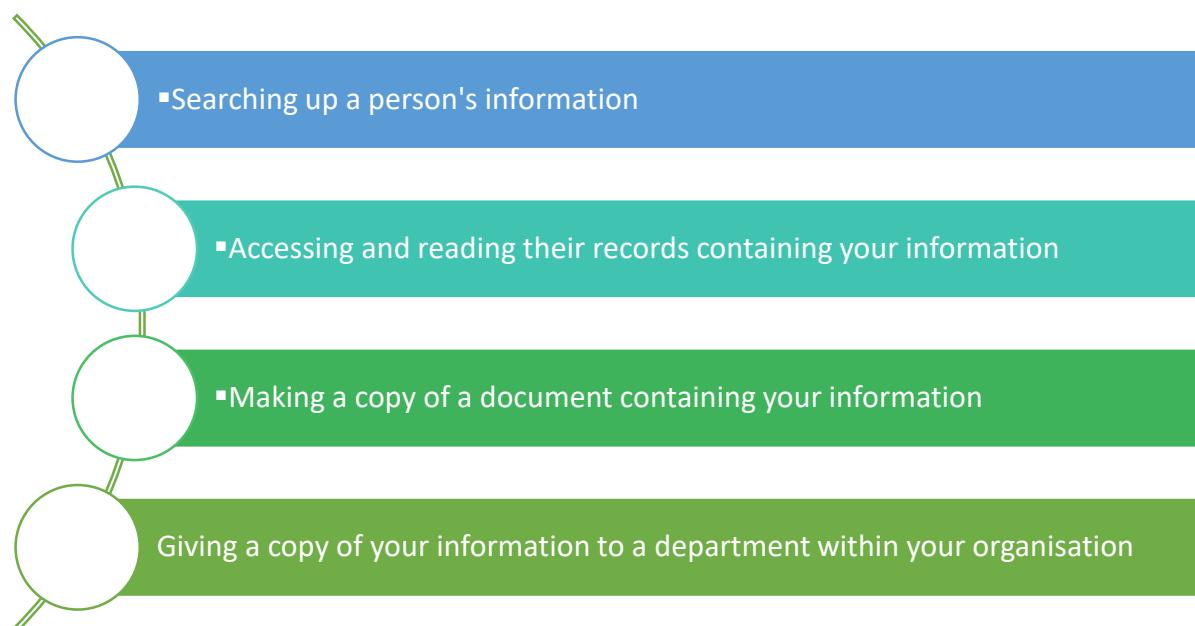


Confidentiality is a requirement under the Privacy Act 1988. For more information on confidentiality, you may access the link below.

[Confidentiality](#)

Use and Disclosure of Information

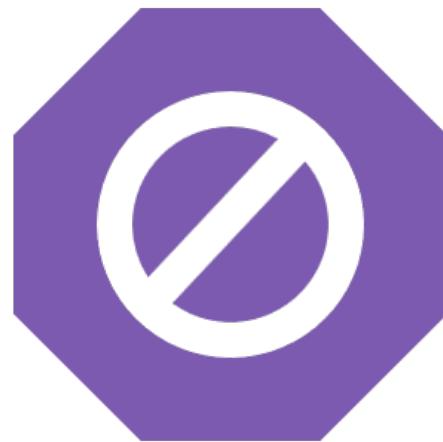
An entity uses personal information every time they handle your data. Using personal information, in this sense, includes the following:



An entity discloses your personal information every time they allow access to others. This applies regardless of whether the other entity has collected and filed its copy of the data.

Australian Privacy Principle 6 states that an entity can use and disclose personal information. However, it is only for the purpose it was collected. The exceptions to this are in the following cases:

- The individual has consented to a secondary use or disclosure.
- The individual would reasonably expect the APP entity to use or disclose their information for a secondary purpose. This purpose is related to the primary purpose of collection. In the case of sensitive information, it is directly related to the primary purpose.
- The secondary use or disclosure is required or authorised by or under an Australian law, court, or tribunal order.
- A permitted general situation exists in relation to the secondary use or disclosure.
- The APP entity is an organisation, and a permitted health situation exists in relation to the secondary use or disclosure.
- The APP entity reasonably believes that the secondary use or disclosure is necessary. Its necessity is for one or more enforcement-related activities conducted by or on behalf of an enforcement body.
- The APP entity is an agency that discloses biometric information or biometric templates to an enforcement body. The disclosure is conducted in accordance with guidelines made by the Information Commissioner for APP 6.3.



*Based on Chapter 6: APP 6 — Use or disclosure of personal information, used under CC BY 3.0 AU.
Office of the Australian Information Commissioner website — www.oaic.gov.au*



Lotus Compassionate Care

Access and review Lotus Compassionate Care Handbook for the policies and procedures on privacy and confidentiality through the link below.

[Lotus Compassionate Care – Staff Handbook](#)

(username: newusername password: newpassword)

Checkpoint! Let's Review



1. A *human rights-based approach* turns human rights into actual policies and practices. The approach uses human rights to take care of people receiving support.
2. The rights of people receiving support can be derived from the UDHR and CPRD. These rights are provided through the:
 - Australian Human Rights Commission Act 1986
 - Disability Services Act 1986
 - Aged Care Act 1997
 - Charter of Aged Care Rights
 - Disability Discrimination Act 1992
 - Age Discrimination Act 2004
3. The dignity of risk refers to a person's right to participate in activities that may come with risks. It is a concept that upholds a person's autonomy to make their own choices and become independent.
4. All people have the right to human dignity and protection from exploitation. This right is the basis for a person's right through the Privacy Act 1988.



2.2 Use a Person-Centred Approach That Uphold the Person's Rights and Needs

Person-centredness means that the person is at the centre of their care delivery. This means that all decisions on the person's care are based on their needs and wants. In a professional care setting, the practice uses appropriate strategies that support the person's choice. Doing so will help treat the person with compassion, dignity and respect.

Generally, a person-centred approach has the following principles:

- Supports the person, at the 'centre of the service', to be involved in making decisions
- Takes into account each person's life experience, age, gender, culture, heritage, language, beliefs and identity
- Requires flexible services and support to suit the person's wishes and priorities
- Is strengths-based, where people are acknowledged as the experts in their life with a focus on what they can do first and any help they need second
- Includes the person's support networks as partners

Sourced from [What is a person-led approach?](#), used under CC BY 4.0. © State of New South Wales NSW Ministry of Health. For current information go to www.health.nsw.gov.au.

The following table shows how person-centred support differs from traditional services:

Traditional	Person-Centred
<ul style="list-style-type: none"> ▪ Service is based on clinical or medical advice. ▪ Clients are required to comply with the support staff's instructions. ▪ Care strategies prioritise the management of illness and medical conditions. 	<ul style="list-style-type: none"> ▪ Service is based on the client's personal goals and preferences. ▪ Clients are empowered to make their own choices and decisions. ▪ Care strategies focus on improving the overall quality of life of the client.

Further Reading



Person-centred care and service can follow different principles, depending on the nature of your work. The principles of person-centred health care are provided through the link below.

[Person centred practice](#)

It is critical to provide person-centred services. Providing person-centred care allows a care worker to uphold the client's rights. The care assists in making people happier. In addition, person-centred care has the following benefits:

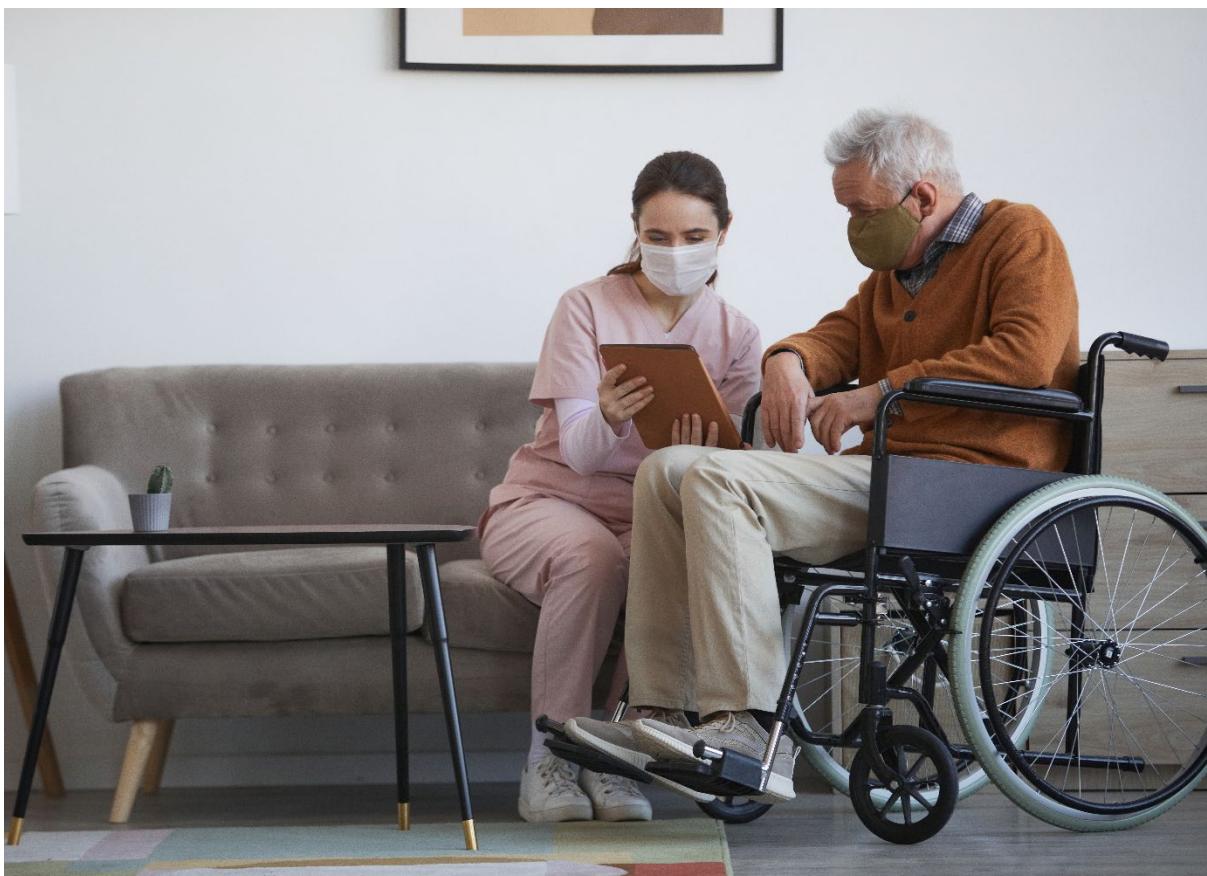
- The client will generally have an easier time trusting you.
- The client will comply more with routines, activities, and programs designed based on their needs and wants.
- The care worker will not have difficulty coming up with support strategies.
- The care worker will not need time and effort to convince the client to participate in certain activities.



For you to deliver person-centred services, you must consider the following during consultation with the client:

- Ensure the rights of the client are upheld by doing the following:
 - Letting the client make choices on how they should be cared for
 - Letting the client decide what activities they should participate in
 - Allowing the client to engage or participate in risky tasks and activities if you explain the risks and take steps to mitigate them
 - Following organisational procedures when dealing with the records of the client
 - Encouraging the client to speak up about any concerns that they might have

- Ensure that the needs of the client are upheld by doing the following:
 - Encouraging the client to ask questions about your care and treatment plans
 - Having the client involved in planning and making decisions about their care
 - Using strategies that make full use of the client's capability
 - Having the client provide feedback on the level and quality of service being provided
 - Delivering appropriate care that balances person-centredness and proper assistance and support
 - Seeking support from more experienced and qualified staff if necessary



Say that a disability support worker is tasked with helping a child with disability. The child shares that they want to learn conversational techniques. With this in mind, the disability support worker must allow the child to:

Attempt to talk with others despite the risk of failing to communicate well

Attend social events with others despite the risk of being discriminated against

Have their personal information left out from observation forms and other documents

Be informed of opportunities to socialise within their community

Be provided with assistance when in conversation with others, such as:

- Speech-to-text services
- Auslan interpreters

As another example, say that an aged care worker cares for an older patient at a hospital. They must deliver person-centred services by:

- Informing the patient of their:
 - Right to refuse service
 - Right to consent
 - Right to get a second opinion from other doctors
- Asking the patient what they need help with
- Asking the patient about who will be visiting them and what time they prefer to be visited
- Providing medical care based on the patient's:
 - Medical needs
 - Cultural needs
 - Personal preferences
- Asking the patient to give feedback on what they think the staff should do to provide better service

When assisting clients, the most important consideration must always be their condition. The next section will explain some common conditions of people receiving support. The section will also discuss how a care worker can assist a client based on these conditions.



2.2.1 Delivering Support Practices Based on the Person's Condition

Different conditions are associated with different challenges and difficulties. As a care worker, you may be tasked with caring for a client who has the following:

- Genetic disorders

- Physical trauma

- Psychological trauma

- Chronic lifestyle conditions

- Acquired brain injury

Each of these conditions has corresponding appropriate care practices that you must learn. As you read through each condition, remember that the client is not defined by their condition. Be sure to use all information in the following discussions in combination with specific details on the client. This includes their personal background, care plan, goals and preferences.

Genetic Disorders

A genetic disorder is '*a disease caused in whole or in part by a change in the DNA sequence away from the normal sequence*' (National Human Genome Research Institute, 2018).

Genetic disorders can be caused by a mutation in one or multiple genes. They can also be affected or initiated by environmental factors that affect genes. Genetic disorders can also be caused by damage to chromosomes.

You may encounter the following genetic disorders as you perform your duty as a care worker:

- **Attention Deficit Hyperactivity Disorder**

Attention Deficit Hyperactivity Disorder (ADHD) is a common neurological disorder that affects:

- Mood
- Behaviour
- Learning
- Social interaction

It primarily affects a person's self-regulation and attention span. Causes of ADHD include genetic factors, abnormal development, and brain injuries.

ADHD can sometimes be observed in conjunction with depression, anxiety and sleep problems. In children and young adults, ADHD can be disruptive. It can cause problems with:

- Planning, memory and schoolwork
- Motor and social skills
- Control of emotions
- Response to discipline

Based on About Attention Deficit Hyperactivity Disorder.

Courtesy: National Human Genome Research Institute

▪ Down Syndrome

Down syndrome is a chromosomal condition affecting chromosome 21. Around 1 in 800 to 1 in 1000 infants are born with Down syndrome.

Down syndrome can be detected before birth. Most cases occur as random events during the formation of reproductive cells. Some cases exist where Down syndrome is inherited, but these cases are rare.

Down syndrome is characterised by learning and intellectual disability. People with Down syndrome have a characteristic facial appearance. Infants with Down syndrome also have poor muscle tone (hypotonia).

In addition, people with Down syndrome are at an increased risk of experiencing:

- Cardiovascular problems
- Digestive problems, such as gastroesophageal reflux and celiac disease
- Hearing loss

In some cases, people with Down syndrome have low thyroid gland activity. This condition is called hypothyroidism, which causes low hormone production.

Based on About Down Syndrome. Courtesy: National Human Genome Research Institute

▪ Cri du Chat Syndrome

Cri du chat (cat cry) syndrome is a rare genetic condition. It is characterised by a high-pitched cat-like cry that diminishes with:

○ Age

○ Intellectual disability

○ Delayed development

○ Distinctive facial features



Infants born with Cri du chat syndrome also have low birth weight and weak muscle tone (hypotonia).

Many people with Cri du chat syndrome experience difficulty learning a language. They also experience difficulty in communicating with others. Around half of all children with the syndrome will develop verbal speaking skills. Sometimes, a person with Cri du chat syndrome will say short sentences or use gestures and sign language.

The following conditions can also accompany Cri du Chat syndrome:

- Difficulty in feeding and walking
- Hyperactivity, scoliosis
- Serious organ defects
- Other life-threatening medical conditions

Despite the many challenges, people with this syndrome are usually cheerful and friendly.

Based on [About Cri du Chat Syndrome](#). Courtesy: National Human Genome Research Institute

■ Cystic Fibrosis

Cystic fibrosis (CF) is a common but dangerous genetic disease. CF causes the body to produce viscous mucus that can:

- Clog a person's lungs
- Cause infections
- Block the pancreas from sending enzymes to the intestines for food digestion

These can result in fatal complications in children and adults.

Mutations in a single gene (the Cystic Fibrosis Transmembrane Regulator (CFTR) gene) causes CF. Since the discovery of this gene in 1989, more than 900 mutations of this single gene have been identified.

CF has a variety of symptoms, including:

- Very salty-tasting skin
- A persistent cough
- Excessive appetite with little weight gain

Having high salt levels in your sweat is usually indicative of CF.

Based on [About Cystic Fibrosis](#). Courtesy: National Human Genome Research Institute

▪ Fragile X Syndrome

Fragile X syndrome is an inherited intellectual disability. A mutation in the FMR1 gene causes it. Boys are more likely to be severely affected by Fragile X syndrome, as boys have only one X chromosome. Boys with the full FMR1 mutation will have Fragile X syndrome and moderate intellectual disability. On the other hand, girls with the full FMR1 mutation will have a mild intellectual disability.



Fragile X syndrome is characterised by a particular facial appearance, which includes having:

- A large head
- A long face
- A prominent forehead and chin
- Protruding ears

Males with Fragile X syndrome have loose joints and develop abnormally large testes during puberty. Other physical problems that are observed in people with Fragile X syndrome include:

- Eye problems
- Orthopaedic problems
- Cardiovascular problems
- Skin problems

Boys with Fragile X syndrome can have autism and a variety of behavioural problems, including:

- Having a short temper
- Hyperactivity
- Hand flapping
- Violence

They may also have:

- Difficulty maintaining eye contact
- Perseverative speech
- Difficulty controlling their impulses
- Trouble focusing on tasks

Some people with Fragile X syndrome may not have an intellectual disability but may have other problems, including:

- Premature menopause
- Difficulty becoming pregnant
- Tremors
- Poor coordination

Based on [About Fragile X Syndrome](#). Courtesy: National Human Genome Research Institute

▪ Huntington's Disease

Huntington's disease (HD) is an inherited neurological illness. Patients with HD experience involuntary movements, severe emotional disturbance, and rapid cognitive decline. HD is usually fatal after up to 20 years.

Scientists in 1993 discovered that abnormalities cause HD in the HD gene on chromosome 4. A defect in this gene results in brain degeneration due to clumping and the death of nerve cells. This often affects the basal ganglia and cortex. Thus, HD affects body coordination and perception, respectively. There is no cure for HD.

Based on [About Huntington's Disease](#). Courtesy: National Human Genome Research Institute

▪ Sickle Cell Disease



Sickle cell disease is an inherited red blood cell disorder caused by a genetic mutation.

Sickle cell disease can also be inherited from parents. A baby whose parents have the disease has a 25 per cent chance of being born with sickle cell disease.

People with the disease have their red blood cells destroyed faster than they can be replaced, causing anaemia. The sickle-like appearance of affected red blood cells gives the disease its commonly known name: sickle cell anaemia.

The sickle-shaped red blood cells can block the flow of blood through vessels. These damage the lungs, spleen, kidneys, and liver. These can cause:

- Chest and body pain
- Bacterial infections
- Stroke
- Priapism (painful, prolonged erection)

Based on [About Sickle Cell Disease](#). Courtesy: National Human Genome Research Institute

A care worker caring for a client with a genetic disorder must provide appropriate care. This care must allow the client to manage symptoms and fully participate in all activities. Assistance must always be based on health advice from doctors. As a care worker, your duty involves doing the following:

- Educate the client on how to use assistive equipment.
- Use strategies with the client for dealing with symptoms of the disorder.
- Monitor the client's health and report any symptoms or general condition development.
- Manage medication and therapeutic techniques as advised by the client's health professional.
- If applicable, provide appropriate end-of-life care by:
 - Comforting the client
 - Assisting the client with their physical pain and emotional needs
- If applicable, provide the client's family with tips on what they can do to help the client manage discomfort or pain.



Physical Trauma

Physical trauma is a body wound caused by injury from violent events. This includes events such as car accidents or falling from high places.

There are two main types of physical trauma:

Blunt force trauma

Penetrating trauma

- **Blunt force trauma** is when an object or force strikes the body. It causes cuts, broken bones, and other injuries that do not involve open wounds.
- **Penetrating trauma** occurs when an object pierces the skin, causing an open wound.

The extent or severity of physical trauma can vary from case to case. Some forms of physical trauma can cause minor discomfort. Other forms can be life-threatening. The type and location of injury are often used to determine the severity of physical trauma.

People who experienced physical trauma will often suffer from severe complications, including:

- Pain
- Infection of wounds
- Blood loss and complications stemming from having a low blood count
- Organ failure

People who experience physical trauma will generally need support in managing pain. They also need help doing tasks they cannot usually do due to their injuries. Supporting then for a client who experienced physical trauma must include the following:

- Provide a safe and clean environment.
- Assist the client with pain management through exercises, support, and medication. Replace bandages and apply ointments as necessary.
- Orient the client's family or loved ones about how they can help the client.
- Provide physical support to assist the client in doing specific tasks, such as going to the bathroom or moving around.
- Provide psychological support, especially for people who have gone through traumatic experiences.
- Provide emotional support for people whose injuries need them to stop activities they enjoyed or performed.

Further Reading



Care institutions provide various support services for trauma patients and their families. You can view some of these support services through the link below.

[Trauma](#)

Psychological Trauma

Psychological trauma is caused by an event that exposes a person to highly stressful circumstances. Trauma can persist for an extended period—sometimes lasting for the entirety of a person's life. Most people go through some form of traumatic experience at one point in their life. However, not all people respond to trauma positively.

Psychological trauma is becoming more common. From 2017 to 2018, around 2.4 million or one in eight adults experienced high or very high levels of psychological distress. From 2014 to 2015, there was an increase from 2.1 million or 11.7% of all adults (Australian Bureau of Statistics, 2018).

Some common traumatic events experienced by Australians are:

- Seeing or mourning the death of a close relative or loved one
- Witnessing a violent and horrific injury or death
- Surviving a severe car accident or any life-threatening accidents
- Having to endure sexual abuse or other forms of abuse
- War or terrorist attacks
- Natural or man-made disasters

Take note that not all people succumb to traumatic events immediately. A person may endure a traumatic event but maybe so weakened by it. Any future minor stressful events then may cause an extreme reaction. In such cases, a person develops post-traumatic stress disorder (PTSD).



The following typically characterise PTSD:

- Re-experiencing the traumatic event or events in vivid intrusive memories, flashbacks, or nightmares. Overwhelming emotions and strong physical sensations typically accompany these.
- Avoiding thoughts and memories of the event or events.
- Avoiding activities, situations, or people reminiscent of the events.
- Persistent perceptions of a heightened current threat that might lead to hypervigilance. It may also lead to reacting beyond what is usually expected to something like an unexpected noise.

Based on Australian Institute of Health and Welfare material. Stress and trauma, used under CC BY 4.0

Aside from PTSD, trauma can cause other forms of mental disorders. This includes but is not limited to the following:



People who experience psychological trauma will generally need psychological and emotional support. Supporting then for a client who experienced psychological trauma must include the following:

- Provide a safe and comfortable environment with little noise and some personal space
- Assist the client with their medication and activities included in their treatment plan
- Allow the client to talk about their experiences. Listen and engage in discussions
- Give the client privacy by respecting their wishes if they choose not to talk about their trauma
- Provide physically engaging activities that can help ease tension and produce positive hormones
- Orient the client's family or loved ones about how they can help the client

Further Reading



Learn more about psychological trauma, its symptoms and how people cope with it by reading the article that can be accessed through the link below.

[Trauma](#)

Chronic Lifestyle Conditions



Many people tend to have poor lifestyles due to a variety of reasons. You may know someone who has unhealthy indulgences that they cannot let go of. Some of these unhealthy lifestyle choices or indulgences are:

- Tobacco use
- High body mass
- High alcohol use
- Physical inactivity
- High blood pressure

Source: *Australian Institute of Health and Welfare. Australia's health 2016*, used under CC BY 4.0

A person may not balance these lifestyle choices and indulgences with healthy practices. They then run the risk of developing a chronic lifestyle condition or disease.

Chronic conditions refer to a broad range of health conditions across a spectrum of illnesses. These conditions are defined as:

- Having complex and multiple causes
- Affecting individuals on their own or as comorbidities
- Usually having a gradual onset, but can also occur suddenly or have acute stages
- Happening across the life cycle but becoming more prevalent with older age
- Compromising the quality of life and creating limitations and disability
- Being long-term and persistent, with often gradual deterioration of health and loss of independence
- Not immediately life-threatening but the most common and leading cause of premature mortality

Source: Australian Institute of Health and Welfare. Chronic conditions and disability 2015, used under CC BY 4.0

The most common chronic conditions are the following:

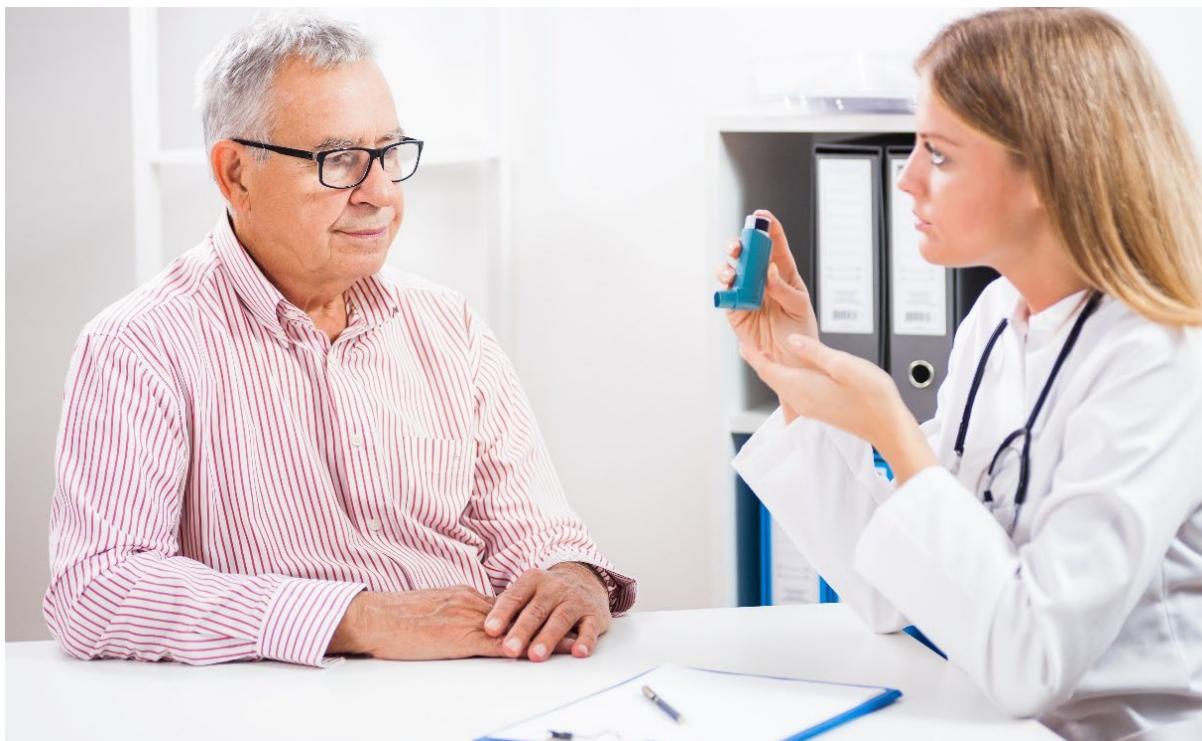
Arthritis	Asthma
Back problems	Cancer
Chronic obstructive pulmonary disease	Cardiovascular disease
Diabetes mellitus	Mental or behavioural conditions

Source: Australian Institute of Health and Welfare. Chronic conditions and disability 2015, used under CC BY 4.0

Around 47.3% of all Australians had at least one chronic condition. In 2017-2018, out of 24 million Australians:

- 4.8 million people (20.1%) had mental and behavioural conditions
- 4.0 million people (16.4%) had back problems
- 3.6 million people (15.0%) had arthritis
- 2.7 million people (11.2%) had asthma
- 1.2 million people (4.9%) had Diabetes mellitus
 - 144,800 people (0.6%) had Type 1 Diabetes
 - 998,100 people (4.1%) had Type 2 Diabetes
- 1.2 million people (4.8%) had heart, stroke, and vascular disease
- 924,000 people (3.8%) had osteoporosis
- 598,800 people (2.5%) had Chronic obstructive pulmonary disease (COPD)
- 432,400 people (1.8%) had cancer
- 237,800 people (1.0%) had kidney disease

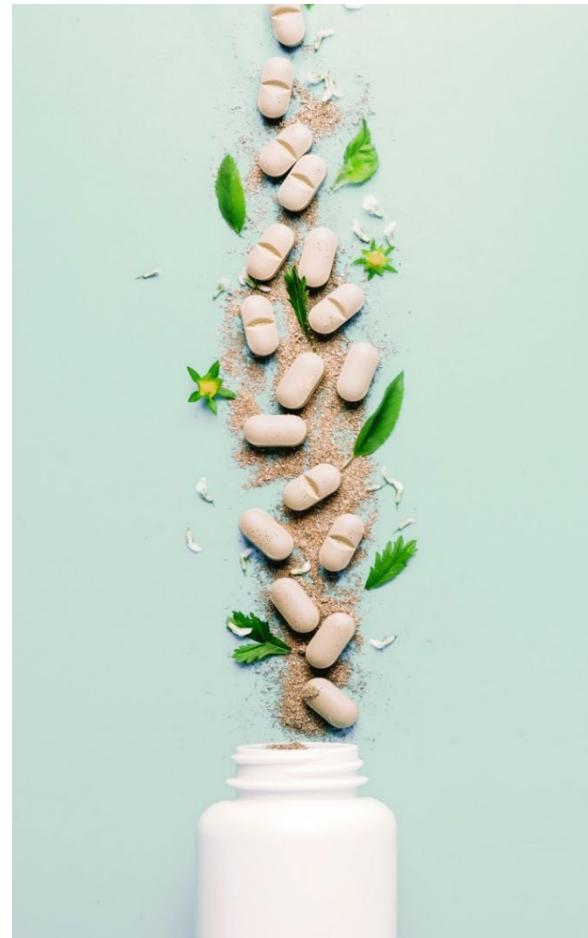
Based on Australian Bureau of Statistics data. National Health Survey: First results, used under CC BY 4.0



Chronic conditions are typically not life-threatening immediately. However, they can become more severe if appropriate care is not provided. Chronic diseases have been and continue to be the leading cause of ill health and death in Australia.

People who have chronic conditions will need assistance with monitoring their health. They also need help in preventing further complications. Supporting a client who has chronic conditions must include the following:

- Monitor risk factors and track changes such as blood sugar levels, blood pressure, urine colour, heart rate, etc.
- Implement prevention programs that will help reduce the risk of chronic disease. This may involve using a special diet or assisting the client in physical exercise.
- Provide emotional support to clients who may be hesitant to make lifestyle changes.
- Administer maintenance medication based on the client's care plan and medication schedule. Administer emergency medication and provide immediate emergency assistance as necessary.
- Educate the client and their family or loved ones about maintaining a healthy lifestyle.



Further Reading



Additional information on chronic conditions can be accessed through the link below.

[About chronic conditions](#)

Acquired Brain Injury



Acquired brain injury (ABI) occurs when external forces cause damage to the brain. ABI refers to any damage to the brain that occurs after a person is born. When a violent blow to the head causes an ABI, it is a traumatic brain injury (TBI).

ABI or TBI commonly occurs when a person:

- Hits their head on the windshield during a car crash
- Falls and strikes their head due to an accident at work
- Develops a degenerative neurological disease
- Suffers an injury while serving in the military, where foreign objects violently enter the skull
- Suffers a stroke or any medical emergency where their brain was deprived of oxygen

People with ABI can have different symptoms, depending on the area of their brain that has been affected. These symptoms include:

- Migraine or frequent headaches
- Blurred vision
- Difficulty balancing or coordinating their body
- Motor impairment or inability to move normally
- Personality changes and frequent mood swings
- Memory impairments
- Bouts of struggle with logic, concentration, or attention span
- Less control over bowel or bladder movement
- Difficulty speaking
- Difficulty sleeping
- Reduced sexual function



In 2003, around one in 45 Australians (432,700 people) had ABI. There are activity limitations or participation restrictions due to the disability. The following are based on data from that same year:

- Almost three-quarters of these people were aged less than 65 years.
- About 20,000 children aged under 15 years had ABI.
- People with ABI tend to have complex disabilities. They reported more disability groups than the average person with disability. They are also said to have more health conditions.
- People aged 65 years or over were more than twice as likely as those under 65 to have ABI.
- Prevalence rates were higher for males than females of all ages.
- ABI was the primary disabling condition reported by about 27,300 people aged under 65 years.
- A traffic injury was the leading cause for more than half (55%) of these people.
- More than one in three people with ABI aged under 65 years needed help with cognitive or emotional tasks.
- From 2004 to 2005, there were almost 21,800 hospital stays relating to TBI. Traumatic events, such as traffic accidents or violent blows to the head, cause these injuries.
- The age-standardised rate for TBI hospitalisation was twice as high for males as females.
- The age-standardised rate of TBI hospitalisations among children under 15 fell by more than one-fifth. The rate fell between 1999 to 2000 and 2004 and 2005.



*Based on Australian Institute of Health and Welfare material.
Disability in Australia: acquired brain injury, used under CC BY 4.0*

Adults with TBI often find that TBI disrupts essential developmental processes, such as:

- Becoming independent
- Completing higher education
- Starting a career
- Forming meaningful social networks

The result is loss of confidence, social withdrawal, and becoming a burden to families.

As a care worker, you must assist clients with TBI by doing the following:

- Assess the client's abilities using one or more diagnostic scales.



- Educate the client and their family on how to adapt to changes in the client and their:
 - Attitude
 - Capability
 - Physical functioning
 - Other personal traits.
- Collect and use the information on what the client was like to determine how to provide appropriate care. This information refers to what they liked to do or interacted with others.
- Use appropriate resources to provide appropriate care based on the client's symptoms.
- Note and report changes in the client's condition to their physician or therapist.

2.2.2 Human Rights Framework for Service Delivery

As mentioned in the previous subchapter, *human rights* are standards used to recognise and safeguard the dignity of all humans. These rights are part of the more extensive basis of laws and acts governing people and communities. As a care worker, you must use a human rights-based approach when supporting the people under your care. This approach has five common principles:



Further discussion on the principles can be found in Section 2.1.1 of this Learner Guide.

As discussed in Subchapter 1.1, frameworks support ideas, concepts, findings and laws that support and regulate a system. All jobs involve frameworks, but each has a unique framework for regulating the quality of work. As a care worker, you must know the laws underpinning this framework. These laws ensure that the rights of people receiving support are met with respect and dignity during service delivery.

Recall the CRPD as discussed in the opener of this chapter. The convention obligates Australia to meet these human rights requirements. Australia expresses and enforces these obligations that support service providers must meet through the following legislation:



Further discussion on the legislation above can be found in Section 2.1.2 of this Learner Guide.

2.2.3 Determine When to Seek Help

A care worker can find it challenging to work with clients with various symptoms and acute medical conditions. Multiple factors can pose challenges for a care worker who aims to empower the client. Consider the following examples:

- A community support worker who does not know Auslan or other communication methods

- They may have difficulty assisting a non-verbal client.

- A disability support worker who has no training on learning disabilities

- They may have problems helping students with autism when implementing learning strategies.

- An aged care worker who has no epilepsy treatment and management training

- They may have difficulty assisting a client during a recurring seizure.

The enormous responsibility to care for such people can cause stress for less experienced care workers. These factors can contribute to poor quality care that can endanger a client.

It would be best to seek assistance from more experienced and qualified staff to avoid this. It would be much better to ask for help. This lessens the risk of endangering the client or adversely affecting their wellbeing.

More experienced staff refer to any person in the workplace who has been through more opportunities that allowed them to gain skills. On the other hand, more qualified staff refer to any person in the workplace who:

- Has more mastery of skills
- Is more knowledgeable
- Has more abilities in the context of direct support work

These staff can include:

- Other care workers who have roles similar or identical to yours
- Other staff who may not have a similar role but have more experience, including orderlies, security staff, and others
- Other health professionals who have a better understanding of the client's condition



You can refer to the following procedures when seeking support from more experienced and qualified staff:

1. Identify what you need help with.

Do you need assistance procuring assistive equipment for the client? Is there something in the client's support plan you are unfamiliar with? Is the client simply unresponsive to your attempts to encourage or motivate them?

2. Identify experienced and qualified staff that can assist you.

You must seek help from staff whose expertise covers your concern from the previous step. For example, a care worker who is unsure of what tactile images are must seek help from the teacher. In contrast, a care worker looking to find positioning equipment must seek help from the equipment custodian.

3. Politely ask for assistance or follow protocols when requesting a meeting or consultation.

You must seek help politely regardless of the position or rank of the staff member you are talking to. Remember that you approached them for help and that you may be causing an inconvenience. You may also schedule a formal meeting if necessary.

4. Describe your issue clearly, briefly and honestly.

Do not use euphemisms or use overly long explanations. Instead, state your concerns in as few words as possible, with enough details. For example, you can say, 'I need help communicating with my patient who can only use Auslan to talk.'

5. Let the more experienced and qualified staff member guide you.

Do not be ashamed of needing help. Instead, please take it as a chance to learn and use it to develop your professional knowledge.





Lotus Compassionate Care

Access and review Lotus Compassionate Care Handbook for the policies and procedures on coordinating with other health professionals and community service providers through the link below.

[Lotus Compassionate Care – Staff Handbook](#)

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Checkpoint! Let's Review

1. Person-centredness means that the person is at the centre of their care delivery. It uses appropriate strategies that support the person's choice. Doing so will help treat the person with compassion, dignity and respect.
2. Different conditions are associated with different challenges and difficulties. As a care worker, you may be tasked with caring for a person who has the following:
 - Genetic disorders
 - Physical trauma
 - Psychological trauma
 - Chronic lifestyle conditions
 - Acquired brain injury
3. As a care worker, you must use a human rights-based approach when supporting the people under your care.



2.3 Identify Cultural Needs and Ensure They Are Respected and Prioritised

Cultural needs refer to various needs based on a person's social and ethnic identity. Culture, in this context, can refer to how a person identifies themselves and their group. As such, cultural needs can be based on ethnic background combined with:

- Sexual orientation
- Religion
- Other forms of group identification

Providing for a person's cultural needs is required for person-centred care. Also, the person has the right to require service that does not discriminate based on their cultural background. Care workers must identify, accept, and uphold these needs as they care for the people they support.

Some examples of cultural needs are as follows:

- Physical
 - Food and eating schedule
 - Preferred clothing
- Social
 - Communication style, language, and choice of words based on cultural background
 - Preferred visitors and times of visit
- Spiritual
 - Religious symbols and items
 - Prayers and other religious traditions

Providing the cultural needs of the person has the following benefits:

- It allows the person to recover more quickly from stress.
- It distracts the person from their medical problems or condition.
- It helps the person recover and heal more rapidly.
- It reduces the risk of depression and other emotional problems.
- It improves the relationship between the person and the staff caring for them.



Upholding Social Justice for Aboriginal and Torres Strait Islander People

A care worker must remember to uphold social justice. This is vital, especially when caring for Aboriginal and Torres Strait Islander peoples. When caring for these people, a care worker must recognise the distinctive rights that they hold, including:

- The right to a distinct status and culture, which helps maintain and strengthen the identity and spiritual and cultural practices of Indigenous communities
- The right to self-determination, which is a process where Indigenous communities take control of their future and decide how they will address the issues facing them
- The right to land, which provides the spiritual and cultural basis of Indigenous communities



Sourced from [Social justice and human rights for Aboriginal and Torres Strait Islander peoples](#), used under CC BY 4.0. © Australian Human Rights Commission 2017.

Multimedia



Knowing about Aboriginal and Torres Strait Islander people is vital to providing excellent care. Find out more through the video below.

[SBS Inclusion Program - Who are Aboriginal and Torres Strait Islanders](#)



Further Reading

Additional information on Aboriginal and Torres Strait Islander peoples can be accessed through the links below.

[Aboriginal and Torres Strait Islander Cultures](#)

2.3.1 Consulting With the Person to Confirm Cultural Needs

When consulting with your clients to confirm their cultural needs, you may consider the following strategies:

- **Review the client's individualised plan.**

Usually, the information on the client's culture and what they need will already be in their plan. Ensure to refer to the file to confirm preferences based on their culture.

- **Ask the client questions about their culture.**

This is to secure a good understanding of the client's cultural needs. Please do not make assumptions based on the colour of their skin or clothing.

- **Provide the client with what they can expect from you and the organisation.**

This is to identify what needs you will have problems providing to the client. This would determine how to secure some of the resources that are unavailable to you and other care workers.

- **Interview the client's family and friends.**

You may also ask the client's family and friends what cultural needs must be provided. This is especially the case when the client lives in a residential home, and their family may not meet these needs. You may conduct formal or informal interviews as long as they can share their thoughts with you.

Consulting is also useful when ensuring that the person's cultural needs are respected and prioritised. To do that, you can ask the person the following questions:

Do you feel like your culture is respected in the service delivery?



Do you agree with how the service delivery prioritises your cultural needs?



What would make the service delivery better in relation to your culture?



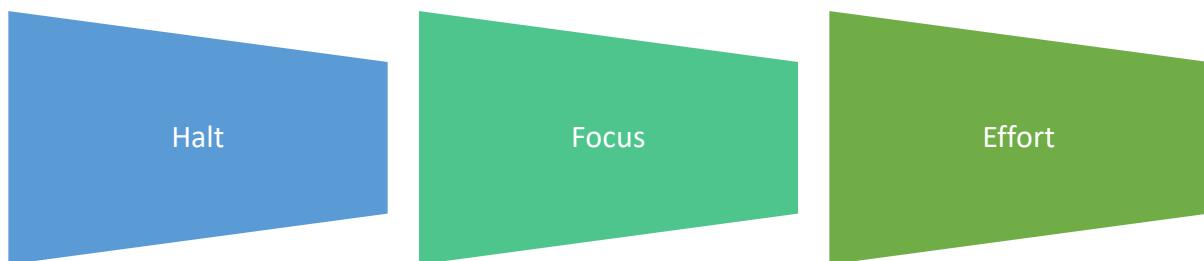
Aside from asking these questions, you may also use strategies to confirm the person's cultural needs. Constantly conducting any of those strategies allow you to review your service delivery and see if they are aligned with the person's needs.

Aside from the strategies mentioned previously, you may also use the principles of active listening as you consult with your clients.

Active Listening

Sometimes, a care worker can get overwhelmed with work and other personal issues. When overwhelmed, they can fail to listen to their clients genuinely. Sometimes, a care worker can only listen to prepare a reply instead of understanding what is said. *Active listening* is a concept that allows care workers to be *in the moment* as they interact with a client.

Active listening follows the following principles:



- **Halt** refers to stopping everything you are doing while interacting with a client. It includes:
 - Doing some other task (e.g. cleaning or filling out a form while a client speaks with you)
 - Thinking about other things (e.g. making a mental plan of what you will be doing next after talking with the client)
- **Focus** refers to removing distractions and putting all your attention on the client. When care workers focus, they must:
 - Concentrate on what is essential (e.g. the client's words)
 - Block out everything else that is unimportant (e.g. background noises)
- **Effort** refers to expending energy and taking the time to communicate. This means purposefully using non-verbal cues and positioning. Doing so will allow you to be able to talk with the client. This can include the following:
 - Being at eye level with the client
 - Facing the client while they are talking
 - Keeping your hands and feet still

By adhering to these principles, you can easily acquire information about the client's personal needs.



2.3.2 Accepting and Upholding the Cultural Needs of the Person

The following steps show how a care worker can accept and uphold the client's cultural needs:

1. Provide the person's cultural needs daily.

- Build trust between you and the client through constant communication.
- Provide for the person's needs while following the organisational policies and procedures.
- Assist the person with difficulty accessing their needs due to a disability. For example, a person with a mobility disability needs to take certain positions and stances for traditional prayer.



2. Adjust service based on the person's feedback and reactions.

- Listen to feedback and determine what needs were missed or not appropriately addressed.
- Make adjustments to address problems found in the service.
- Consider other factors that may affect how a person perceives the service, such as:
 - Fears
 - The severity of the diagnosis
 - Possible sources of trauma, grief, and emotional instability
- Seek assistance from other support personnel when necessary.



Checkpoint! Let's Review

1. Cultural needs refer to various needs based on a person's social and ethnic identity. Culture, in this context, can refer to how a person identifies themselves and their group.
2. A care worker must remember to uphold social justice. This is vital, especially when caring for Aboriginal and Torres Strait Islander peoples.

2.4 Identify, Respond to and Report Breaches of Human Rights

It is necessary to make a distinction between the following:

Breaches of human rights

Discrimination

- **Breaches of human rights** refer to acts by the government that infringe upon the rights of all people.
- **Discrimination** refers to acts by civilians and private organisations.

These acts infringe upon the rights of others. Breaches of human rights follow a procedure that does not need the assistance of a lawyer. Cases of discrimination usually involve legal processes that involve lawyers.

A care worker must always be on the lookout for breaches of human rights. The proper identification and reporting of breaches of human rights have the following benefits:

- A care worker can prevent acts that adversely affect a person's wellbeing.
- A care worker can do their part in upholding social justice and can fulfil their obligations under:
 - Duty of care
 - Code of conduct
 - Policies and procedures outlining their responsibilities
- A care worker will assist the government in improving its services to provide better assistance.



Further Reading

The AHRC is the authority on matters involving human rights and breaches of these rights. You may view the different functions of the AHRC through the link below.

[Australian Human Rights Commission Act 1986](#)

Identifying Breaches of Human Rights

Breaches of human rights are actions that follow these criteria:

- The organisation acting must be the Commonwealth or one of its agencies.
- The action must breach or infringe on a right recognised in the international human rights instruments under the AHRC Act.

*Based on Complaints about breaches of human rights, used under CC BY 4.0.
© Australian Human Rights Commission 2017*

In summary, a breach of human rights is an act by a representative of your state or the country. This act infringes upon one of the rights of a person. These rights are provided in Section 2.1.2 of this Learner Guide.

Identifying breaches of human rights must be done in consultation with the person. As a care worker, you must consult with your clients on any breaches of their rights. Remember that these actions infringe on *their* rights, so you must seriously consider their input. When consulting with the client, you can follow the strategies mentioned in Section 2.3.1 of this Learner Guide.



As you consult with the client, you must use strategies that allow the person to exercise their right to privacy. You must also support their independent action and thinking. These strategies may include the following:

- Follow organisational policies for privacy, confidentiality and disclosure. (Refer to Section 2.1.4 for further discussion)
- Assure the client that their right to privacy will be respected.
- Ensure that the information they provide will only be collected with informed consent. (Refer to Subchapter 3.4 for further discussion)
- Store all of the client's files in a way that prevents unauthorised access, damage, destruction, or loss of their information.
- Ensure that all of the client's personal information held by your organisation is accessible to them.
- Allow the client to seek any correction of the information whenever possible.

Any breach of human rights must be properly documented and reported to the AHRC. A care worker must take the initiative and file a report. This must be done while complying with their organisation's policies and procedures. Some organisations may have procedures that specify:

-  ▪ What personal or sensitive information to include or leave out from the report
-  ▪ Who to include as signatories in the report
-  ▪ What evidence or other documents to attach to the report

Your organisation may also have its own template for reports of breaches of human rights. Make sure then that you check your organisation's policies and procedures.



Lotus Compassionate Care

Access and review Lotus Compassionate Care's abuse incident report form through the link below.

[Forms and Templates](#)

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Responding to Breaches of Human Rights

Once a breach of human rights is identified, responding properly while making the report or waiting for the AHRC to respond is critical. Properly responding means providing temporary assistance. This assistance must allow the person to participate in activities they are being excluded from.

Properly responding can include:

- Explaining the situation or the identified breach to the affected person
- Providing updates on what has been done after the breach has been identified
- Inform the person on what can be expected after the breach has been identified
- Reassuring the person that their best interest is being considered during the process
- Supporting the person to lessen the negative effects of the breach on their wellbeing
- Communicating and empathising to prevent frustration and emotional backlash



For example, a public hospital offers counselling services for persons with physical disability. However, the hospital does not have the same services for persons with mental health conditions. A care worker may learn this as they try to schedule a counselling session for a person with mental health conditions.

In this scenario, there is a clear breach of the person's right under Schedule 5 of the Australian Human Rights Commission Act 1986:

Persons with disability have the right to medical, psychological and functional treatment ... aid, counselling... and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the process of their social integration or reintegration. (Federal Register of Legislation, 2021)

Public hospitals are controlled and funded by the State and Territory governments. The lack of counselling services for persons with mental health conditions is considered a breach of human rights. So, it is necessary to report this breach to the AHRC.

While waiting for a response and resolution, the care worker must respond by:

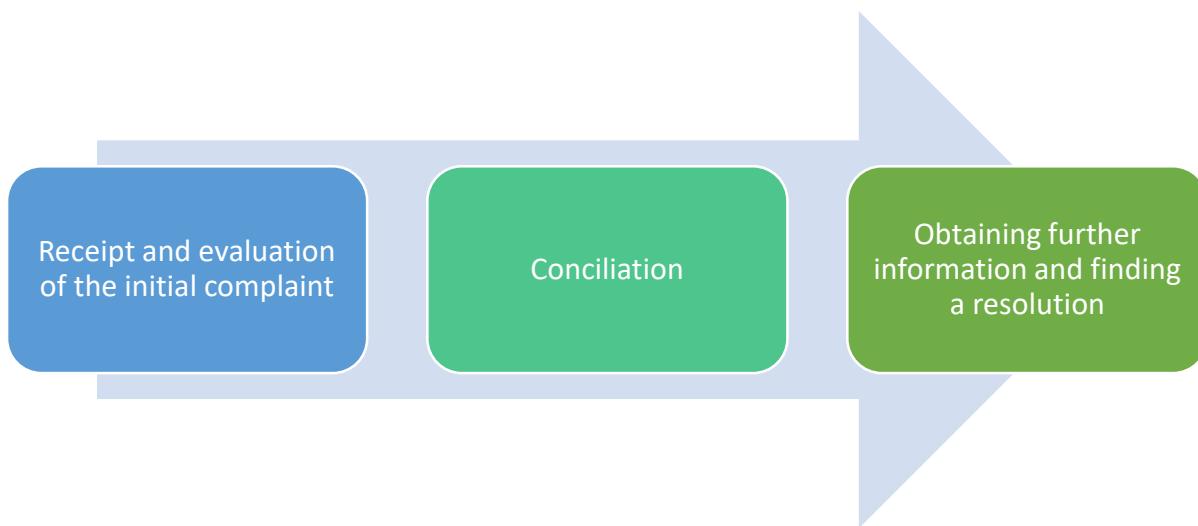
- Providing a clear explanation of the breach
- Looking for other therapists, counsellors and psychiatrists to provide counselling in the meantime
- Reassuring the person that the report will be of great benefit to them
- Constantly communicating to check on their condition and wellbeing

Reporting Breaches of Human Rights

After submitting a report to the AHRC, it will be treated as a complaint. The report will undergo a simple process that involves:

- Finding additional information
- Working towards a resolution

The following steps outline the complaint process that follows the submission of a report of a breach of human rights:



1. Receipt and evaluation of the initial complaint

The AHRC may contact you to get further information about your complaint. You should provide the commission with relevant information to support your complaint.

Generally, the commission will tell the respondent about your complaint. They will give the respondent a copy of the complaint. The commission may ask the respondent to provide specific information or a detailed response to the complaint. The commission will tell you what the respondent has said in reply to your complaint.

You do not need a lawyer to take part in the complaint process. If you want a lawyer or advocate, you must organise this yourself. Some services, such as Community Legal Centres, can provide free legal advice. You may also get advice from an advocacy organisation.

Where appropriate, the commission will invite you to participate in conciliation.

2. Conciliation

Conciliation is an informal process that allows the complainant and the respondent to discuss the complaint's issues. This is to attempt to find a way to resolve the matter.

Conciliation is not like a court hearing. The conciliator does not decide who is right or wrong. The conciliator does not decide how the complaint should be resolved.

The conciliator ensures the process is fair and helps both sides discuss and negotiate an outcome. They can also provide information about the law and its interpretation.

Conciliation can take place in a face-to-face meeting called a ‘conciliation conference’. It can also happen through a telephone conference. In some cases, complaints can be resolved by exchanging letters or passing messages through the conciliator.

The conciliator decides how the conciliation process will run and who will participate. You do not need a lawyer to participate in conciliation. If you want a lawyer or advocate, you must discuss with the conciliator to get their permission. This must be done before the day of the conference. If you need special assistance, the Commission can arrange this for you. This special assistance includes a language or sign language interpreter.

Conciliation is a confidential process. The president of the AHRC will not consider information about anything said or done in conciliation. This is in the instance that the complaint does not get resolved. The president of the AHRC is required to decide on the complaint. You should not bring new information you want to rely on to a conciliation conference. This information should be provided before the conciliation conference takes place.

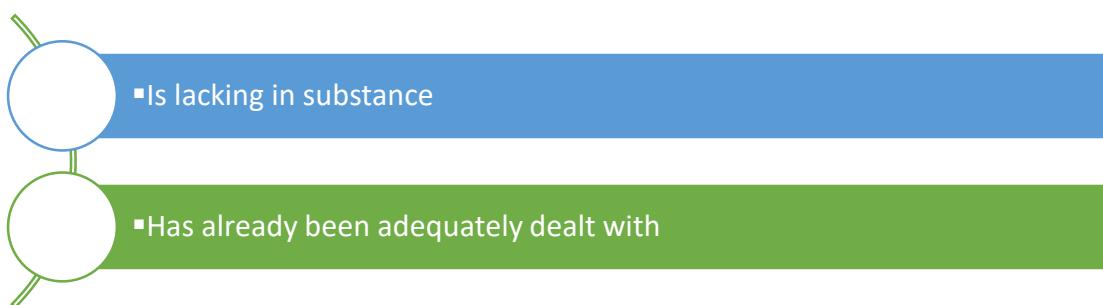
The law states that evidence of anything said or done by a person during the conciliation is not admissible in further proceedings.

Complaints can be resolved in many different ways. The conciliator can also provide information about how other complaints have been resolved.

3. Obtaining further information and finding a resolution

If the complaint is not resolved, the AHRC may request more information from you before making a final decision about the complaint.

The president of the AHRC may decide not to continue if they are satisfied that a complaint:



Otherwise, the president may report the matter to the federal Attorney-General. The president can make recommendations in this report to compensate for any loss experienced by the complainant. The report may be tabled in Parliament.

*Based on [Information for people making complaints](#), used under CC BY 4.0.
© Australian Human Rights Commission 2017.*



As a care worker, you must assist the person in providing additional evidence and answering queries by the commission. You must also help the person in seeking professional advice. If necessary, provide your own advice on what to do and what information to provide.



Further Reading

Additional information on submitting reports on breaches of human rights can be accessed through the link below.

[Complaints about breaches of human rights](#)



Checkpoint! Let's Review

1. Breaches of human rights follow a procedure that does not need the assistance of a lawyer. A care worker must always be on the lookout for breaches of human rights.
2. As a care worker, you must consult with your clients on any breaches of their rights. Remember that these actions infringe on *their* rights, so you must seriously consider their input.

2.5 Identify and Report Indications of Abuse and Neglect

Abuse refers to all acts that cause physical, sexual, or mental injuries to a person. On the other hand, *neglect* refers to inactions that cause the same injuries. Abuse and neglect are both serious offences that affect:

Children

Adults

Elders

People receiving support often endure more significant abuse and neglect. People can be taken advantage of by abusers due to their perceived helplessness. Being unable to speak out or ask for help can also increase the chances of abuse and neglect.

A person is also targeted due to the following factors:

- A person can find it difficult to escape an abuser's control if the abuser can threaten to:
 - Harm the person's family
 - Withdraw financial support
- A person with minimal contact with people aside from their personal care workers may not have advocates who can speak on their behalf.
- A person may find it challenging to convince others of their condition and struggles.

As a care worker, you must look for the indicators on the next page to check if the client is being abused. You must consult with the client if you observe any indication of abuse or neglect. Please encourage them to trust you with critical information on their experiences during the consultation. Strategies on how you may do so were discussed in Subchapter 2.3 of this Learner Guide.



The following table gives examples of the different indicators of abuse:

Indicators of Physical Abuse	Indicators of Financial Abuse
<ul style="list-style-type: none"> ▪ Unexplained injuries, pain, or bruising ▪ Multiple injuries in different stages of healing ▪ Welts, rashes, blisters, lacerations, swelling and signs of being restrained ▪ Delay in seeking treatment ▪ Over-sedation ▪ Stained, torn or missing clothes ▪ Change in outward behaviour 	<ul style="list-style-type: none"> ▪ Defaulting on payments for bills, rent and other services ▪ Being overcharged for services such as repairs ▪ Inability to pay for necessities such as food and hygiene products ▪ Missing financial documents ▪ Unusual activity in bank accounts ▪ Drastic or questionable changes to a will or other documents ▪ Overdrawn or depleted financial accounts
Indicators of Sexual Abuse	Indicators of Emotional Abuse
<ul style="list-style-type: none"> ▪ Bite marks and/or injuries in private areas, including genitals ▪ Difficulty sleeping due to persistent soiling or bedwetting ▪ Inappropriate sexual behaviour (for children and young people) ▪ Excessive masturbation, even in the presence of others ▪ Being wary of physical contact ▪ Aversion to being assisted with hygiene (e.g. changing diapers) ▪ Unexplained pregnancy ▪ Sexually transmitted diseases 	<ul style="list-style-type: none"> ▪ Social withdrawal, including avoidance of family and friends ▪ Unusual and excessive fears, including lack of trust, fear of intervention and fear of specific people ▪ Lying, stealing, crying or display of self-destructive behaviour ▪ Poor self-image and self-esteem ▪ Secretive, demanding, attention-seeking or disruptive behaviour ▪ Behavioural extremes, such as hyperactivity and depression ▪ Sleep and eating disturbance

You may also look out for the indicators to check if the person is being neglected, such as:

- Developmental delay (in children and students)
- Excessive weight loss/gain
- Prone to illness
- Sallow or sickly appearance
- Abnormally high appetite, stealing or hoarding food
- The smelly or dirty appearance
- Having untreated medical conditions
- Reports of alcohol or drug abuse and devaluing attitude by a primary caregiver

Aside from abuse and neglect, you must also look for indicators of exploitation. *Exploitation* means that a person is threatened unfairly by an abuser. The abuser uses the person's vulnerability for their own benefit.

Indicators of exploitation include the following:

- A person has limited or no access to other people.
- A person does not have access to their official documents (e.g. passport, ID and travel documents).
- A person is always anxious or afraid and appears distrustful of the authorities.
- A person is frightened of particular people, places or situations.

The following table presents examples of behaviours and whether they have indicators:

Example	Evaluation
A child with disability goes to school late daily with dirty clothes and bruises. The child constantly gets into trouble for disruptive behaviour.	The child is most likely being abused and neglected. The disability support worker at the child's school must report the case immediately.
A patient at a medical hospital has recently undergone surgery. They are rapidly losing weight and showing signs of depression.	The symptoms are more likely to result from the patient's circumstances than from abuse or neglect from the medical staff.
An older person starts to receive default and late payment notices after being put under the care of their younger sibling.	The older person is most likely financially abused or exploited. The aged care worker must communicate with the person and ask for additional information.

When unsure of whether a behaviour indicates abuse or neglect, you can collect additional information. You can also seek assistance from other staff. Doing so will aid you in verifying your suspicions.

After confirming that a person is being abused or neglected, you must do the following:

- Ensure the person's safety by providing a quiet space and some time to rest.
- Please encourage them to contact a trusted friend or family member.
- Explain what is happening and what the person's options are.
- Let the person make their own decision on what to do next.
- If the person's safety is at risk, contact the relevant authorities.
- Report the case following your organisation's policies and procedures.

You must know the policies and procedures for reporting abuse and neglect cases as a care worker. You and your organisation need to follow state or territory policies and procedures. The following information, for example, is relevant to people in Queensland:

Type of Abuse	Procedure for Reporting
Domestic and family abuse	<p>Phone Triple Zero (000) if domestic and family abuse (DFV) is happening now or if a life is threatened.</p> <p>If there is no immediate emergency, you can report to the police by phoning Policelink on 13 14 44.</p> <p>You can also make a non-urgent report of DFV by submitting an online form.</p> <p>Phone DVConnect on 1800 811 811 if you are escaping DFV and need a place of safety.</p> <p>Find information and support for DFV on the Domestic and Family Violence Portal.</p>
Child abuse and neglect	<p>Phone Triple Zero (000) if you believe a child is in immediate danger or a life-threatening situation.</p> <p>If you have reason to suspect a child is experiencing or is at risk of abuse or neglect, contact:</p> <ul style="list-style-type: none"> ▪ A Regional Intake Service (Monday to Friday, 9 am to 5 pm) ▪ The Child Safety After Hours Service Centre on 1800 177 135 outside business hours



Type of Abuse	Procedure for Reporting
Child sexual abuse	<p>If you have reason to suspect a child is experiencing or is at risk of sexual abuse, contact:</p> <ul style="list-style-type: none"> ▪ Child Safety Services on 13 QGOV (13 74 68) ▪ Child Safety After Hours Service Centre on 1800 177 135 outside business hours ▪ Your local police station about criminal matters related to child sexual abuse ▪ ChildWise National Child Abuse Prevention Helpline on 1800 991 099 <p>The Sexual Assault Disclosure Scheme provides survivors of child sexual assault with a non-threatening and anonymous way to register their experience with authorities officially.</p>
Sexual violence	<p>If you've just been sexually assaulted, or are in immediate danger, get to a safe place and phone Triple Zero (000).</p> <p>Once you are out of immediate danger, you can contact the Sexual Assault Helpline on 1800 010 120 for counselling and referral.</p> <p>If you do not want to make a formal report to the police but want to tell them about your assault, you can use the Alternative Reporting Option (ARO). This will not result in an investigation. However, the information may help identify repeat offenders and prevent them from assaulting others.</p>
Elder abuse	<p>Call the Elder Abuse Helpline (9 am to 5 pm, Monday to Friday) for free and confidential advice for anyone experiencing elder abuse or who suspects someone they know may be experiencing elder abuse. Phone 1300 651 192 (Queensland only) or (07) 3867 2525 (rest of Australia).</p> <p>Seniors experiencing DFV can also seek help from a local DFV support service.</p> <p>Legal support is available for seniors experiencing elder abuse, as well as other support services.</p>

Based on [Reporting abuse](#), used under CC BY 4.0. © The State of Queensland 2022

Your state or territory has policies and procedures for reporting cases of abuse or neglect. You can access them through the links in the table below.

State/Territory	Information for Reporting Cases of Abuse or Neglect
Australian Capital Territory	<ul style="list-style-type: none"> ▪ Do you need to report abuse or neglect of people with disability ▪ ACT Elder Abuse Prevention Program Policy
New South Wales	<ul style="list-style-type: none"> ▪ Make a complaint online ▪ Ageing and Disability Abuse Helpline
Northern Territory	<ul style="list-style-type: none"> ▪ Crime and the law
South Australia	<ul style="list-style-type: none"> ▪ Disability-related complaints and feedback ▪ Stop Elder Abuse
Tasmania	<ul style="list-style-type: none"> ▪ Who we are ▪ Children, Youth and Families ▪ Elder Abuse Prevention Strategy 2019-22
Victoria	<ul style="list-style-type: none"> ▪ National Disability Abuse and Neglect Hotline ▪ Elder abuse
Western Australia	<ul style="list-style-type: none"> ▪ Disability services ▪ People with Disability ▪ Elder Abuse Protocol: Guidelines for Action ▪ Seniors and Elder Abuse

Always remember to communicate with the person and discuss their options with them. You must reassure them that calling the authorities is the best way to prevent further abuse.

Your organisation has policies and procedures for reporting cases of abuse or neglect. Make sure to check them for additional information.





Mandatory Reporting

As mentioned in Section 1.2.2, you must report any reasonable belief of abuse. You are obligated to report the case to the proper authorities in child abuse or neglect. As a mandatory reporter, you do not have to discuss your observations with the child's parents. Instead, you must contact the authorities immediately after gathering enough evidence. This evidence must support your suspicion that a child is being abused or neglected.

The following are some professions that are required to be mandatory reporters:

- **Health care** – Registered medical practitioners, specialists, enrolled and registered nurses, registered midwives, occupational therapists, speech pathologists, psychologists, dentists and other allied health professionals working in sole practice or public or private health practices
- **Welfare** – Registered psychologists, social workers, caseworkers and youth workers
- **Education** – Teachers, counsellors, principals
- **Children's services** – Childcare workers, family day carers and home-based carers
- **Residential services** – Refuge workers, community housing providers
- **Law enforcement** – Police
- **Disability services** – Disability support workers and personal care workers

*Sourced from [Who are mandatory reporters?](#), used under CC BY 4.0.
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Professions required to be mandatory reporters can vary per state or territory. Refer to your state or territory policies and procedures on mandatory reporting for more information. Section 1.2.2 outlines the different authorities for each state or territory that handles reports of abuse.



Lotus Compassionate Care

Access and review Lotus Compassionate Care Handbook for the policies and procedures on reporting and notification through the link below.

[Lotus Compassionate Care – Staff Handbook](#)

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Checkpoint! Let's Review

1. People can be taken advantage of by abusers due to their perceived helplessness. If you suspect the person is being abused or neglected, follow the proper reporting procedures. You must also provide appropriate assistance to the person.
2. You can collect additional information when unsure of whether a behaviour indicates abuse or neglect. You can also seek assistance from other staff. Doing so will aid you in verifying your suspicions.
3. Always remember to communicate with the person and discuss their options with them. You must reassure them that calling the authorities is the best way to prevent further abuse.



Learning Activity for Chapter 2

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.



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III. Facilitate Choice and Self-Determination



In the introduction of this Learner Guide, it was stated that empowered people are more motivated to achieve their goals. Motivation is an essential aspect of the wellbeing of a person receiving support. Motivation allows people to engage in activities and become receptive to strategies designed to assist their care.

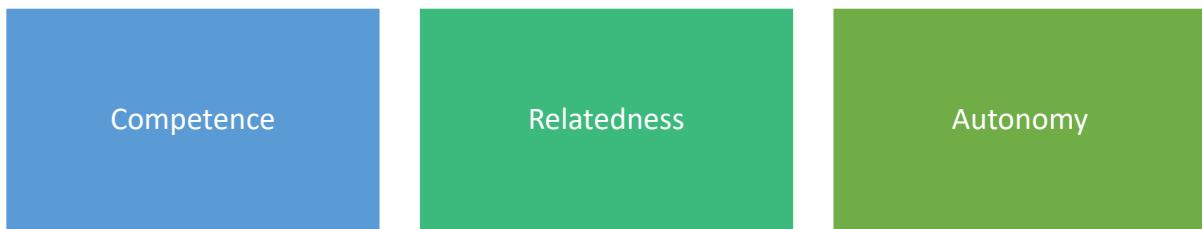
There are two kinds of motivation:

- **Internal motivation**
 - Refers to the satisfaction of applying oneself is enough to encourage a person to accomplish their goals
 - Is determined by the values and goals of the person
- **External motivation**
 - Refers to external rewards such as praise and approval are used as motivators
 - Is determined by the values and goals of others (e.g. family, friends, carers)

One of the critical factors that can affect a person's motivation is the theory of self-determination.

Self-determination refers to a person's ability to make their own choices, actions and decisions. Self-determination involves providing specific needs to allow a person freedom. This feeling of freedom, in turn, enhances a person's internal motivation.

You must address the following needs to allow a person to develop a greater sense of self-determination:



- **Competence** refers to a person's need to feel sufficient skills and intellect. A person feels competent when they can achieve their goals within their environment.

Feelings of competence are enhanced when the difficulty of a task matches the person's skills. They are also improved when the person receives positive feedback.

- **Relatedness** refers to a person's need to feel a sense of attachment, closeness and belonging to a social group. It allows people to think they have access to help and support from other group members.

Feelings of relatedness are enhanced when a person is respected, valued and appreciated by others.

- **Autonomy** refers to people's need to control their choices and decisions. This involves performing actions or making decisions that the person agrees with. It is also associated with feelings of independence.

Feelings of autonomy are enhanced when individuals can use their own approach. This approach is in making choices and regulating their own behaviour. It also helps to have an environment where people encourage and assist you.

Self-determination is vital to empowering a person to receive support. Care workers must ensure that the person is internally motivated to improve their own conditions. Failure to encourage the person can lead to situations where any effort to empower them does not create meaningful change in their life.



Self-determination is also closely tied to human rights. Allowing a client to make their own choices and decisions contribute towards the fulfilment of the following rights:

- All peoples have the right to self-determination. By virtue of that right, they freely determine their political status and pursue economic, social and cultural development.
- Persons with disability have the inherent right to respect their human dignity. Whatever the origin, nature and seriousness of their handicaps and disabilities, they have the same fundamental rights as their fellow-citizens of the same age, which implies, first and foremost, the right to enjoy a decent life as normal and full as possible.
- Persons with disability are entitled to the measures designed to enable them to become as self-reliant as possible.

Sourced from the Federal Register of Legislation at 10 February 2022.

For the latest information on Australian Government law please go to <https://www.legislation.gov.au>.

Australian Human Rights Commission Act 1986, used under CC BY 4.0

In general, people receiving support who are self-determined have a better quality of life than others. This is because self-determined people are:

- Less prone to abuse
- Less dependent on others
- Capable of making choices that benefit their health
- Capable of doing well at school or landing better jobs
- More likely to seek assistance and want to help others



In this chapter, you will learn how to improve the person's sense of self-determination. You will accomplish this by learning to do the following:

- Use a person-centred approach to acknowledge the person as their own expert
- Assist the person and their support system in options for action on relevant issues
- Assist the person in communicating their personal goals
- Provide support that encourages the person to make their own choices
- Assist the person in using assistive technologies
- Use strategies to make sure that the person is comfortable with decisions made
- Identify barriers to empowerment and determine strategies to address them
- Assist the person in accessing advocacy services and other complaint mechanisms



3.1 Use a Person-Centred Approach to Acknowledge the Person as Their Own Expert

Recall the person-centred approach as discussed in Subchapter 2.2 of this Learner Guide. An approach is person-centred if:

- Service is based on the person's personal goals and preferences
- The person is empowered to make their own choices and decisions
- Care strategies focus on improving the overall quality of life of the person

A person-centred approach only works if it puts the person at the centre of all decisions. So, the person is both the recipient *and* source of care strategies. These strategies include procedures for empowerment and appropriate care.

There is a tendency for care workers and other carers not to consider the client's opinions. However, this should not be the case. Clients are more capable of stating what they need and what services they would like to receive due to the following reasons:

- They know and understand their own experiences better than anyone.
- They may have feelings or emotions that others may not understand.
- They may have desires or preferences that might not make sense to others.
- They can speak personally and thus may provide more detailed or specific information on what they need help with.

Acknowledging the client as their own expert provides the following benefits:

- It frames the client as capable of making active decisions rather than needing help.
- It gives the client an active role in shaping their life.
- It motivates others to share their experiences and discuss what they currently enjoy or struggle with.





How to use a person-centred approach was also discussed in Subchapter 2.2 of this Learner Guide. Using a person-centred approach, you can improve the service you provide to clients by treating them as their own experts. Doing this involves the following practices:

- Ask how the client feels about specific actions or decisions instead of directly endorsing one. For example, '*How do you feel about using a walker today? Do you think it is going to be helpful?*'
- Answer the client's questions honestly. For example, '*You want to know what I think of the walker? I think a walker will be good for you. The walker can help you since your legs are still weak from surgery. So, I think using it would be great.*'
- Help the client to explain their choices and decisions through supportive questions. For example, '*You say you do not want to use the walker, and I truly respect that. But I would like to know why, so I can look for alternatives.*'
- Listening attentively and verifying if you understood the client. For example, '*Alright. You feel you can walk without a walker and would much rather receive help when walking. Is that right?*'
- Respect the client's decisions and use care strategies aligned with the client's wishes. For example, '*I will come back to you with the options available once I talk to your doctor. We will try our best to see what exercises we can use to help your legs get stronger.*'

Strengths-Based Approaches

A common problem for people requiring support is that they may lack self-confidence. They may have a negative image of themselves due to their perceived deficits. These may have arisen from experiences of difficulties or even discrimination. A person may hesitate to provide information on their needs and preferences. This can lead to them not receiving the support they need for empowerment.

A care worker using a strengths-based approach can restore a person's confidence. The strengths-based approach builds upon a person's strengths. Knowing their strengths allows them to see themselves at their best. This approach gives an idea of what changes can improve the quality of their life.

Strengths-based approaches have the following principles:

- **The person has individual aspects that help them grow.**

It would be best to believe that everyone has the potential to grow. Their limitations do not determine their growth. Instead, it is their strengths and capabilities.

- **The person has a responsibility to maintain and improve their wellbeing.**

You must focus on the person's strengths helps see challenges as opportunities for growth instead of things to avoid.

- **The person has the willingness to learn, improve and change.**

You must respect the person and work with them in their skills development. Be flexible, as their willingness to learn can vary depending on their personal goals.



When using strength-based approaches, a care worker must:

- Assess the strengths and capabilities of the person and use them in planning care strategies
- Maximise the use of resources available to the person to improve their condition
- Induce hope in the person by affirming their improvement and showing an appreciation for their capability
- Allow the person to choose what they want to do or how they want to work on their problems

Remember that using strength-based approaches is vital in individualised support. Strengths-based approaches enable the person to see themselves at their best and see their own value. In doing so, they can move that value forward and utilise their strengths instead of focusing on their illnesses, disability or conditions. Aside from that, these approaches help identify constraints or limitations in the person's environment and look for ways to address or remove them to enable the person to achieve their goals.



Further Reading



Strengths-based approaches will be beneficial for assisting the person in other areas of their life. Additional information on strengths-based approaches is available through the link below.

[Strengths-based approaches for working with individuals](#)

Self-Advocacy

Acknowledging the person as the concept of self-advocacy supports their own expertise. *Self-advocacy* means allowing and assisting a person in speaking up for themselves. Say that a client is having trouble speaking up for themselves. You must help the client access the various self-advocacy groups as a care worker.

Throughout Australia, many self-advocacy groups have been formed. This is so that people can share practices and information. This support allows a client to:



Self-advocacy groups offer a wide range of activities and programs. You may need to assist the people under your care in various activities as a care worker. The following are examples of such activities:

- Participating in sharing sessions where members can talk about their life experiences
- Reflecting and meditating on experiences and writing down insights
- Attending educational sessions for self-growth, such as forming intimate relationships
- Raising community awareness by running training programs and events to discuss various issues
- Representing clients and their families on advisory committees and other outlets
- Lobbying or campaigning about specific issues
- Responding to queries by government agencies and other groups
- Conducting their own research and creating instructional materials such as videos and infographics
- Participating in other activities that are interesting and fulfilling to the client

Further Reading



A list of advocacy groups that offer membership and support to persons with disability is available through the link below:

[How self-advocacy can help you have your voice heard](#)



Checkpoint! Let's Review

1. A person-centred approach only works if it puts the person at the centre of all decisions. So, the person is both the recipient and source of care strategies. These strategies include procedures for empowerment and appropriate care.
2. Self-advocacy means allowing and assisting a person in speaking up for themselves. Say that a person is having trouble speaking up for themselves. As a care worker, you must help the person access the various self-advocacy groups.



3.2 Assist the Person and Their Support System in Options for Action on Relevant Issues

By now, you know that assisting a client in their decision-making allows you to provide a service that is:

Empowering

Person-centred

Doing so can be challenging, as a person may have difficulty making their own decisions in some cases. This can be due to challenges in processing and understanding information. These challenges are common in cases where a client suffers from brain injuries or other cognitive disorders. In such cases, the client cannot choose from various options. These options provide different actions on relevant issues, such as:

- Medical issues
- Legal issues
- Financial issues
- Other life matters that require urgent or informed decisions

When assisting the client in making person-centred options, it is necessary to use a process known as decision-making.

Supported decision-making is '*the provision of support which enables persons with cognitive disability to exercise their legal decision-making rights (also called legal capacity)*' (Office of the Public Advocate, 2020). It involves the appointment of supporters.

Supporters are people who will aid the person in making decisions. They must spend time assisting the client in weighing different options. These options affect the support services the client receive and other important matters.

Supporters can be:

- Family members
- Close friends
- Primary caregivers
- Partners or significant others
- Relevant others, e.g. any person that the person trusts to assist them in making correct decisions

Supporters can take on specific, legally recognised roles. These roles are based on federal and state or territory legislation. Therefore, supporter roles may vary depending on your state or territory. The following are recognised roles of supporters in Victoria:

- **Supportive attorney** (based on the Powers of Attorney Act)

The client appoints a supportive attorney to support them in making and acting on their decisions. The client gives their supportive attorney power to:

- Access or provide information about them to organisations, such as:
 - Hospitals
 - Banks
 - Utility providers
- Communicate with organisations
- Communicate their decisions
- Give effect to their decisions

The client decides what decisions they want support to make and act on. These can include:

- Personal matters (e.g. access to support services)
- Financial issues (e.g. paying expenses)

A supportive attorney cannot decide about significant financial transactions (e.g. selling a house).

- **Supportive guardian and supportive administrator** (based on the Guardianship and Administration Act)

Supportive guardian and supportive administrator appointments are very similar to supportive attorney appointments. The main difference is that the Victorian Civil and Administrative Tribunal (VCAT) makes the appointment.

A supportive guardian or administrator's role is to support clients in making their own decisions.



They support the client to make, communicate or give effect to decisions about:

- The personal matters set out in the order (supportive guardian)
- The financial issues set out in the order (supportive administrator)

Any person can apply to VCAT for a supportive guardianship or supportive administration order. However, the application needs to propose someone for the role, and they need to agree to take it on. For them to be appointed, the proposed supported person needs to agree.

A supportive guardian can support the client in making medical treatment decisions. However, it is only applicable if the supportive guardianship order states this.

- **Support person: medical** (based on Medical Treatment Planning and Decisions Act)



A client can appoint another person as their medical support person. Even a child who has decision-making capacity can appoint a medical support person. The role of a support person is to help the client make, communicate and act on their medical treatment decisions.

A support person can speak for the client's interests in their medical treatment. This is for the instances when the client does not have the decision-making capacity. For example, a support person can explain previous treatment preferences to medical staff. A support person does not have the authority to make a client's medical treatment decisions. However, they may do so if they are also appointed to medical treatment decision-makers.

- **Plan nominee** (based on National Disability Insurance Scheme [NDIS] Act)

A plan nominee is someone appointed to act on behalf of an NDIS participant by:

- The request of the participant
- The initiative of the National Disability Insurance Agency (NDIA)

A plan nominee has a duty to:

- Find out the wishes of the participant and only act if the participant is not capable of doing the act
- Act in a manner that promotes the wellbeing of the participant
- Develop the capacity of the participant
- Avoid or manage conflicts of interest

- **Nominated person** (based on Mental Health Act)

Clients choose a nominated person to represent and support them if they become patients under the Mental Health Act.

The role of a nominated person is to:

- Support the patient and help to represent their interests
- Receive information about the patient in accordance with the Act
- Be one of the people who must be consulted in accordance with the Act about the patient's treatment
- Assist the patient in exercising any right they have under the Act
- Undertake the role until the consumer withdraws the nomination



A person who a consumer nominates may refuse if they do not want to undertake the role.

*Based on Your supported medical decisions, used under CC BY 4.0.
© Office of the Public Advocate (State of Victoria).*

As a facilitator, you must assist the person in exercising their right to plan their own care and support those providing it. You must also support their independent action and thinking. To do so, consider the following strategies:

- **Give the client and their supporters enough space and time to discuss their options and make decisions.**

Keep track of the client's scheduled activities. You must ensure that everyone is informed of when and where these discussions will occur.

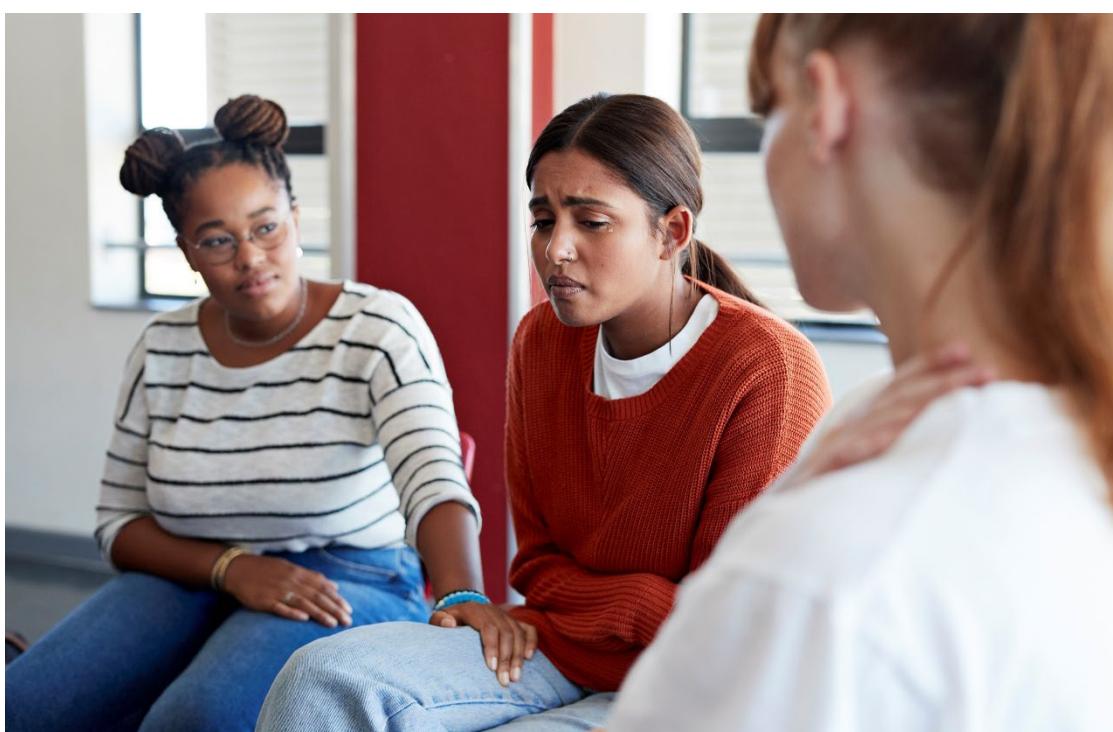
- **Take note of all decisions that the client makes.**

Keep a written record of these decisions and verify all involved parties. This can be done either through their signature or other means.

- **Be aware of every supporter's role.**

Give information on what a supporter can and cannot do based on their specific role.

- **Look out for possible instances of abuse or conflicts of interest.**



Remember that you are still obligated to look after the best interest of the client and no one else. If you believe the client is being taken advantage of or abused, refer to Subchapter 2.5 of this Learner Guide. The subchapter discusses the steps for reporting your suspicions to the proper authorities.

- **Remember that the client is experiencing changes.**

The client may have to fluctuate or constantly change needs. You must guide all supporters to understand this. Make sure to help the supporters focus on the immediate or pressing concerns of the client.

- **Remember your original goal of empowerment and self-determination.**



Never allow the client to feel dependent on their supporters. Instead, remind the client that their supporters are only there to help them choose their path and direct their lives.



Lotus Compassionate Care

Access and review Lotus Compassionate Care Handbook for working with families through the link below.

[Lotus Compassionate Care – Staff Handbook](#)

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Checkpoint! Let's Review

1. Supporters are people who will aid the person in making decisions. They must spend time assisting the client in weighing different options.
2. Supporters can take on specific, legally recognised roles. These roles are based on federal and state or territory legislation.



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3.3 Assist the Person in Communicating Their Personal Goals



Assisting the person to be self-determined starts with asking them about their personal goals. These goals may be long-term or short-term. The following table presents examples of these goals:

Long-term Goals	Short-term Goals
<ul style="list-style-type: none"> ▪ Getting an A in English class ▪ Opening a home-based bakery ▪ Obtaining a qualification for cooking ▪ Completing an ultra-marathon 	<ul style="list-style-type: none"> ▪ Learning how to write a good story ▪ Buying a new stand mixer ▪ Learning a new recipe ▪ Running a mile every morning

Helping the person achieve their goals improves their self-determination. This also motivates the person to improve their quality of life. A self-determined and motivated person will be much easier to care for. As a care worker, you must assist your clients in clearly communicating their personal goals with you and others involved in their individualised plans. This ensures that the client will have the necessary support to achieve their goals.

In Subchapter 1.2 of this Learner Guide, you were given tips on communicating effectively with a client. Follow these tips to ensure that the client can share their goals freely.

To assist the client in communicating their personal goals with you and those involved in their individualised plan, you may consider doing the following:

- **Ask for your client's consent.**

Consent refers to the permission given by one person to another to do a specific action. When given consent, the person agrees to the action being made. Always remember that you are working with people. It is essential to ask for their permission before communicating their personal goals to you and others.



- **Discuss all essential details with your clients.**

They must know what information they want to share with you and those involved in their plan. Provide your clients with enough knowledge and advice to make their decision. Please answer all questions your clients may have regarding a goal, including questions that may upset them.

- **Respect your client's wishes.**

If your clients do not consent to communicate their goals to you or others involved in their plan, you cannot force them to agree. Acknowledge their response and tell them why their goals must be shared with you and others. Reassure your clients that you will not force them, but you will ask for their consent again later.

- **Follow the procedures on privacy, confidentiality and disclosure.**

Persons with disability can decide what information others can know and what should be kept confidential. You may refer to Section 2.1.4 of this Learner Guide for more discussion.

- **Make sure to prevent others from forcing your clients to share their information.**

If your clients do not consent, ensure that others will not pressure them to communicate their personal goals. As mentioned before, your clients have the right to decide what information others have access to. If a client is forced to share their information without their consent, their rights are being violated.

As you assist the person in communicating their personal goals, make sure to adhere to the principles of active support. Doing so will allow you to understand the person better and make it easier for them to state ideas. It will also let you show the person that you are committed to assisting them and that you care about their goals.

Active Support

A client may find it condescending when a care worker always offers help. When clients feel that their care worker does too much, they tend not to provide as many details about their personal goals. This is due to a fear that their care worker will use these goals to provide excessive help.

Consider the following examples:

- A student with an intellectual disability is constantly excluded from regular classes. The student receives individualised and adjusted instruction, even for easy topics. In this case, they may not want to share their personal goals with their disability support worker.
- An attendant care worker of a person with cerebral palsy always tries to guide and direct them as they engage in daily activities. In this case, the person may not share personal goals with the attendant care worker.
- An aged care worker approaches an older person with major depressive disorder in all sorts of activities to cheer them up. In this case, the older person may not want to share their personal goals with the aged care worker.



As a care worker, you must avoid these scenarios by adhering to the principles of active support. *Active support* means providing the appropriate amount of support to the client. The method encourages the client to do things for themselves, when possible, rather than having someone else do it on their behalf. A care worker is letting the client experience some degree of difficulty. With information from the person, the care worker can help them without limiting their choices or capabilities.

As a care worker, you must show that you will use the information on a client's personal goals for active support. To do this, you will have to abide by the following principles:



Adherence to these principles involves the following:

- **Helping the client without affecting their relationship with others**

Assist the client in a way that does not diminish their dignity. Your assistance must also not affect the person's standing with their peers.

- **Determining what assistance is needed**

Provide the appropriate amount and type of support when necessary. If you provide too much help, the client may feel over-supported, hindering their independence. On the other hand, the client may fail if you provide them with too little support.

- **Maximising choice and control**

Ensure that the client can express their preferences whenever possible. You must respect their desire to take on challenging or potentially risky activities.

- **Refraining from withholding information from the client**

Provide the client with enough knowledge and advice to make their own decisions. This includes information that may be upsetting to the client.



By adhering to these principles, you can assist the person so that only the necessary assistance is given. In doing so, the client will be more willing to trust you with information about their personal goals.

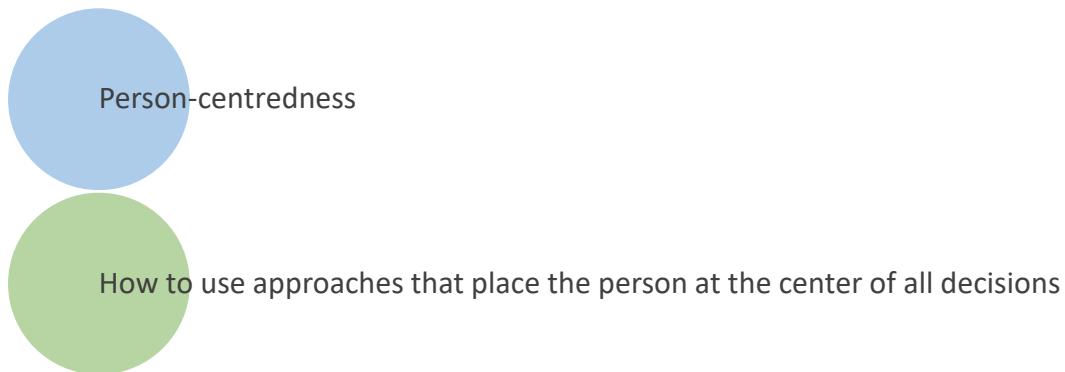


Checkpoint! Let's Review

1. Helping the person achieve their goals improves their self-determination. This also motivates the person to improve their quality of life. A self-determined and motivated person will be much easier to care for.
2. Active support means providing the appropriate amount of support to the client. The method encourages the client to do things for themselves, when possible, rather than having someone else do it on their behalf.

3.4 Provide Support That Encourages the Person to Make Their Own Choices

In assisting a person, always remember that they must be supported to control their lives. In the previous subchapters, you learnt about the following:



In this subchapter, you will be using these approaches to provide person-centred support.

Person-centred support allows a person to live their life most comfortably. It is a form of support that provides empowerment in independence and autonomy. You must use person-centred support to help your clients make decisions and choices for themselves.

Providing choices to people receiving support will empower them because it brings them to a position where they can make decisions and implement what they want.

A person receiving support has the right to participate in planning and make decisions when:

- Implementing specific care and support services appropriate to their needs
- Choosing the professionals, support workers and other people who will be involved in the care and support service they will receive and those who will have access to their personal information

Choices and decisions are similar but slightly different:

- Making a *decision* does not require the existence of alternatives. On the other hand, making a *choice* means that a person has various other options.
- A *decision* is dependent on facts and relevant information. In contrast, a *choice* relies on a person's preferences, values, or beliefs.
- When a person *decides*, they go through analysis and evaluation to find the best course of action. When they *choose*, they use a mindset approach to pick various options.
- A person who is given control over all choices and decisions relevant to them tends to have a better quality of life than others.

Encouraging a client to make their own choices involves doing the following:

- Give the client all essential options and information on strategies to meet their individual or reablement needs
- Use appropriate communication techniques to guide the client in making a choice
- Give the client time to think about their choice
- Assist the client in searching for additional information regarding the choices
- Remind the client of the goals they set for themselves (refer to Subchapter 3.3)
- Assure the client that their choices and decisions are essential and that it is alright to make mistakes now and then
- Remind the client that they can assign supporters to help them in making choices and decisions

Of course, there is a danger to letting the client make choices for themselves. Sometimes, a client who has many options to choose from will:

- Take a long time making a choice, which, in turn, causes them to be stuck or unable to move forward
- Feel unsatisfied or wanting after choosing due to the possibility that one of the other choices could be better
- Make the wrong choice more often, as having more options also means having more chances to make a mistake



Thus, you must empower the client to choose not to fall victim to these dangers. Doing this involves the following:

- **Reduce the need for the client to go through many options by using close-ended questions instead of open-ended questions.**

This involves phrasing questions to contain the best or most suggested choices available. For example, instead of asking, '*What would you like to do today?*', you can ask, '*Would you like to stay in today or go to the park?*'

- **Use appropriate modelling techniques to guide the client towards making responsible choices.**

Modelling will encourage the client to imitate your behaviour. The techniques help clients see the benefits of the better choices available. For example, you may read a book or draw on a sketchpad to help a child with disability choose what activity to do.

- **Help the client develop a personal method for making choices.**

This unique method should help a client to:

- Build familiarity with the different options available
- Find and analyse the benefits and consequences of choosing each option
- Consider their personal goals, values and beliefs in a step-by-step manner
- Know the legal implications of their choices and avoid illegal options
- Feel assured and confident in their choice

- **Come up with a way for the client to communicate their choice.**

Doing this will be crucial in helping the client become self-determined. You may develop strategies based on the client's capability and preferred communication method. For example, a client may use a text-to-speech device to verbally state what books they want to read.

- **Provide opportunities to make choices every day.**

A client can be assisted in developing their choice-making skills. This can be done by having choice-making in activities that the client can participate in. For example, you can provide choices to an older client during an art activity. Rather than providing only a piece of paper and crayons, allow them to choose what art materials to use.



Informed Consent

You must also remember to ensure that the client can provide informed consent when making choices. These choices should permit others to provide the client with services. *Informed consent* refers to a person granting permission for others to access any information that can be used to identify them. Permission is informed if the person is given all essential details on the decision being made, including:

- Possible outcomes of the decision
- Risks involved with the decision
- Effects that the decision may have on their financial assets



Informed consent is necessary in all cases, except when:

- A court order requires you to provide information without the consent of the client
- Giving information is needed to assist law enforcement agencies and other government agencies
- There is reason to believe that the client is in danger or at risk of harm, and the information is needed to file a report

When ensuring that the client can provide informed consent, it will be necessary to:

- Respect the client's wishes
- Follow the procedures on privacy, confidentiality and disclosure (refer to Section 2.1.4 of this Learner Guide for more discussion)
- Discuss all essential details with the client and answer all questions
- Identify if an option will present a substantial risk of harm to the client
- Prevent others from forcing the client into making a decision they disagree with
- Remind the client that they must provide specific information when consenting, such as times when the consent applies
- Remind the client that they also can withdraw consent when necessary

Further Reading



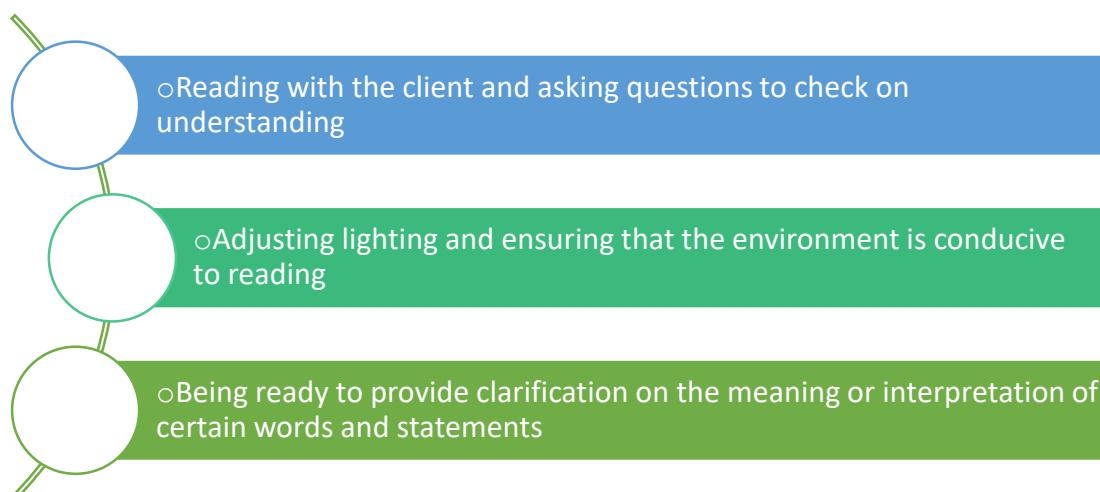
Additional information about informed consent can be accessed through the link below.

[Consent to the handling of personal information](#)

Clients may not be able to provide informed consent using conventional means. This is true for clients with impairments affecting their ability to communicate verbally and non-verbally. The client may need to be assisted using specialised strategies for communicating their choice.

When assisting the client in decision-making, it will be essential to develop appropriate strategies based on what they can do. Examples are as follows:

- A care worker can use the following strategies to assist a client who has difficulty speaking, seeing or using gestures:
 - Using sign language or writing on a paper
 - Listing down their choices either vocally or using assistive technology such as Braille text
 - Making the client create a signal to identify their choice (e.g. by raising their hand as you list their options or pointing it out in the Braille list)
 - Encouraging the client to make drawings to illustrate what they think or want
- To assist clients in finding topics they want to learn, you may help them read books, journals and articles online. As you do this, you may use strategies to ensure that the client is comfortable and understands the information. Some strategies include:



Multimedia



Persons with intellectual disability must be provided with support to give informed consent. Find out more through the video below.

[Supporting informed consent for patients with intellectual disabilities](#)



Lotus Compassionate Care

Access and review Lotus Compassionate Care Handbook for the policies and procedures on decision-making and consent through the link below.

[Lotus Compassionate Care – Staff Handbook](#)

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Further Reading

People who find it difficult to hear, speak or communicate may be assisted by using assistive technology.

You can use phones and reading or writing aids to assist a person in communicating their choices. You can click on the following link to view a list of such technology:

[Browse Products: Communication, Phones, Reading and Writing Aids](#)

Checkpoint! Let's Review



1. Person-centred support allows a person to live their life most comfortably. It is a form of support that provides empowerment in independence and autonomy. You must use person-centred support to help clients make decisions and choices for themselves.
2. You must ensure that the client gives informed consent when allowing others to provide services. The client gives informed consent if they are given details of all available options.



3.5 Assist the Person in Using Assistive Technologies

Assistive technology refers to the devices and equipment designed to support persons with disability. These technologies help people live independent lives. Using assistive technology can do the following:

- **Positively impact the health and wellbeing of the person** – For example, assistive technology allows older individuals to live in their homes. The use delays or even prevents the need for long-term care.
- **Promote the person's independence** – Assistive technologies reduce the reliance of persons with disability on other people (e.g. their carers) by allowing them to do tasks or activities they otherwise cannot do or find challenging to do.
- **Maintain the person's independence** – Continued use of assistive technology helps persons with disability perform routine tasks independently. As they get used to their current setup, it further lessens their dependence on outside help and improves their quality of life, reducing early entry into care homes and hospitals.
- **Enable the person to be included in various activities available for all people** – Assistive technologies support the inclusion of people receiving support by providing them with means to be included in an environment or setting where they are normally restricted or limited. Being included here may involve being able to freely and easily communicate, interact with others, and access resources or services.
- **Allow the person to participate in their community fully** – Without assistive technology, a person may become isolated and excluded from participating in various opportunities in the community. They will not participate fully in social activities because they lack confidence, doubt their abilities, fear being inept, etc. This increases the impact of the disability on the person, their family and society.
- **Ease the process of making choices and decisions for the person** – When people receiving support can use technology to communicate, perform daily tasks, and practice independence, they will gain more confidence in making decisions for themselves. It will help them choose from available options and explore decision-making on their own.



3.5.1 Scope and Breadth of Assistive Technology

As a care worker, you must understand the scope and breadth of assistive technologies. Doing so allows you to identify what devices or equipment a person needs. Once identified, you will support them using said technology to meet their individual needs.

Scope refers to the activities where a person can use assistive technology. On the other hand, *Breadth* refers to the range of devices and equipment used explicitly for an activity. Assistive technology is beneficial to your clients concerning communication and daily living activities.

Consider the graphic below on how assistive technology can help clients in each life domain.

Life Domain	How Assistive Technologies Can Help Clients
Self-care	Technology for self-care activities usually includes bathing, dressing, and washing hair. These can help apersons who may have difficulty moving and reaching around.
Continence	Technology for persons with incontinence can support occasional leakage, total loss of bladder or bowel, and those caused by control stress, urge, overflow and functional incontinence.
Hygiene	Technology for hygiene includes equipment to assist with bathing and toileting. These include products you use in the bathroom and design features that you may decide to incorporate into the design of the bathroom or toilet.
Communication	Assistive technology provides support to persons with difficulty in communication arising from problems with speaking, listening or reading written materials.
Mobility	Assistive technology for mobility provides support to persons with difficulty moving around.
Transferring	Assistive technology for transferring provides support for transferring and moving people with reduced risk.
Cognition	The technology to support cognition is used to help persons with cognitive disability such as Alzheimer's.
Memory loss	This technology is used to support persons who have unusual forgetfulness and problems remembering events or memories.



Life Domain	How Assistive Technologies Can Help Clients
Vision	Technology for persons who need support with their vision may include a person with total loss of sight or low vision.
Hearing	This is the technology for persons who need support with hearing. This can include technology used to support communication with deaf and hard-of-hearing individuals.
Daily living activities	Assistive technology for daily living activities can include a wide range of technology that supports people daily with routine activities.
Recreation	Assistive technology for recreation includes those used to support people's participation in recreational activities.
Leisure	Assistive technology for leisure includes those used to support people's rest and enjoyment.
Education	The technology used to support people with education can include those that help with learning disabilities.
Employment	The technology used to support people with employment can include those that help people with work. This may vary based on the nature of employment and the individual need of the person.
Home	This technology is used to support people in their homes. This may include those used by carers and persons with disability.
Care residence	This technology is used to support people in care residences. This can include those adapted to the facilities, carers, and persons with disability.
Outdoors	This technology is used to support people in being outdoors. This can include those used to assist people in doing activities outdoors and adapting to the outdoor environment.
Eating	This technology is used to support people with eating. This can include technology used to assist with feeding.
Drinking	This technology is used to support people with drinking.

Life Domain	How Assistive Technologies Can Help Clients
Pressure area management	This technology is used to manage and relieve pressure. This may include pressure prevention devices used to reduce injury caused by pressure or friction.
Carer support	This technology is used to assist carers with their roles in providing support.

The following sections will discuss the scope and breadth of assistive technologies used for the life domains mentioned in the table above.

Communication

One of the common individual needs of a person is the need to communicate and interact with others. Aside from nonverbal communication techniques, a person may use assistive devices.

The following tables list the breadth of assistive technology used for communication. These are according to a person's disability.

Impairments	The Breadth of Assistive Technology
Hearing	<ul style="list-style-type: none"> ▪ FM systems are wireless devices that use radio signals to connect a microphone to hearing aids or receivers. ▪ Closed-captioning software converts speech and sounds into text for persons with hearing impairment to follow the program. ▪ Hearing aids help persons with hearing difficulty regain some level of hearing.
Speech	<ul style="list-style-type: none"> ▪ Communicators are devices used for communication. These devices range from simple notepads to electronic communication boards and keyboards. ▪ Eye gaze is an electronic device that allows the person to communicate by looking at words or commands on a screen. ▪ Text-to-speech software (TTS) allows the person to type out what they want to say, and the device can read it aloud for others to hear.



Impairments	The Breadth of Assistive Technology
Vision	<ul style="list-style-type: none"> ▪ Alternative print materials are books, manuals and handouts printed in: <ul style="list-style-type: none"> ○ High contrast text for a client with partial vision loss ○ Braille for a client with complete vision loss ▪ Pocket magnifiers are portable lenses to make texts and objects appear larger. ▪ Audiobooks are recordings of print materials that are read out loud. ▪ Reading gadgets convert the text of printed materials that are usually unavailable in audio, braille or enlarged print form into speech. ▪ Refreshable braille displays process information on computer screens and electronically raises and lowers different combinations of pins in braille cells. Text continuously changes as the person moves the cursor around the screen. ▪ Text-to-speech (TTS) is a feature in modern phones and computers that can read text on the screen aloud. ▪ Visual support software can enlarge text and increase the contrast of screens to make the content easier to read.
Cognition and memory loss	<ul style="list-style-type: none"> ▪ Sensory regulators allow the person to cope with lowered or heightened senses. ▪ Noise-cancelling headphones reduce distracting background noises to prevent overstimulation. ▪ Memory/cueing aids help the person recall information. ▪ Word prediction software aids the person with writing and spelling difficulty by recalling required words that can improve their grammar and sentence structure.

Daily Living Activities

Daily living refers to the self-care activities people do every day to keep themselves safe, healthy, and feeling good. These activities are usually done in the home of the person. They are also done independently by the person.

There are two kinds of activities for daily living:

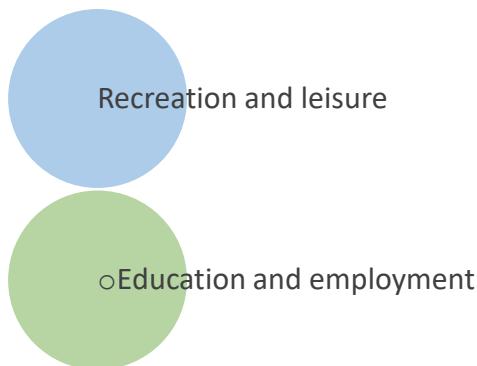
- **Activities of Daily Living (ADL)**

These include the following self-care tasks at home, either in their personal homes or care residences:

- Continence (e.g. using the toilet)
- Self-care and hygiene (e.g. bathing, brushing and styling hair, shaving)
- Mobility (e.g. walking)
- Transferring (e.g. getting in and out of bed)
- Eating and drinking
- Pressure area management
- Carer support (i.e. alerting carers if there is a problem)

- **Instrumental Activities of Daily Living (IADL)**

These refer to activities for maintaining an independent life in other environments (e.g. outdoors and shops), such as:



The following tables list the breadth of assistive technology used for the kinds of activities for daily living:

ADL	The Breadth of Assistive Technology
Continence	<ul style="list-style-type: none"> ▪ Bedpans are receptacles used for a patient who is bedridden in a healthcare facility. They can be used for both urinary and faecal discharge. ▪ Bedside commodes provide a safer alternative for people at risk of falling or slipping in the bathroom. ▪ Bed and chair pads are absorbent pads placed discreetly on top of a chair or bed. They can be either disposable or washable. ▪ Toilet seat raisers increase the toilet pan's height, making it easier for a person to sit down on and stand up from the toilet. ▪ Urine drainage bags collect urine by attaching the bag to a catheter tube inside a person's bladder.
Self-care and hygiene	<ul style="list-style-type: none"> ▪ Grab bars are bars installed in a shower or next to a bathtub. This supports a person in and out of the shower or bathtub. ▪ Shower chair or bench supports people with balance issues and helps prevent falling. ▪ Anti-slip mats help make wet surfaces less slippery to prevent falls. ▪ Dressing aids are low-tech devices to help a person in dressing. Examples include shoehorns, stocking aids, and button hooks.
Mobility	<ul style="list-style-type: none"> ▪ Walking sticks, walkers, crutches and canes are devices designed to support a person's balance while standing or walking. These devices take away some pressure off of one or both legs. ▪ Wheelchairs provide wheeled movement and seating support. ▪ Prosthetic devices imitate the human body's movements depending on the device's complexity. ▪ Walking stick helps the person navigate their way in the park. ▪ Reachers help the person reach items without bending over or raising their arms.

ADL	The Breadth of Assistive Technology
Transferring	<ul style="list-style-type: none"> ▪ Slide sheets allow easy repositioning on the bed with less friction. ▪ Transfer belts are used for easy transferring and assisted walking. ▪ Transfer boards are full-body-length boards used to transfer a person from one surface to another. ▪ Slings are fabric support used to carry a person. ▪ Stretchers are rigid frames used to carry a person in a lying position. Stretchers are often used to transfer people to different locations. ▪ Hoists have three kinds: mobile, standing and ceiling. <i>Mobile</i> and <i>ceiling</i> hoists lift a person inside a sling or stretcher. <i>Standing</i> hoists are used to assist a person in sitting or standing.
Eating and drinking	<ul style="list-style-type: none"> ▪ Adaptive dinnerware are plates and bowls designed to ensure food will not slide around and fall out. Dinnerware can also be modified to have grip bottoms to not slide around a table. ▪ Assistive utensils are forks, knives and spoons adapted to an individual's needs. ▪ Utensil holders are for people who find holding utensils challenging. Utensil holders include straps, clips and foam handles. Foam handles assist a person who can hold utensils but has a problem with their grip. ▪ Weighted utensils minimise tremors while eating. ▪ Non-skid plates prevent the plate from moving around while eating. ▪ Feeding devices allow a person who cannot self-feed to eat independently. There are manual and powered feeders that a person may use. ▪ Assistive cups and mugs, like adaptive dinnerware, can assist a person. The most common assistive drinking utensil is drinking straws. ▪ No-spill lids prevent spillage when a glass gets knocked over. ▪ Jar openers help the person open jars without exerting too much effort.

ADL	The Breadth of Assistive Technology
Pressure area management	<ul style="list-style-type: none"> ▪ Protectors are devices that help reduce injuries caused by friction. The most common locations for protectors are the elbows and heels of a person. ▪ Cushions help lessen the risk of developing pressure ulcers for those who spend long periods in bed or sitting. ▪ Offloading footwear is a type of footwear designed to redistribute pressure. ▪ Sleep positioners are pillows, rolls and soft rails adjusted to redistribute pressure and keep a person from falling out of bed. ▪ Electronic bed frames help change the pressure distribution for a person who is bedridden.
Carer support	<ul style="list-style-type: none"> ▪ Fall detectors alert a carer if the person has taken a fall. ▪ Passive infrared detectors are devices that monitor activity at the home of the person. They can tell a carer whether the person is active, where they are and if someone has entered the house. ▪ Panic buttons are alarm buttons used during a break-in or if someone threatening approaches the person's home. ▪ Personal alarms are devices people can press when they need help or contact the carer. ▪ Smart plugs are devices used to monitor the use of household appliances and send an alert to a carer.

IADL	The Breadth of Assistive Technology
Recreation and leisure	<ul style="list-style-type: none"> ▪ Adapted equipment is equipment that has been modified according to the needs of a person. These include sporting equipment, gardening tools, board games and card holders. ▪ Magnetic board game pieces prevent the pieces from getting moved around and lost while playing. ▪ All-terrain wheelchairs provide mobility on different surfaces for recreational activities. ▪ Self-driving cars allow the person to go from one place to another with fewer risks associated with driving the car themselves. ▪ Switch-adapted equipment has been modified where the original switches are rerouted to a switch that is easier to access and operate. These include toys, games and digital cameras.
Education and employment	<ul style="list-style-type: none"> ▪ Ergonomic furniture is designed to support both function and comfort. ▪ Pen/pencil grips are tools that help improve handwriting, give more control and reduce hand fatigue. ▪ Audio recordings are recordings of classes, meetings and print materials read out loud. ▪ Physical modifications to the environment are modifications that enable access to buildings, such as wider doorways. ▪ Ramps help persons who use wheelchair to move easily through different places.



3.5.2 Assist the Person in Using Assistive Technology

You must support the client when using assistive technology as a support worker. This support includes assisting the client in exercising their right to use technology to facilitate their choice. You must also support their independent action and thinking.

In supporting the client to meet when using assistive technology, you need to take into consideration the following strategies:

- **Make sure that assistive devices and equipment are available.**

Consult with assistive technology technicians to ensure the availability of devices and equipment. Technicians can help the client in selecting the technology that meets their needs. They evaluate the client's disability and strength. This is to determine which devices and equipment are available for the person to use.

- **Ensure that assistive devices and resources align with the client's needs.**

For example, a client with hand tremors needs assistance holding a book and turning pages. With this in mind, you can consider reading gadgets that read the text aloud or audiobooks for the person to listen to.

- **Consider the budget of the client.**



This can help filter out devices and equipment outside the client's price range. Depending on the client's needs, you may access them for free or with financial aid through government programs.



Further Reading

The NDIS provides details on how to choose assistive aids or equipment. You may access it using the link below.

[Assistive technology explained](#)

- **Consider the client's learning environment.**

Consider space for the client to use and store more extensive equipment. You may also think about how easy it is to move the equipment.

- **Determine if the client needs custom-made equipment.**

Some assistive technology can be adapted according to the client's needs. For example, wheelchairs can be adapted to the client's body shape and increase mobility.

- **Ensure that the client understands how to use the assistive technology.**

If the client is not familiar with a particular device or equipment, provide instructions on using them. For example, a technician can teach a client who has never used a refreshable Braille display how to use it.

- **Make sure that equipment is well-maintained.**

This maintenance means inspecting the devices or equipment for signs of damage. Equipment damaged beyond repair should be replaced to avoid situations that harm the person. For example, a faulty FM system may send howling feedback to hearing aids that can damage a client's hearing.



Checkpoint! Let's Review



1. Assistive technology refers to the devices and equipment designed to support persons with disability. These technologies help people live independent lives.
2. As a care worker, you must understand the scope and breadth of assistive technologies. Doing so allows you to identify what devices or equipment a person needs. Once identified, you will support them using said technology to meet their individual needs.

3.6 Use Strategies to Make Sure That the Person Is Comfortable With Decisions Made

Care workers who wish to empower the people they support must always seek the best way to involve them in decision-making.

As a care worker, you must ensure that the client is comfortable with making any decision on their behalf. It can be challenging, especially if the client needs a guardian or administrator. This is because they have problems communicating their decisions effectively. You must use strategies appropriate to a client's needs and capabilities. The following are some example strategies:



- Say that the client can communicate effectively but cannot make decisions. If so, you can check the client's self-talk. When a client speaks to themselves, it is because they need to calm themselves or feel more comfortable. Look out for self-talk that indicates that the client is uncomfortable. Examples of self-talk include '*It probably won't be that bad*' or '*I hope I can be proven wrong*'.
- Look for changes in routine or behaviour. A client usually behaves a certain way or does certain things to cope with stress and anxiety. Look for sudden changes, such as:
 - An increase or decrease in food intake
 - Stopping midway through activities
 - Quickly shifting between tasks
- Check for non-verbal cues that the client is uncomfortable with the decision made by their guardian or administrator. Check if the client is:
 - Frowning
 - Avoiding eye contact
 - Scratching a part of their body
 - Sweating
 - Tapping their feet
- Be alert for any signs that the client is being abused or neglected. Refer to Subchapter 2.5 of this Learner Guide for indicators you can look out for.

If, at any point, you notice that the client is not comfortable with the decisions being made for them, you must do the following:

- Help the client to calm down.
- Ask the client if they are uncomfortable with a decision made for them.
- Based on the client's response, provide appropriate assistance:
 - If the client is comfortable with all decisions, find out the source of their discomfort.
 - If the client is uncomfortable with any decision, go over the ones made for them. Have the person identify which decision they are not comfortable with.
- Explain to the client why certain decisions had to be made. For example, a decision may have been taken because of legal reasons. Some decisions might have been made because the guardian is looking out for the health and wellbeing of the client.
- Go over the duties and responsibilities of the guardian and administrator. This is to check if a decision has been made outside what is legally allowed.
- If necessary, assist the client in submitting a complaint to the proper authorities. You may refer to Subchapter 3.8 of this Learner Guide for further discussion.



Checkpoint! Let's Review

1. Care workers who wish to empower the people they support must always seek the best way to involve them in decision-making.
2. As a care worker, you must ensure that the person is comfortable with making any decision on their behalf. You must use strategies appropriate to a person's needs and capabilities.

3.7 Identify Barriers to Empowerment and Determine Strategies to Address Them

Recall the social model of disability as discussed in Subchapter 1.1 and Section 1.1.1 of this Learner Guide. The model defines disability as the relationship between a person with an impairment and the barriers set by society. As a care worker, one of your responsibilities is to work with your clients to identify the barriers and obstacles that affect their empowerment. To do this, you must understand various concepts of barriers and obstacles a person may face.

3.7.1 Identifying Barriers to Empowerment

The following are common barriers to empowerment that people face:

- **Attitudinal barriers** – These barriers are the most basic and contribute to other barriers. These contribute to the individual and emotional obstacles a person may experience. The following are examples of attitudinal barriers:
 - Stereotyping (i.e. thinking that persons with impairment have a low quality of life)
 - Stigma and discrimination (i.e. thinking that disability is a sign of something lacking)
- **Communication barriers** – These are barriers faced by persons with impairment when communicating. These contribute to the cognitive obstacles a person may experience. The following are examples of communication barriers:
 - **Vision impairments**
 - Written messages in small print
 - No Braille or other alternative version for a person who uses screen readers
 - **Hearing impairments**
 - Videos that do not include captioning
 - Oral communication without any visual interpretation
 - **Cognitive impairments**
 - Use of technical language
 - Use of long sentences or words with many syllables



- **Physical barriers** – These barriers are structural obstacles that can affect one's ability to move freely. These barriers are found in the person's environment. The following are examples of physical barriers:
 - Steps that prevent a person who uses a wheelchair from entering a building
 - Sidewalks or doorways that are too narrow for a wheelchair or walker
 - Doorknobs or containers that are difficult to grasp for a person with hand impairment
- **Policy barriers** – These barriers are related to laws or policies that discriminate against persons with impairment. These contribute to the individual and emotional obstacles a person may experience. The following are examples of these barriers:
 - Denying qualified people the opportunity to benefit from federally funded programs or services
 - Denying reasonable adjustments to qualified people
 - Ineffective delivery of a healthcare program (e.g. lack of accessible equipment)
- **Social Barriers** – These barriers are related to the social determinants of a person's health. These determinants include how a person is born, grows, lives, learns, works and ages. The conditions of these determinants can contribute to the decreased functioning of a person. The following are examples of social barriers:
 - Persons with impairment are far less likely to be employed.
 - Adults aged 18 years and older with impairment are less likely to have completed high school than their peers.
 - Persons with impairment are likelier to have less income than those without disabilities.
 - Children with impairment are more likely to experience violence than those without disabilities.



Based on Common Barriers to Participation Experienced by People with Disabilities. Source: CDC

Reference to specific commercial products, manufacturers, companies, or trademarks does not constitute its endorsement or recommendation by the U.S. Government, Department of Health and Human Services, or Centers for Disease Control and Prevention. Material is otherwise available on the agency website for no charge.

Here are some strategies you can follow when consulting the client to identify barriers they face:

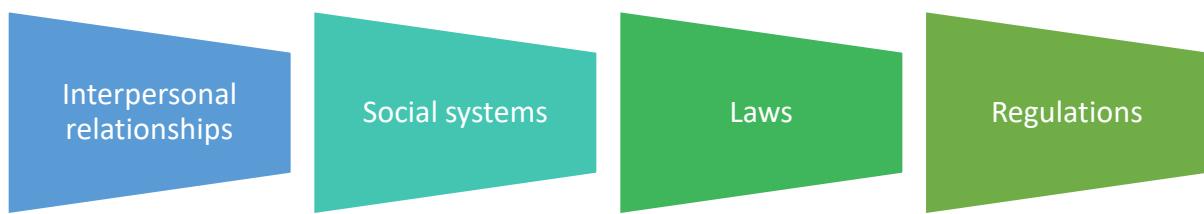
- **Review the individualised plan of the client** – The individualised plan should outline the client's needs, aspirations, rights and preferences. It should also contain social, religious and cultural beliefs. Make sure to review the client's individualised plan.
- **See if the client can physically access a service or amenity** – This means checking if the client can independently get to and enter a place.
- **See if the care environment of the client is accessible** – This means checking if the client's space includes but is not limited to the following:
 - Enough space for any mobility aid the client may have
 - Enough light for clients with low vision
 - Easy to grasp doorknobs and other items for clients with arthritis
 - An accessible bathroom
- **Interview the client** – Remember that the client is both the recipient and source of their service delivery. They know and understand their own experiences better than anyone. Ask the client what barriers they think to impact them the most.
- **Interview the client's family, friends, and carer** – These people can confirm the client's goals, needs and preferences. They can also examine the barriers the client faces in their daily life. As such, ask the support system for their observations on what may impact the client's empowerment.

3.7.2 Identifying Obstacles to Empowerment

Aside from these barriers, there are also structural and systemic power and obstacles to their empowerment.

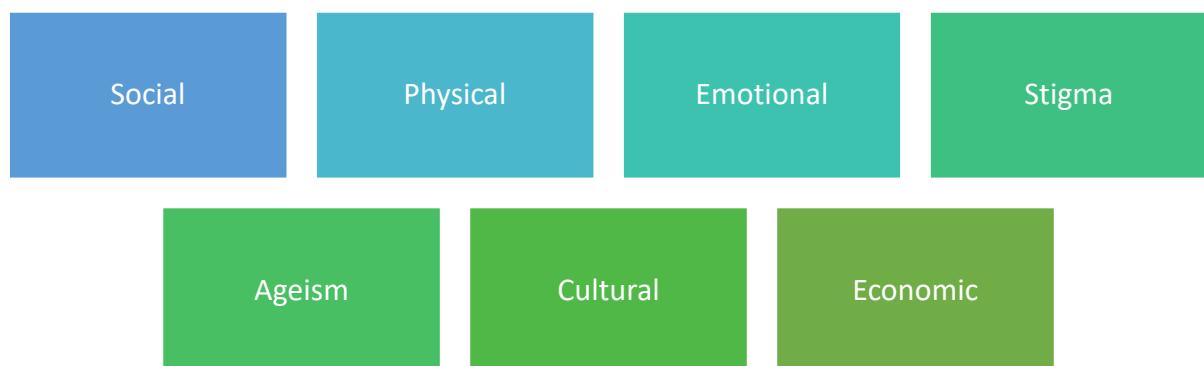
Structural power is a form of power in a society where the source does not have resources but the capacity of one's group to take control of the structures, such as security, production, finance and knowledge. This defines the environment within which interactions occur. On the other hand, *systemic power* is a form of power in a society that indirectly and impersonally puts one group in a more privileged position at the expense of another. One group sees its power to attain favourable outcomes increase at the expense of another group's power because of how policies are created.

In this context, structural and systemic power stems from the following of a society or organisation:



Recall the discriminations experienced by people receiving support as discussed in Sections 1.2.1 and 1.2.4 of this Learner Guide. Under structural and systemic power, some systems discriminate against some groups of people. These systems include systems of education, government, employment and accessibility.

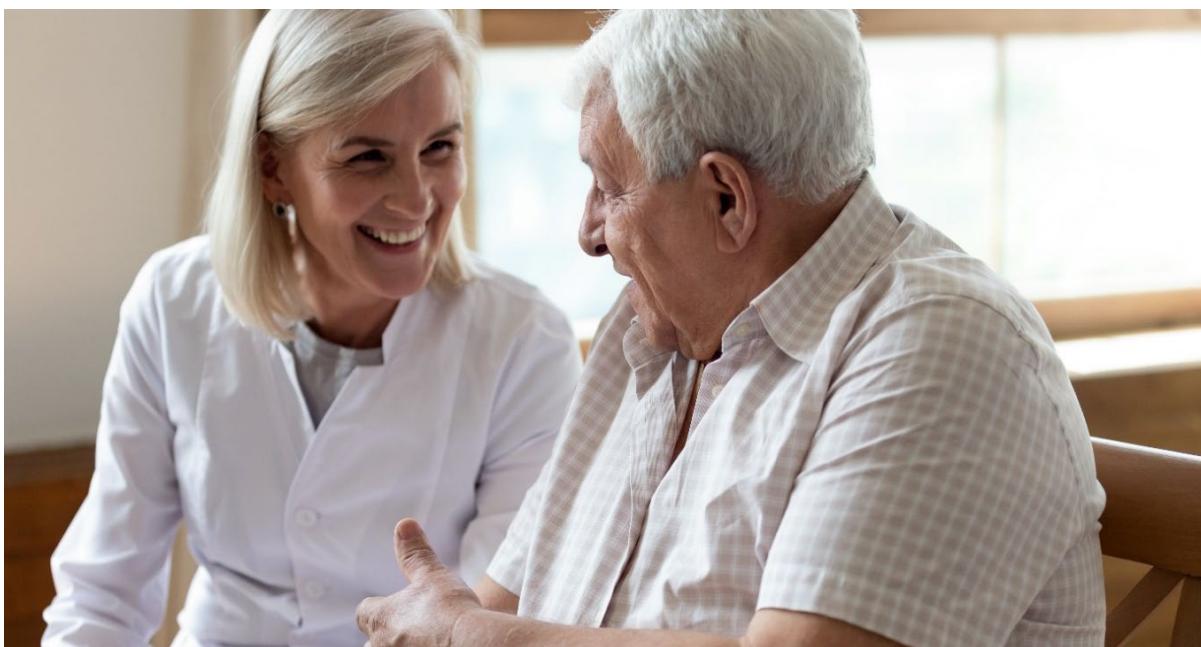
There are several impacts of the structural and systemic obstacles on the empowerment of a person:



- **Social** – Structural and systemic power can become obstacles to the empowerment of a person receiving support by harming the person's relationships with others and affecting their ability to develop positive and trusting relationships.
- **Physical** – Structural and systemic power can become obstacles to the empowerment of a person receiving support by limiting accessibility and participation of people receiving support because of environmental designs and structures.
- **Emotional** – These obstacles can cause the person to develop self-esteem or mental health issues. They may develop feelings of shame, hopelessness and isolation. The person may also constantly fear being verbally or physically discriminated against.
- **Stigma** – Stigma refers to the negative connotations associated with people with a particular circumstance. This can become an obstacle to the empowerment of a person because it causes other people to have prejudice and socially exclude a person. It becomes a root of discrimination wherein the person receives different and unfair treatment.

- **Ageism** – Ageism refers to the way of thinking about older persons based on negative stereotypes. This can become an obstacle to empowerment by failing to acknowledge older people's real needs, treating them based on negative stereotypes or discriminating against them because of their old age.
- **Cultural** – Structural and systemic power can become obstacles to the empowerment of a person receiving support by causing the person to develop self-esteem or mental health issues, feelings of shame, hopelessness, isolation or a constant fear of being verbally or physically discriminated against.
- **Economic** – Structural and systemic power can become obstacles to the empowerment of a person receiving support by creating fewer opportunities for productivity and employment for people receiving support.

3.7.3 Determining Strategies to Address Barriers and Obstacles



Once you have identified your clients' barriers and obstacles, you must determine strategies with them. These strategies address the barriers and obstacles to the client's empowerment. Here are some strategies you may use to address these barriers and obstacles:

- **Be supportive.**

To empower a client, make sure to support the client so that it will not make them overly dependent on you or other carers. Ask the client what they would like to do rather than tell them. For example, instead of telling a client to use an adaptive spoon, you may ask them how they feel about using it.

- **Establish trust between you and the client.**

Please communicate with the client about the barriers and obstacles they face daily. By establishing trust and communication, the client will find sharing what challenges them more quickly. Doing so allows those challenges to be addressed for the client to be empowered.

- **Recognise and respect the social and ethnic identity of the client.**

Recall cultural needs as discussed in Subchapter 2.3 of this Learner Guide. These are needs based on a client's social and ethnic identity. To empower a client, you must be able to respect the multiple identities of the client. Doing so will help the client feel more at ease and empower them to be more independent.

- **Acquire further training to support the client's needs.**

Identify the requirements to acquire relevant training or relevant resources to meet the client's needs. For example, say there is a lack of alternative communication methods to accommodate clients with speech difficulty. You can acquire sign language training or assistive technology to meet these communication needs.

- **Encourage the client to interact with others.**

Encourage the client to participate in their social and community interactions. By interacting with other people, they can boost their confidence. The client can also be empowered to take further initiative to socialise with others.



- **Educate the community of the client on diversity.**

The client's community must be open and willing to embrace different cultures, disabilities and ages. This, however, takes some time and education. Many people may be misinformed or uneducated about people's abilities to receive support. This lack of information leads to their discrimination. As such, inform others in the community how they can properly talk and interact with people who require support. Doing so may lessen the stereotypes and prejudices against them.

- **Consider opportunities for education and work for the client.**

Education and work can provide people receiving support a chance to contribute to society. They are essential to a client's empowerment. Education and work help clients live independently and promote their inclusion with others.

Consider the table below of how to use these strategies to address examples of the barriers discussed in Section 3.7.1:

Type of Barrier	Example of Each Barrier	Way to Address Each Barrier
Attitudinal barriers	Others think persons with impairment have a low quality of life (stereotyping).	Engage in opportunities to educate other people and correct misconceptions about people receiving support.
Communication barriers	There is a lack of alternative communication methods to accommodate individuals with speech or communication difficulty.	Identify the requirements to acquire relevant training (e.g. sign language) or additional resources (e.g. assistive technology) to meet communication needs.
Physical barriers	Some doorknobs or containers are difficult to grasp for a person with hand impairment.	Initiate evaluation of the workplace facilities and structure to ensure that they accommodate the needs of people receiving support and propose modifications as necessary.
Social barriers	Persons with impairment are likelier to have less income than those without disabilities.	Participate in forums or discussions to advocate for equal rights and privileges for persons with impairment.
Cognitive barriers	There is a lack of accessible materials to accommodate the needs of persons with cognitive disability.	Identify the requirements to acquire relevant training (e.g. developing or updating a management plan) or additional resources (e.g. assistive technology) to meet additional cognitive needs.

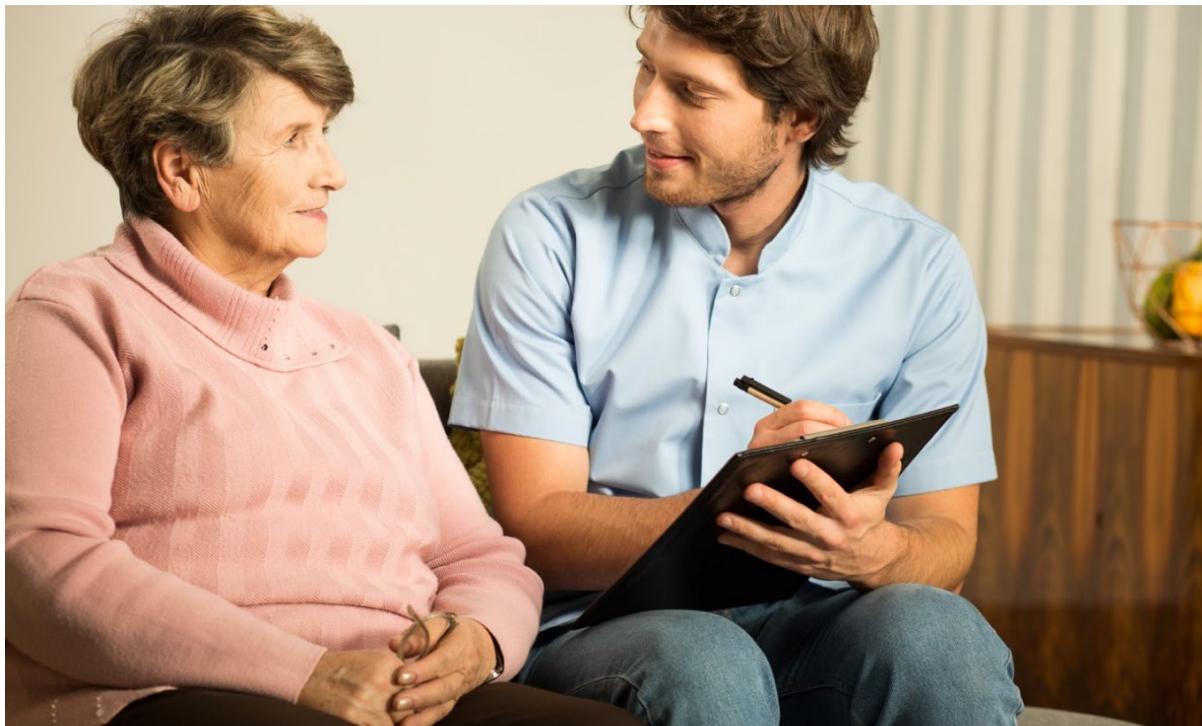
Checkpoint! Let's Review



1. As a care worker, one of your responsibilities as a care worker is to work with your clients to identify the barriers and obstacles that affect their empowerment. To do this, you must understand various concepts of barriers and obstacles a person may face.
2. Once you have identified your clients' barriers and obstacles, you must determine strategies with them. These strategies address the barriers and obstacles to the person's empowerment.



3.8 Assist the Person in Accessing Advocacy Services and Other Complaint Mechanisms



Sometimes, clients may feel they can receive better help from an advocacy service. There are also instances when clients may want to access other complaint mechanisms. This is to relay their concerns to the appropriate authorities. Care workers must provide the people they support with excellent assistance. This assistance is part of their duty to empower people and uphold their rights to be seen and heard.

Advocacy services are a form of support for safeguarding a client's rights. Through advocacy services, an advocate can work with a client to help them understand their rights. An advocate can also represent them in critical decision-making processes.

Advocates can also assist the client in:

- Identifying and explaining the different options available to the client
- Helping the client develop their skills and knowledge for expressing themselves
- Assisting the client in standing up for their rights
- Speaking with service providers on behalf of the client
- Relaying wishes and preferences to other service providers and institutions
- Assisting the client in transitioning from one service to another
- Resolving concerns or submitting complaints to service providers or authorities

Persons with disability can access advocacy services. They can do so under the National Disability Advocacy Program (NDAP). The NDAP has agencies that uphold and safeguard their rights and freedom to participate.

There are two types of agencies that are available through the NDAP:

Generalist agencies provide advocacy support to persons with any disability or cultural background.

Specialist agencies may provide advocacy support to persons with disability:

- With a specific type of disability
- With particular issues such as housing, education or employment
- From Diverse Cultural and Linguistic backgrounds, including Aboriginal and Torres Strait Island backgrounds

Sourced from National Disability Advocacy Program, used under CC BY 3.0 AU. © Commonwealth of Australia

On the other hand, older persons have access to advocacy services through the National Aged Care Advocacy Program (NACP). The program aims to support older persons so that they:

- Can effectively interact with the aged care system
- Have a better transition between aged care services
- Are enabled and empowered to make informed decisions about the care they receive
- Can exercise their right to choose to access and receive aged care services
- Have their aged care rights better understood, recognised and upheld
- Have their aged care needs better met
- Increase their capacity to self-advocate
- Can resolve problems or complaints with aged care providers in relation to the aged care services they receive
- Know their care rights and responsibilities
- Are not subject to elder abuse within the aged care system
- Can address issues that impact their ability to live in their own homes, prevent premature admission to aged care facilities and focus on wellness and reablement

Sourced from National Aged Care Advocacy Framework. © Commonwealth of Australia



As a care worker, you must guide the client in finding and choosing an appropriate agency or support service. Doing this involves the following:

- Looking for specialist agencies that support clients who share the same experiences as the client. These experiences include the same type of:

Disability

Age

Cultural background

Linguistic background

Financial background

- Searching for additional information about these agencies.
- Taking note of important information that the client may want to know about the agency.
- Presenting the list of agencies to the client and assisting them in making a choice.
- Searching for generalist agencies if no specialist agency is available near the client or if the client prefers one.



Further Reading

You will need to assist the person in finding an advocacy organisation that can provide the most assistance. A list of advocacy organisations is available through the link below.

[Disability advocacy organisations](#)

Additionally, you may use the Disability Advocacy Finder to search for an advocacy service in the person's area. You may access it using the link below.

[Using Ask Izzy to find a Disability Advocate](#)

The Older Persons Advocacy Network (OPAN) offers free aged care advocacy services. They also offer information and education sessions on aged care service provision. You may access it using the link below.

[Older Persons Advocacy Network](#)

Clients may also wish to receive help in submitting complaints. This is due to barriers they face as they try to participate as community members. This happens when clients believe they are discriminated against or taken advantage of. In such cases, a care worker must assist the client in submitting their complaints to the Australian Human Rights Commission. Refer to Subchapter 2.4 of this Learner Guide for further discussion.

As you go through the complaint process, keep the following in mind:

- The commission will only investigate complaints that are related to human rights violations. To confirm if a complaint is valid, you may:
 - Call the commission's National Information Service at 1300 656 419, or
 - Send an email to infoservice@humanrights.gov.au



- The commission may stop investigating the complaint for various reasons. The commission will usually contact the person to explain why they cannot investigate further. Before submitting the complaint, you must discuss this with the person to set proper expectations. Make sure to prepare the person to escalate the complaint to the Federal Circuit Court, if necessary.

*Based on [Information for people making complaints](#), used under CC BY 4.0.
© Australian Human Rights Commission 2017.*



Further Reading

The person may want to submit complaints regarding discrimination in private organisations. Access this link to see how to complain about a school:

[Make a complaint about a school](#)

The Australian Securities & Investments Commission details how to file a complaint. This complaint is against a private entity. Click on the link below and navigate to the page titled *How to complain about companies, organisations or people*:

[Australian Securities & Investments Commission](#)

Access this link to see how to file a complaint against a hospital or health institution:

[Concerned about a health practitioner?](#)

The Aged Care Quality and Safety Commission has information on filing a complaint against an aged care service. Click on the link below.

[Lodge a complaint](#)



Lotus Compassionate Care

Access and review Lotus Compassionate Care Handbook for the policies and procedures on complaints and grievances through the link below.

[Lotus Compassionate Care – Staff Handbook](#)

(username: newusername password: newpassword)



Checkpoint! Let's Review

1. Advocacy services are a form of support for safeguarding the rights of a person. An advocate can represent different people in essential decision-making processes.
2. Persons with disability can access advocacy services. They can do so under the National Disability Advocacy Program (NDAP). The NDAP has agencies that uphold and safeguard their rights and freedom to participate.



Learning Activity for Chapter 3

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.



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