



CHCCCS006

**Facilitate individual
service planning and
delivery**

**LEARNER
GUIDE**



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This Learner Guide

CHCCCS006 - Facilitate individual service planning and delivery (Release 2)

This unit describes the skills and knowledge required to develop, implement and review individualised support.

This unit applies to workers in a range of community services and service delivery contexts. Work will involve collaborating with the person requiring support and other people involved in the support network. Service needs may be complex or multiple.

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

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

<https://training.gov.au/Training/Details/CHCCCS006>

About this Unit of Study 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 individual service planning and delivery

- I. Establish and maintain relationships
- II. Prepare for planning
- III. Plan service delivery
- IV. Review service delivery implementation
- V. Complete reporting requirements

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 persons. 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 quiet, 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 practise 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

As the world continues to progress, diverse and multi-faceted needs emerge. More and more people need individualised services to keep up with society. *Individualised support* can include care, treatment, rehabilitation, recreation, education and employment, among others. As a support worker, you will assist in planning and actual service delivery. Your role will involve collaboration with the person in need of support. You may also have to work with other important people.



Legal and Ethical Considerations

- *Legal considerations* are things that you must do or follow according to written laws.
- *Ethical considerations* are what you do following human beliefs of right and wrong.

Most legal considerations come from ethical considerations. This makes sense because everyone must follow laws. If something is right (ethical), then writing it into law requires everyone to follow it. Take note that some ethical considerations have no direct legal counterpart. Also, some ethical considerations appear in many laws.

You may use the word obligation in place of consideration. You will encounter this word switch from time to time. The word obligation only emphasises that everyone must follow the consideration.

In your work, legal and ethical considerations go together. You do things because they are the right ones to do, and the law requires you to do them. Organisations incorporate them in their policies and procedures. Support workers like you then follow these policies and procedures. This way, organisations and individuals both follow legal and ethical considerations.

Listed below are some examples of important legal and ethical considerations:

Duty of Care

Safety and Security

Privacy, Confidentiality and Disclosure

Duty of Care

Duty of care is a legal obligation that requires workers to always act in the person's best interests. When you have a duty of care to a person, you must always prevent them from experiencing any form of harm. *Harm* can be but is not limited to physical, emotional and mental damage. Not causing harm to a person is the right thing to do. In this sense, the duty of care is a legal obligation with ethical origins.



A *breach of duty of care* happens when the person experiences harm during your work with them. Consequences may come up, depending on your organisation's policies and procedures.

Services and organisation address the legal and ethical requirements related to *duty of care* with practices such as:

- Provision of organisational policies and procedures for work health and safety risk management.
- Provision of resources to minimise or eliminate health and safety risks associated with hazards in the workplace.

As a support worker, it is best to follow the relevant organisational policies and procedures. Practices that also align with the requirements include the following:

- Maintaining people's privacy
- Preventing abuse and neglect
- Informing people about your service
- Providing safe and high-quality service
- Helping people maintain independence
- Treating people with dignity and respect
- Giving people control over their decisions
- Listening to people's opinions and feedback
- Immediately reporting hazards in the workplace
- Not coming into work if sick or experiencing illnesses, e.g. flu and cold
- Eliminating or minimising risks within the scope of one's role and responsibilities

Safety and Security

Related to the concept of duty of care are safety and security. In brief, *safety* means preventing accidents, while *security* means preventing intentional harm. Workers and clients must follow the rules and regulations on safety and security.



Work health and safety requirements cover much of the safety and security obligations. Work health and safety practices protect everyone from illnesses and harm. Diseases and hazards considered are those that may be present in the workplace.

Services and organisation address the legal and ethical requirements related to safety and security with practices such as:

- Provision of organisational policies and procedures that ensure the health and safety of workers and others like volunteers and visitors.
- Provision of resources to improve workplace health and safety.

If you are healthy and safe, you can better prevent others from getting sick or harmed. You can do the following best practices to ensure work health and safety:

- Eat well before going to work. Do not forget to drink adequate amounts of water.
- Make sure to get at least seven to eight hours of sleep every night.
- Do regular exercises, especially if your work is physical.
- Work within the limits of one's role.
- Notify supervisor of any critical incidents as soon as possible.
- Maintain professional boundaries with the older person. Do not share personal details, contact information, food, drinks and personal items.
- Do not support the older person with tasks that are beyond your responsibility. Ask for help from your supervisor, colleagues or other service providers.
- Report any hazards to your immediate supervisor and organisation. Follow up on your report to ensure that someone addressed the hazard.

For more information, refer to your organisation's relevant policies and procedures.

Duty of care goes together with *work health and safety*. Each state or territory may have different laws about the duty of care. The same is true with work health and safety. In some instances, both considerations are in one legal document. The following table summarises the relevant laws that cover the two:

State or Territory	Duty of Care	Work Health and Safety
Australian Capital Territory		Work Health and Safety Act 2011
New South Wales	Civil Liability Act 2002 No 22	Work Health and Safety Act 2011 No 10
Northern Territory		Work Health and Safety (National Uniform Legislation) Act 2011
Queensland	Civil Liability Act 2003	Work Health and Safety Act 2011
South Australia	Civil Liability Act 1936	Work Health and Safety Act 2012
Tasmania	Civil Liability Act 2002	Work Health and Safety Act 2012
Victoria	Wrongs Act 1958	Occupational Health and Safety Act 2004
Western Australia	Civil Liability Act 2002	Work Health and Safety Act 2020



Multimedia

Duty of care is an important obligation that you must practise in all your dealings. You can learn more on the subject by watching the video linked below:

[Duty of Care in Negligence Actions - Explained](#)

J M G | The Business Professor

Duty of Care



Further Reading

The Work Health and Safety Act 2011 secures the health and safety of workers and workplaces. It is a national law that works together with the existing state laws. Read more about it below:

[Work Health and Safety Act 2011](#)



Privacy, Confidentiality and Disclosure

Privacy ensures every person can keep their information to themselves. It gives every person the choice of who can interact with them and what others can know about them. Privacy ensures that every person can set boundaries that match their preferences. It is a right that you must recognise and respect. Listed below are examples of private information:

Personal data

Financial and insurance information

Medical and vaccination records

Records of services received

Reports of instances of abuse

Criminal and court records

Confidentiality is the responsibility to keep a person's information private. This responsibility ensures that any information shared will be safe from unauthorised access. Meanwhile, *disclosure* is the act of sharing or revealing information.

The *Privacy Act 1988* is a national law protecting people's private information. It applies to Australians of all ages. The act includes special cases where disclosure of confidential information is acceptable. These special cases cover health services. According to Division 2, part 16B of the Act, exceptions include situations where:

information is necessary to provide medical care

information may affect public health and safety

information is necessary to keep the person safe

a representative has given consent, if person is unable.

Based on content from the Federal Register of Legislation at September 27, 2021. For the latest information on Australian Government Law, go to <https://www.legislation.gov.au/>

Privacy, confidentiality and disclosure are covered in the following state laws:

State or Territory	Legislation
Australian Capital Territory	Privacy Act 1988
New South Wales	Privacy and Personal Information Act 1998 No 133
Northern Territory	Information Act 2002
Queensland	Information Privacy Act 2009
South Australia	Does not currently have specific legislation regarding the protection of privacy, but they have the Information Privacy Principles Instruction, Premier and Cabinet Circular PC012
Tasmania	Personal Information Protection Act 2004
Victoria	Privacy and Data Protection Act 2014
Western Australia	Freedom of Information Act 1992

Listed below are some of the best practices to maintain privacy and confidentiality:

- You must get permission before collecting any information from the person.
- Make sure to explain the purpose of collecting information from the person.
- You must inform the person how you will manage and secure their information.
- Be careful of where you leave persons' records. Do not leave them unattended.
- Always follow your organisation's policies and procedures.
- If you are unsure how to deal with some situations, consult with your supervisor.

Further Reading



The Privacy Act 1988 contains the 13 Australian Privacy Principles. These are the principles that you must follow to ensure confidentiality. You will find a summary of the 13 privacy principles below:

[Australian Privacy Principles quick reference](#)

Organisational Policies and Procedures

Policies describe what an organisation does and why they do it. An organisation's policies are the principles that influence all decisions made. *Procedures* are the actions and processes that make the policies possible. Policies and procedures ensure that organisations apply all legal and ethical considerations. By extension, all individuals practising under an organisation follow these considerations. This happens if all individuals follow the organisation's policies and procedures.

You must be familiar with your organisation's policies and procedures. Vital documents that will cover your organisation's policies and procedures include, but are not limited to the following:

Code of conduct

Staff handbook

Non-disclosure agreements

Non-discrimination policies

Policies and procedures on disciplinary actions

Drug and alcohol policy



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.

Their policies and procedures are published on their site. You can study it before proceeding to the first chapter. You can access it through the link below:

[Lotus Compassionate Care Policies and Procedures](#)

(username: newusername password: new password)

Learner Guide Outline

This Learner Guide will describe the skills and knowledge of a support worker. This Guide focuses on individualised support in Australia. You will contribute to developing, implementing and reviewing individualised plans.

As a support worker, you need to have a good working relationship with your clients. Good relationships must also extend to other relevant people. You will help the person and other stakeholders prepare the service plan in your role. This plan will outline how services will address the client or person's needs. You will also learn important aspects that promote continuous improvement. The last two chapters of this Learner Guide focus on these aspects.

This Learner Guide will cover the following:

- Establish and maintain relationships
- Prepare for planning
- Plan service delivery
- Review service delivery implementation
- Complete reporting requirements



I. Establish and Maintain Relationships



Some roles involve establishing and maintaining relationships. Support workers like you fit in this category. A good relationship between you and the person makes a more impactful service. You must then be familiar with the essential aspects of relationships.

A good relationship starts and continues with good communication. To communicate is to share information, ideas, feelings and meaning. Good communication then involves honesty and urgency. With good communication, the person can better relay their needs. Support workers like you can then address these needs more accurately.

This chapter is about establishing and maintaining relationships as a support worker. You will work in the context of good communication for these relationships to happen. The following subchapters will help you:

- Conduct interpersonal exchanges in a manner that develops and maintains trust and goodwill
- Maintain confidentiality and privacy of the person within organisation policy and protocols
- Recognise and respect the person's needs and collaborate with other service providers
- Provide service delivery information and support the person's interests, rights and decision-making

1.1 Conduct Interpersonal Exchanges in a Manner That Develops and Maintains Trust and Goodwill



Interpersonal exchange is sharing information, ideas, feelings and meaning. The process can happen using verbal and non-verbal methods. Two or more people can partake in an interpersonal exchange.

Recall that communication is also the sharing of information, ideas, feelings and meaning. Interpersonal exchange is the communication between two or more individuals. These individuals include the person (client) and other important people in your role. You will learn more about them later in this Learner Guide.

A good relationship starts with trust and goodwill. Trust and goodwill are often confused with each other. To *trust* someone is to have confidence that they can do something for you. To have *goodwill* is to have a friendly state between the parties involved. In most cases, trusting someone means that both of you have goodwill. But sometimes, only one of these may be present.

As a support worker, you must aim to earn the trust and goodwill of the person and the other people involved. These will allow you to establish a good working relationship with them quickly. Maintaining these two will also make the service delivery more efficient.

1.1.1 Developing Trust and Goodwill



Trusting someone is an emotional decision. To develop trust is to appeal to one's emotional side. Further, people will often look at your intentions to decide if they will trust you or not. It is then essential that you reflect friendly intentions. You can develop trust and goodwill with the following pointers in mind:

- **Making a good first impression**

You can make an excellent first impression by expressing positive emotions like happiness. People will find you more inviting when you speak and act positively.

- **Being a kind individual**

It should be natural for you to be kind as a support worker. Being kind means you are generally affectionate, generous and considerate. To embody these, you must:

- show and practise care (to be affectionate)
- provide for their needs (to be generous)
- show positive emotions even if your job is difficult (to be considerate)

- **Being transparent with your intentions**

People find you trustworthy and friendly if they see positive intentions from you. It would be best if you told them initially to ensure the development of trust and goodwill. You can do this by introducing yourself and your role to them.

1.1.2 Maintaining Trust and Goodwill

Once you have developed trust and goodwill, it should be easy to maintain them. Consider the following pointers to maintain and develop trust and goodwill:

- Be dependable

As a support worker, it is your responsibility to provide for their needs. Being dependable means that you can provide these needs quickly and accurately.

- Be patient

Working with an individual can be challenging in so many ways. To maintain trust and goodwill, you must be patient when dealing with them. Patience requires that you endure the tasks while being cheerful as you interact with them.

- Be consistent

The best way to maintain trust and goodwill is to be consistent with what you do. You must be the same trustworthy and friendly person from start to end. You must be kind, transparent, dependable and patient.



Multimedia

Trust is an essential aspect of a healthy relationship. In your role as a support worker, you will have to build relations as you facilitate the planning and delivery of services. You can learn more about trust and relationships by watching the video linked below:

[How to Build Trust and Relationships](#)



Below are some of the best practices to consider during interpersonal exchanges. The following practices should help you establish and maintain good relationships in your role:

- Use simple words and avoid technical terms.
- Encourage active participation for everyone involved.
- Communicate using their preferred mode (face-to-face, phone call, email, etc.).
- Check that everyone understands the information that you have provided them.
- Work with the person's family and other people who may provide some information.
- Do not talk about your views and opinions unless they ask you to do so. Even then, you must be careful not to harm yourself or your organisation with your words.
- Answer all the person's questions thoroughly and honestly. If you are not sure of the answer, never give a false one. You must ask someone who knows the correct answer first. You can then get back to the person with the accurate information.
- Be an active listener. You must listen carefully to understand the complete meaning of what you hear. Take note of the non-verbal signs such as body gestures and eye contact. Non-verbal cues can help you read through the person's emotions.
- Use open-ended questions. You will understand the complete message when the speaker can give more details. For example, the question, 'Do you like the proposed service?' is close ended. Instead, use the question, 'What do you like and not like about the proposed service?'



Checkpoint! Let's Review



1. Interpersonal exchange is sharing information, ideas, feelings and meaning. The process can happen using verbal and non-verbal methods. Two or more people can partake in an interpersonal exchange.
2. To trust someone is to have confidence that they can do something for you. To have goodwill is to have a friendly state between the parties involved.
3. . You can develop trust and goodwill with the following pointers in mind:
 - Making a good first impression
 - Being a kind individual
 - Being transparent with your intentions



1.2 Maintain Confidentiality and Privacy of the Person Within Organisation Policy and Protocols

You should develop the needed trust and goodwill with everyone. Only then are you now on track to further establish your relationships. Your next key point to consider is the topic of privacy and confidentiality. The Introduction of this Learner Guide introduced these topics to you. This subchapter will now discuss them in the context of your role as a support worker.

1.2.1 Privacy and Confidentiality

The Introduction of this Learner Guide introduced privacy and confidentiality. The following discussion elaborates on the two essential considerations.

Privacy

Privacy is a human right. It guarantees every person complete control of all their information. It gives every person the choice of who can interact with them and what others can know about them. Privacy ensures that every person can set boundaries. These boundaries limit how people may affect their lives.

Some people may need support due to their conditions. But support workers like you must still respect and support their right to privacy. You must then follow your organisation's privacy policies. You must also take measures to ensure confidentiality in all your work interactions.



Your organisation must enforce its privacy policy as you collect personal information. The Office of the Australian Information Commissioner defines privacy policy as follows:

- A privacy policy is a statement that explains how an organisation or agency handles your personal information in simple language.

*Based on [What is a privacy policy?](#), used under CC BY 3.0 AU.
Office of the Australian Information Commissioner website — <https://www.oaic.gov.au>*

The privacy policy that you follow must be concise and unambiguous. Moreover, your organisation must regularly update their privacy policy. The policy must be consistent with applicable and enforced laws. It must also consider other relevant factors such as improvements in technology.

Confidentiality

Privacy is your right to control your data. Confidentiality is your obligation to someone else's data. In brief, confidentiality is the responsibility to maintain the privacy of shared information. Confidential information is one that you must keep secret. Only the owner of the confidential information or the law can compel you to disclose.

Privacy and confidentiality go together. Much of the two focuses on identifying, replacing or removing information from documents. You can categorise information as either personal or sensitive. The Office of the Australian Information Commissioner defines the following:

- **Personal information** – valuable data to identify a person
- **Sensitive information** – data describing a person's background, preferences, lifestyle, associations and beliefs

The table below further compares personal 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 ▪ Location information from a mobile device <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>Generally, 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 — <https://www.oaic.gov.au>

Use and Disclosure of Information

In your line of work, you will have to use and disclose information a lot. The Australian Privacy Principles (APP) is the best guide for these situations. According to the APP, an entity *uses* information when it has effective control. Examples of scenarios where you use information include the following:



- When you access and read any personal information
- When you search for personal information from any records
- When you share personal information with another person
- When you decide based on the personal information

Meanwhile, an entity *discloses* information once they have shared it with others and lose effective control over it. Allowing others outside of your organisation access to personal information is considered disclosure.

According to the Australian Privacy Principle 6, an entity like you can use and disclose information only for the purpose it was collected, except in cases where:

- the individual has consented to a secondary use or disclosure
- the individual would reasonably expect the APP entity to use or disclose their personal information for the secondary purpose, and that purpose is related to the primary purpose of collection, or in the case of sensitive information, directly related to the primary purpose
- the secondary use or disclosure is required or authorised by or under an Australian law or a court/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 reasonably necessary for one or more enforcement related activities conducted by or on behalf of an enforcement body
- the APP entity is an agency (other than an enforcement body) and discloses biometric information or biometric templates to an enforcement body, and the disclosure is conducted in accordance with guidelines made by the Information Commissioner for the purposes of APP 6.3.

Sourced from [Chapter 6: APP 6 — Use or disclosure of personal information](#), used under CC BY 3.0 AU. Office of the Australian Information Commissioner website — <https://www.oaic.gov.au>

1.2.2 Maintaining Privacy and Confidentiality

You must maintain the person's privacy and their information's confidentiality. To maintain the person's privacy means to respect their control over their information. Maintaining their information's confidentiality means only allowing authorised people to see them. Listed below are some of the best practices to consider.

To **maintain privacy**, you must do the following:

- If possible, you must conduct a private interview if the person requests it.
- You must get permission before collecting any information from the person.
- Ensure to explain the purpose of collecting information from the person.
- You must inform the person how you will manage and secure their information.

To **maintain confidentiality**, you must do the following:

- You must be careful where you leave persons' records. Do not leave them unattended or in public areas.
- Ensure that all security measures and procedures are in place. Report any violations, breaches and problems you may encounter.
- Always check if you have the authority to see any confidential information. Do not open any information that you have access to right away.
- Respect all confidential information shared with you. Do not share personal information with anyone not specified by the person.



On Legal and Ethical Requirements

Maintaining privacy and confidentiality must include implementation of relevant legal and ethical requirements. For services and organisations, the following are examples of these implementations:

- Provision of policies and procedures for maintaining the person's privacy, as well as the privacy of their families and carers.
- Provision of policies and procedures for maintaining confidentiality on client information and records.
- Provision of private and personal spaces for dressing , showering, and toileting.
- Provision of secured storage for client information and records (e.g. password protecting, authorisation protocols, etc.)
- Ensuring that workers comply with the relevant privacy laws that apply to clients' health information. These laws include the Privacy Act 1988 (Cth) and state/territory laws like Information Privacy Act 2009 (Qld).

As a support worker, you are also to work within the relevant legal and ethical requirements. The best way to do so is by following your organisation's relevant policies and procedures. The following practices are examples of those that comply with the legal and ethical requirements:



- Following organisational policies and procedures for handling client records.
- Following organisational policies and procedures for disclosure of client information and records.
- Ensuring the person has a private space for dressing, undressing, showering, toileting.
- Ensuring conversations about the client's personal support care and other personal and sensitive information are done in a safe and private space.
- Avoiding talking about the person or their family and carers with other staff who are not involved in service delivery.
- Ensuring that client records are not left in public areas, e.g. reception area, etc.
- Asking for the client's consent before disclosing any information to other providers.

Further Reading



The Privacy Act 1988 requires that confidentiality be maintained when dealing with data. For more information on confidentiality, you may access the link below:

[Confidentiality - What is it and why is it important](#)

Checkpoint! Let's Review



1. Privacy is one's right to control their data.
2. Confidentiality is an obligation to keep someone else's data safe and secure.
3. To maintain the person's privacy means to respect their control over their information. Maintaining their information's confidentiality means only allowing authorised people to see them.
4. The privacy policy that you follow must be concise and unambiguous and regularly updated by your organisation. The policy must be consistent with applicable and enforced laws. It must also consider other relevant factors such as improvements in technology.



1.3 Recognise and Respect the Person's Needs and Collaborate With Other Service Providers

Everyone has their own unique needs, goals and preferences. You must recognise that the person may have diverse and multi-faceted needs. Identifying and addressing these needs is essential for you as a support worker.

First, you must differentiate diverse and multi-faceted needs through the following:

- Diverse Needs

These are needs associated with diversity between individuals, including, but not limited to the following:



- Multi-faceted Needs

A client may have needs besides those they are to receive support from you. The term is often synonymous with complex and multiple needs.

1.3.1 Recognising Diverse and Multi-Faceted Needs

You must recognise or identify whether a need is diversity-related or multi-faceted. Recognising the difference helps you address the needs efficiently.

The following are some sample scenarios involving people with diverse and multi-faceted needs. You may encounter the following as a support worker:

- **People with diverse needs** can be any of the following:
 - Older people from rural areas need access to aged care services.
 - A middle-aged person with a disability needs support at their own home.
 - A culturally and linguistically (CALD) diverse person requires interpreting support to understand information.
- **People with multi-faceted needs** can be any of the following:
 - An aged care person develops Korsakoff Syndrome due to alcohol abuse.
 - An older person has dementia and displays harmful behaviours of concern.
 - A young individual receiving disability support wants access to education.
 - A middle-aged person has depression after their stroke and unemployment.

1.3.2 Respecting Diverse and Multi-Faceted Needs

To respect is to provide a good feeling or action to someone. Respect is something that you show and give the person. Respecting their needs is essential for a healthy working relationship with them. This ensures that they receive quality service from you.



Best Practices

Below are some of the best practices that you can follow as a support worker:

- **Practise basic courtesies.** These include but is not limited to the following:
 - Basic pleasantries like 'please', 'thank you', etc.
 - Addressing the person by their preferred name
 - Knocking on their door before entering their room
- **Be an active listener** by doing the following:
 - Pay attention to their words and meanings. Observe their behaviour and body language. Show them you are intent on listening to them.
 - Respond appropriately according to the situation. If the person shares bad news, show your sympathy. If the person shares a good one, congratulate or praise them.
- **Treat every person equally.** Do not practise any form of preferential treatment when working with two or more people. Seeing others prioritised over you can be discouraging. The last thing you want to happen is the person feeling discouraged.
- **Always ask permission before providing any form of help.** Let the person know that you can help, but never force yourself into it.
- **Acknowledge the person's opinion.** You may disagree with it, but you must confirm that you have received it. Empathise by looking at the topic from their perspective. You may ask them further on why they say what they say. If you have to, disagree without being hostile. Support your message with facts and not with emotions. Above all, you must remain impartial and neutral.
- **Understand the person's perspective by knowing more about them.** You can talk to them, their families, carers and assigned health professionals. Remember to respect their privacy and confidentiality when you do this.
- **Connect using common experiences that you share and not with the differences.** You may be there to address the person's needs due to differences. But helping them requires a good working relationship. You can better build this relationship using positive shared experiences.

When working with people with disability, consider the following specific points as well:

- Do not assume that people with disability see themselves in a devastating situation. Also, do not give them the impression that you see them in such a situation. Some of them may have worked on overcoming negative emotions about their condition.
- Make eye contact when conversing with them. Adjust your posture if you must. If the person is in a wheelchair or on a bed, consider taking a seat. Seeing a person eye-to-eye connotes a sense of equality.
- Speak to the person first before their carer. A carer is someone who helps the person just like you. Talking to the person first will make them feel in charge, which they must be.
- Avoid outdated terms. The list below shows some currently accepted terms over outdated ones:
 - People/person with a disability over disabled
 - 'Uses a wheelchair' over wheelchair-bound
 - 'Has paraplegia' over paraplegic
 - Survivor over victim
 - 'Has dementia' over demented
 - 'Has down syndrome' over mongoloid
 - 'Has a learning disability' over slow learner



On Health-Related Needs

Some needs might relate to the complexity of the individual's health needs. In this context, you are not responsible for assessing their health needs. This work falls within the scope of practice of health professionals. As a support worker, you are to help address fully assessed needs. You must also follow any instructions given to you. In all, health professionals must guide you in your role.





Further Reading

As globalisation continues, Australia has become a country of many well-celebrated cultures. Some challenges are still present. But most of the population believe that diversity is good for the country. Learn more about the current information on cultural diversity using the link below:

[Face the facts: Cultural Diversity](#)



Multimedia

You may work with indigenous Australians in aged care facilities. The video below discusses some best practices in such a role:

[Caring for Indigenous Australians in Aged Care Facilities](#)

This co-production is jointly funded by
The Aged Care Channel and



An Australian Government Initiative



1.3.3 Collaborating With Other Service Providers as Needed

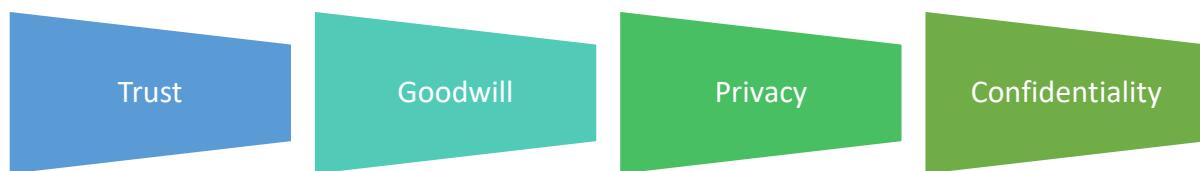
Addressing a person's needs may involve the expertise of many people. In your role, you may have to collaborate with other providers. Collaboration can include any of the following:

- Information sharing
- Joint planning and servicing
- Development of shared understandings and objectives

The table below lists some service providers according to relevant sectors:

Sector	Service Providers
Aboriginal and/or Torres Strait Islander Primary Health Care	Translating and Interpreting Service Free Interpreting Service
Aged Care	Aged Care Quality and Safety Commission
Alcohol and Other Drugs	Alcohol and Drug Foundation Australian Institute of Health and Welfare
Allied Health	Indigenous Psychological Services Community Mental Health Australia
Child, Youth and Family Intervention	Child Abuse Prevention Service Services Australia
Community Services	Australian Council of Social Service Aged & Community Services Australia
Disability	National Disability Services National Disability Representative Organisations
Employment Services	jobactive National Employment Services Association

Collaborating with other service providers must be straightforward. The providers should be available to talk to and work with. When collaborating, the previous discussion on the following also applies:



You must also consider your organisation's policies and procedures. There will be tools, forms, and practices when working with others. Written formal correspondence is common for official communication. You may have to talk to your supervisor first before approaching another provider.

In cases where communicating may be difficult, you can consider the following practises:

- You can consult with your supervisor and other trusted and experienced colleagues.
- You can use your organisation's directory of relevant individuals and organisations or services.
- You can research offline through local advertisements, bulletin or information boards.
- You can research online through search engines and online sources.
- You can ask people you already know in the industry.

Checkpoint! Let's Review



1. Everyone has their own unique needs, goals and preferences. You must recognise that the person may have diverse and multi-faceted needs. Identifying and addressing these needs is essential for you as a support worker.
2. Collaboration can include any of the following:
 - Information sharing
 - Joint planning and servicing
 - Development of shared understandings and objectives

1.4 Provide Service Delivery Information and Support the Person's Interests, Rights and Decision-Making

Being honest and supportive is also essential to your role. These qualities help in maintaining your relationship with the person. Honesty calls for you to provide clear and current information to the person. To be supportive means you must provide significant help and words of encouragement.

1.4.1 Providing Clear and Current Information About the Service Delivery

Part of your role is to provide clear and current information about the services. Clear and current information ensures accurate delivery of service.

Any information is *clear* if the person receiving it can understand it. Providing clear information requires that:

- you know the purpose of the information
- you are honest in your intentions.

Any information is *current*, if it is the latest version or form. You must then check for regular updates on relevant information like the following:



You may work with information in different forms. These may include the following:

- The rights and responsibilities of the service provider and the support worker (you)
- Information about the person's rights and responsibilities during service delivery
- Information about feedback and complaints mechanism
- Information on the client's progress in the service
- The terms and arrangements for service delivery
- Information about service options and referrals

1.4.2 Supporting the Interests, Rights and Decision-Making of the Person in All Dealings

As a support worker, you will have to acknowledge and foster the following:



The above qualities define a strong and independent individual. You may be supporting a person for their needs. But it is also your responsibility to respect and uphold their humanity.

Supporting the Person's Interests

Working for a person's best interests means doing good for their benefit. Individuals will have their own set of needs, preferences and even biases. All this form a person's interests. As a support worker, you must strive to work for the person's best interests. Supporting their interests means that your service aligns with their needs and preferences.

To ensure that you work for a person's best interests, consider the following:

- Involve the person in all decision-making processes that affect them. Doing so is the best way to realise the person's interests.
- Create an environment where the person can best express their interests. Ensure they feel safe and secure.
- Provide all necessary information before a person decides. Ensure they have enough knowledge and alternatives before deciding.
- Consider and incorporate the person's preferences in all dealings. The least that you can do is acknowledge the person's preferences. Whenever possible, try to incorporate their preferences into your services.
- Get to know the person more. Identify their needs, preferences and possible biases. Ask people who best know them if you have to. All these should be natural to you as a support worker.
- You may have to act on the person's behalf. If you have to, ensure to decide how the person intends to. The previous point will be helpful.

Supporting the Person's Rights

Human rights are standards that recognise and safeguard the dignity of all humans. Everyone has human rights. Also, everyone must respect others based on their human rights.

Supporting the person's rights means that your service aligns with the following:

- **Right to healthcare**

Everyone has the right to receive quality healthcare. Existing laws and regulations ensure that medical goods and services are:



- available everywhere
- affordable to everyone
- safe, effective and efficient
- compatible with the diverse population.

As a support worker, you must also ensure that the person:

- gets the proper healthcare as soon as needed
- gets to choose their preferred healthcare service
- gets to decide on how their healthcare service proceeds.

- **Freedom from discrimination**

Discrimination in any form is illegal and unethical. Laws are in place to eradicate discrimination. For example, the *Age Discrimination Act 2004* protects older people from discrimination based on their age. Meanwhile, the *Disability Discrimination Act 1992* protects people with disabilities.



As a support worker, you must always avoid discrimination.

Consider the following:

- You must avoid imposing your values and attitudes. Be aware and respect any differences that you and the person may have.
- Support the person to express their own identity and preferences. If the person gets to be themselves, they will respond better to the service.

- **Right to information**

Everyone has a right to access and control all information about them. This right includes information about their service options and medical records.

The discussion in Subchapter 1.2 expounds on this right. Privacy and confidentiality are the core of the right to information.



- **Right to autonomy**

Autonomy means having control over one's decisions for themselves. Everyone has a right to make decisions in matters affecting them. They may consult with others, but the final call must come from the person.



As a support worker, you may encounter instances where a person's decision puts them at risk. In such instances, consider doing the following:

- Listen to the person.

Listening ensures that the person knows what they will be doing. You can also avoid confusion and miscommunications.

- Explain the risks associated with the activities the person wants to join.

Help the person make an informed decision. Ensure that the person knows the risks involved with the activity.

- Do your part in mitigating the risks that may affect the person.

Create strategies or get materials that will keep the person safe from harm. If needed, contact the person's doctor or therapist to identify what you need to do to keep the person safe.

- Plan on how you will document the person's participation in the activity.

Documented evidence is proof that the person participated by their own choice.

- **Right to participation**

Everyone has the right to take part in activities within their community. The community must ensure that everyone can join and be safe in these activities.



It is your responsibility to assist the person's participation. In a way, you must make it easier for them to join any activity they wish. The persons' individualised plan must contain all these. If the activity is risky, recall the best practices on the right to autonomy. You may have to encourage and motivate them as well. In all, you must follow your organisation's related policies and procedures.

Supporting the Person's Decision-Making

A person has every right to make decisions for themselves. From earlier, this relates to their right to autonomy. To support the person's decision-making involves empowering them. The person must never feel that they lack authority or control over their lives. They must have command and control over their affairs. Some of the best practices that empower the person's decision-making are the following:



- **You can motivate and provide uplifting words.** Often, people get discouraged during setbacks. Encouragement and affirmation help them get back on their tracks. Being a motivator must be second nature to you as a support worker.
- **You make sure to do your support work with the person instead of for the person.** This practice goes back to their right to autonomy. With the mindset of working with the person, you will remember that they are in charge.
- **You involve the person in discussions and have them lead these if possible.** You can also actively seek their opinion throughout the process. This practice is an excellent way to put the person in command.
- **You prioritise the person's ideas and beliefs instead of yours.** Remember that you are to contribute to addressing their needs. The person only needs your knowledge and skills as a support worker. You must then strive to minimise your preferences or biases.
- **You provide all information the person needs when they decide.** The person must come up with the best possible decision for themselves. Best decisions are possible with good information on hand. It is your responsibility to provide this information when needed.

Relevant Resources

It is also essential to keep up to date with relevant legal and ethical considerations. Things to watch are legislations, regulations and standards applicable to your sector. These are all essential supporting the person's interests, rights and decision-making.

The table below lists some relevant resources to start with:

Sector	Relevant Resource
General	Universal Declaration of Human Rights
Aboriginal and/or Torres Strait Islander	Aboriginal and Torres Strait Islander Traditional Laws and Customs
Ageing Support	Aged Care Act 1997
Alcohol and Other Drugs	Drug laws in Australia
Allied Health	Health Practitioner Regulation National Law Act 2009 (This law is not a Commonwealth law. It is enacted separately in each state or territory. But Queensland is the lead jurisdiction. In this case, all other states and territories follow Queensland's implementation.)
Child, Youth and Family Intervention	National Framework for Protecting Australia's Children 2009–2020
Disability	About Disability Rights
Employment Services	Fair Work Act 2009

Further Reading



The Australian Human Rights Commission (AHRC) is the authority on matters involving human rights and breaches of these rights. Visit their website below to see their works:

[Australian Human Rights Commission](#)

Checkpoint! Let's Review



1. Being honest and supportive is essential to your role. Honesty calls for you to provide clear and current information to the person.
2. Any information is clear if the person receiving it can understand it. Any information is current if it is the latest version or form.
3. Working for a person's best interests means doing good for their benefit. Supporting their interests means that your service aligns with their needs and preferences.
4. Supporting the person's rights means that your service aligns with the following:
 - Right to healthcare
 - Freedom from discrimination
 - Right to information
 - Right to autonomy
 - Right to participation
5. To support the person's decision-making involves empowering them. The person must never feel that they lack authority or control over their lives.

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. Prepare for Planning



The previous chapter helped you establish and maintain relationships in your role. Good relationships help make the service delivery successful.

Your next responsibility is to plan for the service that addresses the person's needs. Planning ensures that the service is accurate to the person's needs and preferences. Planning also makes the service delivery more efficient.

Planning for a service delivery requires some level of preparation. Before the actual planning process, you may have to collect important information. You may also have to prepare and communicate information to other stakeholders.

This chapter focuses on the relevant steps before the actual planning process. This chapter will discuss the following:

- Determine factors affecting the person's life stage and service delivery
- Explain the purpose of the planning process and discuss different service options
- Determine readiness for the individualised plan development and select the most appropriate service option
- Determine who needs to be included in the planning process and organise practicalities
- Collate and prepare information and distribute to relevant stakeholders as required
- Liaise with the assessor of the person's requirements prior to the planning session as required

2.1 Determine Factors Affecting the Person's Life Stage and Service Delivery

You must understand the person's history and background. This step is crucial before planning for any service. You will have to gather some general information about the person. This information will then be helpful during planning. It will also support many decision-making activities from planning to delivery.



Human Development

Human development refers to the changes that an individual goes through in their lifetime. The aspects of human development are specific features that make up the human development factors.

- *Physical development* focuses on the human body. Aspects of physical development may include health, age, fine motor skills, and gross motor skills.
- *Cognitive development* includes thinking, learning and understanding. Aspects of cognitive development may include language, memory, and reasoning.
- *Emotional development* covers recognition, expression and management of feeling. Aspects of emotional development may include emotional regulation, decision-making, and self-awareness.
- *Social development* involves behaviour and relationships. Aspects of social development may include social interactions, cultural upbringing, and political beliefs.
- *Psychological development* may be viewed as the combination of the preceding three. Aspects of psychological development may include openness, motivation, and attitude.

The following table will discuss how some aspects of human development may negatively influence the service delivery.

Human Development Factors	Aspects of Human Development	Negative Influence on the Service Delivery
Physical	Health	The person's health may limit the range of physical activities that can be provided to individual. For example, when the person has poor health and easily gets exhausted, they cannot do strenuous physical activities.
	Age	Age and physical capabilities are generally inversely related. As a person advances in age, their physical capabilities will likely deteriorate.
Psychological	Openness	An individual's openness to receive individual support may negatively influence service delivery. If the individual is not open to receive individual support, it will be difficult to provide them with the assistance that they need.
	Motivation	A person with no clear motivation may also encounter difficulties during service delivery. Little to no motivation can lead to little to no focus or interest for the person in their service.
Social	Social interaction	When an individual has difficulties with social interactions, it may not be easy for them to express their support needs. Not being able to express their support needs may result in a gap in the service delivery. This means that the service provided is not in line with the needs that the individual has.
	Cultural upbringing	Differences in culture is a big social roadblock in any form of service. Minute to major differences can lead to misunderstanding and miscommunication. Even major effects can include mistrust or misappropriation of service.

Human Development Factors	Aspects of Human Development	Negative Influence on the Service Delivery
Cognitive	Language	Language is essential for communication. Some individuals grew up with English as their second language, and this can make it difficult for them to communicate with others effectively. This is called a language barrier. A language barrier negatively influences service delivery because the individual may be misunderstood when they express their support needs.
	Memory	Issues on memory can obviously affect the service early in the planning stages. It will be difficult to create a plan if the person has issues in providing clear and relevant information. During actual service delivery, memory loss or gaps may cause delays and mistrust.
Emotional	Emotional regulation	When an individual has poor emotion regulation, it can be difficult to provide them with support services as they cannot handle overly intense emotions. For instance, an individual who cannot regulate their anger may get angry at the smallest things. They may also have anger outbursts in which they can be physically violent and not be able to control it.
	Emotional expression	Emotion expression's effects can be likened to that of emotional regulation. A person with aggressive emotions will be difficult to work with. The same is true for a person who expresses little to no emotion.

Stages of Life

Another way of understanding a person is to know what stage of life they are in. There are lots of ways to categorise stages of life. Using age groups, one may come up with the following:

Age Group	Age Range
Children	0–14 years
Early working age	15–24 years
Prime working age	25–54 years
Mature working age	55–64 years
Older age	65 years and over

Life stages using age is relevant for physical and psychological factors. The human physical and psychological states are affected by age. The following discussion will then use age to contextualise the two factors.



2.1.1 Relevant Physical Factors

The human body experiences growth, maturity and decline. Physical skills and body functions change across a person's life stages. In some instances, the person's physical condition may be the reason for their need for help. In this context, important skills and functions to consider are the following:

Muscle mass, strength, and endurance	Flexibility and mobility	Coordination and balance	Bone density and strength
Lung health and capacity	Body fat and blood pressure	Blood sugar and composition	Immune response

Physical disabilities are also relevant factors to consider. As of 2019, one out of five Australians has some disability. Common physical disabilities include the following:

- Back problems
- Arthritis and related disorders

*Based on [Disability, Ageing and Carers, Australia: Summary of Findings](#) used under CC BY 4.0.
© Commonwealth of Australia*

Lastly, chronic health conditions are also significant. Chronic health conditions are long-lasting and persistent. Around 50% of Australians have chronic health conditions. These conditions account for approximately 90% of deaths. Common chronic health conditions include the following:

Asthma	Cancer	Diabetes	Arthritis
Back pain	Cardiovascular disease	Chronic obstructive pulmonary disease	

Based on [Chronic disease](#) used under CC BY 3.0 AU. © Australian Institute of Health and Welfare

The changes in physical factors can be generalised in the table below:

Age Group	Changes in Physical Factors
Children	Children generally experience a continuous growth of all their physical factors.
Early working age	People of this age group experience rapid physical development, especially sexual characteristics (puberty).
Prime working age	People often reach their peak physical condition around these ages. But some may start to experience health problems.
Mature working age	Most people experience a decline in their physical functions at these ages. Vision, hearing and immunity are commonly affected. Some begin to experience persistent health conditions. Examples include diabetes and high blood pressure.
Older age	Old age inevitably leads to a drastic decline in physical condition. For some, serious health problems such as heart diseases and cancer may emerge.

You must take note of the person's physical abilities and limitations. Often, their physical decline is why the person needs your service. Remember that it is not your job to assess health problems. That job is for their medical service providers like their doctors. As a support worker, you help address the needs of their health problems.



Multimedia

Physical health is one of the essential components of a person's overall well-being. Learn more about it with the video below:

[What is Physical Health?](#)



**Physical Health
connects to
everything!**

MADE WITH rawshorts

2.1.2 Relevant Psychological Factors

Psychological factors relate to the brain and consciousness. Because humans are self-aware and are social creatures, unique factors emerge. These factors relate to thoughts, behaviour, feelings, emotions, interaction, control and more. One can think of the following as the psychological factors to consider:

- Self-control
- Self-determination
- Positive relationships
- Personal growth and development
- The feeling of purpose and meaning in life

Dealing with psychological factors is more relevant when you consider issues and problems. Common psychological issues include, but is not limited to the following:

Stress	Anxiety	Depression
Grief and sadness	Eating disorders	Social isolation

Some older people will have persistent and progressive psychological problems like the following:

Memory loss	Dementia	Alzheimier's disease
-------------	----------	----------------------

As of 2019, one out of five Australians has some disability. Common mental or behavioural disabilities include the following:

- Psychoses or mood affective disorders
- Intellectual or development disorders

*Based on [Disability, Ageing and Carers, Australia: Summary of Findings](#) used under CC BY 4.0.
© Commonwealth of Australia*

Planning for services will consider psychological state. The presence of problems and issues is a foremost consideration. Some services may even be for dealing with psychological issues. Psychological issues and problems are medical or professional. You must then remember that your role supports non-medical needs when part of these services.

Further Reading



Mental health is a broad and sensitive topic in modern society. Despite this, it would be best to familiarise yourself with it. You can read more about it through the links below:

[Mental health](#)

[Mental health in Australia: a quick guide](#)

2.1.3 Determining the Relevant Factors

Physical and psychological factors will have a significant impact on the service. Consider the following reasons:

- **Factors may be the reason for their need for service.** Examples would be services to support disability and illness.
- **Factors may affect how the service will proceed.** Consider an older person who intends to join a vigorous physical activity. The person's physical readiness must first be assessed and approved.
- **Factors may also change an ongoing service.** For example, the person may contract an illness. This illness may need more or even new services to support the person.



You must determine physical and psychological factors before any service planning proceeds. Ideally, your organisation should have the relevant policies and procedures. Different organisations will have different processes. These processes will at least have the following steps:

Communicate with the person, their family or carer extensively.

Conduct assessments using your organisation's tools.

Collaborate with other people or organisations.

In implementing your organisation's process, consider the following:

- The best source for the relevant factors will be the person. You must ask them properly as per your organisation's procedures.
- Some people are unable to communicate their condition fully. People closer to them will be the next best option. This group can include their family, friends and carers.
- The professionals and service providers working with the person are also valuable. These people can provide the relevant information that will help the planning process. Where appropriate, collaborating with them is helpful.
- Respect the person's privacy and the confidentiality of their information. Never force yourself into knowing what the person doesn't want you to tell. Always ensure the safety and security of any personal information in your custody. Do not share personal details with unauthorised personnel.
- Some documents that will be helpful include the following:
 - The results from the person's recommending assessor
 - The person's medical history vetted by a health professional
 - The plans for previous and current services availed by the person



Consider the case study below:

Thomas Smith

Thomas, sixty-five, is a painter and a children's book illustrator. He takes pride in his works and how his career has turned out. He also has received many awards and recognition because of his skills.

Last year, Thomas was diagnosed with Parkinson's disease. He now has a degenerative disorder affecting his mobility and, later, mental state.

As the disease progressed, Thomas found it more and more challenging to draw and paint. It had worsened to the point that he could no longer work on his drawings and paintings. 'I'm nothing if I can't even do what I love the most,' he would often say to himself.

Thomas has developed symptoms of depression. He has also lost self-esteem and confidence in himself. He longs so much to be able to paint and draw again.

Thomas is likely to avail of support services as his condition worsens. Your organisation may be chosen as the service provider. In such a case, you may then be assigned to determine help determine the relevant factors. Specifically, these are physical and psychological factors relevant to Thomas' life stage. These are also the factors that can affect service delivery.

As you assess Thomas' relevant factors, you may have to do the following:

- Work closely with Thomas himself to determine his needs, goals and preferences.
- Collaborate with Thomas' current doctor for a definite medical assessment.
- Ask Thomas's family and friends, who may offer insights into his condition.

You should do the steps above together with your organisation's relevant procedures. After the process, you may come up with the following factors to consider:

Physical Factors	Psychological Factors
<ul style="list-style-type: none"> ▪ Physical effects of the disease such as shaking, rigidity and weakness ▪ Impact of the disease on Thomas' activities of daily living (ADLs) such as difficulty in walking 	<ul style="list-style-type: none"> ▪ Him showing symptoms of depression ▪ His loss of self-esteem and confidence ▪ Impacts of the disease on cognitive functioning such as speech and writing difficulties

The final list of factors must undergo a thorough assessment. The assessment varies as per your organisation's standards. You will have to work closely with other people in your organisation. Only then can you have a precise list of relevant factors.

Checkpoint! Let's Review



1. Some important information to gather may include physical and psychological factors. These factors are important as they can influence service delivery.
2. The human body experiences growth, maturity and decline. Physical skills and body functions change across a person's life stages. In some instances, the person's physical condition may be the reason for their need for help.
3. Psychological factors relate to the brain and consciousness. Because humans are self-aware and are social creatures, unique factors emerge. These factors relate to thoughts, behaviour, feelings, emotions, interaction, control and more.
4. You must take note of the person's physical abilities and limitations. Often, their physical decline is why the person needs your service. As a support worker, you help address the needs of their health problems.



2.2 Explain the Purpose of the Planning Process and Discuss Different Service Options

You may have to discuss the purpose and other relevant information about the service. In doing so, the person can make better decisions for themselves. This process must happen before you plan on the actual service. As a support worker, the person must be provided with sufficient information to know what they agree to.



2.2.1 Purpose of the Planning Process

Having a plan ensures that the service delivered is accurate and efficient. The service also gains the following benefits:

- **You can identify the person's needs correctly.**

A thorough planning process can identify the person's needs. Service providers can also decide if they are suitable for their roles early on. This helps them prepare the appropriate personnel and processes in advance.

- **You can involve everyone and everything.**

Planning allows the detection and consideration of factors that may affect service delivery. You can collaborate and consult with other people who may be helpful along the way.

- **You can set goals and boundaries.**

Goals will guide you to the exact actions to take. Your job will be much easier since you know what to do precisely. Having boundaries can also help prevent any misunderstandings or failures in work.

- **You can track progress.**

Recurring tasks will have the same steps to repeat. Plans with a clear ending will have milestones along the way. All these make it easier to identify the person's progress.

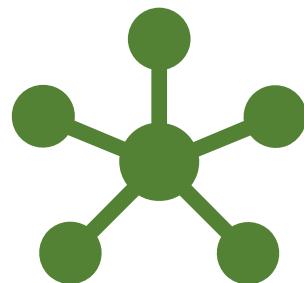
- **You gain flexibility.**

With plans, changes and adjustments are possible. You can identify which parts to change if needed. Good documentation and communication make it easier to inform everyone of the changes.

2.2.2 Different Service Options

Range of Service Options

Supporting the person includes providing them with information about service options. These options must meet their rights, needs and interests. You must communicate the appropriate service options offered by your organisation. Doing so will help make the planned service accurate and successful.



Below are some of the services that your organisation may offer:

- **Aged care**

This is one of the more common sets of services offered and availed by older people. *Aged care* involves supporting older individuals in their daily lives. The level and duration of support can vary depending on the person's needs. Some persons need help on challenging tasks at home, such as laundry or cooking. Others enter aged care homes that offer 24-hour support and help.

- **Disability support and services**

Disability support and services is a more specialised service that some organisations can offer. These services assist people with disabilities in a range of daily tasks. These disabilities can be physical, like deafness, blindness and mobility issues. It can also be mental and psychological, like memory loss and dementia.

- **Palliative care**

Palliative care is another specialised service that considers the person's health condition. Palliative care assists individuals suffering from severe, complex and often terminal illnesses. These conditions can include heart problems, Alzheimer's disease and cancer. Assistance focuses on optimising the person's quality of life.

- **Brokerage service**

Brokerage service providers find the organisation that will best address the person's needs. Other service providers may also function as *brokers* that cannot handle the person's needs.

- **Child, youth, and family intervention**

This service deals with those at risk, vulnerable and who want to change their lives. Specific services rendered can include home care, family support and early intervention.

- **Aboriginal and Torres Strait Islander primary health care service**

This service aims to provide primary health care to the indigenous people. At the same time, there is an emphasis on respecting cultural and social differences.

- **Professional interpreting and translating services**

These services help culturally and linguistically diverse (CALD) persons. Services help them to communicate with other service providers. Providers must be familiar with the person's background and connect with them.

- **Recreation, leisure, and interest groups**

They include various activities and interest groups that the person may join. Examples include sports, art, music, cooking, charity and community groups. Support workers in these services must ensure the person's safety and security.

- **Employment services**

These services focus on helping individuals in their careers and employment goals. Services can range from coaching, counselling and job placement among others.



Individualised Service and its Variations

An individualised plan or service places the person at the centre of the service provided. Therefore, it is also described as patient-centred or person-centred.

Consider the five characteristics of an individualised plan or service:

- Service planning is centred around the best interests of the person
- Services are individualised and focused on the needs, preferences and goals of the person
- The person decides for themselves and chooses what kind of support they want to receive
- The person and the people closest to them guide the services provided
- The services are flexible and would change according to the person's circumstances

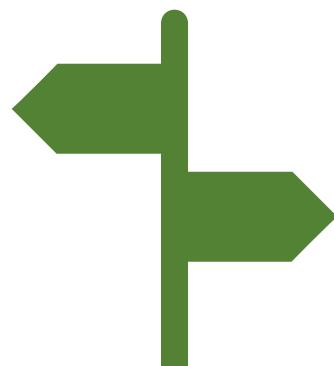
As mentioned earlier, empowering the person makes the service more accurate and efficient. An empowered person has command and control from the start until the end of the process. The person may need your assistance, but they have every right to choose what service to take.

The benefits of individualised plans and service are obvious. For instance:

- The service provided is more accurate as the person's needs, preferences and goals are incorporated in the individualised service
- These services are flexible enough to fit varying conditions
- The person is empowered as they decide for themselves

Variations in a plan refer to adjusting your services according to the person's needs. Your organisation should have a well-defined set of services to offer. But these services should be flexible enough to fit varying conditions. You must then be aware of the flexibility of your organisation's offerings.

Each person is unique and will have different needs that must be addressed throughout the course of service. In aged care, some clients may have pre-existing medical conditions, while others may have impairments associated with their age. Due to these differences, it is important to have variations in the individualised services provided to them and that these services are adjusted over time to fit the client's current condition. This ensures that the services provided to the person remain accurate, relevant and meaningful.



Consider how some service options may be varied below.

Service option	Possible variations of the service option
Drug and alcohol services	<ul style="list-style-type: none"> ▪ Choosing between on-site (residential rehabilitation) or home care ▪ Choosing the appropriate plan depending on the substance of concern
Aged care	<ul style="list-style-type: none"> ▪ Choosing between residential or home care ▪ Varying the degrees of support in activities of daily living
Individual support	<ul style="list-style-type: none"> ▪ Focusing on palliative care services if needed ▪ Varying the degrees of support in activities of daily living
Employment services	<ul style="list-style-type: none"> ▪ Implementing disability management services for individuals in need ▪ Including language and interpretation services if needed by the client

Resource Requirements

As a support worker, you must ensure the person can meet their needs, goals and preferences. You may have to help the person access services and resources in the community. You may have to connect them with specialists and health professionals.

Resource requirements are the people, equipment and services needed to address the person's goals, needs, and preferences. Requirements can vary depending on the complexity of the resource or service. You must be capable of answering questions relevant to these requirements.

Listed below are some of these questions:

- How much do they cost, and can I afford them?
- Where and how can I get them?
- Will I need other resources or requirements?
- What are the benefits and disadvantages?
- Does this address any of my needs?

The client's resource requirements are identified and are adjusted to adapt to their changing needs. For example, support worker reports changes in the client's needs and ensures these changes are documented, and the care plan is updated to address these changes.

It is impossible to know every detail of all resources. At the very least, you must be familiar with where and how to find answers to their questions. Remember, your organisation should have information on this subject that you can access. And as always, never give incomplete or false answers to the person.

Consider the different resource requirements that some service options may include:

Service option	Possible resource requirements
Disability Support	<ul style="list-style-type: none"> ▪ Home modifications (e.g. ramps, grab rails) help increase or maintain the person's ability to move around their home and allows them to live safely and independently ▪ A behaviour support plan (BSP) is a document that aims to address the needs of the person with complex behaviours of concern. This document contains crucial information about the person that is helpful in support provision. It is also individualised, such that all strategies outlined are specific to the person. ▪ A behaviour support practitioner undertakes behaviour support assessments (including functional behavioural assessments) and develops behaviour support plans (which may contain the use of restrictive practices) for the person
Aged care	<ul style="list-style-type: none"> ▪ Medications address health problems that are common among older individuals. Medications can help relieve symptoms or cure the illness themselves. ▪ A care plan provides the directions and instructions to address an older persons' needs. A good care plan is standardised, evidence-based and complete. In doing so, it will also consider the risks and other factors that affect the person. ▪ A carer or caregiver tends to the immediate needs and concerns of the person. They may be hired, meaning paid workers, or volunteering family members. Carers assist their clients while respecting the latter's independence and own capacity.

2.2.3 Best Practices on Explaining and Discussing

When talking to the person, you may consider the following best practices:

- **Read up on the processes and service options before discussing these with the person.** Reading ensures that you are giving accurate, factual and relevant information. Your organisation should have the needed information for this matter. Additionally, you can consult with your supervisor and colleagues.
- **Communicate with the person using their preferred method.** Methods can include but are not limited to the following: face-to-face, phone call or email.
- **Involve the person's family members and carers.** Do so as much as possible. Involvement is essential, especially when you explain the services to them.
- **Ensure that the person has understood the information you have given them.** Provide opportunities for the person and their carers to ask questions.
- **Consider giving printed copies of all information you provide to the person.**



You must also ensure that important information is being shared to the person and their family or carer. This information may include:

- Their rights
- Information about support activities
- Information about the service delivery
- The support worker's role and responsibilities
- The service provider's responsibilities/obligations towards the person

Checkpoint! Let's Review



1. Variations in a plan refer to adjusting your services according to the person's needs. Your organisation should have a well-defined set of services to offer.
2. Resource requirements are tasks, materials or money needed for a resource or service. Requirements can vary depending on the complexity of the resource or service.
3. An individualised plan or service places the person at the centre of the service provided. This is why it is also described as patient-centred or person-centred.

2.3 Determine Readiness for the Individualised Plan Development and Select Most Appropriate Service Option

An individualised plan puts the person at the centre from start to end. The person shares responsibility in ensuring the plan's accuracy to their needs. They must also help ensure the services rendered will be satisfactory. The person must be ready to participate in all the steps that require their input. You may then have to determine their readiness before proceeding to the next stage.



2.3.1 Working With the Person to Determine Readiness for the Development of an Individualised Plan

Determining the person's readiness requires you to work with them. Ideally, you and the person must discuss the matter extensively. Discussions must follow your organisation's relevant policies and procedures. You can start by asking yourself several key questions such as, but are not limited to, the following:

- Can the person fully understand all information given to them?
- Can the person actively participate in all discussions?
- Can the person make decisions for themselves?
- Does the person need an advocate to help them decide?
- Are there potential power imbalances involved?

In some instances, they may need help from others, such as family members or advocates. An *advocate* specialises in helping people decide and may speak on their behalf. A *power imbalance* happens when other people greatly influence a person's decision. An example would be a family member threatening to withdraw financial support.

Your organisation will have tools and resources to determine the person's readiness. You will use these tools and resources to document the process and the results of your work. Examples of these tools and resources include the following:

- **Functional Ability Assessments** – determine the physical abilities of the person
- **Health Assessment Tools** – determine the state of the person's physical health
- **Mental Health Assessment Tools** – check the person's emotions, thoughts and reasoning

Another common tool checks the broader condition of the person. The checklist below is a good example. Note that your organisation's tool may or may not be like the form below. Interpreting the results will depend on your organisation's relevant policies and procedures. Refer to this example below:

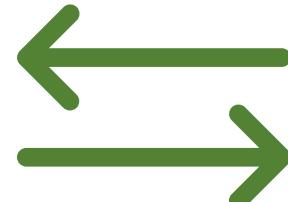
Person Competency Checklist			
Criteria (Is the person able to...?)	YES	NO	Comments
Physical			
1. Maintain a level of mobility to complete their activities of daily living (ADLs)?	<input type="checkbox"/>	<input type="checkbox"/>	
Communication			
1. Easily communicate without the need for any form of aid?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Easily communicate and express needs, concerns and their own decisions?	<input type="checkbox"/>	<input type="checkbox"/>	
Psychological			
1. Easily understand information that is relayed to them?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Make decisions on their own that are relevant to the services they receive?	<input type="checkbox"/>	<input type="checkbox"/>	
Social			
1. Trust people around them (e.g. family, peers and support staff)?	<input type="checkbox"/>	<input type="checkbox"/>	
Financial			
1. Manage their finances with little support needed?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Pay bills on their own with little support needed?	<input type="checkbox"/>	<input type="checkbox"/>	

2.3.2 Working with the Person in Selecting the Most Appropriate Service Option

If the person is ready to proceed, you may help them select a service option. Consider the following steps below:

1. **Remember that the selected service must match the person's needs.** You can review the topic of needs in Chapter 1 Subchapter 1.3 of this Learner guide.
2. **Ensure to consider factors that may affect the service delivery.** Subchapter 2.1 covers these factors.
3. **Provide all needed information for the person to decide effectively.** You can review Subchapter 1.4 and Subchapter 2.2 for this pointer.
4. **Ensure that the person understands all information and discussions.** If needed, translation services must be present. Never fail to double-check with the person if they have questions or clarifications.
5. **Ensure your organisation can deliver the selected service.** Consider the details of the service that may be unique to the person. Make sure that your organisation has the matching personnel or resources.
6. **Ensure the person's budget can pay for all the services.** You may have to work with them to finalise funding sources and requirements.

The steps outlined above are not linear. You may have to go back and forth between steps, which is natural when deciding between options. Additionally, the steps above are a rough outline of how the process may go. Your organisation should guide you with the relevant policies and procedures.



Checkpoint! Let's Review

1. An individualised plan puts the person at the centre from start to end. The person must be ready to participate in all the steps that require their input.
2. An advocate specialises in helping people decide and may speak on their behalf. A power imbalance happens when other people greatly influence a person's decision.

2.4 Determine Who Needs to be Included in the Planning Process and Organise Practicalities

The previous chapter discussed the importance of collaboration with other people. Collaboration is necessary to identify the person's diverse and multi-faceted needs. You will continue using this collaborative approach as you progress. It is useful for determining who needs to be included in the service planning.

2.4.1 Determining Who Needs to be Included in the Planning Process

With an individualised plan, the person is at the centre of planning and service delivery. Their family or advocate should also be involved, especially if they cannot decide for themselves. Additionally, you may also include important people such as the following:

The person's assessor

Service delivery workers

Health professionals

Other service providers

Carers and other support workers

You can use the following guide questions below in determining who to include in the planning process:

Who is directly involved in the service?

Who has the information that I need for the planning process?

Does the client agree to include the person in the planning process?

The questions above will help you sort the many people who can join the planning process. You will also have to consider your organisation's policies and procedures. As usual, consult with your supervisor or co-workers if you are unsure of what to do.

People involved in the process will depend on the person's needs, goals and preferences. But these people will have the information you may need for service planning. The following table discusses the roles and responsibilities of the possible included people:

Important People	Roles	Responsibilities
Person's assessor	<p>Each sector has its set of assessors depending on the person's specific condition. Assessors can be the medical doctors or the registered nurses who attend to the person for health-related needs. Meanwhile, assessment officers in the employment services can evaluate a jobseeker's potential fit with a job vacancy. In the aged care services, aged care quality assessors are common.</p>	<p>The assessors are the first individuals or organisations to evaluate the person's needs. In the planning process, the assessors can provide information on the person's needs. As evaluators, they can also identify what services the person needs. However, these specified services, are not final.</p>
Service delivery workers	<p>Service delivery workers provide the actual service needed by the person. Below are examples of these workers:</p> <ul style="list-style-type: none"> <li data-bbox="615 911 1316 1033">▪ Aboriginal and Torres Strait Islander health workers provide medical services to indigenous Australians. <li data-bbox="615 1057 1316 1148">▪ Family intervention specialists focus on individualised plans for a child or family. <p>Other examples include the general service delivery staff and coordinators.</p>	<p>In the planning process, service delivery workers provide the details of the actual service. As experts of their service, they ensure that the individualised service for the person is valid and effective. They determine the fitness of the organisation's services to the needs of the person.</p>

Important People	Roles	Responsibilities
Health professionals	<p>Health professionals include doctors, nurses, therapists, pharmacists and more, depending on the person's condition.</p>	<p>Health professionals focus on the medical needs of the persons. They also ensure that medical services are safe and effective in the planning process.</p>
Carers	<p>Carers are usually individuals with personal ties to the person such as their:</p> <ul style="list-style-type: none"> ▪ Family members (spouse, parent, children etc.) ▪ Relatives ▪ Friends <p>Carers may also be unrelated to the person such as substitute decision-makers and service delivery workers.</p>	<p>Carers assist the person by following their individualised plans. They also coordinate with service provider to provide information (e.g. person's needs) relevant to service planning. Carers will also inform the support services of any concerns the person might have during the planning process.</p>
Support workers	<p>Support workers across different services may called in different names such as:</p> <ul style="list-style-type: none"> ▪ Individual support worker ▪ Caregiver ▪ Aged care worker ▪ Care worker 	<p>Support workers ensure that care and support to be provided to the client are in line with the person's health care needs. They may help identify the person's medical needs and existing conditions which must be considered during service planning.</p> <p>In the planning process, support workers do all other tasks to start and finish the planning process. These can involve setting up meetings, documentation, reporting, and more.</p>

Important People	Roles	Responsibilities
Other Service Providers	<p>Other service providers that may be involved in the planning process may include:</p> <ul style="list-style-type: none"> ▪ Health professionals (general physicians, specialists, pharmacists, etc) ▪ Health facilities (clinics, hospitals, pharmacies, etc.) ▪ Referring organisations ▪ Support groups 	<p>Chapter 1 Subchapter 1.3 of this Learner Guide identifies other service providers that can help in the person's individualised plan. These 'other service providers' do not directly address the person's needs. Instead, they contribute other tasks or information.</p> <p>For example, a community service organisation may have referred the person for service. The referring organisation is treated as an 'other service provider'. In the planning process, the referring organisation will have to provide the information needed for the service.</p> <p>Another example is if an aged person transfers from a hospital to an aged care facility. The aged care facility assumes the role of the service provider and may implement an individualised care plan for the person. The hospital is the 'other service provider' who must ensure the successful transfer of the person to the aged care facility's service. Before the transfer, the hospital must help determine the fitness of the organisation's services to the needs of the person</p>

2.4.2 Organising Practicalities for Those to be Included in the Planning Process

Practicalities are the factors to consider for the actual work or service. There are practicalities as you determine people involved in the process.

These practicalities can include:

- the availability of the person or organisation
- the requirements for your organisations to collaborate
- the communication process between you and the person or organisation.

To organise practicalities is to arrange everything in order. Organised practicalities will help ensure that the process proceeds to the next phase.

Consider the following best practices:

- **Ensure the person or organisation is available for the planning process.**

Identify the appropriate person to work with as soon as possible. Connecting with the correct person will make the whole process more efficient.

- **Fulfil any requirements needed before your organisations can collaborate.**

These requirements may also include an official request to collaborate made in writing.

- **Establish a consistent line of communication with the person.**

Choose a mode of communication that will work for both of you. Communication can be via emails, calls, meetings, etc.

- **Make your correspondence brief and straightforward.**



Checkpoint! Let's Review



1. The person is at the centre of both planning and service delivery. But other people may be involved. These people can include the following:
 - The person's assessor
 - Service delivery workers
 - Health professionals
 - Other service providers
 - Carers and other support workers
2. Practicalities are the factors to consider for the actual work or service. There are practicalities as you determine people involved in the process. These can include:
 - the availability of the person or organisation
 - the requirements for your organisations to collaborate
 - the communication process between you and the person or organisation.



2.5 Collate and Prepare Information and Distribute to Relevant Stakeholders as Required

You may have to prepare and distribute information relevant to the person's services. This information is relevant in preparation for the service planning. Information required will vary depending on the person's needs and goals. This information may come in the following documents and reports:

Medical records	Referral documentation	Existing individualised plans
Assessment findings	Risk assessment documentation	Progress and discussion notes

2.5.1 Collating and Preparing Information

To *collate* is to collect. The information collated will be those relevant to the service planning. You may collate data from the person and the other relevant stakeholders. When collating information, consider the following:

- Collate information from the appropriate source.
- Only collate information that is relevant to the service planning.
- Do not share any collated information with unauthorised individuals.
- Collate information according to your organisation's relevant procedures.

To *prepare* information is to ensure it is ready for its purpose. Ensure you have collected all the information that you need before preparation. When preparing information, consider the following:

- If possible, simplify or clarify words and phrases for easy understanding.
- Clean up your collection of information by eliminating duplicates.
- Follow your organisation's forms and templates if they exist.
- Identify and remove unnecessary details.

Ensure to follow your organisation's policies and procedures. Consult with the appropriate personnel before doing anything unfamiliar to you.

2.5.2 Distributing Information to Relevant Stakeholders as Required

You may have to distribute some information during planning and service delivery. Relevant stakeholders who may receive information from you can include the following:



You may distribute information to the relevant stakeholders by using the following means:



Remember that you must respect the person's privacy and confidentiality. This is essential when distributing their personal information. Your organisation will have the related policies and procedures for you to follow.

Below are some general reminders that can also help you:

- Distribute information that the person has allowed you to do.
- Distribute information that your organisation has entitled you to.
- Only give the information needed by the stakeholder and nothing more.
- Always check with the person or organisation when sharing information requested from you.

Checkpoint! Let's Review



1. To collate is to collect. The information collated will be those relevant to the service planning. To prepare information is to ensure it is ready for its purpose. Ensure that you have collected all the information that you need before preparation.
2. Remember that you must respect the person's privacy and confidentiality. This is essential when distributing their personal information.
3. Information may come in the following documents and reports:
 - Medical records
 - Referral documentation
 - Existing individualised plans
 - Assessment findings
 - Risk assessment documentation
 - Progress and discussion notes
4. Ensure to follow your organisation's policies and procedures. Consult with the appropriate personnel before doing anything unfamiliar to you.



2.6 Liaise With the Assessor of the Person's Requirements Prior to the Planning Session as Required

Recall the role of the assessor. The *assessors* are the first individuals or organisations to identify the person's needs or requirements. They can also identify the kind of services the person needs. However, these specified services are not final.

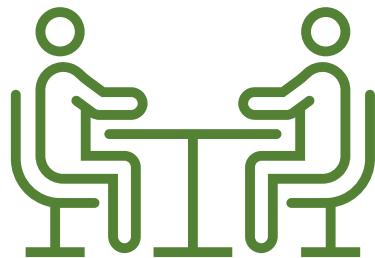
To *liaise* is to establish a working relationship. Liaising with the person's assessor is important for the following reasons:

- Assessors have the initial impression of the person's needs.
- Assessors may have other useful information for the service.
- Assessors may have the contact details for all the important people.
- Assessors may be the person's doctor. For health-related services, their participation is a given.

Support workers like you generally do not liaise directly with assessors. The responsibility to liaise is for more senior workers in your organisation. These senior workers usually include your supervisor.

You may still encounter assessors, whether directly or indirectly. In whatever case, consider the following:

- Take note of important details discussed during meetings with the assessor. Some of these discussions may not be found in documents or reports exchanged. Taking good notes is also important if you are the designated minutes' taker.
- Study all materials provided by the assessor. Studying will help you learn more about the person. Materials may include the following:
 - Progress notes
 - Medical records
 - Past service plans
 - Assessment findings
 - Referral documentation
- Ensure the privacy of the person and the confidentiality of their personal information. Keep all documents safe and secure. Never share what they have told you to unauthorised people.



Checkpoint! Let's Review



1. The assessors are the first individuals or organisations to identify the person's needs or requirements.
2. To liaise is to establish a working relationship. Liaising with the person's assessor is important for the following reasons:
 - Assessors have the initial impression of the person's needs.
 - Assessors may have other useful information for the service.
 - Assessors may have the contact details for all the important people.
 - Assessors may be the person's doctor. For health-related services, their participation is a given.
3. Support workers like you generally do not liaise directly with assessors. The responsibility to liaise is for more senior workers in your organisation. These senior workers usually include your supervisor.

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.

III. Plan Service Delivery



Planning ensures the service provided is accurate to the person's needs. It also ensures that service delivery is efficient. The previous chapter introduced things to prepare before planning the service. As a support worker, you will also have a role in planning. This chapter covers responsibilities that you may assume when planning for individualised services.

In this chapter, you will learn the following:

- Respect the person's perspective, foster their strengths and capacities and promote their participation
- Follow process requirements of service planning tools
- Identify and confirm key aspects of service delivery by collaborating to establish goals
- Consider interrelated needs of the person and plan an integrated approach to service delivery
- Conduct risk assessment, discuss with person and work collaboratively to minimise risks
- Manage any conflict or differences with regard for the person's perspective

3.1 Respect the Person's Perspective, Foster Their Strengths and Capacities and Promote Their Participation

Chapter 1 of this Learner Guide talked about the importance of a good relationship between you and the person. In Subchapter 1.1, trust and goodwill were critical characteristics to develop and maintain. Part of keeping the trust and goodwill is to give the person the respect they deserve. In Subchapters 1.3 and 1.4, you learned the importance of the person's decision-making. You will now apply these earlier topics to support the service planning process.



3.1.1 Respecting the Person's Perspective

Service planning and delivery involve two or more people. Everyone will likely have different views and opinions. It is your responsibility to respect different perspectives on the service.

Tolerating the person is the least that you can do to show some form of respect. But it is better to show respect by practising courtesy, empathy and non-judgemental support. You can practise these by doing the following:

- **Courtesy**

As a support worker, you must practise courtesy in any situation. As such, you must avoid using language or manners that may come off as rude.

- **Empathy**

To empathise is to understand someone's situation and their feelings towards it deliberately. Connecting with the person through their needs will make the service planning and delivery easier.

- **Non-judgemental support**

To show non-judgemental support is to avoid personal biases. As a support worker, you must fulfil your role without passing personal comments or reservations to the person.

3.1.2 Fostering the Person's Strengths and Capacities

A person's strengths can be their capabilities and skills where they are good at. They can also be confident with these capabilities and strengths. Strengths may also refer to their best characteristics. It can also be something that they love to do.

Capacity and decision-making are related. A person has full capacity if they can do the following when deciding:

Understanding the information involved

Understanding the main choices available

Comparing the consequences of the choices

Understanding the effects of the consequences on them

Communicating their final decision

The capacity to decide will vary depending on the subject and situation. A person can then have many capacities. For example, a person may have the full ability to choose what shirt to wear. But the same person may not have the full ability to decide what prescription drug to take. In the latter case, the person will need the help of a doctor and a pharmacist.

To *foster* is to encourage or promote. In fostering strengths and capacities, the strengths-based approach is useful. Consider the following strengths-based principles:

- They have a unique set of qualities. It is their strengths and capabilities that help them grow.
- They have a responsibility to maintain and improve their wellbeing. Anyone can think of any challenge as an opportunity for growth.
- They must have the willingness to learn, improve and change. Doing so allows for a more positive outlook on life.

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. The actions above help in identifying constraints or limitations present in the person's environment and look for ways in addressing or removing these limitations to enable the person to achieve their goals.

Strengths-based approach is applied to service planning by allowing the person to choose how to work on their problems, which emphasises their independence and promotes resourcefulness and resilience. In strengths-based planning, the individual's issues or concerns are not minimised as well. Rather, planning looks beyond what the individual lacks. It acknowledges that although the individual has difficulties in certain areas of their life, these can be overcome by giving proper support.

To foster strengths and capacities, you can do the following strengths-based actions:



- Assess the person's strengths and capabilities.
- Use the person's strengths and abilities in planning strategies.
- Maximise the use of available resources that will benefit the person.
- Help the person focus on what they can do instead what they cannot do.
- Ask broad, open-ended questions that focus on what is important to the person.
- Induce hope by affirming their improvement and showing an appreciation for their capability.
- Encourage the person to discuss their ideas and identify strategies they think might be helpful to achieve their goals

Applying the strengths-based approach in the service planning's assessment process has the following benefits:

- It helps identify the person's strengths and other inner resources which can be capitalised on as they work on their goals
- It helps the person recognise their skills, abilities and things that they are good at which can help them address the constraints and limitations they face
- It helps identify the things that are important to the person which can be incorporated in the service planning and serve as motivation for them to work towards their goals



Further Reading

A strengths-based approach in support work puts the person and their positive attributes at the centre. It makes the person realise their capabilities and use them to live a fulfilling life despite their condition. Learn more about the strengths-based approach using the link below:

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

3.1.3 Promoting the Person's Participation

Recall that an individualised plan puts the person at the centre. As much as possible, all decisions must come from them. They must take part in the service planning. As a support worker, you must promote their full participation.

To *promote* is to encourage the person to join or partake. Promotion generally means that:

- you present an upbeat and helpful attitude
- you talk about the benefits of the opportunity
- you acknowledge every effort the person makes
- you avoid highlighting mistakes or inadequacies
- you discourage their negative thoughts and foster their positive ones.

Promotion or encouragement of the person is part of an overall collaborative approach. In doing so:

- It allows the person and the service provider to work together to plan and deliver services that draws on the person's strengths and capabilities
- It encourages the person to become involved in the service they receive and as the expert in their own lives, encouraged to make their own decisions and plan their service through informed choices.



Collaboration of the person alone may not be enough in some cases. Recall from earlier that collaboration with other service providers and individuals may be needed. Consider some instances where may actively participate and individuals who may collaborate:

Instances where the person participates (collaborative approach is applied)	Individuals who may collaborate
During the development of an individualised plan (planning process)	Person, support worker, other people in the support network (e.g. carer, health professionals)
When referring the person to other service providers	Person, support worker, other service providers
When selecting the most appropriate service option that fits the person's needs	Person, support worker, service delivery workers



Checkpoint! Let's Review

1. You can show respect by practising courtesy, empathy and non-judgemental support.
2. To foster is to encourage or promote. In fostering strengths and capacities, the strengths-based approach is useful.
3. Strengths-based approaches enable the person to see themselves at their best and see their own value.
4. Promotion or encouragement of the person is part of an overall collaborative approach.
5. Collaboration increases efficiency of the planning process and effectivity of the service.



Multimedia

Respect is a virtue that you practise beyond your role as a support worker. Watch the video below for another perspective of respect with kindness and compassion:

[Right or Wrong: Practicing Kindness and Compassion](#)



An individualised plan must take advantage of the person's strengths and active participation because it helps unravel their strengths. Learn to inspire others using the link below:

[Three Things: How to Inspire Others](#)

3 THINGS
HOW TO INSPIRE OTHERS
with Professor Morela Hernandez

3.2 Follow Process Requirements of Service Planning Tools

An individualised plan is best realised when with the right tools during planning. Following the person-centred approach, these tools all try to answer the following questions:

- Who is the person?
- What are their needs?
- What are their relevant preferences?
- What are their relevant strengths and capacities?

There are many service planning tools used for individual plans. These include the following:

- **Making Action Plans (MAPS)**

This planning process is used to help a person create a plan for their future. MAPS considers the person's dreams, interests, needs and fears. These considerations help identify the person's future goals.

- **Personal Futures Planning**

This planning process focuses on creating a plan for the person's immediate future. Personal futures planning emphasises identifying and using the person's strengths.

- **Planning Alternative Tomorrows with Hope (PATH)**

This planning process helps the person create a plan for identified goals or needs.

Service planning tools will have different process requirements per organisation. Listed below are requirements that are usually present:

- **Action plan**

An action plan lists down the steps or tasks to address the person's goals or needs. It will also have the needed details to fulfil these steps or tasks.

- **To-do checklists**

To-do checklists are stripped-down versions of the action plan. The checklist may only contain essential information to perform certain tasks. These checklists serve as quick reminders for those with assigned tasks.



- **Organisational timelines**

Organisational timelines set out the milestones of the service plan. These milestones are often related to their progress in their goals or needs. Timelines are used to understand the time aspect of the service better.

- **Meeting minutes**

Meeting minutes document the important discussions in a meeting. The minutes become references when creating or changing plans across many sessions.



Ensure to follow your organisation's policies and procedures with process requirements. Consider the best practices listed below:

- Fill out all forms and fillable documents completely.
- Be familiar with the action plan and timeline of your client.
- Clarify your to-do checklist tasks with your supervisor if needed.
- Make sure to record accurately and completely when asked to write minutes.

Checkpoint! Let's Review



1. An individualised plan is best realised when with the right tools during planning.
2. Service planning tools will have different process requirements per organisation. Below are requirements that are usually present
 - Action plans
 - To-do checklists
 - Organisational timelines
 - Meeting minutes
3. Ensure sure to follow your organisation's policies and procedures with process requirements.

Below is a sample action plan with one goal:

Goals	Objectives	Tasks	Person in charge	Timeline	Evaluation
A goal can be an overall result that the person wants to achieve.	Each goal can have specific objectives or milestones that combine to make the goal possible.	Each objective can have its own set of actionable tasks. Completion of all tasks means the person has reached the objective.	The person in charge is responsible for accomplishing the various tasks.	The timeline shows when to start and complete a task.	Evaluation of each task helps determine areas for improvement.
Improve knee strength after an injury	Complete rehabilitation program	Attend rehabilitation sessions with the therapist	Person and therapist	Mondays and Thursdays for five weeks starting November 9	to be completed
		Do home exercises as instructed by the therapist	Person	Every day in the afternoon for ten weeks starting November 9	to be completed

3.3 Identify and Confirm Key Aspects of Service Delivery by Collaborating to Establish Goals

You have determined the needs and preferences of the person by now. You must ensure that the planning process identifies the key aspects of the service delivery. The key aspects are the unique factors based on the person's circumstances. These factors must also have significant effects on service delivery. It is important to identify and confirm their presence.



Chapter 2 of this Learner Guide has provided some of the key aspects. These include the following:

- **Physical and psychological factors**

These factors can influence service delivery in the following ways:

- The factors may be the reason for the need for service.
- The factors may affect how the service will proceed.
- The factors may affect an ongoing service.

You can review Subchapter 2.1 of this Learner Guide for this key aspect.

- **Readiness of the person**

The person must be ready before availing the individualised service. Interpreting readiness will depend on your organisation's relevant policies and procedures. You can review Subchapter 2.3 of this Learner Guide for this key aspect.

- **People included in the planning process**

Some people can contribute to the planning process. These people generally include those who:

- are directly involved in the service
- have the needed information
- the person has agreed to join.

You can review Subchapter 2.4 of this Learner Guide for this key aspect.

Other Key Aspects

The other key aspects will come from the person's needs and preferences. You must remember that every person is unique. Their uniqueness will then dictate the key aspects. In turn, the key aspects also make their service delivery unique.

Examples of other key aspects are listed below:

- **Funding**

The Australian government provides financial support to many support services. The client usually pays what they can afford in services as the government covers the rest. Other clients may also opt to fund their services on their own.

- **Social, cultural and spiritual considerations**

Individual differences bring about preferences that will need consideration. Individual differences include the characteristics, behaviours, experiences and values of a person.

- **People or organisations needed in the service delivery**

Your service may need the help of others outside your organisation. Health professionals may be one of these people. You must identify, confirm and contact these people in such cases.



Identifying and Confirming Key Aspects Through Collaboration

Identifying and confirming key aspects are important when planning a service. To *identify* is to recognise and consider. To *confirm* is to ensure truthfulness and applicability. Identifying and confirming must be a collaborative effort. You must work together with the person and other stakeholders. Consider the best practices listed below:

- **Ask the person.**

The best way to identify and confirm is by asking the person politely. Doing this prevents any confusion between you and the person.

- **Ask the family, carer, or friends.**

The person may be unable to communicate with you. People closest to them will be the next best source of information.

- **Read the person's file.**

Your organisation may have accessible information about the person. It will be best to study the person's file before interacting.

Consider the first two previously mentioned key aspects. Discussed below are the ways to identify and confirm each of their details:

- **Funding**

As mentioned earlier, many services are supported by the government financially. Ageing and disability support have dedicated government resources due to their prevalence. Details on other support services are on the Services Australia program. The resources below will help finalise the details on financial help.

Sector	Resources for Funding
Ageing Support/Aged Care	My Aged Care
Disability Support	Supports funded by the NDIS
Other Sectors	Services Australia

Funding comes down to whether the person can afford the service. If the person needs government help, you may have to help them support this claim. You must then be familiar with possible financial issues that affect the person. Examples of these issues include the following:

- Loans and obligations
- Under-compensation
- Unemployment
- Lack of savings

Financial capacity is a sensitive topic that you must handle carefully. You may work with personal financial documents to verify the person's financial capacity. These documents may include the following:

- Insurance policies
- Bank statements
- Loan documents
- Payslips
- Wills

You may also have to collaborate with other relevant service providers. These providers can include banks, insurance companies and more. In all, you must exert more effort to manage privacy and confidentiality. You must also follow your organisation's relevant policies and procedures.

■ Social, cultural and spiritual considerations

Diversity gives us many cultures, societies and forms of spirituality. You must identify the relevant details that may affect the service. Consider the following details and their implications:

- The person may subscribe to religion with some food restrictions. Services, especially about food, must then respect these restrictions.
- The person is from a culture that prefers nodding over handshaking. Any interaction with the person must take note of this.
- The person prefers to converse in a small group rather than one-on-one. It may be that someone must be with the person during discussions.

You must be open-minded and respectful. To *respect* is to provide a good feeling or action to someone. Respect is something that you show and give the person. Showing respect can be not talking bad about something. Giving respect can be following a person's lead. Put simply, you must do the actions that will never hurt or harm the person.

Different services will have various key aspects that they focus more on. Organisations like yours are aware of this fact. Your organisation will then have the relevant policies and procedures. Ensure you are familiar with and are following them.



Key Aspects and Goals

An individualised service is best implemented with goals. Working through goals makes a service more engaging and straightforward for the person. In a way, a person can also be motivated when they have goals to address.

A good service plan will implement *motivational goal setting*. That is, creating goals that will motivate the person to participate in their service. When the goals are in line with the person's capabilities and the service provides the person with the resources necessary to achieve their goals, the person becomes more motivated to achieve their goals



To aid motivational goal setting, plans must also use S-M-A-R-T goals. These include the following:

- **Specific** – distinct from other goals

When goals are specific, misunderstandings can be avoided. Thus, goals have a significantly higher chance of being accomplished.

- **Measurable** – progress and milestones are exact

Measurable goals ensure that there is a criterion for measuring progress. The person can track their progress and compare it against the goals that they set.

- **Attainable** – results are accurate and achievable

Attainable goals ensure that person can achieve what they want to achieve given the resources and capabilities they have.

- **Relevant** – addresses the needs

Relevant goals ensure that the goals align with what is important to the person (e.g. values) and that these goals take into account the bigger picture and person's other long-term goals.

- **Time-bound** – has a start and an end

Time-bound goals mean that the goal has a start and finish date. This ensures that the person feels a sense of urgency and they are more motivated to achieve the goal that they set as the finish date approaches.

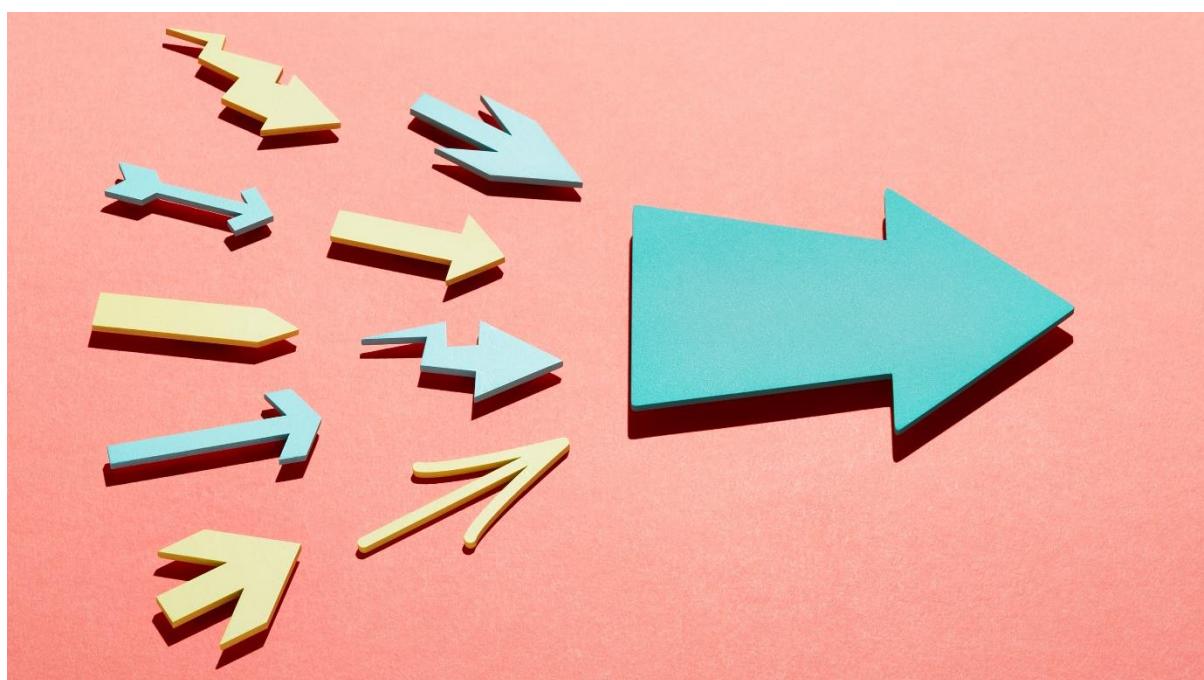
Knowing all the necessary information is key to establishing S-M-A-R-T goals. Details and considerations from the key aspects help in this regard. By learning more about the person, one can better address their needs. Consider the sample scenarios below:

- The person may need personally funded physical therapy but is financially limited. You may have to help them find affordable therapy options. These options ensure that the goal of the service is attainable.
- As per their readiness assessment, the person is still reluctant and undecided. But it may be that the service they need is urgent and important. Knowing the person's disposition, one can better plan for the time-bound part of the goals.



Checkpoint! Let's Review

1. The key aspects are the unique factors based on the person's circumstances. These factors must also have significant effects on service delivery.
2. Identifying and confirming must be a collaborative effort. You must work together with the person and other stakeholders.
3. An individualised service is best implemented with goals. Working through goals makes a service more engaging and straightforward for the person.



3.4 Consider Interrelated Needs of the Person and Plan an Integrated Approach to Service Delivery

Recall the discussion from Subchapter 1.3 of this Learner Guide. According to the discussion, a person may have the following types of needs:

- **Diverse needs** are those associated with diversity between individuals. Diversity is the difference in age, gender, disability, language, culture, religion, etc.
- **Multi-faceted needs** are overlapping needs that a person may have. These needs may also be a result of a condition. The term is often synonymous with complex and multiple needs.



3.4.1 Considering the Interrelated Needs of the Person

Interrelated needs have some form of relationship with each other. Examples of these relationships include the following:

- **Needs with the same cause**

Some needs arise from the same root cause. A good example would be the alleviation of symptoms of a single disease.

- **Needs that can be addressed simultaneously**

Some needs can be addressed together. Their associated solutions may or may not be the same. Focusing on the latter, consider an injured athlete experiencing mental health problems. Their physical rehabilitation can work together with their mental health therapy.

- **Needs that must be addressed in order**

Some needs are related where they are to be addressed in order. This case can happen when one need causes the other. Consider a person who needs medication but lacks the money to buy it. They must first address their need for money, then address their need for medication.

- **Needs that the same solution can address**

Some solutions can address many needs when planned carefully. Consider a person who wants to socialise and get physical exercise simultaneously. One way to address these two needs together is by helping the person join team sports or gym classes.

You must consider the interrelated needs before finalising the service delivery. To *consider* means to identify themselves and ways to address them. Interrelated needs will come when the needs of the person are discussed. Listed below are some questions you can use during these discussions:

- What are the needs that come from the same cause?
- What are the needs that can be addressed together?
- Are there needs that must be addressed in order? If so, what is the proper order?
- What are the needs with the same solution?

Collaboration with the person and other stakeholders is still important for this process. Lastly, relevant policies and procedures of your organisation will be handy.

Recall the case study from Subchapter 2.1 of this Learner Guide. In the case study, Thomas Smith has more than one need. Those needs are the following:

- He needs support in managing the symptoms of Parkinson's disease.
- He needs help coping with his depression, increasing his self-esteem, and regaining confidence.
- He needs help to be able to paint and draw again.

The first need is a direct result of Thomas contracting Parkinson's disease. It is also evident in the case study that his second and third needs arose because of his Parkinson's disease. Therefore, addressing the first need will contribute to addressing his second and third needs.

Thomas' second and third needs will require other services to address them. However, it is crucial to consider his medical condition when choosing the additional services needed. For instance, slowly getting him back to painting and drawing will address his third need. However, you must consider his Parkinson's disease symptoms while doing so. If his hands are shaking, you may have to find ways such that wet paint will not spill over him.

The simple analysis above shows how to consider interrelated needs. In a way, you must look at the big picture of how needs affect each other. You can then work out a plan to address these altogether. How needs interrelate can vary depending on your sector and service. You must then be familiar with all the person's needs. As a support worker, you must also be familiar with the different needs in your industry.



3.4.2 Planning an Integrated Approach to Service Delivery



An integrated approach to service delivery has many providers or organisations collaborating. It is applicable in cases such as if:

- The person has complex or many needs
- The person has needs that cannot be addressed by one service provider alone
- The person requests for a support or service which their primary service provider do not have (e.g. medical care)

Sometimes, a person may have diverse and multi-faceted needs which cannot be addressed by one service provider alone. In this case, the primary service provider must collaborate with another service provider to better address the client's needs and provide support which may otherwise not be possible or as effective if these providers are working separately.

Collaboration between service providers ensure that a holistic approach is applied when addressing the person's needs and the person has better and more efficient access to the range of services they require, thus improving the quality and consistency of service they receive.

The different providers or organisations can focus on the needs of their expertise. Collaboration ensures that interrelated needs are addressed properly. Tying these providers or organisations is a single service plan.

The organisation planning the service must recognise the need for an integrated approach. The integrated approach is for people with complex or many needs. The organisation will assess if they have the resources to address these needs. If they lack the resources to do so, they will use the integrated approach.

A senior member of the organisation will decide if an integrated approach will be used. This senior member may be your supervisor. As a support worker, you may still be tasked to help in planning service with an integrated approach. Consider the general series of steps that your organisation may take:

1. Identify the needs that are beyond your organisation's scope.

Many organisations focus on a specific range of related services. You must be knowledgeable of your organisation's scope.

2. Identify the services that will address the needs beyond your scope.

You may have to study the needs first, especially if you are unfamiliar with them. But for the most part, the services needed will be straightforward. For example, the person may need a constant supply of medication. In such a case, you may need to collaborate with a pharmacy to address the person's needs.

3. Collaborate with external providers or organisations to complete the plan.

Your organisation will certainly have policies and procedures for this step. It is important you understand how you must operate under these rules. It is also likely that your organisation will have partner providers or organisations. These partnerships will make collaboration easier.

Remember that you must work closely with your team for all the above. Consult with more experienced or knowledgeable co-workers. Always have your supervisor verify your work. The discussion in Section 1.3.3 of this Learner Guide may also help.



Below is a sample action plan for the case study from Subchapter 2.1 of this Learner Guide. Notice the diversity of specialisation under the 'Person responsible' column. With such varying types of workers, an integrated approach will likely be used. Refer to the table below:

Action Plan					
Client	Thomas Smith		Date	January 1, 2022	
Needs and issues identified	Strategies or actions to address this	Resources needed	Person responsible	Timeframe	Outcomes
Symptom management of Parkinson's disease	<ul style="list-style-type: none"> ▪ Manage medication ▪ Exercise ▪ Complementary therapies 	<ul style="list-style-type: none"> ▪ Medication ▪ Access to therapies 	<ul style="list-style-type: none"> ▪ Movement disorder specialist 	Any timeframe can be given here	No response is required here as the plan is yet to be implemented
Depression and loss of self-esteem and confidence in himself	<ul style="list-style-type: none"> ▪ Medication and or counselling 	<ul style="list-style-type: none"> ▪ Activities related to painting and drawing 	<ul style="list-style-type: none"> ▪ Psychologist 	Any timeframe can be given here	No response is required here as the plan is yet to be implemented
	<ul style="list-style-type: none"> ▪ Organise activities that Thomas will find meaningful (e.g. something related to art and drawing) 	<ul style="list-style-type: none"> ▪ Interest groups 	<ul style="list-style-type: none"> ▪ Support worker who can organise the activities 	Any timeframe can be given here	No response is required here as the plan is yet to be implemented

Checkpoint! Let's Review



1. Interrelated needs have some form of relationship with each other. Examples of these relationships include the following:
 - Needs with the same cause
 - Needs that can be addressed simultaneously
 - Needs that must be addressed in order
 - Needs that the same solution can address
2. How needs interrelate can vary depending on your sector and service. You must then be familiar with all of the person's needs. As a support worker, you must also be familiar with the different needs in your industry.
3. The integrated approach is for people with complex or many needs. The organisation will assess if they have the resources to address these needs. If they lack the resources to do so, they will use the integrated approach.



3.5 Conduct Risk Assessment, Discuss With Person and Work Collaboratively to Minimise Risk

Service planning will also consider health, safety, and wellbeing risks. The final plan must manage the associated risks. First, you must learn more about hazards, hazard events and risks.

Hazards and Risks

A *hazard* has the potential to cause harm to the person's health, safety, and wellbeing. Hazards can be organisms, objects, events or conditions. A *hazard event* occurs when the person experiences harm from a specific hazard.

Risk is the measure of how likely a hazard can cause harm. In other words, the risk is also the measure of how likely a specific hazard event takes place. Consider the pairs of hazards and hazard events below:

Hazard	Hazard Event
Wet floor	Slipping
Very hot temperature	Dehydration
High salt intake	High blood pressure

You can categorise hazards to a person's health, safety and wellbeing into the following:

- **Physical hazards**

Physical hazards are material objects or controllable conditions.

Examples include knives, wet floors, steep stairs and unattended cooking gas stoves.

- **Environmental hazards**

Environmental hazards are mostly uncontrollable events and conditions.

Examples include temperature, humidity, pollution and weather disturbances.

- **Physiological hazards**

Physiological hazards are objects, events or conditions that cause health-related harm.

Examples are sugar causing a blood sugar spike, fatty food causing a heart attack and pollen causing an allergic reaction.

Indicators to Risks

Recall the discussion in Subchapter 2.1 of this Learner Guide. It covers physical and psychological health factors affecting service delivery. You can extend these factors into the physiological hazards. Shown below are some indicators according to physical and mental health. The following indicators can help you in assessing the persons' physiological risks:

- **Physical health indicators**

Weight

Infections

Skin integrity

Blood pressure

- **Psychological health indicators**

Evidence of self-neglect

Impaired judgement

Impaired cognitive functioning

Impaired problem-solving abilities

Other indicators that may help you assess the person's risks may include the following:

Evidence of abuse

Social rights infringements

Behaviours of concern

Behaviours of Concern

Individuals with unidentified needs or conditions display behaviours of concern. Consider the case study below:

Nate and Tammy

Nate loudly bangs a cup as he watches his favourite sports team win. Tammy sits beside Nate. Tammy finds this loud banging noise distressing. Tammy then starts hitting her ears with a closed fist.

In the case study, Tammy is showing a behaviour of concern. Tammy's reaction to Nate is unusual behaviour. Moreover, it is also harming her body. These observations suggest that Tammy needs further assessment.

3.5.1 Conducting Risk Assessment Specific to the Person's Circumstances

Support workers must assess the person's lifestyle. Lifestyle covers living conditions, relationships, health and daily activities. Assessed aspects of lifestyle will depend on the needs of the person.

The assessment will help to determine the person's risk factors. The assessment may be conducted through but not limited to:

- letting the person answer a questionnaire
- interviewing the person and their family members and carers
- observing the person and documenting results, as per your organisation's processes
- accessing and reviewing the person's existing records, such as medical history
- consulting with the person's health services provider, such as physiotherapists or medical doctors.

A good risk assessment must answer the following questions:

- What can cause harm to the person (hazard)?
- What can happen and under what conditions (hazard event)?
- What are the possible consequences to the person (hazard event)?
- How likely are the potential consequences to occur (risk)?
- What are possible solutions or actions to minimise it (action)?

Ensure to follow your organisation's relevant policies and procedures. These procedures must produce an appropriate document for risk assessment. This document will help you with the next steps in the process. Shown below is an example of this document:

Risk Assessment Form			
Hazard	Hazard Event	Risk (1–5)	Action
Wet toilet room floor due to leaking faucet	<ul style="list-style-type: none"> ▪ Slipping during toilet ▪ Broken bones after slipping 	5 – very likely due to regular toilet use	Fix leaking faucet

3.5.2 Discussing the Assessed Risk With the Person

The final goal of a risk assessment is to minimise the risks around the person. Before doing so, the person must understand the risks identified around them. Recall from the questions answered by a good risk assessment. The first four are listed below. For each question, consider some of the following best practices when discussing with the person:



- **What can cause harm to the person (hazard)?**
 - For physical or visible hazards, have the person see them.
 - For health-related hazards, it would be best to have the help of a professional. One way to do so is by presenting a medical report about the persons' condition.
 - Be careful of hazards related to the person's psychological health. It may be best to discuss it with their family or carer first.
- **What can happen and under what conditions (hazard event)?**
 - Ensure that the hazard event is contextualised to the person's circumstances.
 - Be clear on explaining what can happen. The use of sample situations may help the person understand the event.
- **What are the possible consequences to the person (hazard event)?**
 - Be clear on explaining the consequences. If possible, back up your findings with thorough research.
 - Do not induce fear or hopelessness. Be honest but supportive at the same time.
- **How likely are the potential consequences to occur (risk)?**
 - Ensure that the presented risk is contextualised to the person's circumstances.
 - Organisations will use different scales and measurements for risks. Ensure to communicate the results such that the person understands them.

Finally, consider the following general best practices:

- Maintain the trust and goodwill between you and the person. Apply the discussion in Subchapter 1.1 of this Learner Guide. You must provide dependable and consistent answers. Be patient with their questions and clarifications.
- Maintain the person's privacy and the confidentiality of their information. Apply the discussion in Subchapter 1.2 of this Learner Guide.
- Do not forget to follow the relevant organisational policies and procedures. Consult your co-workers or supervisor if needed.

3.5.3 Working Collaboratively With the Person to Minimise Risk

A good risk assessment recommends or initiates actions. These actions must remove or reduce the risks. You must collaborate with the person in developing these actions. After all, they have the final decision on what to do for themselves.

Being the support worker, you may first suggest or propose actions. The person can then add, remove or change any of your proposals. In coming up with the proposed measures, consider the following:

- The action must address the needs.
- The action does not introduce any new hazards.
- The action is doable and affordable for the person.

Also, ensure that you can answer questions related to the actions. Some questions that may be asked are the following:

- Where and how can I get them?
- Does this address any of my needs?
- What are the benefits and disadvantages?
- Will I need other resources or requirements?
- How much do they cost, and can I afford them?

Remember that the person has every right to decline or change any actions. You must respect this right but explain the consequences diligently. Finally, do not forget to apply relevant organisational policies and procedures.



The table below shows some sample actions to minimise the risk of some hazard events:

Hazard Events	Actions to Minimise Risks
Slipping on wet floors	Install non-slip mats on wet surfaces like the bathroom.
Dehydration due to very hot temperatures	Ensure that the person regularly drinks enough water.
Overweight due to poor lifestyle	Encourage the client to seek exercise plans from experts.
High blood pressure due to high salt intake	Encourage the person to reduce consumption of junk foods.
Suicidal tendencies due to depression	Refer the person for psychological counselling.
Extreme sadness due to dementia	Suggest alternative therapies like music and art to the person.

There will be instances where risk is unavoidable. In such cases, *risk management* must be implemented. Risk management refers to activities (e.g. assessments, analysis) performed by an organisation to ensure that it understands the possible workplace risks and to make informed decisions about managing these risks. Consider the table below:

Hazard	Risk management consideration	How to minimise the risk associated with the hazard
Diabetes	For people with diabetes, it is important that they have a diet that fits their health needs and proper medications to manage their health condition.	To help manage this risk, ensure that the person is taking their prescribed medication on time. In addition, monitor the food that the person is eating, ensure that they are consuming nutritious food appropriate to their health condition (e.g. low in saturated fats) and they are eating on time.

Hazard	Risk management consideration	How to minimise the risk associated with the hazard
Air pollution	Although air pollution may limit a person's outdoor activities especially if they have respiratory problems, the person must be allowed to take reasonable risks in their daily lives as part of their dignity of risk.	If the person needs to go outside and the air pollution is high, advise them to go early in the morning when the air quality is better. They must also wear a mask and carry with them their reliever medication.
Wet floor	Look into the areas where the floor often gets wet and what usually causes the floor to be wet. For example, wet floors may often be found in dining areas due to water spillage during mealtimes.	To minimise the risk of someone slipping and falling due to wet floors, wipe the area dry immediately.

Checkpoint! Let's Review



1. Service planning will also consider health, safety, and wellbeing risks. The final plan must manage the associated risks. First, you must learn more about hazards, hazard events and risks.
2. Being the support worker, you may first suggest or propose actions. In coming up with the proposed measures, consider the following:
 - The action must address the needs.
 - The action does not introduce any new hazards.
 - The action is doable and affordable for the person.

3.6 Manage Any Conflict or Differences With Regard for the Person's Perspective

During service planning, conflicts or differences may arise. *Differences* can be minor disagreements between the people involved. *Conflicts* are major disagreements with significant consequences.

Examples of service planning differences include the following:

- Scheduling conflicts during service planning
- Different preferences on the mode of communication

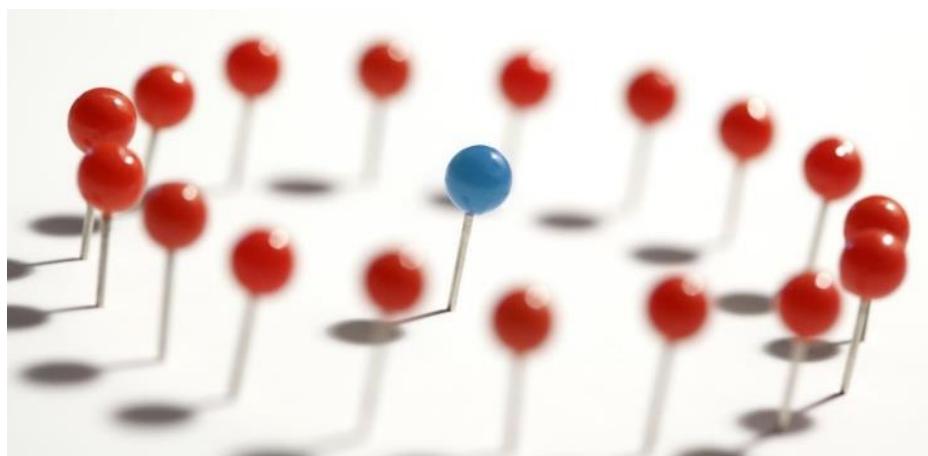
Examples of service planning conflicts include the following:

- The person and their family disagree with the details of the plan.
- The health professional has dissenting medical advice.

You may be required to manage these conflicts or differences. A general process of conflict or difference management is presented below:

1. Identify the issue.
2. Clarify each of the conflicting parties' perspectives.
3. Generate balanced options. If possible, options must address everyone needs. These needs include those of your organisation.
4. Document all discussions and track progress.
5. Negotiate and mediate, as appropriate.
6. Seek help from your supervisor if it is beyond the scope of your role.

The management process must prioritise the persons' perspective. Ensure to course through any updates or changes to the person. In discussions, engage the person to talk about their thoughts. Above all, follow your organisation's relevant policies and procedures.



Checkpoint! Let's Review



1. During service planning, conflicts or differences may come up.
2. Differences can be minor disagreements between the people involved. Conflicts are major disagreements with significant consequences.
3. A general process of conflict or difference management is presented below:
 - i. Identify the issue.
 - ii. Clarify each of the conflicting parties' perspectives.
 - iii. Generate balanced options. If possible, options must address everyone needs. These needs include those of your organisation.
 - iv. Document all discussions and track progress.
 - v. Negotiate and mediate, as appropriate.
 - vi. Seek help from your supervisor if it is beyond the scope of your role.
4. The management process must prioritise the persons' perspective. Ensure to course through any updates or changes to the person.

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.

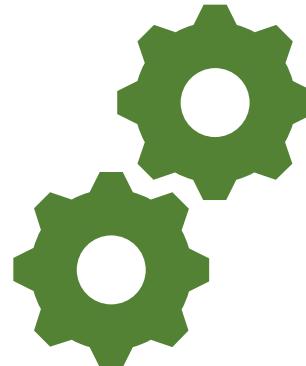
IV. Review Service Delivery Implementation

The previous chapter covered essential points to consider when planning for the service. You may also have responsibilities during the actual service delivery. One of these responsibilities may be reviewing the service delivery implementation.

Organisations must conduct regular reviews of their service delivery. Reviews help organisations address their clients' needs, goals and preferences consistently. Reviews also allow organisations to identify areas of improvement and act on them.

Continuous Improvement Processes

Continuous improvement processes are orderly, ongoing efforts to improve the provided services. These involve having a system for gathering, reviewing and acting on feedback. Feedback may come from all stakeholders. Continuous improvement also includes identifying the training needs of the workers. These help the workers provide better services to clients.



Regular reviews align with continuous improvement processes. Organisations must have continuous improvement processes in their policies and procedures. Continuous improvement allows organisations to:

- address clients' needs efficiently
- keep up with industry standards
- improve service outcomes.

This chapter will cover the following:

- Consult with relevant people to assess the quality of, and satisfaction with, service
- Address and report problems with the quality of, or satisfaction with, service delivery
- Work with the person and relevant others to identify and respond to the need for adjustments to individualised plans
- Support the person's self-determination in making adjustments to plans
- Identify areas for improvement to service delivery implementation of organisation

4.1 Consult With Relevant People to Assess the Quality of, and Satisfaction With, Service

The quality of service is the measure of an organisation's performance. There are many attempts to describe the quality of service. The following aspects are often considered:

- **Confidence**

Reliable organisations deliver services of high quality.

- **Responsiveness**

High-quality service also entails quick resolution of requests, feedback and complaints.

- **Empathy**

Clients and partners want organisations to understand their feelings.

- **Tangibility**

Services that are visible, heard and felt are what clients and partners favour.

- **Consistency**

Organisations are expected to deliver the same good service.

Satisfaction tries to measure the client's or partner's happiness with the service. Most measurements are done using a scale of satisfaction. Since satisfaction is subjective, people are asked to explain their answers sometimes. An example of a simple satisfaction form is shown below:

How would you rate your satisfaction with the service that you received?				
Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you explain your answer above? Your comments and suggestions are valuable to us.				

Relevant People to Consult With

In individualised service delivery, the clients are the person in need. The partners are everyone else involved in the service. These remaining people are the family, carers, other service providers and more. The person and the partners are the relevant people you must consult to assess the service.

Assessing Service Quality and Satisfaction

Quality and satisfaction are often assessed together. Both are important tools for organisations to achieve the following about their services:

- What works
- What does not work
- What needs to be changed

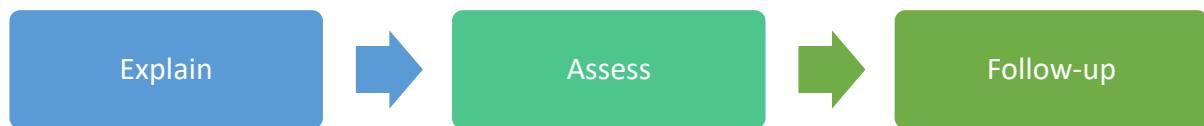
The assessment must find a way to measure quality and satisfaction. The process for conducting assessments will vary between organisations. An assessment may include the following questions:

- Are you confident to ask workers questions about your services?
- Do the service workers follow up when you raise things with them?
- Are the services delivered at a convenient time?
- Do the people providing service have the skills to meet your needs?
- Are the workers kind, caring and respectful?
- Is the plan updated when circumstances or needs change?
- Are you given information that helps you get the most out of the services?
- Do the services improve your or the person's quality of life?
- What would you say was the best thing about the service(s)?
- How could the service(s) be improved?



Consulting to Assess the Service

Organisations vary in how they consult or approach relevant people for an assessment. A general process is presented below:



1. **Explain** – involves discussing the process of consulting to the relevant person
2. **Assess** – is the part of the process where input from the relevant person is taken
3. **Follow-up** – involves you and other workers ensuring that any issues are addressed

Important details that you and the relevant person must know are as follows:

- **How the consultation is done**

Organisations may consult with the person through conversations through the following means:



Other organisations have relevant people answer questions via emails or questionnaires.

- **How often the consultation is done**

Some organisations may hold regular consultations for continuous improvement. Most, if not all, will also be available via set appointments.

- **How can the person monitor the progress of their concerns**

Concerns or problems may be identified during consultations. You may be tasked to observe how these problems are addressed. You may also have to update the person on the matter.

Organisations will vary on how they would conduct the assessment. You must familiarise yourself with your organisation's relevant policies and procedures. Take time to understand how, when and why you conduct the assessments. You should also take time to understand the tools used, such as forms and templates.

A sample service assessment form for the person in need is provided on the next page. Your organisation may use a similar document for assessing the service delivered.

Service Assessment Form

Service Assessment Meeting Details

Name of Person Giving Feedback	
Relationship with Client	<input type="checkbox"/> Client <input type="checkbox"/> Family/Carer
Time of Meeting	
Location of Meeting	
Name of Person Getting Feedback	

Client Information

Name of Client	
Age	
Organisation	
Support Worker Name	

Needs	Feedback
Add more fields as needed.	Add more fields as needed.

Goals	Feedback
Add more fields as needed.	Add more fields as needed.

continued on the next page

Preferences	Feedback
<i>Add more fields as needed.</i>	<i>Add more fields as needed.</i>

Suggestions

Services	Feedback
<i>Add more fields as needed.</i>	<i>Add more fields as needed.</i>

Other Comments

End of Service Assessment Form

Best Practices on Consulting to Assess the Service

When consulting or approaching relevant people, remember the following:

Let the person know about the consultation ahead of time

- This is to help them prepare more accurate responses to your questions.

Prioritise the person's time

- Conduct or request the assessment at a convenient time for the person.

Help the person prepare

- Be specific with what information you need.

Be ready yourself

- Ensure that all your assessment materials are ready.

Prepare the questions or forms

- Let the person see them ahead of time if possible.

Maximise open questions

- Questions that start with a 'why' or a 'how' can give more detailed answers.

Maintain the confidentiality of all information received

- Ensure that only authorised individuals see it.

Be professional with your task

- Be respectful and open-minded even if you receive criticisms.

Consulting With Other Service Providers

The preceding discussion is applicable to all the relevant people concerned. However, you may work with other service providers for a person's individualised plan. In this context, you and their workers act like colleagues. As you work together for the older person, there must be transparency. All useful information must be available for everyone. Consultation is a way for you and the other providers to achieve this.

Your organisation should have the policies and procedures for consultations with other providers. Consider the following best practices:

Plan your consultation

- Identify what you will need.
- Determine who you will be approaching.
- Set how, when and where the consultation should happen.

Make the request in advance

- If possible, you must let them know what you will need.

Be accurate about the information you need

- It helps if all items are in standardised forms like progress notes.

Listen and be open to feedback

- Service providers may relay other information related to your work.

Work on actionable items

- Proceed according to your organisation's policies and procedures.

Checkpoint! Let's Review



1. The quality of service is the measure of an organisation's performance. There are many attempts to describe the quality of service.
2. Satisfaction tries to measure the client's or partner's happiness with the service. Most measurements are done using a scale of satisfaction. Since satisfaction is subjective, people are asked to explain their answers sometimes.
3. You must familiarise yourself with your organisation's relevant policies and procedures. Take time to understand how, when and why you conduct the assessment and understand the tools used, such as forms and templates.
4. In individualised service delivery, the clients are the person in need. The partners are everyone else involved in the service. These remaining people are the family, carers, other service providers and more.



4.2 Address and Report Any Problems With the Quality of, or Satisfaction With, Service Delivery



Consultations and discussions allow for improvements in the services. In some cases, you may have to work on issues and problems. Issues with service delivery that affect quality and satisfaction may include the following:

- Some aspects of the service delivery may not address the person's needs.
- The service delivery lacks inclusivity. For example, the organisation only provides information in the English language.
- There is a lack of access to other services and community resources.
- Staff and workers lack proper training.
- There are complaints related to inappropriate treatment. Instances can include discrimination or support staff being rude.

Results of consultations are useless if no one takes further action. You must document and report feedback gathered from discussions following your organisation's procedures. This feedback will go through your organisation's other continuous improvement processes.

Authorised personnel will then review the feedback and suggest the appropriate action. Measures for addressing feedback may include the following:

- The organisation may investigate complaints concerning staff who are treating clients inappropriately.
- The organisation may adjust services in collaboration with the person.
- The organisation may facilitate referrals to other service providers who can provide support that they cannot.
- The staff may undergo professional training to develop their competencies further.

Here are some points to remember when dealing with problems related to the service's quality or satisfaction:

- **Be familiar with the following:**
 - Legal complaints process
 - Organisational policies and procedures on feedback
 - Organisational policies and procedures on complaints
 - Other relevant documents and processes
- **Determine the resources that the person needs to file a formal complaint.** Do they need an interpreter? Do they need a representative to act on their behalf?
- **Always maintain privacy and confidentiality.** Do not share the information with other people who are not/should not be involved.



Checkpoint! Let's Review

1. Consultations and discussions allow for improvements in the services. In some cases, you may have to work on issues and problems.
2. Results of consultations are useless if no one takes further action. You must document and report feedback gathered from discussions following your organisation's procedures.
3. This feedback will go through your organisation's other continuous improvement processes. Authorised personnel will then review the feedback and suggest the appropriate action.
4. You must always maintain privacy and confidentiality by only sharing the information with other people who are or should be involved.

4.3 Work With the Person and Relevant Others to Identify and Respond to the Need for Adjustments to Individualised Plans

Changes and adjustments are natural to any plan. Recognising them as soon as possible is important for the service's success. For some services, early recognition may even save someone's life. You must then work with the person and relevant others to identify and respond to these adjustments. Working with these people is no different from how you have been collaborating with them.

Identify the Need for Adjustments to Individualised Plans

Some problems may cause the need for adjustments. You can go back to the previous section to see examples of issues you may encounter. Adjustments may also come up because of the person's changing needs. Below are examples of a person's changing needs:

- Manifestation of a serious illness
- The person moving to a different location
- The emergence of hazards that pose risks to the person
- Non-lethal changes such as a decline in eyesight, hearing, smell, taste or touch
- Progression of a condition, resulting in an increase in the level of support needed

Reasons for adjustments in the individualised plan may come from the following:

- **Complaints and other forms of reporting**

The person receiving the service may communicate about the need for adjustments. Other stakeholders like family members and health professionals can do so as well. With complaints and reports, you must be aware of the system in place. There will be relevant organisation policies and procedures.



- **Reviews with the service delivery**

The need for adjustment may also come up during service reviews. Complaints are client-driven while your organisation initiates service reviews. *Service reviews* allow you to recognise any problems before complaints are made. Again, there will be relevant organisation policies and procedures.



The person and relevant others can also accomplish feedback questionnaires. These forms are another way of reporting the need for adjustments. The table below shows a simple feedback questionnaire that a person can accomplish:

Sample Feedback Form			
Name			
Affiliation	<input type="checkbox"/> Client <input type="checkbox"/> Family <input type="checkbox"/> Carer <input type="checkbox"/> Others (Please specify below)		
What is your feedback about?			
<input type="checkbox"/> Compliment <input type="checkbox"/> Question <input type="checkbox"/> Suggestion <input type="checkbox"/> Concern			
What is your feedback? Please write below:			
Has this happened before?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	<input type="checkbox"/> Not Applicable
What would you like to happen? Please write below:			
Thank you! We will get back to you soon!			

Respond to the Need for Adjustments to Individualised Plan

Not all adjustments to plans are equal. Adjustments may depend on the following:

- **The severity of the adjustment**

Some adjustments may need significant changes in the person's plan. It will be as if a new plan is being made. In such cases, the process of service planning re-starts.

- **The urgency of the need to adjust**

Some changes need adjustments to the plan and service immediately. Changes that pertain to health and wellbeing are good examples. Everyone must be aware of the implications and the need for immediate action.

- **The complexity of the plan**

Some plans and services are difficult to adjust. Integrated services are good examples of these services. Working with many providers and organisations may take time and resources.

Responding to the need for adjustments will then vary depending on the circumstances. Organisations will also have varying systems in place. Ensure then that you are aware of the relevant policies and procedures. The following best practices will also help you:

- Ensure that all relevant documentation is available. Ask the person to complete any forms or reports. You may also assist them if they are unfamiliar with any process.
- Secure all documents and evidence. They will be useful when the plan is to be revised.
- Respect people's privacy. Ensure that all sensitive information remains confidential.
- For urgent adjustments, ensure to report them immediately to your supervisor. Never make any adjustments on your own.
- Assure the person that necessary actions will be taken. Keep calm and never instil fear despite the situation.



Examples of Working With Adjustments

Below are a couple of examples of how adjustments can happen in a service.

New Needs for Pam

Progress notes about Pam's health show that her severe illness has progressed. The support staff meets with Pam and the family members to discuss service options. With the help of the support team and her family members, Pam decides to enter a palliative care facility. Her new service delivery plan included outcomes of their previous discussions. They have also prepared Pam's advanced care directives.

Problems With the Support Staff

Review findings tell that the support staff currently lack training in manual handling. The lack of training is evident in many reports. In one report, some clients have complained of back pains from lifting. These clients were usually transported from bed to shower regularly by the staff. After discussions, the organisation decided on the following actions:

- Providing training for support workers on manual handling
- Using relevant operating aids such as hoists and lifters

Checkpoint! Let's Review



1. Changes and adjustments are natural to any plan. Recognising them as soon as possible is important for the service's success.
2. Some problems may cause the need for adjustments. Adjustments may also come up because of the person's changing needs.
3. Not all adjustments to plans are equal. Responding to the need for adjustments will then vary depending on the circumstances.
4. Service reviews allow you to recognise any problems before complaints are made.

4.4 Support the Person's Self-Determination in Making Adjustments to Plans

A person's needs, goals or preferences may change over time. Some examples of reasons behind these changes may include the following:

- Manifestation of a severe illness
- The person moving to a different location
- The person experiencing measurable improvements
- The emergence of hazards that pose risks to the person

Changes in needs, goals or preferences may lead to adjustments in the plans. Below are examples of changes to a person's individualised plan and service:

Sample Scenarios	Changes to Individualised Plan and Service
<p>A person has been in an aged care facility for five years. The person contracted cancer one year ago. The person's condition required care services beyond the current facility's capabilities.</p>	<p>The current service provider may refer the person to a palliative care facility. This facility can better address the person's condition and growing needs.</p>
<p>The person has reported increased pain. He requested a dosage increase in his regular pain medication.</p>	<p>A service delivery worker may be able to administer the medication. However, they cannot increase or decrease the instructed dosage. The worker must report this to their supervisor or the person's health professional.</p>
<p>The person feels that she can increase the intensity of her exercises. She is rehabilitating after knee surgery.</p>	<p>A service delivery worker may supervise the person's workout sessions. However, deciding to adjust her program must involve the assigned physical therapist. The person's doctor or specialist may also have something to say.</p>

Supporting the Person's Self-Determination



Self-determination is the person's ability to make their own choices, actions and decisions. It involves providing specific needs to allow a person freedom. This feeling of freedom enhances a person's motivation. The person must always have the right to determine their plan's implementation details.

Supporting a person's self-determination involves doing the following:

- Giving the person all essential options and information
- Using appropriate communication techniques to guide the person in making a choice
- Giving the person time to think about their choice
- Assisting the person in searching for more information about the choices
- Reminding the person of the goals that they have set for themselves
- Assuring the person that their choices and decisions are important
- Ensuring the person that it is alright to make mistakes now and then
- Reminding the person of people who can help them make choices and decisions

Making Adjustments to Plans

Making adjustments for plans can be difficult. The person may be stuck thinking for a long time. The person may feel demotivated. Towards the end, the person may also make the wrong decisions. To help mitigate all these, you can further apply the following:

- **You can use close-ended questions instead of open-ended questions.** Close-ended questions reduce the need for the person to go through many options.

This process involves phrasing questions to contain the best or most suggested choices. 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 person towards making responsible choices.**

Modelling will encourage the person to imitate your behaviour. The techniques help a person see the benefits of some of the better choices available. For example, you may read a book or draw on a sketchpad to help a child with a disability choose what activity to do.

- **Come up with a way for the person to communicate their choice.**

Doing this will be crucial in helping the person become self-determined. Refer to the person's capability and preferred way of communicating. For example, a person may use a text-to-speech device to state their decisions verbally.

- **Help the person develop a unique method for making choices.** This unique method should help a person to:

- build familiarity with the different options available
- find and analyse the benefits and consequences for 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.



Change of Service

It may come to a point that a change of service or service provider is needed. The change may involve transition to other services for reasons such as:

- The person moving to another location where there is a more accessible service provider
- The person or their family is not satisfied with the services they are currently receiving
- The person requiring increased levels of care which can be better addressed by another service provider

To *transition* in this case is to switch to another service provider. In such instance, you must implement your organisation's relevant policies and procedures. These procedures may include the following actions:

- Assist in securing all relevant records and documentation that the person will need to present to their new service provider
- Assist in finding alternatives by providing referrals to other service providers
- Plan the transition to the other service provider with the person
- Help the person understand and prepare for the exit interview
- Apply appropriate processes for the transition
- Manage risks associated with the transition



The change in service may also involve or solely be an exit. An exit of service may happen for reasons such as:

- the person moves to a location where they cannot access the current service
- the person cannot meet the financial requirements of the service provider
- the person poses a serious risk of harm to people involved in the service
- the person or their family requested termination of services
- the person wants to change to a new service provider
- the person no longer requires the service
- the person passed away

The reasons for transitioning to another service are also valid for exiting the current service.

When the person is to exit the current service, you must follow your organisation's relevant policies and procedures. Possible procedures to implement may include the following:

- Assisting the person who is transitioning to a new service provider, as needed
- Exploring the implications and consequences of exiting the service, if relevant
- Letting the person know about other service options or service providers they can access after exiting the service
- Considering the possibility that a person may re-enter the service in the future following a change in their needs or circumstances



Checkpoint! Let's Review



1. A person's needs, goals or preferences may change over time. Changes in needs, goals or preferences may lead to adjustments in the plans.
2. Some examples of reasons behind these changes may include the following:
 - Manifestation of a severe illness
 - The person moving to a different location
 - The person experiencing measurable improvements
 - The emergence of hazards that pose risks to the person
3. Self-determination is the person's ability to make their own choices, actions and decisions. It involves providing specific needs to allow a person freedom. This feeling of freedom enhances a person's motivation.



4.5 Identify Areas for Improvement to Overall Service Delivery Implementation of Organisation

As mentioned in this chapter's introduction, organisations must use continuous improvement processes. Doing so allows the organisation to keep up with industry standards. The organisation can also improve service outcomes and address clients' changing needs.

You may identify applicable improvements across the whole organisation along the way. You can ask to incorporate these improvements into the continuous improvement processes.

Below are some things that you can do to contribute to your organisation's efforts:

- Take note of challenges you may encounter when using your organisation's tools.
- Ask the person and the stakeholders for difficulties or inconsistencies. Ask about your organisation's policies and procedures.
- Talk to your fellow support workers to identify experiences that you all share. These experiences may produce conclusions that you can present to your supervisors.



Further Reading

You will have organisational policies and procedures when reviewing service plans and deliveries. These policies and procedures align with relevant legal and ethical considerations. You can read more about some of these considerations using the links below:

[Caseworker guidelines](#)

[Care plans for Home Care Packages](#)

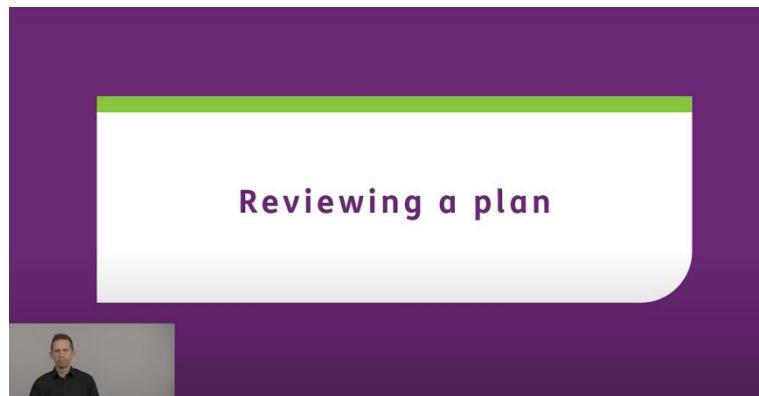
[Reviewing Disability Access and Inclusion Plans \(DAIPs\)](#)



Multimedia

The video below discusses how individuals can cope when there are adjustments in plans:

[COVID-19 | Reviewing a Plan - Auslan](#)



Checkpoint! Let's Review

1. Using continuous improvement processes allows the organisation to keep up with industry standards, improve service outcomes and address clients' changing needs.
2. You may identify applicable improvements and ask to incorporate them into the continuous improvement processes.



Learning Activity for Chapter 4

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.

V. Complete Reporting Requirements



Documents and reports are important for many reasons such as:

- tracking purposes
- accounting purposes
- regulatory requirements.

Good documentation also contributes to successful service planning and delivery. Effective organisations have good systems in place for their document and reports.

This chapter focuses on completing reporting requirements that you may encounter. As a support worker, you will encounter documents and reports for many reasons such as:

- filing of reports and feedback
- recording activities and discussions
- accomplishing organisational documents.

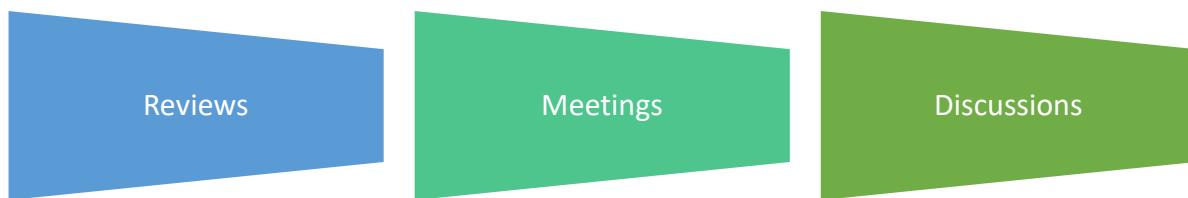
This chapter will cover the following tasks in completing reporting requirements:

- Clearly record planning activities and decisions made
- Prepare reports and other documentation
- Maintain currency of documents
- Incorporate review findings into continuous improvement processes

5.1 Clearly Record Planning Activities and Decisions Made

Planning activities, as the name suggests, involve plans. Involvement may mean creation, improvement or a change of plans. Decision-making activities are where decisions are made or implemented. For the most part, planning and decision-making activities overlap. After all, details of the plan may need decisions before acceptance. Planning activities may also result in decisions to be implemented.

Examples of planning and decision-making activities include the following:



You may have to record planning activities and any decisions made. You must then follow your organisation's documentation and reporting policies and procedures. Recording of planning and decision-making activities may include:

- filling out organisation forms and templates such as:
 - service delivery plans
 - meeting minutes
 - discussion notes.
- reviewing of completed documents together with other people for accuracy
- securing and storing completed documents following the organisation's record-keeping policies and procedures.

Other related information that you may encounter and will have to record may include:

Recall that collaboration is also essential for service planning and delivery. With well-recorded planning and decision-making activities, you can improve collaboration as:

- support workers like you understand your roles and responsibilities
- the person knows what to expect from the plan, the support workers and the service providers
- everyone has a single reference to review the plan and the service.

A clear record is easy to understand. This means that the record adheres to some basic writing principles. Also, a record keeps track of necessary information. There will then be best practices to consider.

Some basic writing principles to remember will include the following:

- Use short sentences.
- Avoid the passive voice.
- Avoid grammatical errors.

Other important writing principles that will also help clarify records include the following:

- **Choose the correct words to use.** Words may have literal (denotative) and associated (connotative) meanings. Words may have the same denotation (synonyms) but different connotations. Unless the scenario requires, avoid words with a negative connotation. You can also consider the neutral form of the word. Consider the synonymous terms in the table below:

With Positive Connotation	Neutral Form	With Negative Connotation
employ	use	exploit
interested	curious	nosy
unique	different	peculiar
meticulous	selective	picky

- **You must avoid unnecessary words and phrases.** Refer to the list below for examples of unnecessary words and phrases. Enclosed in parentheses are their alternative, simpler terms:
 - in order to (to)
 - a number of (several)
 - after some time (later)

- **You must try to avoid negative forms of statements.** Negative forms of statements can be confusing to a reader or listener. Statements in positive form tend to be direct to their point.

- Here is an example of a statement in negative form:

If you do not have an interpreter, you will not understand the document.

- Here is the same statement but in positive form:

You will need an interpreter to understand the document.



There are also best practices to consider that are specific to recordkeeping. These practices also help make records clear. These practices include the following:

- Assign a minute-taker and timekeeper during discussions and meetings.
- Politely ask clarification if you missed something. It is better to ask for clarifications as early as possible.
- Document decisions and dissent in their intended form. Decisions and plans created must be the same as the discussions. Agreements and disagreements must not confuse the reader or listener.
- Use the prescribed organisational forms and templates for recording these activities. Ensure to use them properly as instructed. They will guide you in what details you need to take down during these activities.



Checkpoint! Let's Review

1. You may have to record planning activities and any decisions made. You must then follow your organisation's documentation and reporting policies and procedures.
2. A clear record is easy to understand. This means that the record adheres to some basic writing principles.
3. A record keeps track of necessary information. There will then be best practices to consider.

5.2 Prepare Reports and Other Documentation

You may prepare reports and other documents relevant to your work. Different organisations and services will use varying templates and forms. You should be familiar with your organisation's tools for reporting and documentation. Take time to understand how to write these important documents. You may encounter reports and documentation such as the following:

Medical records	Assessment records	Meeting minutes
Individualised plans	Progress notes	Outcomes of risk assessment
Hazard identification reports	Work health and safety incident reports	Feedback on services

Consider the two examples discussed in detail below:

- Progress Notes

Progress notes are part of the person's record where healthcare workers and support personnel record the person's progress and achievements and other observations. These need to be documented and reported as they serve as a communication tool for different staff supporting the person. They also act as proof of service delivery and constitute a legal record.

Progress notes need to include dates and names who have completed them. They must also be specific and written concisely, objectively, and in the active voice.

- Work health and safety (WHS) incident reports

WHS incident reports also act as legal records. Incidents and near misses need to be documented as this information is critical to ensuring they don't happen again. If it is a reportable incident, the state/territory WHS regulator will require these reports to be submitted.

It must include the date and time of the incident, who is reporting the incident, injuries or illnesses, as well as what happened before, during, and after. They must also be specific and written concisely and objectively.

You may also work with other documents that are addressed to health professionals. These health-focused documents may contain information that the person, their family and carer must report. Such information may include the following:

- Medical concerns or issues
- Requests such as an increase in dosage for pain management medication
- Changes to the person's health and well-being
- Signs and symptoms observed and experienced

In general, you must ensure that all documents are *accurate, objective and appropriately detailed*:

- An *accurate* document entry answers the question or instruction correctly. It also ensures you follow the relevant accreditation and quality standards. All legal requirements like incident reporting also value accurate documentation.
- An *objective* document is free from biases and confusion. This makes all items clear and concise. It helps inform people of their roles and responsibilities.
- An *appropriately detailed* document includes all relevant information. Planning, implementing and reviewing services are more efficient. Transfer of information is also easier; in case the need arises.

In general, preparing good documentation includes the following best practices:

- Use simple and clear words.
- Use short sentences and paragraphs.
- Be concise yet factual. Provide only the information needed.
- Use active voice instead of passive voice as much as possible.
- Avoid technical, scientific or legal jargon.
- Use spelling and grammar checkers.
- Keep the whole document short.





Multimedia

A progress note describes the person's health condition. You may encounter them if you are a support worker for individuals with a medical condition. Learn how good progress notes should look from the video below:

[Clinician's Corner: Writing a good progress note](#)

HOW to WRITE a REALLY GOOD PROGRESS NOTE ? ^①

SUBJECTIVE

OBJECTIVE

ASSESSMENT

PLAN







Lotus Compassionate Care

Incidents are any events that did happen and brought harm to the person. Incident reports record the full details of the event. The details are useful for both medical and legal use.

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

[Lotus Incident Report Form](#)

(username: newusername password: new password)



Checkpoint! Let's Review

1. You should be familiar with your organisation's tools for reporting and documentation.
2. You must ensure that all documents are accurate, objective and appropriately detailed.

5.3 Maintain Currency of Documents



You must maintain and update the documentation in service planning and delivery regularly. Outdated or incorrect documentation is useless and can be harmful to the person. Moreover, organisations update their documentation for different reasons and requirements. These may include, but are not limited to, the following situations:

- When there are changes to the person's information
- When someone involved in the service raises an issue
- When new risks to the person's health and wellbeing emerge
- When reviews show a need to update the service delivery plan
- When the person's needs, goals and preferences have changed
- When health professionals, support workers and other providers give feedback
- When documenting the person's progress, such as transferring or exiting services

It is your responsibility to maintain the currency of documentation assigned to you. To do so, follow your organisation's relevant requirements. You can also consider the following:

- Organise your files properly.
- Date meeting minutes and discussions accurately.
- Follow your organisation's recordkeeping procedures.
- Report to the appropriate personnel if updates are required.
- Consult with the person before service documents are changed.
- When unsure, consult with your supervisor and other trusted and experienced co-workers.

The case study below shows the benefits of well-maintained documentation:

Carol

Carol is a resident at Lotus Compassionate Care. She has been diagnosed with lung cancer and receives palliative care. As outlined in her care plan, she has been receiving pain medication.

Recently, she has reported that her pain has worsened. The support worker has documented this in Carol's progress notes. The support worker then reported this to the Care Team Leader.

Carol, her doctor and the nurses reviewed her care plan carefully. After the review, they agreed to revise the plan. They have increased her pain medication's dosage.

The support workers may still use the original dose of pain medication. This scenario happens if Carol's plan is not updated. That would mean that Carol would still experience intolerable pain. Remember that in palliative care, the goal is to reduce the person's discomfort. With an outdated care plan, the service fails to address its purpose.

Checkpoint! Let's Review



1. Outdated or incorrect documentation is useless and can be harmful to the person.
2. It is your responsibility to maintain the currency of documentation assigned to you.



5.4 Incorporate Review Findings Into Continuous Improvement Processes

Chapter 4 of this Learner Guide discussed the importance of continuous improvement processes. Organisations strive to improve their planning and service delivery continuously. Recall that continuous improvement relies on documentation, especially when dealing with service reviews. Some laws, accreditation bodies and quality standards need these service reviews. Organisations must document service reviews and study these documentations. Organisations can then use their findings to improve their work.

The model described in Chapter 4 of this Learner Guide can be extended to improve the organisation's policies and procedures. Refer to the following steps below:



1. Plan

Identify problems in the organisation. These problems can come from reviews, complaints, feedback and more. Afterwards, create a plan that addresses the identified issues.

In support work, this step is obvious in activities such as:

- Analysis of the current situation in the organisation providing the services
- Gathering information about the current services of the organisation and researching different ways to make improvements on these services

2. Do

Implement the plan to address the identified or reported problems. Ensure to follow the plan in its entirety.

In support work, this step is obvious in activities such as:

- Testing the suggested alternatives to identify the most appropriate improvements that will be applied to the services
- Allocating resources to ensure that the improvements are a success

3. Check

Check if the plan addresses all the problems or issues from earlier. Take note of any shortcomings.

In support work, this step is obvious in activities such as:

- Evaluating if the improvement is aligned with the goals set in the plan.
- Measuring the improvements in the services through assessments, surveys and other methods
- Documenting the evaluation methods and the corresponding results.

4. Act

If the plan addresses all the identified problems, incorporate them into the organisation's policies and procedures. Otherwise, revise the plan and continue the cycle until you develop the best plan.

In support work, this step can result in any of the following:

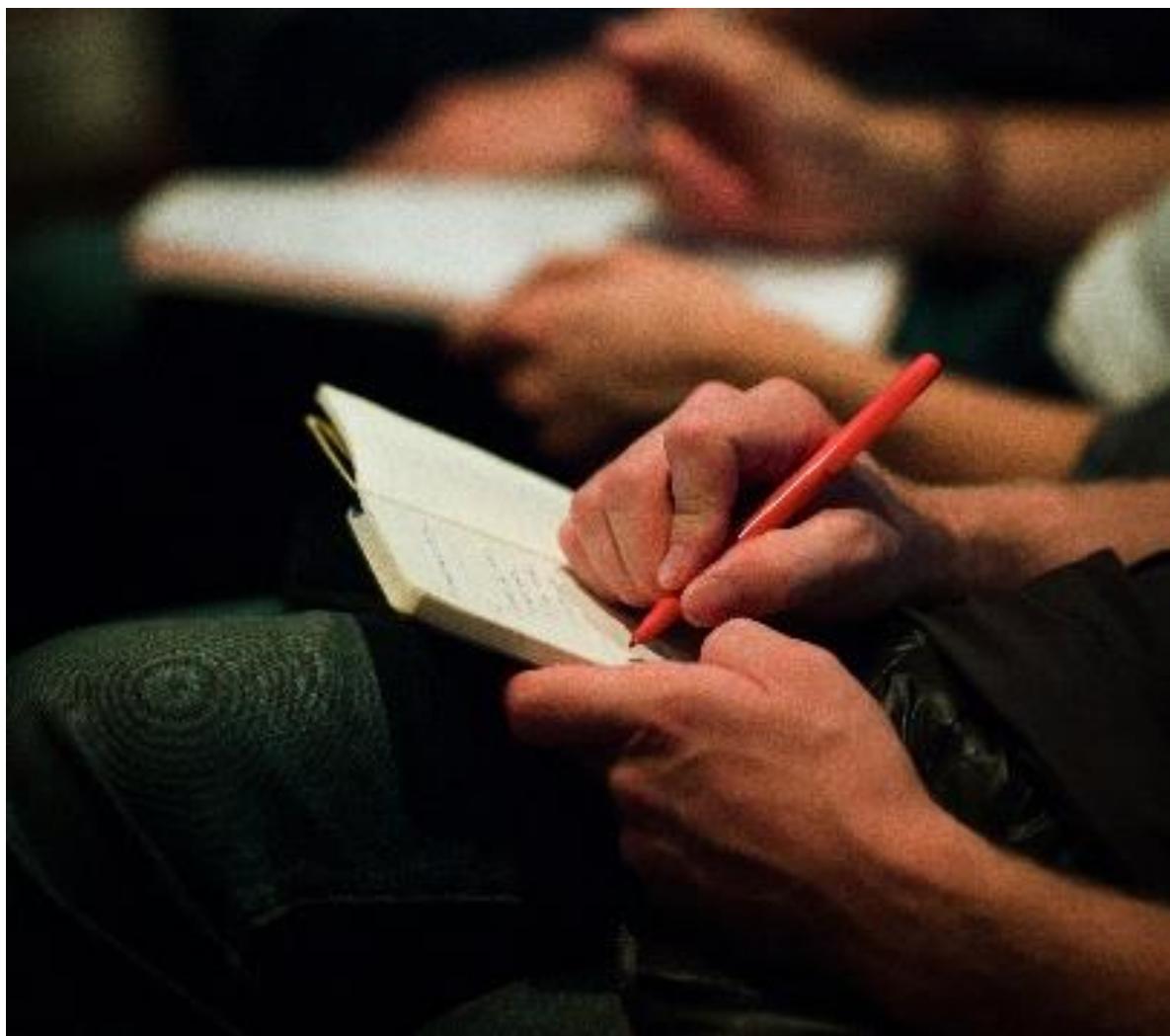
- If the improvement is not successful, analysing the areas where the implementation was lacking and identifying what can be done differently next time.
- If successful, ensuring all stakeholders in the services are informed of the new process, all necessary staff are trained and educated, policies and procedures are implemented and change within the organisation is managed.



It is not your responsibility alone to improve your organisation. Continuous improvement requires every member to perform their roles dutifully. Members of the organisation must also take part in any identified changes.

Listed below are some points for you to remember:

- Understand your assigned documentation and reporting responsibilities.
- Make the necessary changes if it is your responsibility.
- Report changes to the appropriate personnel.
- Report all changes that are beyond your role immediately.
- When unsure, consult with your supervisor and other trusted and experienced co-workers.



Checkpoint! Let's Review



1. Organisations must document service reviews and study these documentations. They can then use their findings to improve their work.
2. It is not your responsibility alone to improve your organisation. Continuous improvement requires every member to perform their roles dutifully.
3. The model described in Chapter 4 of this Learner Guide can be extended to improve the organisation's policies and procedures. Refer to the following steps below:
 - Plan
 - Do
 - Check
 - Act

Learning Activity for Chapter 5



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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